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Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2009
Open to Public

			The organization may have	to use a copy or this re-	dili to dutiony blate	reporting requir	CITICINS	inspection
A	For the 2009 c	alendar y	ar, or tax year beginning	, and ending			_	
В	Check if applicable	Please	C Name of organization CATHOLIC C	COMMUNITY FOUN	DATION		D Emplo	yer identification number
	Address change	use IRS	OF MID-MIC	CHIGAN				•
一	•	label or					1 20_	4595721
	Name change	print or	Doing Business As					
	Initial return	type.	Number and street (or P O box if mail is not delive	ered to street address)		Room/suite		one number
뭄	····aui rotarri	See Specific	PO BOX 6883				989	<del>-79</del> 7-6683
	Termination	Instruc-	City or town, state or country, and ZIP + 4	ł			G Gross rece	pts \$ 2,690,263
	Amended return	tions.	SAGINAW	MI 48608-	6883			· · · · · · · · · · · · · · · · · · ·
		E Nort	<del></del>				1 1/2 12 15 15 15	
$\sqcup$	Application pending		and address of principal officer				· '	group return for
			NIEL P. MCKUNE				affiliate H(b) Are all	
			BOX 6883				include	d? Yes No
		SA	SINAW	MI 48608-	6883		If "No,"	attach a list. (see instructions)
1	Tax-exempt star	tus X	501(c) ( <b>3</b> ) <b>◄</b> (insert no )	4947(a)(1) or	527			
	Website:	N/A					H(c) Group	exemption number
	Type of organization		oreton Trust Association Off	ner 🕨		Vanada maka 2	200	1.42
*******				let 🚩	1 5	Year of formation 4	.000	M State of legal domicile M1
		umma			· · <u> </u>			
			e organization's mission or most signifi					
Ф	TO	RECEI	E AND ADMINISTER FUNDS	AND TO OPERA!	re exclusiv	ELY FOR C	HARITAB	LE,
2	REL	IGIOU	, AND EDUCATIONAL PURP	OSES FOR THE J	BENEFIT OF	THE ROMAN	CATHOL	IC
Ľ.	l pio	CESE (	F SAGINAW, MICHIGAN AN	D THE PEOPLE	IT SERVES.			
<u> </u>			if the organization discontinued its			/ af da mad annad	_	
Activities & Governance			·		of more than 25%	or its net asset	1 1	0.4
∘ర		_	members of the governing body (Part \	·			3	24
<u>.e</u>	4 Numbe	r of indep	ndent voting members of the governing	j body (Part VI, line 1b)			4	24
<u>₹</u>	5 Total nu	ımber of e	mployees (Part V, line 2a)				5	0
Ç	6 Total nu	umber of v	olunteers (estimate if necessary)				6	0
•	l .		ted business revenue from Part VIII, co	stumn (C) line 12			7a	
			ness taxable income from Form 990-T				7b	0
	D Net uni	elateu bu	ness taxable income from Form 990-1	, IIIIE 34		Prior Ye		Current Year
6-2	9 Contrib	utiono and	granta (Dort VIII. lune 1h)				9,279	2,388,509
© 2018 Revenue			grants (Part VIII, line 1h)			00	9,219	2,366,309
2	9 Progran	n service	evenue (Part VIII, line 2g) e (Part VIII, column (A), lines £4, and	4.5				
	10 Investm	ent incon	e (Part VIII, column (A), lines 1, 4, and	78/FN T			1,362	277,153
<b>⇔</b>	11 Other re	evenue (F	irt VIII, column (A) liftes 5, 6d, 8c, 9c,	10c, and 11e)		2	2,812	24,601
	12 Total re	venue – a	id lines 8 through A Monust Aqual Rart	VIII. column (A) / line 12	)	1,03	3,453	2,690,263
AUG			amounts paid (Partix, column (A), lin				1,849	222,018
			for members (Part IX, column (A), line				<del>-,</del>	
NNED enses								<del></del>
₩s			npensation, employee benefits Har V		0)			
黑 S	16a Profess	ional fund	aısıng fees (Part IX, column (A), line 1	(e)				
SCAN	<b>b</b> Total fu	ndraising	expenses (Part IX, column (D), line 25)	<b>•</b>				
$\Omega$	17 Other e	xpenses (	Part IX, column (A), lines 11a-11d, 11f-	-24f)		30	7,027	289,986
Ø	ľ	•	dd lines 13–17 (must equal Part IX, col	•		64	8,876	512,004
			enses Subtract line 18 from line 12	unin (/ 1), inio 20)			4,577	2,178,259
- S	13 INEVERIO	C ICSS CX	sises outline to from line 12			Beginning of Cu		End of Year
Assets or	20 Total as	eote (Par	Y line 16)				7,624	15,102,251
\ss Bala	20 Total as	•	•			_		
Fer Set	21 Total lia	•	•				6,436	759,358
			balances Subtract line 21 from line 20	)		10,23	1,188	14,342,893
P	art II S	ignatu	e_Block					
	υ	nder penali	parjusy, I declare that I have examined t	this return, including accom	panying schedules ai	nd statements, and	to the best of	my knowledge
	a	nd belijef, it	true, torrect, and complete Declaration of	preparer (other than officer	) is based on all inform	nation of which pre	parer has any	knowledge
Sig	.n   L	- 11 /	WUU				1 21	9110
_		- <del>***</del>	4-1-1-1-	<del></del>				<del>- 110</del>
He	re /	-	e of officer				Date	
		DA	IIEL P. MCKUNE		EXECU	TIVE DIE	RECTOR	
		Type or	orint name and title		_			
	ا	reparer's	$\sim$ $\sim$ $\sim$		Date	Check	ıf	Preparer's identifying number
Pai		gnature	\[     \begin{align*}     \begin{align*}		08/0	self-	. $\square$	(see instructions) P00080874
Pre	eparer's <del>⊢</del>		Junay 1 300					
	•	rm's name			hauman &	rnomas	EIN ▶	38-2613351
_ <b>_</b>	- If	self-employ	•				Phone	
	a	ddress, and	ZIP+4 Saginaw, MI	48608			no 🕨	989-790-3900
May	the IRS discu	ss this re	irn with the preparer shown above? (se	e instructions)				X Yes No
			work Boduction Act Notice, see the		_			- 000

4d Other program services. (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

222,018

Form 990 (2009)

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

***************************************	1 990 (2009) CATHOLIC COMMUNITY FOUNDATION 20-4595721			P	age 3
<u>P</u> :	art IV Checklist of Required Schedules				
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
•	complete Schedule A		1_	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		١,		<b>.</b>
4	candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete		3	_	X
7	Schedule C, Part II		4	ĺ	x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		-		_
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have		۳-		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		<u> </u>	<b></b>	==
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			-	
	complete Schedule D, Part III		8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		_9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		_10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12	X	Ī
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17	-	_X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				₩.
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		_X
13	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		19		x
	so, somplete deficació de la circuit		13		

Part IV Checklist of Required Schedules (continued)

'			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	X	+-
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			,,
~~	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	!	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			<b>.</b>
04-	employees? If "Yes," complete Schedule J	2:	-	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	١,,		<sub>v</sub>
L.	24b through 24d and complete Schedule K. If "No," go to line 25	24	<del></del>	<del>  x</del>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	-	+
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1,4		
	to defease any tax-exempt bonds?	24	_	+-
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24	1	+-
ZJa	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	25		x
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	25	*	+~
U	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	23	<b>'</b>	+
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	20	.	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			+
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	1		
	If "Yes," complete Schedule L, Part III	27	,	x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	<del></del> -	<del>         </del>	<del> </del> -
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28	, Í	T X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28	,	x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28	;	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	25		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	3.		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	3:	:	<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_3;	-	<u>  X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			l
	III, IV, and V, line 1	_ 34	-	<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	Schedule R, Part V, line 2	_ 3:	<u> </u>	<del>  X</del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
^-	organization? If "Yes," complete Schedule R, Part V, line 2	30	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		.	
20	Part VI	37	-	<del>  X</del>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	197 Note. All Form 990 filers are required to complete Schedule O	38	X	<del></del>

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 2 US Information Returns Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable X gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial X account)? 4a b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c 7d | If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a а 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 24			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X X X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	7=4		
_	rise to conflicts?	12b		x
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			_==
_	describe in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	100		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Ì	х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
_	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	1 100		
17	List the states with which a copy of this Form 990 is required to be filed None			<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
23	organization NANCY SCHULTZ  NANCY SCHULTZ  5800 WEISS			
SZ		9-79	7-6	642

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated hours per compensation compensation amount of Individual trustee or director Officer Highest compensated Institutional week from from related other the organizations compensation employee organization (W-2/1099-MISC) from the (W-2/1099-MISC) organization l trustee and related organizations BISHOP JOSEPH CISTONE 0 0 EX OFF TRSTE 1.00 X 0 DICK DOLINSKI 0 0 1.00 X 0 TRUSTEE JAMES FABIANO 1.00 X 0 0 0 TRUSTEE PAUL FURLO 1.00 X 0 0 0 TRUSTEE FR. JAMES HELLER X 0 0 1.00 0 TRUSTEE FREDERICK W. HORAK 0 0 1.00 X 0 TRUSTEE FR. RANDY KELLY 0 0 1.00 X 0 TRUSTEE PETER KIRCHMAN 0 0 1.00 X 0 TRUSTEE LEONARD LEFEVRE 1.00 X 0 0 0 TRUSTEE DEBRA LUTZ 0 0 1.00 X 0 TRUSTEE WILLIAM MYLER 0 1.00 X 0 0 TRUSTEE PATRICIA SHAHEEN X 0 0 0 1.00 TRUSTEE JAMES VAN TIFLIN 0 0 TRUSTEE 1.00 X 0 JIM WOLOHAN 1.00 X 0 0 0 TRUSTEE LEROY WURST 0 X 0 TRUSTEE 1.00 0 BRIAN BUCKINGHAM 1.00 X 0 0 TRUSTEE SR. MARY JUDITH O'BRIEN 0 0 1.00 TRUSTEE O DAA Form 990 (2009)

RENEE WOOD TRUSTEE 1.00 X 0 0 0 FR. THOMAS MCNAMARA TRUSTEE 1.00 X 0 0 0 ROBERT LOOBY PRESIDENT 1.00 X 0 0 0 LUCY HORAK	Part VII. Section A. Officers	, Directors, Trus	tees	, Ke	y Em	plo	yees,	and	d Highest Compensated E	mployees (continued)			
ELLEN MARTZ  TRUSTEE  1.00 X  DANTEL MCKUNE  1.00 X  DO O O O O O O O O O O O O O O O O O O		Average	<u> </u>	_	chec	k all t	,		Reportable	Reportable		Estimated	
DANTEL MCKUNE EXECUTIVE DIRECTOR 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		week	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	-ormer	from the organization	from related organizations		compensation from the organization and related	
DANIEL MCKUNE ERECUTIVE DIECTOR 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 00	v						0	0			
RENEE WOOD FR. THOMAS MCNAMARA 1.00 X 0		2.00	-										
TRUSTEE 1.00 X 0 0 0 0 0 TRUSTEE 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1.00	X	<u> </u>					0	0			0
TRUSTEE 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1.00	x						0	0			0
ROBERT LOOBY PRESIDENT  1.00		RA										-	
PRESIDENT 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1.00	X	<u> </u>	_	_			0	0	<del> </del>		0
UICE PRES. 1.00 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1 00			×				0	n			0
ALOYSIUS OLIVER  1.00		1.00				<u> </u>					<b></b>		
TREASURER  1.00		1.00			х				0	0			0
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0  3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual \$3 X\$.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000° If "Yes," complete Schedule J for such individual \$3 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization?		1 00								•			•
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No	TREASURER	1.00	ļ	ļ	X		$\vdash$		0	0			0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No			<u> </u>								├──		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No				<u> </u>									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No				<u> </u>	_								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0    Yes   No			L	<u> </u>									
reportable compensation from the organization ▶ 0    Yes   No	<del></del>							<u> </u>			<u> </u>		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual set on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization?  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization of the					ose	listed	d abo	ve)	who received more than \$10	00,000 in			
employee on line 1a? If "Yes," complete Schedule J for such individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization here organization here.		<u> </u>										Yes	No
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  (B)  Description of services  Compensation  (C)  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   0 0								loye	ee, or highest compensated			3	x
Individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) Name and business address Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  2 Total number of independent contractors (including but not limited to those listed above) who received	4 For any individual listed on line	1a, is the sum of	repo	ortab	le co	mpe	ensat						1
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  A)  Name and business address  Description of services  (C) Compensation  (D)  Name and business address  Description of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization   0		ganızations great	er th	an \$	150,0	0007	If "Y	es,"	complete Schedule J for su	ch		4	x
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A) (B) (C) Name and business address  Description of services  (C) Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  o	5 Did any person listed on line 1a												T
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization  (A)  Name and business address  (B)  Description of services  (C)  Compensation  (B)  Description of services  (C)  Compensation  (D)  Compensation  (D)  Compensation  (E)  Compensation  (D)  Compensati			com	olete	Sch	edul	e J fo	or su	ich person	<del>.</del>		5	<u>  X</u>
(A) Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization  o	1 Complete this table for your five	e highest comper	nsate	d inc	depe	nder	nt cor	ntrac	ctors that received more that	n \$100,000 of			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0									Descrin	(B)		(C)	ation
more than \$100,000 in compensation from the organization ▶ 0													
more than \$100,000 in compensation from the organization ▶ 0													
more than \$100,000 in compensation from the organization ▶ 0													
more than \$100,000 in compensation from the organization ▶ 0									<del></del>				
more than \$100,000 in compensation from the organization ▶ 0													
more than \$100,000 in compensation from the organization ▶ 0													
more than \$100,000 in compensation from the organization ▶ 0													
more than \$100,000 in compensation from the organization ▶ 0													
			_				to th	ose	listed above) who received			_	
		isation from the c	organ	uzatı	on 🕨				<del></del>				0 (2009)

Pa	rt V	III Staten	nent of Reve	nue						
	`						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र र	1a	Federated can	npaigns	1a						<u> </u>
ant	h.u	Membership d	. •	1b						
Program Service Revenue Contributions, gifts, grants		Fundraising ev		1c						
	4									
nig ji	u	Related organi		1d						
sir	e	Government grants	•	1e						
her	Т	All other contribution and similar amounts		ا ا	2	200 500				
랿				1f		,388,509				
Son	g		ns included in lines 1a-	1f	\$					
	h	Total. Add line	es 1a-1f			, <u>•</u>	2,388,509			
ure						Busn. Code				
eve	2a									
e R	b									
ζ	С									
Sel	ď									
ш	е									
.og	f	All other progra	am service rever	nue						
<u>-</u>	g	Total. Add line	s 2a-2f			<b>•</b>				
	3	Investment inc	ome (including d	lividend	ls, interes	st, and				
		other similar ai	mounts)			▶	277,153			277,153
	4	Income from in	vestment of tax-	exemp	t bond pro	oceeds 🕨				
	5	Royalties				<b>&gt;</b>				
			(i) Real		(II) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)			<b></b>	1			
	7a	Gross amount from	(i) Secunties	s	(11)	Other				
		sales of assets other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)	·-·							
	d	Net gain or (los	 ce\		L	•	Ī			
		=	om fundraising ever	nte					1	
en:	- Ou	(not including \$	•							
ven			eported on line 1c)	ĺ		-				
Re		See Part IV, line		а		ļ				
Other Reven	h	Less direct ex		b						
ö			(loss) from fundr	(	ovente	<b>-</b>	1			
			om gaming activities	- 1	EVEIIIS					
	Ja	See Part IV, line				l				
				a b						
		Less direct ex	=	(	ution	•				
			(loss) from gamı	ng acu I	vides		, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>			
	ıva	Gross sales of	•							
		returns and all		a						
		Less cost of g		_ b			•			
	<u> </u>		(loss) from sales		entory	<b>•</b>				
			ellaneous Revenue			Busn. Code				_
	11a	CHANGE IN	VALUE OF SP	LIT I	NT.	523000	24,601			24,601
	b									
	С									
	d	All other reven				L				
	е	Total. Add line				▶	24,601			
	12	Total Revenue	e. See instruction	าร			2,690,263	0	0	301,754

Form 990 (2009)
Part IX S

**Statement of Functional Expenses** 

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D). (D) Fundraising
	, 8b, 9b, and 10b of Part VIII.	rotal expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	<b>3.</b>				
	organizations in the U.S. See Part IV, line 21	222,018	222,018		
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
4	U S See Part IV, lines 15 and 16 Benefits paid to or for members				······································
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
-	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages		<u>.</u>		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	0 ===			
þ	Legal	3,770		3,770	
C	Accounting	5,515		5,515	· <del></del> ·
d	, ,				
e e	Professional fundraising services See Part IV, line 17	48,970		48,970	<del>-</del>
f	Investment management fees Other	228,733		228,733	
g 12	Advertising and promotion	748		748	
13	Office expenses	, 40		, 40	
14	Information technology	999		999	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,231		1,231	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )				
а	TAXES	20		20	
b					
С					
d					
e					
f	All other expenses	E10 004	000 010	000 000	
25	Total functional expenses. Add lines 1 through 24f	512,004	222,018	289,986	
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				
DAA					Form <b>990</b> (2009)

Part)	(2009) CATHOLIC COMMUNITY FOUNDATION  Balance Sheet	20-4595721		Page <b>1</b> 1
*		(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	1,619	1	10,496
2	Savings and temporary cash investments	617,100	2	930,218
3	Pledges and grants receivable, net	105,894	3	107,135
4	Accounts receivable, net	52,290	4	46,64
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of		I	
	Schedule L	[]	5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		ı	
_	Part II of Schedule L		6	
7 8 8	Notes and loans receivable, net		7	- <u></u>
8	Inventones for sale or use		8	
<b>∢</b>   9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D		ı	
Ь	Less accumulated depreciation 10b	1.	10c	•
11	Investments—publicly traded securities	10.00	11	14,007,75
12	Investments—other securities See Part IV, line 11		12	, ,
13	Investments—program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		16	15,102,25
17	Accounts payable and accrued expenses		17	443,62
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	<del></del>
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key	100000000000000000000000000000000000000	·	
	employees, highest compensated employees, and disqualified		I	
<u>छ</u>	persons Complete Part II of Schedule L	ĺ	22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	315,73
26	Total liabilities. Add lines 17 through 25		26	759,358
	Organizations that follow SFAS 117, check here ▶ X and	<u> </u>		
<u> </u>	complete lines 27 through 29, and lines 33 and 34.		1	
E 27	Unrestricted net assets	-260,787	27	-308,379
ช   28	Temporarily restricted net assets		28	2,273,923
2 29	Permanently restricted net assets		29	2,273,921 12,377,351
3	Organizations that do not follow SFAS 117, check here ▶		***	
<u>-</u>	and complete lines 30 through 34.		I	
o   30	Capital stock or trust principal, or current funds	į	30	-
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets of Fund balances 22 23 33 34 33 34	Total net assets or fund balances	10 001 100	33	14,342,893 15,102,251
Z 34	Total liabilities and net assets/fund balances		34	15 102 25

Form **990** (2009)

om	1990 (2009) CATHOLIC COMMUNITY FOUNDATION 20-4595721		Pag	ge <b>12</b>
Pa	ert XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b_		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CATHOLIC COMMUNITY FOUNDATION OF MID-MICHIGAN

Employer identification number 20-4595721

P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this p	art.) S	ee ins	tructio	ons.			
The	orgar	nization is not a	a private foundation because	it is (For lines 1 through 11, che	ck only or	ne box )								
1		A church, cor	envention of churches, or asso-	ciation of churches described in s	section 1	70(b)(1)(A	A)(i).							
2		A school desc	cribed in section 170(b)(1)(A	)(ii). (Attach Schedule E)										
3	П	A hospital or	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii).								
4	П	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section 1	70(b)(1)	(A)(iii).	Enter th	e hospi	ital's name,			
	_	city, and state		•										
5		An organization	on operated for the benefit of	a college or university owned or	operated	by a gove	rnmenta	ıl unıt de	scnbed	ın				
	_	-	b)(1)(A)(iv). (Complete Part I	•	·									
6	$\lceil \rceil$	-		, vernmental unit described in <b>sec</b>	tion 170(l	b)(1)(A)(v	).							
7	П		•	ubstantial part of its support from	_		-	n the aei	neral pu	blic				
		described in section 170(b)(1)(A)(vi). (Complete Part II )												
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )													
9	X													
	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)													
10		•	<u> </u>	clusively to test for public safety	•	-	a)(4).							
11	Н	•	•	clusively for the benefit of, to per		•		carry ou	t the					
	_	ŭ	•	d organizations described in sect			•	•		tion				
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization	and comp	olete lines	11e thro	ough 11I	h					
		a Type	I b Type II	c Type III-Functiona	illy integra	ted	d [	Type	e III–Otl	ner				
е			·	nization is not controlled directly	, ,		or more							
	_	persons other	than foundation managers a	ind other than one or more public	ly suppor	ted organi	zations	describe	d in sec	tion				
			section 509(a)(2).	·		ŭ								
f			` ` ` ` `	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g					
			check this box		<i>,</i> , ,		,		•					
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	nv of the								ш
J		following per	· · · · · · · · · · · · · · · · · · ·	. , ,		•								
		•		itrols, either alone or together wit	h persons	describe	d ın (ıı)					- F	res	No
			pelow, the governing body of		•		` '				119	a(i)		
			member of a person describe	**								g(ii)		
		· · ·	ontrolled entity of a person de									g(iii)		
h		• •	ollowing information about the	```							-			
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi)	s the	(vii)	Amou	nt of	
		anızatıon	. ,	(described on lines 1-9		sted in your		nization in	organizat			uppor		
				above or IRC section (see instructions))	governing	document?	col (i) supp	or your port?		zed in the   S ?				
				(occ manachono))	Yes	No	Yes	No	Yes	No				
			·											
					ļ									
	_				<u> </u>									

Sche	edule A (Form 990 or 990-EZ) 2009 CA	CHOLIC CON	MUNITY FO	OUNDATION	20	-4595721	Page 2	
Pa	art II Support Schedule for O	rganizations <b>C</b>	Described in S	ections 170(b)	(1)(A)(iv) and	170(b)(1)(A)(vi)		
	(Complete only if you che	ecked the box	on line 5, 7, or	8 of Part I.)				
	tion A. Public Support				<del>, </del>			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3			TOTAL COMME				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6_	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>					
	tion B. Total Support		1		, · · · · · · · · · · · · · · · · · · ·			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10		<u> </u>			L		
12	Gross receipts from related activities, etc.	(see instructions)				12		
13	First five years. If the Form 990 is for the	organization's first,	second, third, four	th, or fifth tax year a	is a section 501(c)	(3)		
	organization, check this box and stop here						<b>&gt;</b>	
Sec	tion C. Computation of Public Su	•						
14	Public support percentage for 2009 (line 6,			<b>(f)</b> )		14	<u>%</u>	
15	Public support percentage from 2008 Sche	dule A, Part II, line	14			15	<u>%</u>	
16a	33 1/3 % support test—2009. If the organ	zation did not chec	k the box on line 1	3, and line 14 is 33	1/3 % or more, ch	eck this box	. $\Box$	
	and stop here. The organization qualifies a		-				▶ _	
b	33 1/3 % support test—2008. If the organ				ıs 33 1/3 % or mor	e, check this	. —	
	box and <b>stop here</b> . The organization qualifies as a publicly supported organization							
17a	10%-facts-and-circumstances test—200							
	more, and if the organization meets the "fa					V how the	,	
_	organization meets the "facts-and-circumst		•		•		▶ _	
þ	10%-facts-and-circumstances test—200	•		·	*			
	more, and if the organization meets the "fa		•	•	•	v now the		
40	organization meets the "facts-and-circumst		•		<u> </u>		₹  -	
18	Private foundation. If the organization did	not check a box or	n une 13 16a 16b	1/a or 17h check	this hoy and see i	nstructions	▶	

Schedule A (Form 990 or 990-EZ) 2009

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support						
	lendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		4,527,643	8,759,730	669,279	2,388,509	16,345,161
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		4,527,643	8,759,730	669,279	2,388,509	16,345,161
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		1,558,972				1,558,972
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year  Add lines 7a and 7b		1 550 072				1 550 072
8	Public support (Subtract line 7c from		1,558,972				1,558,972
	line 6)						14,786,189
	tion B. Total Support			( ) 0007		4 ) 0000	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends,		4,527,643	8,759,730	669,279	2,388,509	16,345,161
IVa	payments received on securities loans, rents, royalties and income from similar sources		25,058	242,731	341,362	277,153	886,304
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		25,058	242,731	341,362	277,153	886,304
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					o	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		40,520	21,153	22,812	24,601	109,086
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		4,593,221	9,023,614	1,033,453	2,690,263	17,340,551
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourth,	, or fifth tax year as	a section 501(c)(3	3)	<b>▶</b> [X
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column (f)	))		15	%
16	Public support percentage from 2008 Sche					16	%_
	tion D. Computation of Investme					···	
17	Investment income percentage for 2009 (lir		' <del>=</del> '	lumn (f))		17	<u>%</u>
18	Investment income percentage from 2008 S			Landbar 45	45 00 4/0 0/	<u> 18  </u>	%_
19a	33 1/3 % support tests—2009. If the organ						
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	=			· · · · · ·		
J	line 18 is not more than 33 1/3 %, check the						▶□
20	Private foundation. If the organization did	=					F
							·····

Schedule A·(Form 990 or 990-EZ) 2009 CATHOLIC COMMUNITY FOUNDATION

20-4595721

Page 4

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

Part III, Line 12 - Other Income Detail

UNREALIZED GAIN ON INVESTMENTS

31,524

CHANGE IN VALUE OF SPLIT INT AGRMNT \$

77,562

Supplemental Information

IN 2007 THE DIOCESE OF SAGINAW CATHOLIC SCHOOL FOUNDATION TRANSFERRED ASSETS IN THE AMOUNT OF \$6,621,235 TO THE CATHOLIC COMMUNITY FOUNDATION OF MID-MICHIGAN. THIS IS AN UNUSUAL CONTRIBUTION THAT WILL NOT HAPPEN IN FUTURE YEARS.

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

	of the organization		Employer identification number
_	ATHOLIC COMMUNITY FOUNDATION F MID-MICHIGAN		20-4595721
	organizations Maintaining Donor Advised Furthern the organization answered "Yes" to Form 990, F		
	the organization answered Tes to Form 500, i	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at end of year	(2) 20.07 03.702	(2) 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1
1	Total number at end of year		-
2	Aggregate greats from (during year)		· · · · · · · · · · · · · · · · · · ·
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	be exceed held in depart of word	·
5	Did the organization inform all donors and donor advisors in writing that the		□ v <sub>aa</sub> □ w <sub>a</sub>
•	funds are the organization's property, subject to the organization's exclusion.		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	* -	
	used only for chantable purposes and not for the benefit of the donor or or	donor advisor, or for any other	$\square_{V_{c}}$ $\square_{W_{c}}$
73.	purpose conferring impermissible private benefit?	prinction answered "Vee" to Form	Yes No
	rt II Conservation Easements. Complete if the orga		1990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	— i · · ·	-4414
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically impe	
	Protection of natural habitat	Preservation of certified historic st	ructure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserv	ation contribution in the form of a conservat	lion
	easement on the last day of the tax year		Hold at the Ford of the Toy Von
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	,		2b
C	Number of conservation easements on a certified historic structure inclu-	• •	2c
d	Number of conservation easements included in (c) acquired after 8/17/0		2d
3	Number of conservation easements modified, transferred, released, exti	nguished, or terminated by the organization	during
	the taxable year		
4	Number of states where property subject to conservation easement is lo		
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	ng conservation easements during the year	
	P		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	inservation easements during the year	
	▶\$ <u> </u>	_	
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		∐ Yes ∐ No
9	In Part XIV, describe how the organization reports conservation easeme		
	balance sheet, and include, if applicable, the text of the footnote to the or	rganization's financial statements that descr	nbes
*	the organization's accounting for conservation easements	Historia di Tananana an Othan C	Sincillan Apparta
۲ŧ	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		olmilar Assets.
_			
1a	If the organization elected, as permitted under SFAS 116, not to report in		
	art, historical treasures, or other similar assets held for public exhibition,	•	blic service,
	provide, in Part XIV, the text of the footnote to its financial statements the		
D	If the organization elected, as permitted under SFAS 116, to report in its		•
	historical treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of public	service,
	provide the following amounts relating to these items		<b>.</b>
	(i) Revenues included in Form 990, Part VIII, line 1		*
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or o	• •	e tne
	following amounts required to be reported under SFAS 116 relating to the	ese items	
	Revenues included in Form 990, Part VIII, line 1		*
b	Assets included in Form 990, Part X		<b>▶</b> \$

Sche	dule D (Form 990) 2009 CATHOLIC	COMMUNITY	FOUN	DATION	20-45	95721		Pa	age <b>2</b>
Pa	rt III Organizations Maintaining	Collections of	Art, H	istorical Treas	ures, or Other S	Similar As	sets (d	continued)	
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other records,	, check a	ny of the following t	hat are a significant i	use of its			
а	Public exhibition	d 🗌	Loan or	exchange program	s				
b	Scholarly research	e 🗍	Other						
C	Preservation for future generations	_					_		
4	Provide a description of the organization's col Part XIV	lections and explain I	how they	further the organization	ation's exempt purpo	se in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to							Yes	] No
Pa	ert IV Escrow and Custodial Arr IV, line 9, or reported an ar	_	•	_	tion answered "	Yes" to Fo	orm 99	0, Part	
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ry for co	ntnbutions or other	assets not				
	included on Form 990, Part X?		-					☐ Yes ☐	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follo	owing tab	ole					•
	· -	·						Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f		_	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 2	21?					Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Comp	lete if organizati	ion ans	wered "Yes" to	Form 990, Par	l IV, line 1	0.		
		(a) Current year	r	(b) Prior year	(c) Two years back	(d) Three yea	ars back	(e) Four years b	back
1a	Beginning of year balance	10,439,6	685	10,902,910					
b	Contributions	1,937,6	666	658,837					
С	Net investment earnings, gains,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	and losses			-1,122,062				<u> </u>	
ď	Grants or scholarships				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
е	Other expenditures for facilities								
	and programs							<u> </u>	
f	Administrative expenses								
g	End of year balance	12,377,3	351	10,439,685	117-11111				
2	Provide the estimated percentage of the year	end balance held as							
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ► _100.00 %								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the posses	sion of the organizati	on that a	ire held and adminis	stered for the				
	organization by							Yes	No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations	listed as required on	Schedul	le R?				3b	
4	Describe in Part XIV the intended uses of the	organization's endow	vment fur	nds					
Pa	rt VI Investments—Land, Build	ings, and Equip	ment.	See Form 990	<u>, Part X, line 10</u>			<u>.</u>	
	Description of investment	(a) Cost or other (investment		( <b>b)</b> Cost or oth basis (other)	''	cumulated eciation		(d) Book value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
е	Other								
Total	. Add lines 1a through 1e (Column (d) must ed	ual Form 990, Part >	K, columr	n (B), line 10(c))		)	•		

Schedule D (Form 990) 2009 CATHOLIC COMMUNITY FO	UNDATION	20-4595721	Page <b>3</b>
Part VII Investments—Other Securities. See Form 99			
(a) Description of security or category	(b) Book value	(c) Method of valuation	1
(including name of security)		Cost or end-of-year market	value
Financial denvatives			
Closely-held equity interests			
Other			
	<u></u>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See Form 99			
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market	value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description	· · · · · · ·	(1	b) Book value
	···-		
	···		
Table (Online (b) months and France (OO Dark Variety (D) by A5)	<del></del>		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )  Part X Other Liabilities. See Form 990, Part X, line 2	F	<b>P</b>	
1 (a) Description of liability	(b) Amount		
Federal income taxes	(D) / unbunt		
ANNUITY OBLIGATION	315,734		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	315,734		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization	zation's financial statements t	that reports the	
organization's liability for uncertain tax positions under FIN 48			

	dule D-(Form 990) 2009 CATHOLIC COMMUNITY FOUNDATION		20-459572	<u> 1 </u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to A	\udit	ed Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	2,690,263
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	512,004
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	2,178,259
4	Net unrealized gains (losses) on investments			4	1,933,446
5	Donated services and use of facilities		•	5	
6	Investment expenses			6	
7	Pnor period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8		•	9	1,933,446
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	4,111,705
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	ts W	ith Revenue per Reti	urn	
1	Total revenue, gains, and other support per audited financial statements			1	4,623,709
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				<u>.</u>
а	Net unrealized gains on investments	2a	1,933,446		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV )	2d			
	Add lines 2a through 2d			2е	1,933,446
3	Subtract line 2e from line 1			3	2,690,263
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	]			2,030,203
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	40		40	
_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c 5	2,690,263
5 <b>D</b> a	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nte V	With Expanses per P		
1	Total expenses and losses per audited financial statements	IIIS ¥	vitii Expelises per N	etuii	512,004
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				312,004
	Donated services and use of facilities	ا م	1		
a		2a			
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIV)	_2d			
	Add lines 2a through 2d			2e	F10 004
3	Subtract line 2e from line 1	1	ſ	3	512,004
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV )	4b			
	Add lines 4a and 4b			4c	510 004
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	512,004
	rt XIV Supplemental Information				<del>.</del>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines				
nd 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2	2d and	4b Also complete		
'	art to provide any additional information	_	_		
₽.	art V, Line 4 - Intended Uses for Endowment	<u>Fun</u>	id <u>s</u>		. <b>–</b> – – <b>–</b> –
T	HE ENDOWMENT FUNDS WILL BE USED TO PROVIDE A	SST	STANCE TO CAT	HOL	TC PARTSHES
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_A]	<u> </u>	<u>ssi</u>	STANCE TO THE	_PO	OR IN THE
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	DENTER THE PRIESTHOOD IN THE SAGINAM DIOCES	<u></u>			
		_			
_					

Schedule D (Fo	orm 990)	2009	c	ATE	HOL	IC	CO	мм	INU	TY	FC	OUN	DA'	TIC	NC				2	0-4	59	572	21					Pa	age <b>5</b>
Part XIV	Supp	leme	ntal	Info	rma	ation	(co	ntin	ued	)																			
•						-																							
				_	_		_	_	_				_	_	_	_	_	_				_	_	_					_
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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Open to Public Inspection Employer identification number 20-4595721 Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States ▶ Attach to Form 990. CATHOLIC COMMUNITY FOUNDATION OF MID-MICHIGAN Department of the Treasury Internal Revenue Service Name of the organization

ŝ SEMINARIAN EDUCATION SCHOOL OPERATION Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed SCHOOL OPERATION (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to X non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Amount of non-cash (book, FMV, appraisa, other) (c) IRC (d) Amount of cash grant section applicable 44,252 131,308 6,962 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ო m ო 38-3300958 20-4519807 38-1358181 General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? 48603 MI 48603 MI 48607 (a) Name and address of organization SAGINAW AREA CATHOLIC SCHOOLS BAY AREA CATHOLIC SCHOOLS 벟 or government 607 E SOUTH UNION ST DIOCESE OF SAGINAW 5800 WEISS ST 5376 STATE ST BAY CITY SAGINAW SAGINAW Part Part

Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 20-4595721 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 CATHOLIC COMMUNITY FOUNDATION

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_	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
Part IV	Supplemental Information. Complete this part to p	complete this part to p	provide the information	on required in Part I	provide the information required in Part I line 2 and any other additional information	onal information

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

THE GRANT COMMITTEE RECEIVES REPORTS FROM THE GRANTEES THAT DESCRIBE HOW

THE FUNDS WERE USED.

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2009
Open to Public

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Pu

Name of the organization

CATHOLIC COMMUNITY FOUNDATION OF MID-MICHIGAN

Employer identification number 20-4595721

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

THE AUDITED FINANCIAL STATEMENTS FROM WHICH THE FORM 990 IS PREPARED ARE
REVIEWED AND APPROVED BY THE GOVERNING BOARD.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.