DLN: 93493297013259 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable CATHOLIC COMMUNITY FOUNDATION OF SAN ☐ Address change 47-4949185 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) 3888 PADUCAH DRIVE ☐ Application pending (858) 490-8365 City or town, state or province, country, and ZIP or foreign postal code SAN DIEGO, CA $\,\,$ 92117 G Gross receipts \$ 94,108,415 F Name and address of principal officer H(a) Is this a group return for □Yes ☑No subordinates? 3888 PADUCAH DRIVE H(b) Are all subordinates SAN DIEGO, CA 921175349 ☐ Yes ☑No included? Tax-exempt status **✓** 501(c)(3) ☐ 501(c)() **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www ccfsd org L Year of formation 2015 M State of legal domicile CA K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities TO RECEIVE, MANAGE, SAFEGUARD AND GROW INVESTMENTS THAT SUPPORT ORGANIZATIONS AND DONORS CARRYING OUT THE MISSION OF OUR CATHOLIC FAITH Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 14 Number of independent voting members of the governing body (Part VI, line 1b) 3 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 22 Total number of volunteers (estimate if necessary) . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Current Year** 1,499,672 8 Contributions and grants (Part VIII, line 1h) . 1,212,395 9 Program service revenue (Part VIII, line 2g) . 245,701 346,442 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 155,457 121,467 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,613,553 1,967,581 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 128,817 470,338 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 249,227 285,017 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25) ▶135,664 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 170,611 150,410 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 548,655 905,765 19 Revenue less expenses Subtract line 18 from line 12 . 1,064,898 1,061,816 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 42,003,666 50,256,958 46,979,998 21 Total liabilities (Part X, line 26) . 39,514,250 22 Net assets or fund balances Subtract line 21 from line 20 2,489,416 3,276,960 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 2019-10-24 Signature of officer Sign Here REV STEVEN F CALLAHAN President Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00235008 Paid self-employed Firm's name West Rhode & Roberts Firm's EIN > 33-0783983 **Preparer** Use Only Firm's address ▶ 2741 4th Ave Phone no (619) 615-5380 San Diego, CA 92103 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

orm	990 (2018)					Page 2
Pai	t III Statement o	f Program Service	Accomplis	hments		
	Check if Schedu	ule O contains a respoi	nse or note to	any line in this Part III		🗆
1	Briefly describe the org	ganızatıon's mıssıon				
ND (HAR	OTHERWISE BENEFIT TH	HE MISSION OF THE R	OMÁN CATHOI	IC CHURCH, INCLUDIN	FINANCIAL RESOURCES NECESSAR G WORKS OF PIETY, OF THE APOS' C PERSON KNOWN AS THE ROMAN	TOLATE AND OF
2	Did the organization ur	ndertake any significar	nt program ser	vices during the year w	hich were not listed on	
	the prior Form 990 or 9	990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe these	e new services on Sch	edule O			
3	Did the organization ce	ease conducting, or ma	ake significant	changes in how it condu	ucts, any program	
	services? If "Yes," describe these					☐ Yes ☑ No
4	Describe the organizati	ion's program service 501(c)(4) organization	accomplishmei ns are required	I to report the amount o	largest program services, as measi of grants and allocations to others, t	
4a	(Code) (Expenses \$	564,619	including grants of \$	470,338) (Revenue \$	346,442)
	See Additional Data					
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	s (Describe in Schedul	e O)			_
	(Expenses \$	ınclu	ding grants of	\$) (Revenue \$)
4e	Total program service	ce expenses >	564,6	519		·

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Pai	tiv Checklist of Required Schedules	- 1	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	110
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts?		Yes	
7	If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6 7	res	No No
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets?	8		No
9	If "Yes," complete Schedule D, Part III	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
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	
	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 2	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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
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 and XII 2	12a	Yes	
	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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		No
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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No

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Part V

Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
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 through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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		No
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	
20	Did the engagization receive contributions of art, historical treasures, or other similar assets, or qualified concentration			

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Check if Schedule O contains a response or note to any line in this Part V .

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Page 4

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Nο

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35a

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1a

Yes

Yes

Form 990 (2018)

13a

14a

14b

15

13b

13c

Nο

No

No

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a Is the organization licensed to issue qualified health plans in more than one state?

Enter the amount of reserves the organization is required to maintain by the states in

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	•	onse to	lines
Se	ction 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 14			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 14			
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	Yes	
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	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	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
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	,
b	Other officers or key employees of the organization	15b		No
	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
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
C-	ction C Disclosure			

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

policy, and financial statements available to the public during the tax year

19

20

Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest

State the name, address, and telephone number of the person who possesses the organization's books and records ►RYAN DOUGLAS 3888 PADUCAH DRIVE SAN DIEGO, CA 921175349 (858) 490-8365

lacksquare Own website $\ \square$ Another's website $\ \square$ Upon request $\ \square$ Other (explain in Schedule O)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line 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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, 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, or 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

List persons in the following order individual trus compensated employees, and former such perso	stees or directo ns	rs, ınst	itutio	nal t	rust	ees, c	office	ers, key employees	s, highest	
Check this box if neither the organization no		rganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
(A) Name and Title	(B) Average hours per week (list any hours for related	Position than o	on (do one bo oth a direct	(C o no ox, u n of tor/t) t chunle: ficer trust	eck moss pers and a ee)	ore son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) MSGR STEVEN F CALLAHAN	1 00	×		×				0	o	0
President	0 00								0	
(2) SUSAN CARTER	1 00	×		×				0	0	-
Treasurer	0 00			^					l o	0
(3) BRIAN CASTER	1 00									_
Vice President	0 00	X		X				0	0	0
(4) JAMES BUDDY THOMAS Trustee	1 00	х						0	0	0
(5) REV DANIEL J DILLABOUGH	1 00									
Trustee	0 00	X						0	0	0
(6) DEAN DWYER	1 00									
Trustee	0 00	X						0	0	0
(7) MARK FISHER	1 00									_
Trustee	0 00	X						0	0	0
(8) JAIME HONOLD	1 00							_		_
Trustee	0 00	X						0	0	0
(9) VIVIANA HONOLD Secretary	1 00	×		х				0	0	0
(10) THOMAS SCHOETTLE	0 00 1 00									
Trustee	0 00	Х						0	0	0
(11) KAREN CONDE	1 00									
Trustee	0 00	X						0	0	0
(12) ED HEARN	1 00							_		_
Trustee	0 00	X						0	0	0
(13) FR NICK DEMPSEY	1 00									
Trustee	0 00	X						0	0	0
(14) PETER MARLOW	1 00									
Trustee	0 00	X						0	0	0
(15) GARY RECTENWALD	40 00	_		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				124.044		0.502
Executive Dir	0 00			×				131,041	0	8,503
										_
		1					<u> </u>	<u> </u>		

Form 990 (2018) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation amount of other compensation is both an officer and a week (list from the from related compensation director/trustee) organization (Worganizations (Wfrom the any hours for related 2/1099-MISC) 2/1099-MISC) organization and Individual or directo Institutio organizations related below dotted organizations line)

	al trustee or	onal Trustee	Moyee	compensated e		

1b Sub-Total				>			Ī
c Total from continuation sheets to Pa	art VII , Section	Α		>			
d = 1 /				[121 041		Т

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)			8,503
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee line 1a? If "Yes," complete Schedule 1 for such individual	on		

		<u> </u>											
1b 9	Sub-Total					j	•						
c ·	Total from continuation sheets to Pa	art VII , Section	Α			j	• 🗀						
d ·	Total (add lines 1b and 1c)					i	•	131,04	1				8,503
2	Total number of individuals (including of reportable compensation from the			e list	ed ab	ove) v	vho r	eceived more tha	an \$100,00	0			
											Y	es	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>										2		No

d.	Total (add lines 1b and 1c)			8,503
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \triangleright 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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 and vidual.			

2	of reportable compensation from the organization > 1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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			Na
		4		No
-	Did any manage lasted and line the annual and annual and annual form			

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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	No
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

	me tar it res, complete schedule I for such mulvidual	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		No
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
S	ection B. Independent Contractors		

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such		
	ındıvıdual	4	No
5	5	No	
Se	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confident the appropriate of the contractors that received more than \$100,000 of confident than	npensa	tion

	services rendered to the organization?If "Yes," complete Schedule J for such person		5	No	
Se	ection B. Independent Contractors				
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.				
	(A) Name and business address	(B) Description of services		(C) Compensation	

1	L Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year				
	(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 of compensation from the organization ▶ 0			

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Page	9
	_

Part	VIII									
		Check if Schedul	e O contains	a respo	onse or note to any	/ line in this Part VI (A)		 (B)	(C)	<u> </u>
						Total revenue	Rela	ated or empt	Unrelated business	Revenue excluded from
							fur	nction	revenue	tax under sections
	1a	Federated campaign	ns	1a			rev	venue		512 - 514
ons, Gifts, Grants Similar Amounts	ŀ	b Membership dues .		1 b						
Gra mo		Fundraising events		1c						
fš, P. A.	,	d Related organization	ns	1d						
ija Ila		e Government grants (co	ontributions)	1e						
ons, Sin	f	F All other contributions, and similar amounts no	gifts, grants,							
tributic Other		above	ot included	1 f	1,499,672					
g j	g	Noncash contribution in lines 1a - 1f \$	ns included	21	1,165					
Contributions, Gifts, Grants and Other Similar Amounts	١,	h Total. Add lines 1a-				1 400 677				
					Business	1,499,672 s Code			Τ	
ž,	2a	MANAGEMENT FEE INCO	ME			900099	346,442	346,44	2	
2 ₹						300033				
<u>د</u>	b c									
Ş.	d			_						
an.	е	_		_						
Program Service Revenue	f	All other program se	rvice revenue			I 346,442			1	
4		Total. Add lines 2a-2			<u> </u>					
		Investment income (ir imilar amounts) .				46,2	244			46,244
		Income from investme				•	0			
	5 F	Royalties				•	0			
	۵.	Construction of the constr	(ı) Rea		(II) Personal	_				
	Оd	Gross rents								
	b	Less rental expenses								
	С	Rental income or				\dashv				
		(loss)								
	a	Net rental income oi	r (loss) (ı) Securit		(II) Other		0			
	7a	Gross amount	. , ,		(II) Other	-				
		from sales of assets other	92,2	16,057						
		than inventory				_				
	b	Less cost or other basis and	92,1	40,834						
	c	sales expenses Gain or (loss)		75,223		-				
		l Net gain or (loss) .		•	•	75,2	223			75,223
	8a	Gross income from fu (not including \$	-	ents of						
Revenue		contributions reporte	d on line 1c)							
eve		See Part IV, line 18				_				
ت. حر		Less direct expenses Net income or (loss)		b sing ev	ents 🕨		0			
Other		Gross income from g	amıng actıvıtı			1				
0		See Part IV, line 19		al						
	b	Less direct expenses	5	ь		-				
		Net income or (loss)		ı	les >		0			
	10a	Gross sales of invent returns and allowanc	ory, less							
		returns and anowanc	es	a						
	b	Less cost of goods s	old	ь						
	c	Net income or (loss)		ınvent			0			
	11	Miscellaneous	Revenue		Business Code	_				
		a								
	ь									<u> </u>
	ט	•								
	c						_			+
	_									
	d	All other revenue .								
		Total. Add lines 11a			•					
	12	Total revenue. See	Instructions				0	2.17		
						1,967,5	081	346,442		121,467 Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	_	·	olete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX .	(D)		<u> ⊔</u>
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) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	470,338	470,338		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	139,544	39,133	47,253	53,158
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	101,326	28,773	34,178	38,375
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	44,147	9,977	15,848	18,322
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	70,165		65,420	4,745
12 Advertising and promotion	0			
13 Office expenses	4,171	205	3,666	300
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
10 C	12 920	712	9.027	4.001

0

0

0

0

22,380

13,773

12,620

6,705

7,776

905,765

17,904

6,300

1,533

2,277

3,076

205,482

2,238

3,731

4,510

2,060

2,942

564,619

2,238

3,742

6,577

2,368

1,758

135,664

Form 990 (2018)

20 Interest . .

23 Insurance .

b OUTREACH

21 Payments to affiliates . . .

expenses on Schedule O)

c SUBSCRIPTIONS & BOOKS

d Printing and Publications

e All other expenses

a LICENSES SOFTWARE & MAINT

22 Depreciation, depletion, and amortization .

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	1,198,502	1	1,076,298
2	Savings and temporary cash investments		2	0
3	Pledges and grants receivable, net		3	0
4	Accounts receivable, net		4	0
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
6			6	0

voluntary employees' beneficiary organizations (see instructions) Complete

10a

10b

	4000	
•		

Form 990 (2018)

Part II of Schedule L 7 Notes and loans receivable, net . . Inventories for sale or use . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 . 13 Investments-program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11 . . . 16 Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses 18 Grants payable . . 19 Deferred revenue . . . 20 Tax-exempt bond liabilities . . . 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 . . Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and Fund Balance complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. Assets or 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building or equipment fund . . . 32 Retained earnings, endowment, accumulated income, or other funds Net 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances

Page **11**

0

0

0 0

0

0

0

13.846

49.166.814

50.256.958

46.923.981

46.979.998

2.090.894

1.186.066

56.017

7

8

9

10c

11

12

13

14

15

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17 18

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22 23

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28

29

30

31 32

33

34

13.410

40.791.754

42.003.666

39.466.397

39.514.250

1.595.999

70,797

822,620

2,489,416

42,003,666

47.853

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1	,967,581
2	Total expenses (must equal Part IX, column (A), line 25)	2			905,765
3	Revenue less expenses Subtract line 2 from line 1	3			,061,816
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			,489,416
5	Net unrealized gains (losses) on investments	5		•	-274,272
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		3	,276,960
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	ľ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	'
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

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

0___

Form **990** (2018)

3b

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 47-4949185

Name: CATHOLIC COMMUNITY FOUNDATION OF SAN

DIEGO

Form 990 (2018)

Form 990, Part III, Line 4a: THE CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO SERVES AS A RESOURCE FOR CREATING CATHOLIC LEGACIES AS A SPECIAL FORM OF STEWARDSHIP AS A COMMUNITY FOUNDATION FOR CATHOLICS, WE ASSIST FAMILIES AND INDIVIDUALS TO PASS ALONG THEIR CATHOLIC HERITAGE AND VALUES TO FUTURE GENERATIONS WE WORK TO ENCOURAGE CATHOLIC PHILANTHROPY AND THE STEWARDSHIP OF ASSETS TO GIVE BACK TO THE LORD FROM THE GIFTS HE HAS PROVIDED FOR US WE MAKE CERTAIN THAT THE DONORS INTENTIONS ARE HONORED. AND HANDLE THE GRANTS AND DISTRIBUTIONS FROM THE FUNDS ESTATE AND PLANNED GIVING SEMINARS ARE OFFERED TO EACH OF OUR 98 PARISHES. IN THESE SEMINARS, WE TEACH PARISHIONERS HOW TO MAKE A GIFT FROM THEIR ASSETS. THROUGH THEIR WILLS OR ESTATE PLANS THE CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO HELPS BUILD PERMANENT ENDOWMENT FUNDS FOR PARISHES. SCHOOLS AND ALL OTHER CATHOLIC MINISTRIES AND ORGANIZATIONS. WE WORK WITH PARISH AND SCHOOL LEADERS TO GROW THE ENDOWMENT FUNDS BY ENCOURAGING CATHOLICS AND OTHERS TO LEAVE LEGACIES TO THE ENDOWMENTS TYPICALLY. THE ORIGINAL CORPUS FOR THESE FUNDS IS NOT INVADED EARNINGS FROM THE ENDOWMENT INVESTMENTS ARE AVAILABLE TO THE DONOR FOR DISTRIBUTION ON A SEMI-ANNUAL BASIS TO CATHOLIC ORGANIZATIONS THAT ARE NEAR AND DEAR TO THEIR HEARTS ONCE ENDOWMENTS ARE ESTABLISHED, THESE FUNDS ARE INVESTED IN A MANNER CONSISTENT WITH CATHOLIC VALUES INVESTING (CVI) STANDARDS ESTABLISHED BY THE U.S. CONFERENCE OF CATHOLIC BISHOPS. THEY ARE INVESTED IN A DIVERSIFIED MANNER TO PRESERVE AND GROW THE ENDOWMENTS WE HANDLE THE ADMINISTRATIVE WORK FOR ENDOWMENT FUNDS AND PROVIDE GRANTS, UPON DONOR REQUEST, TO ASSIST OUR LOCAL CATHOLIC COMMUNITY IN ADDITION TO ENDOWMENT FUNDS, THE FOUNDATION ALSO SUPPORTS THE ESTABLISHMENT OF PASS-THROUGH DONOR-ADVISED AND DESIGNATED FUNDS BOTH OF THESE FUND TYPES FACILITATE GIVING AND MAKING AN IMPACT TODAY, TOMORROW AND IN FUTURE GENERATIONS PASS-THROUGH DONOR-ADVISE

FUNDS TEMPORARY IN NATURE, WITH FUNDS ON DEPOSIT FROM ONE MONTH TO SEVERAL YEARS. DISTRIBUTIONS FROM PASS-THROUGH DONOR-ADVISED FUNDS CAN BE DIRECTED BY DONORS TO NON-CATHOLIC ORGANIZATIONS, SUCH AS A DONORS ALMA MATER OR A NON-CATHOLIC CHARITY AS LONG AS ITS MISSION IS NOT INCONSISTENT WITH CATHOLIC VALUES ONE OF THE KEY ADVANTAGES OF ESTABLISHING PASS-THROUGH DONOR-ADVISED FUNDS IS THAT THE DONOR RECEIVES AN IMMEDIATE, SINGLE TAX RECEIPT FROM THE FOUNDATION FOR THE GIFT AND THEN HAS SEVERAL MONTHS OR YEARS TO GRANT DISTRIBUTIONS TO CHARITABLE ORGANIZATIONS IN THE FUTURE, AS DESIRED

SCHEDULE A (Form 990 or 990EZ)			plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	ion 501(c)(3) empt charitable 990 or Form 99	organization or trust. 90-EZ.	a section	2018 Open to Public
epartment of the sternal Revenue lame of the	Service	on	► Go to	www.irs.gov/Form	990 for the late	est information	Employer identific	Inspection
ATHOLIC COM IEGO			AN				47-4949185	
	Reason fo	or Public (Charity Stat	us (All organization	s must comple	te this part.) S		
ne organizat	ion is not a	prıvate foun	dation because	e it is (For lines 1 thro	ugh 12, check o	nly one box)		
1	Church, co	nvention of	churches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	school des	cribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	990 or 990-EZ))		
3 🗌 A	hospital or	a cooperati	ve hospital ser	vice organization desci	nbed in section	170(b)(1)(A)(iii).	
	A medical re name, city, a		nization operat	ed in conjunction with	a hospital descr	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
	-	ion operated v). (Comple		it of a college or unive	rsity owned or o	perated by a gov	ernmental unit descr	bed in section 170
			•	governmental unit de	scribed in secti	on 170(b)(1)(A	\)(v).	
			mally receives vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	ınıt or from the gener	al public described in
3 🗆 A	communit	y trust descr	ıbed ın sectio ı	n 170(b)(1)(A)(vi)	(Complete Part I	Ι)		
				escribed in 170(b)(1) See instructions Enter				lege or university or
f	rom activition nvestment i	es related to ncome and (its exempt fur inrelated busir	(1) more than 331/39 nctions—subject to cer ness taxable income (le pmplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
	•			d exclusively to test fo	r public safety	See section 509	(a)(4).	
□ r	nore publicl	y supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(a	
י י	T ype I. A su organization	ipporting org (s) the powe	ganızatıon oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
□ r	nanagemen	t of the supp		pervised or controlled in ation vested in the sar and C.				
				supporting organizatio				ated with, its
	Type III no unctionally	n-function integrated	ally integrate The organizatio	d. A supporting organi in generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
			•	ved a written determir	•		pe I, Type II, Type II	I functionally
_	-		on-functionally organizations	integrated supporting	organization		_	
				upported organization(1	animakian lista I	(w) A	(wi) A
	me of suppo rganization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ling document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (se instructions)
					Yes	No		
tal								
	rk Reducti	on Act Not	ice, see the T	 nstructions for	Cat No 1128!	<u>1</u> 5F !	 Schedule A (Form 9	90 or 990-EZ) 201

Part II

Page 2

4,671,332

2,075,071

2,596,261

4,671,332

74,744

4,746,076

0 %

ightharpoons

▶□

(f)Total

Section A. Public Support Calendar vear **(b)** 2015 (a) 2014 (c) 2016 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 120,000 1,529,052 1,351,590 1,670,690 4,671,332 membership fees received (Do not include any "unusual grant") 2 Tax revenues levied for the

III. If the organization fails to qualify under the tests listed below, please complete Part III.)

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

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) Public support. Subtract line 5 from

(a)2014 Net income from unrelated business

(b)2015 120,000

120,000 Total. Add lines 1 through 3 The portion of total contributions by

Calendar year

organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge

Section B. Total Support (or fiscal year beginning in) ▶ Amounts from line 4

Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources

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 VI) 11 Total support. Add lines 7 through 12 Gross receipts from related activities, etc. (see instructions)

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

organization

instructions

supported organization

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage for 2017 Schedule A, Part II, line 14

16a 33 1/3% support test-2018. 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

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test-2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

1,529,052

(c)2016

1,529,052

6,481

1,351,590

(d)2017

1,351,590

22,019

1,670,690

(e)2018

12

14

Schedule A (Form 990 or 990-EZ) 2018

1.670.690

46,244

20

Р	Support Schedule for					d + 1.6	law Dawk II - IS
	(Complete only if you c the organization fails to						ier Part II. If
Se	ection A. Public Support	quality affact t	ine cests fisced i	below, piedse ed	ompiete i die III	/	
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(a) 2014	(B) 2013	(6) 2010	(u) 2017	(e) 2018	(I) Iotai
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						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	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 The value of services or facilities						
9	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6)						
	ection B. Total Support	T	T	1	1	1	T
	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's first, second, tl	hird, fourth, or fift	h tax vear as a se	ction 501(c)(3) o	organization.
	check this box and stop here	.		,,,	,		▶ □
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2018 (lin			column (f))		15	
16	Public support percentage from 2017 S		•	(//		16	
	ection D. Computation of Invest					••	
17	Investment income percentage for 20:			line 13. column (f	7)	17	
	Investment income percentage for 20.	•		==, ==; (1	,,		
18	-			on line 14 and lin	o 15 is more than	18	ne 17 is not
	331/3% support tests—2018. If the	_					_
	more than 33 1/3%, check this box and s	•					
b	33 1/3% support tests—2017. If the	_					_
	not more than 33 1/3%, check this box	and stop here. `	i ne organization i	qualifies as a publ	icly supported org	janization – – – – – – – – – – – – – – – – – – –	▶□

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

See instructions

6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions

7 Excess distributions carryover to 2019. Add lines 31 and 4c

8 Breakdown of line 7 a Excess from 2014.

b Excess from 2015. c Excess from 2016.

d Excess from 2017. e Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2018)

Additional Data

Software ID: 18007218 **Software Version:** 2018v3.1

EIN: 47-4949185

Name: CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO

Schedule A (Form 990 or 990-EZ) 2018 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Part VI Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D. lines 5, 6, and 8, and Part V. Section E. lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990.

OMB No 1545-0047

DLN: 93493297013259

Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Inspection Name of the organization **Employer identification number** CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO 47-4949185 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts 1 Total number at end of year 71 2 Aggregate value of contributions to (during year) 1,449,672 Aggregate value of grants from (during year) 662,465 Aggregate value at end of year 3,119,976 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 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, 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" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par	Or Or	ganizations m	aintaining Coi	ections c	or Art, H	istori	cai ir	<u>eas</u>	ures, or	Otner	Simila	r Assets	(conti	nued)	
3		organization's acq ck all that apply)	quisition, accessior	n, and other	records, o	check a	any of t	he fo	ollowing t	hat are a	signific	ant use of ı	ts coll	ection	
а	☐ Publ	ic exhibition				d		Loar	n or excha	nge prog	grams				
b	☐ Scholarly research e ☐ Other														
c	Preservation for future generations														
4	Provide a o Part XIII	description of the	organization's col	ections and	l explain h	ow the	y furth	er th	ne organiz	ation's e	xempt p	urpose in			
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											n			
Pa	rt IV Es	crow and Cust	todial Arrange	ments.											
	Complete if the organization answered "Yes" on 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 V No										0				
Ь	If "Yes," e	xplain the arrange	ement ın Part XIII	and comple	ete the foll	lowing	table		[Amoun	t		_
С	Beginning			•		_			İ	1c					_
d		during the year							İ	1d					_
е	Distributio	ns during the yea	ır						İ	1e					_
f	Ending bal	ance								1f					_
2a	Did the org	ganization include	an amount on Fo	rm 990, Par	rt X, line 2	1, for e	escrow	or c	ustodial a	ccount li	ability?	🗹 Y	'es	□ N	_ 0
b			ement in Part XIII												
			ds. Complete if												
			·	(a)Currer	nt year	(b) Pr	ıor year		(c)Two ye	ears back	(d)Thre	e years back	(e)F	our year	s back
1 a	Beginning o	f year balance .			893,417		408,	,000							
b	Contribution	ıs			377,922		414,			408,000					
c	Net investm	ent earnings, gaii	ns, and losses		-75,245		77,	,411							
d	Grants or so	holarships	•												
е	Other exper and progran	nditures for facilitins	es		10,028		6,	,614							
f	Admınıstrati	ve expenses .													
g	End of year	balance		1	,186,066		893,	,417		408,000					
2	Provide the	e estimated perce	entage of the curre	nt year enc	d balance ((line 1g	g, colun	nn (a	a)) held a	5					
а	Board desi	gnated or quasi-e	endowment 🟲												
b	Permanent	endowment 🟲	100 000 %												
c	*	y restricted endo													
_		=	a, 2b, and 2c shou	•						- L					
3a	organizatio		not in the posses	sion of the (organizatio	on that	are ne	eid ai	na aamini	sterea ro	rtne			Yes	No
	(i) unrelat	ed organizations										[:	3a(i)		No
	• •	d organizations										3	Ba(ii)		No
		, ,,	lated organization					•				· · L	3b		No
4			ended uses of the		n's endow	ment f	unds								
Pa			and Equipmer ganization answ		" on Forn	n 990.	. Part :	IV. I	ine 11a.	See Fo	rm 990	. Part X. I	ıne 10	٥.	
		of property	(a) Cost or oth (Investme	er basıs	(b) Cost o					umulated (ook value	e
1a	Land														
	Buildings														
	-	nprovements													
			l Tolumn (d) must ed	gual Form 9	1 190, Part X	, colun	nn (B),	line	10(c)).		>				

	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
	ll derivatives	:	
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12)	4 9,166,814	
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on For (a) Description of investment	m 990, Part IV, line (b) Book value	(c) Method of valuation
(1)			Cost or end-of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	n (b) must equal Form 990, Part X, col (B) line 13)		
		•	
Part IX	Other Assets. Complete if the organization answered 'Y	es' on Form 990, Part I	
	(a) Description	es' on Form 990, Part I	(b) Book value
(1)		es' on Form 990, Part I	
(1)		es' on Form 990, Part I	
(1) (2) (3)		es' on Form 990, Part I	
(1) (2) (3) (4)		es' on Form 990, Part I	
(1) (2) (3) (4) (5)		es' on Form 990, Part I	
(1) (2) (3) (4) (5) (6)		es' on Form 990, Part I	
(1) (2) (3) (4) (5) (6) (7)		es' on Form 990, Part I	
(1) (2) (3) (4) (5) (6) (7) (8)		es' on Form 990, Part I	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	(a) Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	(a) Description		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X) 1.	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X	(a) Description (mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25.	wered 'Yes' on Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colume Part X 1. (1) Federal (1)	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colume Part X 1. (1) Federal (1)	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the column	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colume Part X 1. (1) Federal (1) (2) (3) (4)	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1.) (1) Federal (2) (3) (4) (5)	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6)	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colument X 1. (1) Federal (1) (2) (3) (4) (5) (6) (7)	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8)	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the column	(a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization ans See Form 990, Part X, line 25. (a) Description of liability	wered 'Yes' on Form	(b) Book value

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

2b 12.518 b 2c c d 2d -261,754

Page 4

1,705,827

1,967,581

918,283

12,518

905,765

905.765

Schedule D (Form 990) 2018

2e e 3 3 1,967,581 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a Other (Describe in Part XIII) 4b b

Add lines **4a** and **4b** 4c c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Other (Describe in Part XIII) d Add lines 2a through 2d

Amounts included on line 1 but not on Form 990, Part IX, line 25

Donated services and use of facilities . . .

3

Schedule D (Form 990) 2018

Part XI

1

2

c

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

4

b

Add lines **4a** and **4b**

5

Return Reference

See Additional Data Table

Part XIII Supplemental Information

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 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, line 2, Part

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

2a

2b

2c

2d

4a

4b

Explanation

12,518

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007218 **Software Version:** 2018v3.1

EIN: 47-4949185 Name: CATHOLIC COMMUNITY FOUNDATION OF SAN

DIEGO

Explanation

Supplemental Information

escrow account liability

Return Reference

Part IV, Line 2b Explanation of THE ORGANIZATION MAINTAINS AND MANAGES CUSTODIAL INVESTMENT ACCOUNTS FOR VARIOUS NON-PROFI

T ORGANIZATIONS WITH SIMILAR MISSIONS ALL CUSTODIAL ACCOUNTS ARE INCLUDED IN FORM 990 PAR

T X LINE 12, AS WELL AS FORM 990 PART X LINE 21

Supplemental Information							
Return Reference	Explanation						
Part V, Line 4 Intended uses of the endowment fund	DONORS AND ORGANIZATIONS OPEN ENDOWMENT FUNDS WITH THE PURPOSE OF PROVIDING CHARITABLE SUPPORT IN PERPETUITY						

Supple	emental Information	
	Return Reference	Explanation
Part X	FIN48 Footnote	The Foundation is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and Section 23701 (d) of the State Revenue and Taxation Code The Financial Accounti ng Standards Board (FASB) issued Accounting Standards Codification (ASC) No 740-10, Accou nting for Uncertainties in Income Tax, which sets a minimum threshold for financial statem ent recognition of the benefit of a tax position taken or expected to be taken in a tax re turn. The Foundation has reviewed its positions for all open tax years and has determined that it has no uncertain tax positions requiring accrual or disclosure.

DLN: 93493297013259 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number CATHOLIC COMMUNITY FOUNDATION OF SAN 47-4949185 DIEGO Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018					Page 2
Part III Grants and Other Assistar Part III can be duplicated if a		als. Complete If the org	anızatıon answered "Yes	" on Form 990, Part IV, line 22	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
Part IV Supplemental Infor	mation. Provide the inf	ormation required in	Part I, line 2; Part III	, column (b); and any other ac	lditional information.
Return Reference Expl	anation	_	_		
Grantmaker's Description of How ALL G	GRANTS FROM THE FOUND	ATION MUST BE PROVID	ED TO RESPONSIBLE 50	1(C)(3) ORGANIZATIONS WHOSE I	MISSION AND VALUES ARE NOT INCONSISTENT

Grants are Used

WITH THE CATHOLIC FAITH

Additional Data

SAN DIEGO, CA 92131

Software ID: 18007218 **Software Version:** 2018v3.1 **EIN:** 47-4949185 Name: CATHOLIC COMMUNITY FOUNDATION OF SAN DIEGO Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (b) EIN (a) Name and address of (c) IPC coction

(d) Amount of cash (a) Amount of non- (f) Mothod of valuation

(a) Name and address of	(D) LIN	(C) INC Section	(u) Amount of Cash	(e) Annount of non-	(1) Method of Valuation
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

(q) Description of (h) Purpose of grant

non-cash assistance or assistance PROGRAM

PROGRAM

BIG BROTHERS & SISTERS OF 95-2151526 501(c)(3) 11,550

4305 UNIVERSITY AVE STE 300 SAN DIEGO, CA 92105 BUILD A MIRACLE 33-0971124 21,000 501(c)(3) 10755 SCRIPPS POWAY PKWY

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance other) or government assistance 22 7224042 E047 3733 40.000 DDOODAM

CATHOLIC CHARITIES	23-/334012	501(C)(3)	10,000	l O	1	PROGRAM
DIOCESE SD						
3888 PADUCAH DR						
SAN DIEGO, CA 92117						

CHALLENGED ATHLETES INC. 33-0739596 501(c)(3) 12.500

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN DIEGO, CA 92121

PROGRAM 9591 WAPLES ST

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 95-1644613 501(c)(3) 66.953 PROGRAM DIOCESE OF SAN DIEGO

PROGRAM

47.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

39-1947596

PO BOX 85728 SAN DIEGO, CA 92186 EVANGELICAL CATHOLIC INC

6602 NORMANDY LANE FL 2 MADISON, WI 53719

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 26-3405689 501(c)(3) 7.200 PROGRAM GENERATEHOPE INC 4025 CAMINO DEL RIO S 300

4025 CAMINO DEL RIO S 300
SAN DIEGO, CA 92108

INTERNATIONAL RELIEF 33-0412751 501(c)(3) 12,500 0
TEAMS
4560 ALVARADO CANYON RD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN DIEGO, CA 92120

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance 33-0884706 501(c)(3) 27.000 PROGRAM LIFE PERSPECTIVES 2535 CAMINO DEL RIO S 350

2535 CAMINO DEL RIO S 350
SAN DIEGO, CA 92108

NATIVITY PREP ACADEMY OF 33-0886247 501(c)(3) 55,000 0
PROGRAM
SD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

2755 55TH STREET SAN DIEGO, CA 92105

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

NOAH HOMES INC 12526 CAMPO ROAD SPRING VALLEY, CA 91978	95-3821566	501(c)(3)	22,500	0		PROGRAM
RISE UP INDUSTRIES	80-0908912	501(c)(3)	25,000	0		PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

8530 ROLAND ACRES DRIVE SANTEE, CA 92071

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 82-0200895 501(c)(3) 25.000 PROGRAM SAINT ALPHONSUS MEDICAL CTR

1055 N CURTIS RD BOISE, ID 83706

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN DIEGO, CA 92111

SD POLICE OFFICERS ASSOC 33-0127369 501(c)(3) 5.900 PROGRAM FDN 8388 VICKERS STREET

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance SERVING HANDS 95-3797996 501(c)(3) 7.015 PROGRAM

INTERNATIONAL 4607 MISSION GORGE PLACE SAN DIEGO, CA 92120		,,,,,	,			
ST GREGORY THE GREAT PARISH	82-5202611	501(c)(3)	11,500	0		PROGRAM

11451 BLUE CYPRESS DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

SAN DIEGO, CA 92131

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 95-3407343 501(c)(3) 29,970 PROGRAM WHISPERING WINDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

7115 GUILFORD DR STE 100 FREDERICK, MD 21704

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349329	7013	259
	EDULE M			loncash Contri	hutions	(OMB No 1	.545-0	047
(For	m 990)		1	Concasii Contin	Dutions		20	10	
►Complete if the		organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	19		
		► Attach to Form			_				
•	ment of the Treasury	▶Go to <u>www.irs.g</u>	ov/Form9	90 for the latest informat	ion.		Open to		
Name	of the organizat					Employer identif			
DIEGO		DUNDATION OF SAN				47-4949185			
Pa	tt Types	of Property				47 4545105			
	.,,,,		(a)	(b)	(c)		(d)		
			Check If	Number of contributions or	Noncash contribution		f determi		
			applicable	items contributed	amounts reported on Form 990, Part VIII, line	noncash cont	ribution a	mount	:S
					1g				
1	Art—Works of ar	t							
2	Art—Historical tr	easures .							
	Art—Fractional in								
	Books and public								
5	Clothing and hou goods	isenola							
6	Cars and other v								
7	Boats and planes								
8	Intellectual prope	erty							
9	Securities—Publi	cly traded .	Х	4	211,16	5 FMV			
	Securities—Close	,							
11	Securities—Partr or trust interest								
12	Securities—Misce					+			
	Qualified conserv								
	contribution—Hi								
14	structures . Qualified conserv					+			
14	contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth								
18	Collectibles								
19	Food inventory								
20 21	Drugs and medic	ai supplies .				+			
	Historical artifact	 IS				+			
	Scientific specim								
	Archeological art								
25	Other ▶ ()							
	Other ▶ (
	Other ► (*							
	Other ▶ (· · · · · · · · · · · · · · · · · · ·				 			
29				ation during the tax year for 3, Part IV, Donee Acknowled		29			
	Tor writer the org	janización completed	101111 0203	o, rait IV, Dollee Ackilowied	gement			Yes	No
30a	During the year	. did the organization	n receive b	y contribution any property r	eported in Part I. lines 1 th	rough 28, that it		163	
	must hold for at	least three years fro	om the date	e of the initial contribution, a	and which is not required to		ot		
	purposes for the	e entire holding perio	od?				30a		No
ь	If "Yes," describ	e the arrangement i	n Part II						
31		_		olicy that requires the reviev	v of any nonstandard contr	ibutions?	31		No
	-	-		,	,				
∍∠a		zation nire or use thi		or related organizations to so	oncic, process, or sell nonca	1511	32a		No
Ь	If "Yes," describ	e ın Part II							
33	If the organizati	on did not report an	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	II							
For D	nerwork Peducti	on Act Notice, see the	Instruction	s for Form 990	Cat No 512271	Schadul	e M (Form	000)	(2018)

Schedule M (Form 990) (2018)	Page 2
Part II Supplemental Info	
	non required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.
Return Reference	Explanation
	Schedule M (Form 990) (2018)

efile GRAPH	IC print - DO NOT PROCESS As Filed Data -	DLN: 93493297013259
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responsible form 990 or 990-EZ or to provide an Attach to Form 990	onses to specific questions on y additional information. Open to Public
DIEGO	angation NITY FOUNDATION OF SAN O, Supplemental Information	Employer identification number 47-4949185
Return Reference		anation
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	JAIME HONOLD AND VIVIANA HONOLD ARE MARRIED	

Return Explanation
Reference

990 Schedule O, Supplemental Information

Process

Form 990,	THE 990 IS REVIEWED AND APPROVED BY THE BOARD PRESIDENT AND TREASURER AND MADE AVAILABLE TO ALL
Part VI, Line	BOARD MEMBERS PRIOR TO FILING
11b Form	
990 Review	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

Form 990,	THE CATHOLIC COMMUNITY FOUNDATION HAS A BOARD-APPROVED CONFLICT OF INTEREST POLICY THAT CO
Part VI, Line	VERS ALL ASPECTS OF ITS OPERATIONS THE CONFLICT OF INTEREST POLICY IS SIGNED BY ALL BOARD
12c	MEMBERS ON AN ANNUAL BASIS
Explanation	
of Monitoring	
and	
Enforcement	
of Conflicts	

990 Schedule O, Supplemental Information

Return Explanation

Deference

	Reference	
	Form 990, Part VI, Line	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
	19 Other	
	Organization	
	Documents	
1	Publicly	
	Available	

Return Explanation

990 Schedule O, Supplemental Information

ADOPTION IN 2018, THE ORGANIZATION ADOPTED ASC 2016-14 AND ACCORDINGLY ALL ENDOWMENTS RESTRICTED IN PERPETUITY HAVE BEEN REPORTED AS PERMANENTLY RESTRICTED NET ASSETS 2016-14