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Form **990**

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 2625 ZANKER ROAD | Room/suite

City or town, state or country, and ZIP + 4
SAN JOSE, CA 951342107

D Employer identification number
94-2762269

E Telephone number
(408)468-0100

G Gross receipts $ 28,202,392

F Name and address of principal officer
MARGARET WILLIAMS
2625 ZANKER ROAD
SAN JOSE,CA 951342107

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW CATHOLICCHARITIESSCC ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1981 | **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE SERVICES THAT STRENGTHEN COMMUNITY & SUSTAIN INDIVIDUALS & FAMILIES LIVING IN POVERTY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	583
	6 Total number of volunteers (estimate if necessary)	**6**	2,831
	7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
	b Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	22,754,151	25,857,303
	9 Program service revenue (Part VIII, line 2g)	1,100,287	1,443,094
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	176,238	167,193
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,940	169,462
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,158,616	27,637,052
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,189,477	2,643,709
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,918,332	18,661,606
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶972,927		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,681,019	6,446,038
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	22,788,828	27,751,353
	19 Revenue less expenses Subtract line 18 from line 12	1,369,788	-114,301

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	21,466,191	23,113,859
	21 Total liabilities (Part X, line 26)	2,498,762	2,583,352
	22 Net assets or fund balances Subtract line 21 from line 20	18,967,429	20,530,507

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-14
Signature of officer | Date

MARGARET WILLIAMS CAO/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RANDY PETERSON	RANDY PETERSON	2012-05-14	☐	

Firm's name ▶ BERGER LEWIS ACCOUNTANCY CORP | Firm's EIN ▶

Firm's address ▶ 55 ALMADEN BLVD STE 600
SAN JOSE, CA 95113 | Phone no ▶ (408) 494-1200

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

CATHOLIC CHARITIES SERVES AND ADVOCATES FOR FAMILIES AND INDIVIDUALS IN NEED, ESPECIALLY THOSE IN POVERTY ROOTED IN GOSPEL VALUES, CATHOLIC CHARITIES WORKS TO BUILD A JUST AND COMPASSIONATE COMMUNITY FOR PEOPLE OF ALL CULTURES AND BELIEFS

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 8,257,498 including grants of $ 5,277) (Revenue $ 169,706)

CHILDREN YOUTH AND FAMILY DEVELOPMENT SERVICES CORAL (COMMUNITIES ORGANIZING RESOURCES TO ADVANCE LEARNING) IS AN AFTER-SCHOOL PROGRAM FUNCTIONING AT OVER TWENTY SAN JOSE PUBLIC SCHOOLS CORAL FOCUSES ON IMPROVING STUDENT ACHIEVEMENT THROUGH BALANCED LITERACY AND ENRICHMENT ACTIVITIES FIRST 5 SANTA CLARA COUNTY PARTNERS WITH FAMILIES TO SUPPORT THE HEALTHY DEVELOPMENT OF THEIR CHILDREN AGES 0-5 YEARS THE PROGRAM INCLUDES PARENTING WORKSHOPS PLUS COMMUNITY ENGAGEMENT AND EDUCATION ACTIVITIES SEE SCHEDULE O FOR MORE INFORMATION LEADERSHIP, ETHNIC, AND ACADEMIC PRIDE (LEAP) PROJECT IS AN AFTER-SCHOOL PROGRAM SUPPORTING YOUTH TO SUCCEED IN SCHOOL AND MAKE HEALTHY CHOICES WITH THEIR PEERS, THEIR FAMILIES AND IN THEIR COMMUNITY SUCCESSFUL PARENTS' PROJECT, OFFERED IN VIETNAMESE AND SPANISH, HELPS PARENTS DEVELOP A STRONGER, HEALTHIER RELATIONSHIP WITH THEIR CHILDREN WORKSHOPS TRAIN PARENTS TO COMMUNICATE EFFECTIVELY WITH THEIR CHILDREN AND SUPPORT THEIR CHILDRENS MENTAL, EMOTIONAL AND PHYSICAL GROWTH RAISING A READER OFFERS A PRE-SCHOOL LITERACY PROGRAM FOR FAMILIES WITH CHILDREN 0-5 YEARS OF AGE IT PROVIDES AGE-APPROPRIATE BOOKS IN ENGLISH AND SPANISH, BOOK BAGS, EARLY LITERACY TRAINING, AND SUPPORT SERVICES FOR DAYCARE PROVIDERS PEER EDUCATORS PROVIDE PEER COUNSELING AND SUPPORT TO PREGNANT AND EARLY BREASTFEEDING MOTHERS USING THE PARENT EDUCATION MODEL TO IMPROVE BREASTFEEDING RATES IN THE VIETNAMESE AND LATINO COMMUNITIES EL TORO YOUTH CENTER PROVIDES AFTERSCHOOL HOMEWORK ASSISTANCE, RECREATION, WELLNESS, AND ENRICHMENT ACTIVITIES TO LOW-INCOME YOUTH IN MORGAN HILL FA'ATASI PROGRAM (FINDING AN ALTERNATIVE TOGETHER - ASSESSING AND SERVICING INDIVIDUALS) ASSISTS AT-RISK, GANG-PRONE YOUNG MEN TO DEVELOP CULTURAL SENSITIVITY AND SPIRITUAL AWARENESS THE PROGRAM PROMOTES HEALTHY DECISION-MAKING THAT IMPROVES RELATIONSHIPS WITH PEERS, FAMILY AND THE COMMUNITY INDIVIDUAL COUNSELING, SKILL BUILDING, AND GROUP ACTIVITIES ARE GEARED TO PERSONAL EMPOWERMENT AND SELF-IMPROVEMENT INTERVENTION SERVICES PROVIDES GANG INTERVENTION SERVICES TO AT-RISK YOUTH WORK WITH COMMUNITY PARTNERS TO CONDUCT ONGOING PREVENTION/INTERVENTION AND TRUANCY OUTREACH TO IDENTIFY YOUTH WHO EXHIBIT HIGH-RISK BEHAVIORS INCLUDING GANG INVOLVEMENT, CONFLICT/VIOLENCE, SCHOOL ABSENCE AND DROP OUT, SUBSTANCE ABUSE, AND OTHER NEGATIVE BEHAVIORS KINSHIP RESOURCE CENTER PROVIDES COMPREHENSIVE SERVICES AND SUPPORT TO GRANDPARENTS AND OTHER RELATIVES WHO ARE RAISING THE FAMILYS CHILDREN SERVICES INCLUDE CASE MANAGEMENT, HEALTH ASSESSMENTS, SUPPORT GROUPS, RESPITE CARE, RECREATION, INFORMATION AND REFERRAL, EDUCATION SEMINARS AND ASSISTANCE WITH LEGAL GUARDIANSHIP PACKETS, AS WELL AS AN INDEPENDENT LIVING PROGRAM FOR YOUTH MOVING OUT OF KINSHIP CARE PROBATION SERVICES PROVIDES CASE MANAGEMENT TO YOUTH ON PROBATION TO PREVENT RE-ENGAGEMENT WITH THE CRIMINAL JUSTICE SYSTEM THE SUMMIT LEAGUE TECH LAB PROVIDES AT-RISK YOUTH AND THEIR FAMILIES WITH INTRODUCTORY TOOLS TO HELP THEM DEVELOP TECHNICAL SKILLS ON WORD PROCESSING, INTERNET USAGE, SPREADSHEET, WEB DESIGN, GRAPHIC DESIGN, AND VIDEO PRODUCTION WASHINGTON UNITED YOUTH CENTER (WUYC) OFFERS STRUCTURED AFTER SCHOOL PROGRAMMING AND A CARING ENVIRONMENT TO YOUTH AND THEIR FAMILIES COUNSELING SUPPORT, RECREATION, GROUP EDUCATIONAL ACTIVITIES AND CULTURAL ENRICHMENT PROGRAMS ALSO AVAILABLE ARE INFORMATION AND REFERRAL SERVICES FOR FAMILIES IN CRISIS AND LIVING IN POVERTY YOUNG WOMEN'S AND MEN'S EMPOWERMENT PROJECT (YW/MEP) ARE PREVENTION PROGRAMS THAT TARGET TEEN PREGNANCY AND DATING VIOLENCE INCLUDING PEER EDUCATION AND MENTORING, SUPPORT GROUPS, CAREER AND EDUCATIONAL DEVELOPMENT WORKSHOPS, AND FAMILY/COMMUNITY WELLNESS EVENTS JUSTICE EMPOWERMENT SERVICES OFFERS SERVICES TO ASSIST FAMILIES, YOUTH, PRISONERS, AND EX-PRISONERS TO OVERCOME THE IMMEDIATE AND LONG TERM EFFECTS OF INCARCERATION, ACTING AS A BRIDGE BETWEEN THOSE WHO SERVE THE COMMUNITY AT LARGE AND THE CRIMINAL JUSTICE SYSTEM FRANKLIN-MCKINLEY CHILDREN'S INITIATIVETHE FRANKLIN-MCKINLEY CHILDREN'S INITIATIVE IS A PLACE-BASED ANTI-POVERTY STRATEGY FOCUSED ON HELPING EVERY CHILD IN THE NEIGHBORHOOD SUCCEED FROM CRADLE TO CAREER THROUGH CREATING A STRONG AND SAFE NEIGHBORHOOD, STRENGTHENING EDUCATIONAL OPPORTUNITIES, AND STRENGTHENING FAMILIES THROUGH A COMMUNITY-BASED COALITION STEP UP SILICON VALLEY THROUGH STEP UP SILICON VALLEY THE ORGANIZATION LEADS A COALITION OF COMMUNITY-BASED ORGANIZATIONS, INTERFAITH ALLIES, GOVERNMENT REPRESENTATIVES, AND BUSINESS LEADERS WHO ARE WORKING TO CUT POVERTY IN HALF IN SANTA CLARA COUNTY BY 2020 THROUGH CREATING AWARENESS, ADVOCATING FOR POLICY CHANGES, AND INCUBATING SYSTEM CHANGING ALTERNATIVES

4b (Code) (Expenses $ 6,355,189 including grants of $ 1,300,555) (Revenue $ 280,882)

BEHAVIORAL HEALTH SERVICESADULT MENTAL HEALTH - FULL SERVICE PARTNERSHIP-CRIMINAL JUSTICE AND INTEGRATION OF MENTALLY ILL PAROLEES SERVICES - COMBINES OUTPATIENT MENTAL HEALTH, CASE MANAGEMENT, MEDICATION SUPPORT, CRISIS INTERVENTION AND RECOVERY FROM BOTH MENTAL AND CHEMICAL DEPENDENCY DISORDERS FOR INDIVIDUALS AND FOR OTHER PERSONS ON PROBATION OR PAROLE WHO HAVE BEEN ORDERED BY THE COURT FOR TREATMENT SEE SCHEDULE O FOR MORE INFORMATION CALWORKS HEALTH ALLIANCE IS A MULTICULTURAL OUTPATIENT MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAM FOR CALWORKS PARTICIPANTS THAT HELPS IMPROVE PERSONAL AND FAMILY ISSUES THAT MAY KEEP THEM FROM FINDING ECONOMIC AND EMOTIONAL SELF SUFFICIENCY CHILDREN AND FAMILY SERVICES OFFERS OUTPATIENT SERVICES FOR CHILDREN WHO ARE SERIOUSLY EMOTIONALLY DISTURBED AND THEIR FAMILIES SERVICES INCLUDE PSYCHIATRIC EVALUATIONS, MEDICAL MONITORING, THERAPY, AND CASE MANAGEMENT AND FAMILY SUPPORT, INCLUDING SUPERVISED AND HOME VISITS CHILDREN AGES 0-5 (FIRST FIVE) ARE INCLUDED IN THESE SERVICES DESTINATION HOME ASSISTS CHRONICALLY HOMELESS PEOPLE WITH MENTAL ILLNESS, ADDICTION, OR BOTH DISORDERS, TO ACCESS COMMUNITY SERVICES AND HOUSING THE TEAM PROVIDES CASE MANAGEMENT SERVICES AND COLLABORATES WITH MANY COMMUNITY MENTAL HEALTH, ALCOHOL, DRUG, HOUSING, JUDICIARY, AND HEALTH-RELATED PROGRAMS OLDER ADULT SERVICES - OASIS, FULL SERVICE PARTNERSHIP-OLDER ADULTS AND COMPREHENSIVE MENTAL HEALTH SERVICES FOR OLDER ADULTS (GOLDEN GATEWAY) - PROVIDES CASE MANAGEMENT AND MENTAL HEALTH SERVICES, INCLUDING MEDICATION SUPPORT, TO OLDER ADULTS WHO ARE EXPERIENCING CHRONIC EMOTIONAL PROBLEMS GOLDEN GATEWAY ALSO DEVELOPS SUPPORT GROUPS AND EDUCATES FAMILY MEMBERS AND COMMUNITY SERVICE PROVIDERS ABOUT HELPING OLDER ADULTS WITH MENTAL HEALTH CONDITIONS SUPPORTIVE HOUSING SERVICES - AT CHDC PROVIDES REFERRALS AND CASE COORDINATION FOR RESIDENTS OF CHARITIES HOUSING DEVELOPMENT CORPORATION (CHDC) UNITS AS WELL AS LONG-TERM RENTAL ASSISTANCE AND CASE MANAGEMENT FOR CHRONICALLY HOMELESS INDIVIDUALS AND FAMILIES WITH DISABILITIES SUPPORTIVE HOUSING SERVICES PROVIDES MENTAL HEALTH TREATMENT AND SUPPORTIVE HOUSING/CASE MANAGEMENT SERVICES FOR DISABLED AND CHRONICALLY HOMELESS INDIVIDUALS AND HOMELESS FAMILIES IN ORDER TO HELP THEM GAIN AND RETAIN HOUSING

4c (Code) (Expenses $ 5,297,392 including grants of $ 1,337,197) (Revenue $ 570,471)

ECONOMIC DEVELOPMENT SERVICESASYLEE PROGRAM PROVIDES CASH ASSISTANCE, MEDICAL COVERAGE, ENGLISH AS A SECOND LANGUAGE (ESL), COMPUTER TRAINING AND JOB PLACEMENT FOR PERSONS GRANTED POLITICAL ASYLUM SEE SCHEDULE O FOR MORE INFORMATION EMPLOYMENT SERVICES PROVIDES COMPREHENSIVE PRE-EMPLOYMENT (INCLUDING ENGLISH AS A SECOND LANGUAGE, COMPUTER CLASSES AND RETAIL VOCATIONAL TRAINING), EMPLOYMENT, JOB RETENTION, AND JOB UPGRADE SERVICES TO IMMIGRANTS, REFUGEES, AND LOW INCOME INDIVIDUALS FOCUS FOR WORK PROVIDES INDIVIDUAL AND GROUP EMPLOYMENT PREPARATION SERVICES, JOB DEVELOPMENT SERVICES, AND POST-EMPLOYMENT SUPPORT FOR ADULTS DIAGNOSED WITH MENTAL ILLNESS FINANCIAL EDUCATION SERVICES ENABLES CLIENTS TO ACQUIRE BASIC FINANCIAL LITERACY AND MOVE TOWARD ESTABLISHING ECONOMIC STABILITY THROUGH EFFECTIVE MONEY MANAGEMENT, AND BUDGETING IT INCLUDES INDIVIDUAL DEVELOPMENT SAVINGS ACCOUNTS (IDA) AND FREE FINANCIAL EDUCATION PROGRAMS FOR LOW-INCOME INDIVIDUALS AND FAMILIES FREE TAX PREPARATION PROVIDES FREE TAX PREPARATION SERVICES TO LOW-INCOME INDIVIDUALS AND FAMILIES AT VARIOUS SITES THROUGHOUT SANTA CLARA COUNTY IMMIGRATION LEGAL SERVICES ARE FULLY ACCREDITED BY THE FEDERAL BOARD OF IMMIGRATION APPEALS TO PROVIDE PROFESSIONAL LEGAL CONSULTATIONS AND A FULL RANGE OF IMMIGRATION LEGAL SERVICES FOR LOW-INCOME PEOPLE THROUGHOUT SANTA CLARA COUNTY SERVICES INCLUDE FAMILY VISAS, FIANC/E VISA, ADJUSTMENT OF STATUS, EMPLOYMENT AUTHORIZATION, RE-ENTRY PERMIT AND ADVANCE PAROLE, POLITICAL ASYLUM, SPECIAL IMMIGRANT JUVENILE, RELIGIOUS VISA, FAMILY UNITY, TEMPORARY PROTECTED STATUS (TPS), VIOLENCE AGAINST WOMEN'S ACT (VAWA), NICARAGUAN ADJUSTMENT AND CENTRAL AMERICAN RELIEF ACT (NACARA), INADMISSIBILITY WAIVERS, REMOVAL DEFENSE, REPRESENTATION, FREEDOM OF INFORMATION ACT REQUEST, CITIZENSHIP INFORMATION AND APPLICATIONS, PHOTOS AND FINGERPRINTING SOUTH COUNTY CITIZENSHIP SERVICES OFFERS SLIDING SCALE CITIZENSHIP SERVICES IN GILROY, MORGAN HILL, AND SAN MARTIN CITIZENSHIP SERVICES INCLUDE APPLICATION ASSISTANCE, INTERVIEW PREPARATION, LEGAL ASSISTANCE OR REFERRAL TO LEGAL ASSISTANCE FREE SOUTH COUNTY CITIZENSHIP DAYS ARE HELD TWICE A YEAR REFUGEE FOSTER CARE TRAINS AND SUPPORTS PERSONS WHO WANT TO BECOME FOSTER PARENTS THE PROGRAM MATCHES UNACCOMPANIED REFUGEE MINORS FROM OVERSEAS WITH FOSTER FAMILIES IN SANTA CLARA COUNTY REFUGEE RESETTLEMENT OFFERS SPONSORSHIP FROM REFUGEE CAMPS WORLDWIDE, FAMILY REUNIFICATION, CASE MANAGEMENT, CULTURAL ORIENTATION, EMPLOYMENT PREPARATION, JOB PLACEMENT, ENGLISH AS A SECOND LANGUAGE (ESL), AND COMPUTER TRAINING HOUSING SEARCH AND STABILIZATION SERVICES LINKS HOME PROVIDERS WITH HOME SEEKERS, AND PROVIDES SAFE AND AFFORDABLE SHARED ACCOMMODATIONS FOR LOW-INCOME, SINGLE-PARENT FAMILIES, SENIORS, AND SINGLE ADULTS, AS WELL AS HOUSING CASE MANAGEMENT FOR FORMERLY HOMELESS AND LOW INCOME RESIDENTS IN SUBSIDIZED HOUSING

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**
(Expenses $ 3,252,804 including grants of $ 680) (Revenue $ 438,961)

4e **Total program service expenses** ▶ $ 23,162,883

Part 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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 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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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		No
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	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	Did the organization report an amount for other assets 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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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*	**21**		No
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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*	**36**		No
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, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	196		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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	2a	583		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		No
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	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, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**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?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**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		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**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	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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		No
b	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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Form 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 ☐ Another's website ☑ Upon request

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

MAGGIE P WILLIAMS
2625 ZANKER ROAD
SAN JOSE, CA 951342107
(408) 325-5110

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,146,006	0	109,152

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 ▶ 7

			Yes	No
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**		No
4	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*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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	(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 ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	103,707				
	b Membership dues 1b					
	c Fundraising events 1c	316,304				
	d Related organizations 1d					
	e Government grants (contributions) 1e	18,709,568				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	6,727,724				
	g Noncash contributions included in lines 1a-1f $	1,672,707				
	h **Total.** Add lines 1a-1f		25,857,303			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICE FEES	900099	1,421,027	1,421,027		
	b MEMBERSHIP DUES	900099	22,067	22,067		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		1,443,094			
	3 Investment income (including dividends, interest and other similar amounts)		168,435			168,435
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	510,863				
	b Less cost or other basis and sales expenses	512,105				
	c Gain or (loss)	-1,242				
	d Net gain or (loss)		-1,242			-1,242
Other Revenue	8a Gross income from fundraising events (not including $ 316,304 of contributions reported on line 1c) See Part IV, line 18 a	36,540				
	b Less direct expenses b	53,235				
	c Net income or (loss) from fundraising events		-16,695			-16,695
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a RENT FROM EXCESS SPACE	900099	169,231			169,231
	b CHANGE IN CSV OF INS P	900099	9,558	9,558		
	c OTHER INCOME	900099	7,368	7,368		
	d All other revenue					
	e **Total.** Add lines 11a–11d		186,157			
	12 **Total revenue.** See Instructions		27,637,052	1,460,020	0	319,729

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,643,709	2,643,709		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	394,992	327,843	51,349	15,800
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 salaries and wages	14,331,856	11,910,021	1,847,270	574,565
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	573,847	486,097	66,006	21,744
9 Other employee benefits	1,996,294	1,690,413	230,159	75,722
10 Payroll taxes	1,364,617	1,195,197	112,898	56,522
a Fees for services (non-employees) Management				
b Legal	185,484		185,484	
c Accounting	125,877		125,877	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	1,054,366	791,793	228,841	33,732
12 Advertising and promotion	97,057	72,581	24,326	150
13 Office expenses	560,052	229,405	220,892	109,755
14 Information technology				
15 Royalties				
16 Occupancy	684,455	603,356	66,443	14,656
17 Travel	319,076	301,918	12,544	4,614
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	277,385	169,640	83,756	23,989
20 Interest	50,989		50,989	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	479,761	319,494	141,885	18,382
23 Insurance	234,864	216,173	14,043	4,648
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a DISTRIBUTED FOOD, CLOTH	1,192,403	1,192,403		
b PROGRAM SUPPLIES	704,643	704,643		
c SMALL EQUIP PURCHASES	305,466	229,459	71,019	4,988
d MISCELLANEOUS	101,906	57,486	42,941	1,479
e SUBSCRIPTIONS & PUBLICA	72,254	21,252	38,821	12,181
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	27,751,353	23,162,883	3,615,543	972,927
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,914,900	2	1,773,348
	3	Pledges and grants receivable, net		1,820,463	3	1,191,860
	4	Accounts receivable, net		3,502,825	4	3,140,099
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		15,290	8	40,165
	9	Prepaid expenses and deferred charges		57,846	9	138,089
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 11,322,876			
	b	Less accumulated depreciation	10b 6,347,232	4,749,351	10c	4,975,644
	11	Investments—publicly traded securities		61,232	11	60,573
	12	Investments—other securities See Part IV, line 11		9,004,091	12	11,493,759
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		340,193	15	300,322
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		21,466,191	16	23,113,859
Liabilities	17	Accounts payable and accrued expenses		2,109,482	17	2,279,487
	18	Grants payable			18	
	19	Deferred revenue		11,156	19	16,386
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		80,267	23	37,002
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		297,857	25	250,477
	26	**Total liabilities.** Add lines 17 through 25		2,498,762	26	2,583,352
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		11,172,228	27	11,447,260
	28	Temporarily restricted net assets		2,544,410	28	3,122,561
	29	Permanently restricted net assets		5,250,791	29	5,960,686
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		18,967,429	33	20,530,507
	34	Total liabilities and net assets/fund balances		21,466,191	34	23,113,859

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,637,052
2	Total expenses (must equal Part IX, column (A), line 25)	2	27,751,353
3	Revenue less expenses Subtract line 2 from line 1	3	-114,301
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,967,429
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,677,379
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	20,530,507

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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	Yes	
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	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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 acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,202,438	21,588,453	23,206,719	22,754,151	25,857,303	107,609,064
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	14,202,438	21,588,453	23,206,719	22,754,151	25,857,303	107,609,064
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						107,609,064

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14,202,438	21,588,453	23,206,719	22,754,151	25,857,303	107,609,064
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	235,960	206,342	201,880	173,939	168,435	986,556
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)	175,803	158,270	116,433	132,076	186,157	768,739
11 **Total support** (Add lines 7 through 10)						109,364,359

12 Gross receipts from related activities, etc (See instructions)	12	5,693,936

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	98 400 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96 750 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

Additional Data

Software ID:
Software Version:
EIN: 94-2762269
Name: CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BISHOP PJMCGRATH CHAIRMAN	3 00	X		X				0	0	0
DARLENE TENES BOARD MEMBER	3 00	X						0	0	0
DAVID PASEK BOARD MEMBER	3 00	X						0	0	0
DEBORAH VAN OLST SECRETARY	3 00	X		X				0	0	0
DREW HAASER BOARD MEMBER	3 00	X						0	0	0
FRANK BISCEGLIA BOARD MEMBER	3 00	X						0	0	0
JIM CASHMAN BOARD MEMBER	3 00	X						0	0	0
JOSEPH P MELEHAN BOARD MEMBER	3 00	X						0	0	0
JUDY WATLAND BOARD MEMBER	3 00	X						0	0	0
KEVIN DENUCCIO BOARD MEMBER	3 00	X						0	0	0
MARIBEL R ANDONIAN BOARD MEMBER	3 00	X						0	0	0
MARY SUE ALBANESE BOARD MEMBER	3 00	X						0	0	0
MICHAEL YUTRZENKA MEMBER-AT-LARGE	3 00	X						0	0	0
NORMAN CARROLL BOARD MEMBER	3 00	X						0	0	0
PATRICK J WAITE BOARD MEMBER	3 00	X						0	0	0
RAYMOND TRIPLETT VICE PRESIDENT	3 00	X		X				0	0	0
REV BRENDAN MCGUIRE BOARD MEMBER	3 00	X						0	0	0
ROBERT SERVENTI BOARD MEMBER	3 00	X						0	0	0
THOMAS CROTTY PRESIDENT	3 00	X		X				0	0	0
TIMOTHY O'DONNELL BOARD MEMBER	3 00	X						0	0	0
MICHAEL BLACH BOARD MEMBER	3 00	X						0	0	0
FRANK BOITANO BOARD MEMBER	3 00	X						0	0	0
GREGORY R KEPFERLE CEO	40 00			X				203,981	0	22,220
MARGARET WILLIAMS CAO/CFO & TREASURER	40 00			X				134,963	0	16,220
ALI ALKORAISHI PSYCHIATRIST	29 00					X		254,311	0	13,986

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH BAKER DIRECTOR HUMAN RESOURCES	40 00					X		109,984	0	6,503
MARILOU CRISTINA DIVISION DIRECTOR	40 00					X		109,893	0	12,177
MARY YOUNG CHIEF DEVELOPMENT OFFICER	40 00					X		122,071	0	15,338
SUSAN HARRIS PSYCHIATRIST	29 00					X		210,803	0	22,708

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 3,252,804 including grants of $ 680) (Revenue $ 438,961)

OLDER ADULT SERVICES DAY BREAK RESPITE AND CAREGIVER SUPPORT SERVICES PROGRAM SERVES CAREGIVERS AND THEIR DEPENDENT ELDERS SERVICES INCLUDE A LICENSED ADULT DAY SUPPORT PROGRAM (RECREATION, HEALTH PROMOTION AND SOCIAL ACTIVITIES), IN-HOME RESPITE, CAREGIVER SUPPORT GROUPS, CAREGIVER EDUCATION AND ESCORTED TRANSPORTATION DAY BREAK II ASIAN RESPITE AND CAREGIVER SUPPORT SERVICES IS AN ASIAN MODEL OF THE DAY BREAK PROGRAM SERVICES INCLUDE A LICENSED ADULT DAY SUPPORT PROGRAM (RECREATION, HEALTH PROMOTION, AND SOCIAL ACTIVITIES), IN-HOME RESPITE, CAREGIVER SUPPORT GROUPS AND ESCORTED TRANSPORTATION ALL SERVICES ARE ADAPTED TO THE CULTURAL AND LINGUISTIC NEEDS OF VIETNAMESE AND CHINESE CAREGIVERS AND THEIR DEPENDENT ELDERS FRIENDLY VISITOR PROGRAM MATCHES VOLUNTEERS WITH ISOLATED SENIORS LIVING IN LONG TERM CARE FACILITIES IN SANTA CLARA COUNTY LONG TERM CARE OMBUDSMAN PROGRAM ADVOCATES FOR FRAIL, CHRONICALLY ILL RESIDENTS IN ALL NURSING HOMES AND RESIDENTIAL CARE/ASSISTED LIVING FACILITIES IN SANTA CLARA COUNTY THIS PROGRAM RESPONDS TO, INVESTIGATES, AND SEEKS FAIR RESOLUTION TO COMPLAINTS, INCLUDING ALLEGATIONS OF ELDER ABUSE AND VIOLATIONS OF RESIDENTS' RIGHTS SENIOR NUTRITION PROGRAM OFFERS SOCIALIZATION AND HOT NUTRITIOUS MEALS FOR SENIORS (AGE 60 AND OVER) FIVE DAYS A WEEK AT THREE SITES IN SANTA CLARA COUNTY EASTSIDE NEIGHBORHOOD CENTER, JOHN XXIII MULTI-SERVICE CENTER AND THE GILROY NUTRITION SITE SENIOR PROGRAMS AT NEIGHBORHOOD CENTERS OFFERS EDUCATIONAL CLASSES, RECREATION AND WELLNESS ACTIVITIES FOR OLDER ADULTS IN A CULTURALLY RESPONSIVE ENVIRONMENT SERVICES INCLUDE ENGLISH AS A SECOND LANGUAGE CLASSES, CITIZENSHIP, INFORMATION AND REFERRAL, HEALTH SCREENING AND MONITORING, WELLNESS EDUCATION, COMPUTER TRAINING, NOON MEAL, EXERCISES LIKE TAI CHI, DANCES, HEALTH EDUCATION, AND CULTURAL CELEBRATIONS AT JOHN XXIII AND EASTSIDE NEIGHBORHOOD CENTER COMMUNITY DEVELOPMENT AND ADVOCACY (CDA)CDA IS COMPRISED OF SIX MAJOR PROGRAM AREAS PARISH/SCHOOL PARTNERSHIPS SOCIAL POLICY, HANDICAPABLES, VOLUNTEER MANAGEMENT, DONATION STATION, AND CALFRESH OUTREACH WE WORK TO IMPROVE COMMUNITY CONDITIONS BY PARTNERING WITH LOCAL PARISHES, SCHOOLS AND OTHER COMMUNITY-BASED ORGANIZATIONS THROUGH THESE PARTNERSHIPS, WE EMPOWER PEOPLE TO GET INVOLVED IN OUR COMMUNITY, FROM SERVING LUNCH TO NEEDY SENIORS TO ADVOCATING FOR KEY SOCIAL JUSTICE ISSUES PARISH/SCHOOL PARTNERSHIPS SUPPORT PARISHES TO FULFILL THE CHURCH'S MISSION TO LIVE OUT GOSPEL VALUES AND CATHOLIC SOCIAL JUSTICE TEACHING IN COLLABORATION WITH OTHERS IN OUR COMMUNITY WE EMPOWER PARISHIONERS AND STUDENTS TO RESPOND TO NEEDS IN A COMMUNAL, ORGANIZED, AND SUSTAINABLE WAY SERVICES INCLUDE EDUCATION FORUMS, WORKSHOPS, PRESENTATIONS, AND STEP UP SILICON VALLEY POVERTY SIMULATIONS SOCIAL POLICY AND ADVOCACY PROVIDES SKILL BUILDING AND OPPORTUNITIES TO ADVOCATE ON ISSUES IN THE AREAS OF HOUSING, EDUCATION, HEALTH CARE, IMMIGRATION AND BUDGETS TO REDUCE POVERTY THIS HAPPENS THROUGH EDUCATION, AWARENESS AND STRATEGIC ACTION AND PLACEMENT OF AGENCY STAFF AND VOLUNTEERS ON BOARDS, COMMISSIONS, AND COMMITTEES ACROSS THE COUNTY OUR GOAL IS TO ENGAGE WITH LOCAL, STATE, AND FEDERAL GOVERNMENT OFFICIALS TO IMPLEMENT CHANGES IN REGULATION, LEGISLATION, AND FUNDING IN SUPPORT OF SYSTEMIC CHANGES TO HELP THE POOR BECOME MORE SELF-SUFFICIENT HANDICAPABLES IS A PEER SUPPORT AND ENRICHMENT PROGRAM FOR SENIOR AND ADULT DISABLED INDIVIDUALS VOLUNTEERS PROVIDE VOLUNTEER OPPORTUNITIES FOR GROUPS AS WELL AS INDIVIDUALS THE GROUP ACTIVITIES ARE SUITABLE FOR YOUNG ADULTS, PARENT AND CHILD COMBINATIONS, YOUTH AND CHAPERONES, AND CORPORATE GROUPS THE DAYS OF OPERATION ARE FLEXIBLE AND ARE ABLE TO ACCOMMODATE GROUPS WHO NEED TO VOLUNTEER ON SOME SATURDAYS DONATION STATION ACCEPTS DONATIONS OF CLOTHING, TOYS, HOUSEHOLD ITEMS, AND GIFT CARDS AND DISTRIBUTES THOSE ITEMS TO REFUGEES, HOMELESS INDIVIDUALS, FAMILIES AND CHILDREN IN NEED CALFRESH OUTREACH WORKS TO INCREASE THE NUMBER OF ELIGIBLE INDIVIDUALS RECEIVING PUBLIC FOOD BENEFITS THROUGH PROVIDING INFORMATION AND APPLICATION ASSISTANCE PART III LINE 4D TOTALS

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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

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, 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 conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	5,277,131	4,150,380	2,778,194		
b Contributions	709,895	1,100,411	1,372,186		
c Investment earnings or losses	1,003,230	100,525			
d Grants or scholarships					
e Other expenditures for facilities and programs	130,754	74,185			
f Administrative expenses					
g End of year balance	6,859,502	5,277,131	4,150,380		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 86 900 %
- c Term endowment ▶ 13 100 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,153,757		1,153,757
b Buildings		7,117,250	4,703,765	2,413,485
c Leasehold improvements		1,608,044	676,677	931,367
d Equipment		1,157,236	797,681	359,555
e Other		286,589	169,109	117,480
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,975,644

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CBIS CUIT BALANCED FUND	6,695,230	F
(B) CBIS CUIT BALANCED FUND	4,798,529	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	11,493,759	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
RETIREMENT RESERVES	217,471
ANNUITY/LIFE INC OBLIGATIONS	33,006
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	250,477

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,637,052
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,751,353
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-114,301
4	Net unrealized gains (losses) on investments	4	1,677,379
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,677,379
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,563,078

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	29,321,806
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,677,379		
b	Donated services and use of facilities	2b	7,375		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	1,684,754
3	Subtract line **2e** from line **1**			3	27,637,052
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	27,637,052

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	27,758,728
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	7,375		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	7,375
3	Subtract line **2e** from line **1**			3	27,751,353
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			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	27,751,353

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	CATHOLIC CHARITIES ENDOWMENT CONSISTS OF 9 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR IMPOSED RESTRICTIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION HAS BEEN CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION AND IS TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ORGANIZATION IS SUBJECT TO A TAX ON INCOME FROM ANY UNRELATED BUSINESS ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN ORGANIZATION IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN MANAGEMENT HAS CONSIDERED ITS TAX POSITIONS AND BELIEVES THAT ALL OF THE POSITIONS TAKEN BY THE ORGANIZATION IN ITS FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION THE ORGANIZATIONS FEDERAL RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORMS 990) FOR YEARS ENDED JUNE 30, 2008 THROUGH 2010 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED THE ORGANIZATIONS STATE RETURNS (FORMS 199) FOR THE YEARS ENDED JUNE 30, 2007 THROUGH 2010 COULD BE SUBJECT TO EXAMINATION BY STATE TAXING AUTHORITIES, GENERALLY FOR FOUR YEARS AFTER THEY ARE FILED
		PART VII - INVESTMENTS - OTHER SECURITIES WE HAVE CLASSIFIED THE ORGANIZATIONS INVESTMENT IN THE CATHOLIC UNITED INVESTMENT TRUST AS AN OTHER SECURITY, LINE 12 PART X TO BETTER REFLECT THE NATURE OF THIS INVESTMENT THE CUIT IS AN INDEPENDENT NOT-FOR-PROFIT INVESTMENT TRUST ESTABLISHED BY CATHOLIC RELIGIOUS LEADERS WITH THE MISSION TO DEVELOP AND PROVIDE SECURE, RELIABLE EQUITY INVESTMENT PROGRAMS FOR CATHOLIC ORGANIZATIONS AND INSTITUTION THE FUNDS STRATEGY IS TO INVEST IN BOTH STOCKS AND BONDS, MAINTAINING ON AVERAGE A 60% EQUITY AND 40% FIXED INCOME ALLOCATION IN THE EQUITY PORTION OF THE PORTFOLIO, THE FUND INVESTS IN LARGE-CAPITALIZATION, HIGH-QUALITY COMPANIES THAT SELL AT REASONABLE PRICES RELATIVE TO THEIR FUTURE EARNINGS POTENTIAL IN THE FIXED INCOME PORTION OF THE PORTFOLIO, THE FUND COMBINES ECONOMIC AND FUNDAMENTAL RESEARCH TO CAPTURE INEFFICIENCIES ACROSS THE YIELD CURVE AND IN THE VALUATION OF MARKET SECTORS AND SECURITIES

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 BOCCE BALL (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	299,031	53,813		352,844
	2 Less Charitable contributions	268,064	48,240		316,304
	3 Gross income (line 1 minus line 2)	30,967	5,573		36,540
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	42,185	11,050		53,235
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				53,235
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-16,695

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

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. Use Schedule I-1 (Form 990) if additional space is needed.

(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)	(f) Description of non-cash assistance
(1) FINANCIAL ASSISTANCE	590	885,342			
(2) OTHER GENERAL ASSISTANCE	150	126,702			
(3) RENTAL ASSISTANCE	950	1,631,665			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
OTHER INFORMATION	PART IV	THE ORGANIZATION UTILIZES CASE MANAGERS TO MONITOR THE ASSISTANCE PROVIDED TO INDIVIDUALS AND TO ENSURE THAT THE RESOURCES PROVIDED APPROPRIATELY ADDRESS THE NEEDS OF THE INDIVIDUAL

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GREGORY R KEPFERLE	(i)	203,981	0	0	10,215	12,005	226,201	0
	(ii)	0	0	0	0	0	0	0
(2) MARGARET WILLIAMS	(i)	134,963	0	0	6,613	9,607	151,183	0
	(ii)	0	0	0	0	0	0	0
(3) ALI ALKORAISHI	(i)	254,311	0	0	12,452	1,534	268,297	0
	(ii)	0	0	0	0	0	0	0
(4) SUSAN HARRIS	(i)	210,803	0	0	10,897	11,811	233,511	0
	(ii)	0	0	0	0	0	0	0
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMY ANDONIAN	MARRIED TO DIR SON	66,481	EMPLOYMENT		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		186,526	ESTIMATED VALUE
6 Cars and other vehicles	X	146	102,373	AUCTION PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	3,684	143,397	PUBLISHED FV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	620,934	1,030,752	ESTIMATED VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (FUNDRAISING)	X	5	4,734	ESTIMATED VALUE
26 Other ▶ (PHONE SYSTEM)	X	1	204,925	ACTUAL RETAIL VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	LINE 9, SECURITIES - PUBLICLY TRADED, NUMBER OF SHARES IS LISTED, LINE 19, FOOD INVENTORY, NUMBER OF POUNDS IS LISTED
THIRD PARTY USE	PART I, LINE 32B	VEHICLE DONATIONS THE ORGANIZATION ACCEPTS DONATIONS OF VEHICLES WHEN A DONOR CALLS, A TOWING COMPANY IS SENT TO PICKUP THE VEHICLE VEHICLES THAT ARE NOT IN RUNNING CONDITION ARE TAKEN TO A JUNKYARD AND SOLD THERE THE ORGANIZATION RECEIVES A CHECK DIRECTLY FROM THE JUNKYARD VEHICLES IN RUNNING CONDITION ARE SOLD TO A LOCAL DEALERSHIP THE ORGANIZATION RECEIVES A CHECK DIRECTLY FROM THE DEALERSHIP THE ORGANIZATION DOES NOT USE ANY OF THE DONATED VEHICLES IN THEIR PROGRAMS ALL DONATED VEHICLES ARE DISPOSED OF IMMEDIATELY A FEE IS PAID TO THE TOWING COMPANY FOR THEIR SERVICES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE PROCESS THE ORGANIZATION USES TO REVIEW 990 A DRAFT OF THE FORM 990 IS REVIEWED IN DETAIL BY THE CFO AFTER ALL QUESTIONS HAVE BEEN RESOLVED, THE CFO PRESENTS THE DRAFT TO THE CEO & FINANCE COMMITTEE FOR REVIEW, COMMENT AND FINAL APPROVAL ONCE ALL OF THE FINANCE COMMITTEE'S QUESTIONS HAVE BEEN RESOLVED, THE REVISED FORM IS PRESENTED TO THE FULL BOARD FOR APPROVAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND ENFORCING COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ANNUALLY IN JUNE, EACH BOARD MEMBER IS REQUIRED TO COMPLETE A QUESTIONNAIRE AND RETURN IT TO THE BOARD SECRETARY THE SECRETARY REVIEWS THE FORMS TO VERIFY THAT ALL MEMBERS HAVE COMPLETED AND SIGNED THE FORM ANY ISSUES NOTED ARE DISCUSSED WITH THE FULL BOARD AND THE APPROPRIATE RESOLUTION DOCUMENTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	CEO, CFO THE EXECUTIVE BOARD COMMITTEE UTILIZES A VARIETY OF RESOURCES IN DETERMINING THE APPROPRIATE COMPENSATION FOR OFFICERS AND TOP MANAGEMENT, INCLUDING SALARY SURVEYS AND FORMS 990 FROM SIMILAR SIZED AND GEOGRAPHICALLY LOCATED AGENCIES THE COMMITTEE ALSO CONSIDERS THE INDIVIDUALS SPECIFIC SKILLS AND THE NATURE OF THE INDIVIDUALS RESPONSIBILITIES COMPENSATION IS APPROVED BY THE EXECUTIVE COMMITTEE. KEY EMPLOYEES THE COMPENSATION COMMITTEE UTILIZES A VARIETY OF RESOURCES IN DETERMINING THE APPROPRIATE COMPENSATION FOR KEY EMPLOYEES, INCLUDING SALARY SURVEYS AND FORMS 990 FROM SIMILAR SIZED AND GEOGRAPHICALLY LOCATED AGENCIES THE COMMITTEE ALSO CONSIDERS THE INDIVIDUALS SPECIFIC SKILLS AND THE NATURE OF THE INDIVIDUALS RESPONSIBILITIES COMPENSATION IS APPROVED BY THE COMPENSATION COMMITTEE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	DESCRIPTION OF HOW THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THE ORGANIZATION MAKES THESE DOCUMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE AND UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 1,677,379

Identifier	Return Reference	Explanation
AUDIT OVERSIGHT	FORM 990 PART XII LINE 2C	THE AUDIT COMMITTEE IS RESPONSIBLE FOR MAKING RECOMMENDATIONS TO THE BOARD REGARDING THE SELECTION AND RETENTION OF INDEPENDENT AUDITORS TO CONDUCT THE ANNUAL AUDIT OF THE ORGANIZATIONS FINANCIAL STATEMENTS THE AUDIT COMMITEE IS ALSO RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT, CONFERING WITH THE AUDITOR REGARDING THE RESULTS OF THE AUDIT, APPROVAL OF THE AUDIT REPORT AND APPROVAL OF ANY NON-AUDIT SERVICES TO BE PROVIDED BY THE AUDIT FIRM THIS PROCESS IS THE SAME AS IT WAS IN THE PRIOR YEAR

Identifier	Return Reference	Explanation
RECLASSIFICATION OF INVESTMENTS	PART X - BALANCE SHEET - OTHER INVESTMENTS	WE HAVE CLASSIFIED THE ORGANIZATIONS INVESTMENT IN THE CATHOLIC UNITED INVESTMENT TRUST AS AN OTHER SECURITY, LINE 12 PART X TO BETTER REFLECT THE NATURE OF THIS INVESTMENT THE CUIT IS AN INDEPENDENT NOT-FOR-PROFIT INVESTMENT TRUST ESTABLISHED BY CATHOLIC RELIGIOUS LEADERS WITH THE MISSION TO DEVELOP AND PROVIDE SECURE, RELIABLE EQUITY INVESTMENT PROGRAMS FOR CATHOLIC ORGANIZATIONS AND INSTITUTION THE FUNDS STRATEGY IS TO INVEST IN BOTH STOCKS AND BONDS, MAINTAINING ON AVERAGE A 60% EQUITY AND 40% FIXED INCOME ALLOCATION IN THE EQUITY PORTION OF THE PORTFOLIO, THE FUND INVESTS IN LARGE-CAPITALIZATION, HIGH-QUALITY COMPANIES THAT SELL AT REASONABLE PRICES RELATIVE TO THEIR FUTURE EARNINGS POTENTIAL IN THE FIXED INCOME PORTION OF THE PORTFOLIO, THE FUND COMBINES ECONOMIC AND FUNDAMENTAL RESEARCH TO CAPTURE INEFFICIENCIES ACROSS THE YIELD CURVE AND IN THE VALUATION OF MARKET SECTORS AND SECURITIES WE HAVE RECLASSIFIED THE PRIOR YEAR AMOUNTS TO BE CONSISTENT WITH THE CURRENT YEAR PRESENTATION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
CATHOLIC CHARITIES OF SANTA CLARA COUNTY

Employer identification number
94-2762269

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE ROMAN CATHOLIC BISHOP OF SAN JOSE (UNDER SAME GRP EXEMPTN) 1150 NORTH 1ST STREET SAN JOSE, CA 95112 94-2734503	CHURCH	CA	501(C)3	1			No
(2) CHARITIES HOUSING (UNDER SAME GROUP EXEMPTION) 1400 PARKMOOR AVE SAN JOSE, CA 95126 77-0359848	LOW INCOME HOUSING	CA	501(C)3	7			No

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ROMAN CATHOLIC BISHOP OF SAN JOSE (UNDER SAME GROUP EXEMPTION)	L	297,625	
(2) CHARITIES HOUSING (UNDER SAME GROUP EXEMPTION)	B	126,000	
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation