Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 7/1/2024 , and ending 6/30/2025

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: Catholic Community Foundation for the Diocese of Phoenix
Doing business as: Catholic Community Foundation
Number and street (or P.O. box if mail is not delivered to street address): 4500 S Lakeshore Dr
Room/suite: 650
City or town: Tempe
State: AZ
ZIP code: 85282
Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 86-0465177

E Telephone number: (480) 651-8800

G Gross receipts $: 67,858,269

F Name and address of principal officer: James Carabajal 4500 S Lakeshore Dr, STE Ste 650, Tempe, AZ 85282

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions
H(c) Group exemption number:

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ccfphx.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1983

M State of legal domicile: AZ

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
The Catholic Community Foundation is an independent 501(c)3 and a recognized Canonical entity that encourages compassionate charitable giving to provide sustainable support for those who serve our community.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	13
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,744,136	10,547,564
9	Program service revenue (Part VIII, line 2g)	1,140,067	1,293,421
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,992,267	2,667,722
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	-50,131
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,876,470	14,458,576

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,400,768	3,759,461
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,081,632	1,122,900
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 681,389		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	452,100	584,360
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	4,934,500	5,466,721
19	Revenue less expenses. Subtract line 18 from line 12	3,941,970	8,991,855

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	122,311,875	134,311,022
21	Total liabilities (Part X, line 26)	44,096,964	42,290,125
22	Net assets or fund balances. Subtract line 21 from line 20	78,214,911	92,020,897

Part II Signature Block

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

Sign Here

Signature of officer: James Carabajal CEO — Date: 11/10/2025
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kyle Felix		11/10/2025		

Firm's name / Firm's EIN
Firm's address / Phone no.

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission:
The Catholic Community Foundation is an independent 501(c)3 and a recognized Canonical entity that encourages compassionate charitable giving to provide sustainable support for those who serve our community.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 1,977,598 including grants of $ 1,977,598) (Revenue $ 95,022)
Donor-Advised Fund Program - The Catholic Community Foundation (CCF, or the Foundation) offers both a traditional donor-advised fund (DAF) and a complimentary DAF option, allowing donors to choose their preferred investment strategy. The traditional DAF is invested in the market, while the complimentary DAF remains uninvested. A key feature of CCF's DAF program is that all funds are invested in Catholic-compliant portfolios that align with Catholic Social Teaching, as outlined by the United States Conference of Catholic Bishops (USCCB). This program upholds Catholic values by enabling grants to all eligible organizations that adhere to these teachings, providing a diverse array of options for philanthropic support.

4b (Code:) (Expenses $ 1,030,785 including grants of $ 1,015,051) (Revenue $ 824,985)
Endowment Program - The Catholic Community Foundation professionally manages permanent, temporary, and quasi-endowments for nonprofits and individuals as a core service offering. All endowments are invested in a professionally managed, commingled investment pool that aligns with Catholic Social Teaching, as prescribed by the United States Conference of Catholic Bishops (USCCB). This investment strategy is 99% Catholic screened and all proxy votes are cast in accordance with Catholic values. The Foundation acts as a fiduciary to ensure the endowment lasts in perpetuity and complies with the regulations of the Uniform Prudent Management of Institutional Funds Act (UPMIFA). The Foundation also offers an endowment building program for nonprofits called endowment drives, which utilize matching funds to encourage donors to learn about the purpose and uses of an endowment while contributing to the fund's growth for the future. Additionally, the Foundation has a $1 million matching program to support permanent endowments within the community, having matched over $4 million in contributions.

4c (Code:) (Expenses $ 358,641 including grants of $ 358,641) (Revenue $ 0)
Scholarship Programs - The Catholic Community Foundation provides scholarship opportunities for students attending Catholic elementary and high schools within the Diocese of Phoenix, as well as for post-secondary students. The Foundation offers a service-based scholarship, known as the Christian Service Award, alongside a needs-based tuition assistance program, known as the Catholic Community Foundation Scholarship. Additionally, the Foundation allows for named and memorial scholarships, which can be detailed and specific or generic in nature. All applications are evaluated by an independent volunteer committee. In fiscal year 2025, the Foundation granted $358,641 in scholarship funds to 147 students across 11 Catholic elementary schools, 9 Catholic high schools, and 9 post-secondary institutions.

4d Other program services (Describe on Schedule O.)
(Expenses $ 643,156 including grants of $ 408,171) (Revenue $ 373,414)

4e Total program service expenses 4,010,180

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
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		X
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		X
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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
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? *If "Yes," complete Schedule D, Part I*	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, 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		X
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		X
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		X
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		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	X	
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? *If "Yes," complete Schedule J*	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	28		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	13		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ---------- See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		X	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	14b			
15	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 the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . 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 on Schedule O.	1a	20		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20		
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			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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 on Schedule O*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on 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		X
b	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		

Section C. Disclosure

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

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

[X] Own website [X] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

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

Tyler Greuel 480-651-8808

4500 S Lakeshore Dr, Ste 650, Tempe, AZ 85282

Part VII 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 year.

- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Carabajal	40.00									
CEO	0.00			X				249,637		17,907
(2) Kyle Felix	40.00									
COO/CFO	0.00			X				189,098		17,446
(3) Bishop John Dolan	1.00									
Bishop	0.00	X								
(4) Gary Naquin	1.00									
Chairman	0.00	X		X						
(5) Chris Campisano	1.00									
Vice Chairman	0.00	X		X						
(6) Kevin Boudreau	1.00									
Treasurer	0.00	X		X						
(7) Brett Johnson	1.00									
Secretary	0.00	X		X						
(8) Fr. John Muir	1.00									
Vicar General	0.00	X								
(9) Kevin Camberg	1.00									
Immediate Past Chair	0.00	X								
(10) Maria Chavira	1.00									
Chancellor, Ex-Officio	0.00	X								
(11) F. Michael Geddes	1.00									
Lifetime Board Member	0.00	X								
(12) Cathy Bergmann	1.00									
Board Member	0.00	X								
(13) Fr. John Bonavitacola	1.00									
Board Member	0.00	X								
(14) William Brooksbank	1.00									
Board Member	0.00	X								

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Deb Frere	1.00									
Board Member	0.00	X								
(16) Sr. Mary Jordan Hoover	1.00									
Board Member	0.00	X								
(17) Dr. Connie Mariano	1.00									
Board Member	0.00	X								
(18) Bruce Nordstrom	1.00									
Board Member	0.00	X								
(19) Lisa Reilly Payton	1.00									
Board Member	0.00	X								
(20) Cynthia Scheller	1.00									
Board Member	0.00	X								
(21) John Smith	1.00									
Board Member	0.00	X								
(22) Tony Tanner	1.00									
Board Member	0.00	X								
(23)										
(24)										
(25)										
1b Subtotal								438,735	0	35,353
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								438,735	0	35,353

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 2

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. 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
		0
		0
		0
		0
		0

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

Part VIII Statement of Revenue

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

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	302,717				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,244,847				
	g	Noncash contributions included in lines 1a–1f	1g	$ 4,622,082				
	h	**Total.** Add lines 1a–1f			10,547,564			
Program Service Revenue				Business Code				
	2a	Administrative Fee		900099	1,293,421	1,293,421		
	b				0			
	c				0			
	d				0			
	e				0			
	f	All other program service revenue			0			
	g	**Total.** Add lines 2a–2f			1,293,421			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			2,647,115			2,647,115
	4	Income from investment of tax-exempt bond proceeds			0			
	5	Royalties			0			
				(i) Real / (ii) Personal				
	6a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0 / 0				
	d	Net rental income or (loss)			0			
				(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	7a	53,233,936 / 0				
	b	Less: cost or other basis and sales expenses	7b	53,213,329 / 0				
	c	Gain or (loss)	7c	20,607 / 0				
	d	Net gain or (loss)			20,607			20,607
	8a	Gross income from fundraising events (not including $ 302,717 of contributions reported on line 1c). See Part IV, line 18	8a	136,233				
	b	Less: direct expenses	8b	186,364				
	c	Net income or (loss) from fundraising events			-50,131			
	9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
	b	Less: direct expenses	9b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	10a	0				
	b	Less: cost of goods sold	10b	0				
	c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue				Business Code				
	11a				0			
	b				0			
	c				0			
	d	All other revenue			0			
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See instructions.			14,458,576	1,293,421	0	2,667,722

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,400,820	3,400,820		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	358,641	358,641		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	491,212	62,927	139,659	288,627
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	399,385	59,609	192,513	147,263
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	90,627	12,252	34,585	43,790
9	Other employee benefits	84,326	11,400	32,181	40,745
10	Payroll taxes	57,350	7,753	21,886	27,711
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal	34,340		34,340	
c	Accounting	42,630		42,630	
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.)	41,396		18,477	22,919
12	Advertising and promotion	80,274	1,097	67,981	11,196
13	Office expenses	6,479	510	3,604	2,365
14	Information technology	17,795	2,448	6,637	8,710
15	Royalties	0			
16	Occupancy	67,619	9,304	25,220	33,095
17	Travel	8,957	168	1,525	7,264
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	6,381		6,308	73
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	40,071	1,240	34,422	4,409
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Sponsorships	79,109	79,109		
b	Computer Software and Subscriptions	58,511		54,715	3,796
c	Donor Meetings and Appreciation	33,664	174	6,808	26,682
d	Furniture, Fixtures, & Equipment	12,251	235	10,628	1,388
e	All other expenses	54,883	2,493	41,033	11,356
25	**Total functional expenses.** Add lines 1 through 24e	5,466,721	4,010,180	775,152	681,389
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)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	264,361	2	114,048
	3	Pledges and grants receivable, net	35,138	3	15,158
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7	Notes and loans receivable, net	0	7	0
	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	64,667	9	36,438
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 0			
	b	Less: accumulated depreciation — 10b: 0	0	10c	0
	11	Investments—publicly traded securities	117,941,043	11	130,501,962
	12	Investments—other securities. See Part IV, line 11	3,731,132	12	1,405,645
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	275,534	15	2,237,771
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	122,311,875	16	134,311,022
Liabilities	17	Accounts payable and accrued expenses	119,273	17	117,280
	18	Grants payable	69,075	18	0
	19	Deferred revenue	126,728	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	41,379,742	21	39,930,004
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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	2,402,146	25	2,242,841
	26	**Total liabilities.** Add lines 17 through 25	44,096,964	26	42,290,125
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	26,356,319	27	32,232,515
	28	Net assets with donor restrictions	51,858,592	28	59,788,382
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds	0	29	0
	30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31	Retained earnings, endowment, accumulated income, or other funds	0	31	0
	32	Total net assets or fund balances	78,214,911	32	92,020,897
	33	Total liabilities and net assets/fund balances	122,311,875	33	134,311,022

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,458,576
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,466,721
3	Revenue less expenses. Subtract line 2 from line 1	3	8,991,855
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	78,214,911
5	Net unrealized gains (losses) on investments	5	6,615,024
6	Donated services and use of facilities	6	0
7	Investment expenses	7	-322,621
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,478,272
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	92,020,897

Part XII 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **8275**
(Rev. October 2024)
Department of the Treasury
Internal Revenue Service

Disclosure Statement

Don't use this form to disclose items or positions that are contrary to Treasury regulations. Instead, use Form 8275-R, Regulation Disclosure Statement.

Attach to your tax return.

Go to *www.irs.gov/Form8275* for instructions and the latest information.

OMB No. 1545-0889

Attachment Sequence No. **92**

Name(s) shown on return: Catholic Community Foundation for the Diocese of Phoenix

Identifying number shown on return: 86-0465177

If Form 8275 relates to an information return for a foreign entity (for example, Form 5471), enter:
Name of foreign entity
Employer identification number, if any
Reference ID number (see instructions)

Part I General Information (see instructions)

(a) Rev. Rul., Rev. Proc., etc.	(b) Item or Group of Items	(c) Detailed Description of Items	(d) Form or Schedule	(e) Line No.	(f) Amount
1	Unrelated Busir	Investment Income from unrelated business activities	990 Part VIII	3C	
2	Unrelated Busir	Net Income from unrelated business activities	Schedule A	9E	
3	Share of total in	Share of total income from the partnership during 2024	Schedule R	1F	135,000
4	Share of end-of	Share of assets at end-of-year 2024 for the partnership	Schedule R	1G	1,815,000
5	Share of total in	Share of total income from the partnership during 2024	Schedule R	2F	
6	Share of end-of	Share of assets at end-of-year 2024 for the partnership	Schedule R	2G	3,259,456

Part II Detailed Explanation (see instructions)

1 We held partnership interests in Exeter Partners LP, EIN: 33-0771937 and Verde Valley Land & Cattle, LLC, EIN: 71-0882293. As of the filing date of Form 990 for the tax year 990 for the tax year ended 12/31/2024, we have not received Schedule K-1 (Form 1065) from these partnerships. Due to the unavailability of the forms, we are unable to report an amount in this section of the form 990.

2 We held partnership interests in Exeter Partners LP, EIN: 33-0771937 and Verde Valley Land & Cattle, LLC, EIN: 71-0882293. As of the filing date of Form 990 for the tax year 990 for the tax year ended 12/31/2024, we have not received Schedule K-1 (Form 1065) from these partnerships. Due to the unavailability of the forms, we are unable to report an amount in this section of the form 990.

3 We held a partnership interest in Exeter Partners LP, EIN: 33-0771937. As of the filing date of Form 990 for the tax year ended 12/31/2024, we have not received Schedule K-1 (Form 1065) from the partnership. Therefore, we have reported estimated amounts based on the current-year investment statements for the accounts held as assets in the partnership.

4 We held a partnership interest in Exeter Partners LP, EIN: 33-0771937. As of the filing date of Form 990 for the tax year ended 12/31/2024, we have not received Schedule K-1 (Form 1065) from the partnership. Therefore, we have reported estimated amounts based on the current-year investment statements for the accounts held as assets in the partnership.

5 We held a partnership interest in Verde Valley Land & Cattle, LLC, EIN: 71-0882293. As of the filing date of Form 990 for the tax year ended 12/31/2024, we have not received Schedule K-1 (Form 1065) from the partnership. Therefore, we have used the 3 most recent Schedule K-1's to estimate CCF's share of total income

6 We held a partnership interest in Verde Valley Land & Cattle, LLC, EIN: 71-0882293. As of the filing date of Form 990 for the tax year ended 12/31/2024, we have not received Schedule K-1 (Form 1065) from the partnership. Therefore, we have used the 3 most recent Schedule K-1's to estimate that CCF's share of end-of-year assets has remained unchanged.

Part III Information About Pass-Through Entity. To be completed by partners, shareholders, beneficiaries, or residual interest holders.

Complete this part only if you are making adequate disclosure for a pass-through item.

Note: *A pass-through entity is a partnership, S corporation, estate, trust, regulated investment company (RIC), real estate investment trust (REIT), or real estate mortgage investment conduit (REMIC).*

1 Name, address, and ZIP code of pass-through entity

Name: Exeter Partners LP
Address: 517 N 11st
City: Livingston
State: MT Zip Code: 59047
Foreign country:

2 Identifying number of pass-through entity: 33-0771937

3 Tax year of pass-through entity: 1/1/2024 to 12/31/2024

4 Internal Revenue Service Center where the pass-through entity filed its return

Part IV **Explanations** *(continued from Parts I and/or II)*

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization	Employer identification number
Catholic Community Foundation for the Diocese of Phoenix	86-0465177

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

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

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

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

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

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations 0

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,257,713	13,164,276	6,146,184	5,744,136	10,547,564	41,859,873
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	6,257,713	13,164,276	6,146,184	5,744,136	10,547,564	41,859,873
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,657,250
6 **Public support.** Subtract line 5 from line 4						29,202,623

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	6,257,713	13,164,276	6,146,184	5,744,136	10,547,564	41,859,873
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,289,355	1,935,191	2,285,753	2,512,763	2,647,115	10,670,177
9 Net income from unrelated business activities, whether or not the business is regularly carried on	3,280	0	0	0	0	3,280
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
11 **Total support.** Add lines 7 through 10						52,533,330

12 Gross receipts from related activities, etc. (see instructions)	12	1,601,166

13 **First 5 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, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	55.59%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	51.88%

16a **33 1/3% support test—2024.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test—2023.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2024.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 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 organization ☐

b **10%-facts-and-circumstances test—2023.** 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 supported organization ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 **Public support** (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0

14 **First 5 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, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f))	17	0.00%
18 Investment income percentage from **2023** Schedule A, Part III, line 17	18	0.00%

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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		
2	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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	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		
c	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.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	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 supervised by or in connection with its supported organizations.*	4b		
c	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		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c 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 amendment to the organizing document).*	5a		
b	**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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its 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		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	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		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* ***Part VI.***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 organization.*	2		

Section 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		

Section 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?	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 on line 2, above, 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		

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (***see instructions***).*

a ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*

c ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a governmental entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer lines 2a and 2b below.***			
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 on line 2a, above, 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 lines 3a and 3b 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? *If "Yes" or "No," provide details in* ***Part VI.***	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.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 *(explain in **Part VI**)*. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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**	0	0
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**	0	0

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):			
a Average monthly value of securities	**1a**		
b Average monthly cash balances	**1b**		
c Fair market value of other non-exempt-use assets	**1c**		
d **Total** (add lines 1a, 1b, and 1c)	**1d**	0	0
e **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**	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**	0	0
6 Multiply line 5 by 0.035.	**6**	0	0
7 Recoveries of prior-year distributions	**7**	0	0
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**	0	0

Section C - Distributable Amount		Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**	0
2 Enter 0.85 of line 1.	**2**	0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**	0
4 Enter greater of line 2 or line 3.	**4**	0
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**	0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in* ***Part VI***)	5	
6	Other distributions *(describe in* ***Part VI****)*. See instructions.	6	
7	**Total annual distributions.** Add lines 1 through 6.	7	0
8	Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions.	8	
9	Distributable amount for 2024 from Section C, line 6	9	0
10	Line 8 amount divided by line 9 amount	10	0.000

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			0
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—*explain in* ***Part VI***). See instructions.			
3	Excess distributions carryover, if any, to 2024			
a	From 2019			
b	From 2020			
c	From 2021			
d	From 2022			
e	From 2023			
f	**Total** of lines 3a through 3e	0		
g	Applied to underdistributions of prior years		0	
h	Applied to 2024 distributable amount			0
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4	Distributions for 2024 from Section D, line 7: $ 0			
a	Applied to underdistributions of prior years		0	
b	Applied to 2024 distributable amount			0
c	Remainder. Subtract lines 4a and 4b from line 4.	0		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* ***Part VI***. See instructions.		0	
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* ***Part VI.*** See instructions.			0
7	**Excess distributions carryover to 2025.** Add lines 3j and 4c.	0		
8	Breakdown of line 7:			
a	Excess from 2020 0			
b	Excess from 2021 0			
c	Excess from 2022 0			
d	Excess from 2023 0			
e	Excess from 2024 0			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, 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.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

Name of the organization	Employer identification number
Catholic Community Foundation for the Diocese of Phoenix	86-0465177

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	Public Securities	$ 1,762,750	11/13/2024
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
4	Public Securities	$ 125,000	7/19/2024
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
5	Public Securities	$ 299,341	12/23/2024
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
6	Public Securities	$ 417,337	12/18/2024
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
4	Public Securities	$ 102,169	10/28/2024
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
4	Public Securities	$ 250,000	4/30/2025

Name of organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	Public Securities	$ 504,099	6/10/2025
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
6	Public Securities	$ 76,760	12/31/2024
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions.)**	**(d) Date received**
		$	

Name of organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) $ 0

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
For. Prov. Country	

SCHEDULE D (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Catholic Community Foundation for the Diocese of Phoenix	86-0465177

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	87	19
2	Aggregate value of contributions to (during year)	5,534,261	355,067
3	Aggregate value of grants from (during year)	2,171,198	347,859
4	Aggregate value at end of year	10,628,901	10,035,740

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

6 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? [X] Yes [ ] No

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

[ ] Preservation of land for public use (for example, recreation or education)
[ ] Preservation of a historically important land area
[ ] Protection of natural habitat
[ ] Preservation of a certified historic structure
[ ] Preservation of open space

2 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

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

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

9 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.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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 $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" 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 ☒ No

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	0

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	54,178,274	47,476,537	37,564,005	38,456,299	29,712,524
b Contributions	3,807,110	2,096,838	6,755,744	6,176,350	1,472,721
c Net investment earnings, gains, and losses	6,352,023	6,574,595	5,037,361	-5,628,978	8,663,972
d Grants or scholarships	1,129,824	1,015,037	1,048,245	658,206	647,898
e Other expenditures for facilities and programs	336,720	234,902	265,870	273,996	267,051
f Administrative expenses	808,276	719,757	566,458	507,464	477,969
g End of year balance	62,062,587	54,178,274	47,476,537	37,564,005	38,456,299

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 23%
b Permanent endowment 77%
c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) Unrelated organizations	3a(i)		X
(ii) Related organizations	3a(ii)		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b

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

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				0

Part VII Investments—Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely held equity interests	0	
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, line 12, col. (B))*	0	

Part VIII Investments—Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 13, col. (B))*	0	

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*	0

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Annuity Liability	2,027,452
(3) Operating Lease Liability	215,389
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	2,242,841

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . X

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

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

1	Total revenue, gains, and other support per audited financial statements			1	19,272,707
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,615,024		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-239,017		
e	Add lines 2a through 2d			2e	6,376,007
3	Subtract line 2e from line 1			3	12,896,700
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	322,622		
b	Other (Describe in Part XIII.)	4b	1,239,254		
c	Add lines 4a and 4b			4c	1,561,876
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	14,458,576

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.

1	Total expenses and losses per audited financial statements			1	5,466,721
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	5,466,721
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	5,466,721

Part XIII Supplemental Information

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.

Part IV Line 2B From time-to-time other not-for-profit organizations seek to establish a fund with the Foundation with its own funds and specifies itself as the beneficiary of that fund. In each instance, the Foundation maintains variance power and legal ownership of agency endowment funds and as such continues to report the funds as cash and investments of the Foundation. However, in accordance with SFAS No. 136, a liability has been established for the fair value of the funds, which is generally equivalent to the present value of future payments expected to be made to the NPO's.

Part XI Line 2D Change in Split Interest Trust = -239,020 add Cost of Direct Donor Benefit = -186,364 less Net Income (Loss) from Fundraising Events = -50,131 Add Fundraising Events Goods & Services Contributions = 136,233

Part XI Line 4B Interest Expense = 309,264 add Administrative Service Fee Expense to Invested Funds = 929,990 (Total administrative fee activity net of Agency Fund administrative fee activity)

Part X Line 2 Note 1 - Income tax status - The Foundation qualifies as a tax-exempt organization under section 501(c)3 of the Internal Revenue Code (The Code) and, accordingly, there is no provision for income taxes. In addition, the Foundation qualifies for the charitable contribution deduction under Section 170 of The Code and has been classified as an organization that is not a private foundation. Income determined to be unrelated business taxable income would be taxable. The Foundation evaluates its uncertain tax positions, if any, on a continual basis through review of its policies and procedures, review of its regular tax filings and discussions with outside experts. The Foundation's federal return of organization exempt from income tax (form 990) for fiscal 2022, 2023 and 2024 are subject to examination by the IRS, generally for three years after they were filed.

Part XIII Supplemental Information *(continued)*

Part V Line 4 The organizations endowment funds are maintained to support the charitable purposes of the foundation in perpetuity. The primary objective of the endowment program is to provide a stable and sustainable source of funding for grants, scholarships, and other programmatic and operational activities that advance the foundations mission. In accordance with the foundations board-approved spending policy, an annual distribution of 4% of a 12-quarter rolling average of endowment fund market values is appropriated to support charitable activities. This spending policy is designed to balance current spending needs with the goal of preserving the long-term purchasing power of the endowment. Endowment funds include both donor-restricted endowments, which are subject to the terms of the applicable fund agreements, and board-designated (quasi-endowment) funds established by the governing board to function as endowments for long-term charitable purposes. Investment returns in excess of annual spending are retained to grow the endowment and protect it against inflation.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total					0	0	0

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 Gala (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	438,950		0	438,950
	2 Less: Contributions	302,717		0	302,717
	3 Gross income (line 1 minus line 2)	136,233		0	136,233
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages	164,922		0	164,922
	8 Entertainment	12,615		0	12,615
	9 Other direct expenses	8,827		0	8,827
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(186,364)
	11 Net income summary. Subtract line 10 from line 3, column (d)				-50,131

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ☐ No %	☐ Yes ☐ No %	☐ Yes ☐ No %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				0

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

13 Indicate the percentage of gaming activity conducted in:

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

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

Name _____

Address _____

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

b If "Yes," enter the amount of gaming revenue received by the organization $ 0 and the amount of gaming revenue retained by the third party $ 0

c If "Yes," enter the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation $ 0

Description of services provided _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year . . . $ 0

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I (Form 990)
Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Catholic Community Foundation for the Diocese of Phoenix

Employer identification number

86-0465177

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Aid to Women Center 1328 East Apache Blvd Tempe, AZ 85	86-0528953	501(C)(3)	121,889				Program Support
(2) All Saints Catholic Newman Center 230 E University Dr Tempe, AZ 85281-	30-0514126	501(C)(3)	15,724				Program Support
(3) Amanda Hope Rainbow Angels 340 E Coronado Rd #100 Phoenix, AZ	46-2522889	501(C)(3)	5,000				Program Support
(4) Andre House PO Box 2014 Phoenix, AZ 85001-2014	86-0717841	501(C)(3)	24,450				Program Support
(5) Arizona Animal Welfare League 25 N 40th St Phoenix, AZ 85034	23-7149453	501(C)(3)	10,000				Program Support
(6) Arizona Life Coalition 4633 N 54th St Phoenix, AZ 85018	75-3001599	501(C)(3)	19,500				Program Support
(7) Arizona State University Scholarsh PO Box 870412 Tempe, AZ 85287	86-0196696	501(C)(3)	10,500				Program Support
(8) Augustine Institute 16805 NEW HALLS FERRY RD FLOR	20-2349108	501(C)(3)	100,000				Program Support
(9) Blessed Sacrament Catholic Churc 11300 N 64th St Scottsdale, AZ 85254	37-1575917	501(C)(3)	6,798				Program Support
(10) Bourgade Catholic High School 4602 N 31st Ave Phoenix, AZ 85017-3	26-2785451	501(C)(3)	18,500				Program Support
(11) Brophy College Preparatory 4701 North Central Avenue Phoenix, A	86-0119984	501(C)(3)	56,500				Program Support
(12) Catholic Charities Community Serv 5151 N 19th Ave Phoenix, AZ 85015-3	86-0223999	501(C)(3)	88,306				Program Support

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 119

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(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	Catholic Community Foundation Scholarship - Needs-Based Tuition Assistance Scholarship	74	233,456	0		
2	Christian Service Award - Service-Based Scholarship	51	91,000	0		
3	Post Secondary Scholarships	12	24,375	0		
4	Named & Memorial Scholarships	10	9,810	0		
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I Line 2 All grantees are confirmed to be IRS Section 501(c)3 organizations and meet Catholic Community Foundation grantee requirements including using the grant funds for purposes and programs consistent with Catholic values and teachings. The Foundation continues to monitor grants issued to schools and parishes to ensure compliance with grant guidelines and restrictions using reporting forms.

Part I Line 2 All scholarships are disbursed directly to the educational institution and not directly to the scholarship recipient. Each year, all scholarship recipients are required to complete a confirmation of enrollment form confirming they are enrolled and in good standing with the educational institution prior to funds being disbursed.

Continuation Sheet for Schedule I (Form 990)

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Catholic Charities USA Attn: Anthony Sciacca Alexandria, VA 22314	53-0196620	501(C)(3)	20,000				Program Support
(14) Catholic Education Arizona 5353 N 16th St Phoenix, AZ 85016	86-0937587	501(C)(3)	9,600				Program Support
(15) CatholicVote Education Fund Attn: Mr. Jason Stern Carmel, IN 46082	20-2787890	501(C)(3)	30,000				Program Support
(16) Christ the King Parish 1551 E Dana Ave Mesa, AZ 85204	30-0513890	501(C)(3)	39,357				Program Support
(17) City of the Lord 711 W University Dr Tempe, AZ 85281	86-0351356	501(C)(3)	15,000				Program Support
(18) Corpus Christi Catholic Church 3550 E Knox Rd Phoenix, AZ 85044-3500	86-0944484	501(C)(3)	8,300				Program Support
(19) Crosier Fathers and Brothers P.O. Box 90428 Phoenix, AZ 85066-0428	81-3525518	501(C)(3)	12,500				Program Support
(20) Cursillo Movement of Phoenix 4633 N 54th St Phoenix, AZ 85018-1904	32-0268278	501(C)(3)	6,624				Program Support
(21) Diocese of Phoenix - Bishop's Office 400 E Monroe St Phoenix, AZ 85004	86-0223974	501(C)(3)	212,082				Program Support
(22) Diocese of Phoenix - CDA 400 E Monroe St Phoenix, AZ 85004	86-0223974	501(C)(3)	46,000				Program Support
(23) Diocese of Phoenix - Nazareth House Se 400 E Monroe St Phoenix, AZ 85004-2336	86-0223974	501(C)(3)	20,000				Program Support
(24) Diocese of Phoenix - Office of Mission Ac 400 E Monroe St Phoenix, AZ 85004-2336	86-0223974	501(C)(3)	8,200				Program Support
(25) Diocese of Phoenix - Vocations Office 400 E Monroe St Phoenix, AZ 85004	86-0223974	501(C)(3)	163,841				Program Support
(26) Dominican Sisters of Mary 4597 Warren Rd. Ann Arbor, MI 48105	38-3349686	501(C)(3)	12,500				Program Support
(27) Duke University's Fuqua School of Busin 100 Fuqua Dr Durham, NC 27708	56-0532129	501(C)(3)	5,000				Program Support
(28) E3-Africa 18521 E Queen Creek Rd Ste# 105-273 Quee	26-0843107	501(C)(3)	18,307				Program Support
(29) Equestrian Order of the Holy Sepulchre o Western Lieutenancy Los Angeles, CA 90012	61-1442249	501(C)(3)	7,000				Program Support

Continuation Sheet for Schedule I (Form 990)

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) First Way Pregnancy Center 3501 N 16th St Phoenix, AZ 85016-6419	23-7216073	501(C)(3)	8,200				Program Support
(31) Forgotten Children Ministries PO Box 36399 Birmingham, AL 35236	41-2096734	501(C)(3)	20,000				Program Support
(32) Franciscan Friars of the Holy Spirit Attn: Kirsten Bublitz Laveen, AZ 85339	81-3710810	501(C)(3)	31,500				Program Support
(33) Franciscan Renewal Center 5802 E Lincoln DR Scottsdale, AZ 85253-4124	86-0720036	501(C)(3)	17,792				Program Support
(34) FullCircle Program 325 E. Elliot Rd Unit 29 Chandler, AZ 85225	81-3986834	501(C)(3)	15,000				Program Support
(35) General Treasurer Church of the Nazarene Lenexa, KS 66220	43-1550318	501(C)(3)	35,000				Program Support
(36) Give Kids the World Village 210 South Bass Road Kissimmee, FL 34746	59-2654440	501(C)(3)	15,000				Program Support
(37) Good Soles Donation Closet 2945 N 47th St Phoenix, AZ 85018	92-2470479	501(C)(3)	5,000				Program Support
(38) Holy Trinity Catholic Newman Center 520 W Riordan Rd Flagstaff, AZ 86001	86-0223974	501(C)(3)	30,887				Program Support
(39) Hope Ranch International 257 Upper Red Lodge Creek Road Red Lodge	33-1055749	501(C)(3)	55,000				Program Support
(40) Immaculate Heart of Mary Catholic Churc PO BOX 1387 PAGE, AZ 86040-1387	80-0313725	501(C)(3)	5,000				Program Support
(41) Iowa Law School Foundation PO Box 4550 Iowa City, IA 52244	42-6074234	501(C)(3)	5,000				Program Support
(42) Jesuit High School 1200 Jacob Lane Carmichael, CA 95608	94-1525873	501(C)(3)	50,000				Program Support
(43) John Paul the Great Catholic University 220 W Grand Ave Escondido, CA 92025	20-0471061	501(C)(3)	25,000				Program Support
(44) Kolbe Mission 5020 E Shea Blvd, Ste 150 Phoenix, AZ 85254	85-3145743	501(C)(3)	10,560				Program Support
(45) Life Teen, Inc. P.O. Box 117299 Atlanta, GA 30368-7299	86-0602592	501(C)(3)	63,500				Program Support
(46) Little Sisters of the Poor of the State of P 1028 Benton Avenue Pittsburgh, PA 15212	25-0974310	501(C)(3)	10,000				Program Support

Continuation Sheet for Schedule I (Form 990)

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) Maggie's Place 4001 N 30th St Phoenix, AZ 85016	86-0972675	501(C)(3)	15,687				Program Support
(48) Miles Jesu 1925 E Baseline Rd Phoenix, AZ 85042	36-3703689	501(C)(3)	14,000				Program Support
(49) Ministry for Priestly Support Attn: Kristin Niedbala Grand Isle, LA 70358	20-1277782	501(C)(3)	5,000				Program Support
(50) Mission of Mercy 360 E Coronado Rd Phoenix, AZ 85004-1578	86-0704883	501(C)(3)	7,025				Program Support
(51) Missionaries of Charity 1414 S 17th Ave Phoenix, AZ 85007	06-1013589	501(C)(3)	14,021				Program Support
(52) Most Holy Trinity Catholic Church 8620 N 7th St Phoenix, AZ 85020-3111	35-2350490	501(C)(3)	15,800				Program Support
(53) Mount Claret Retreat Center 4633 N 54th St Phoenix, AZ 85018-1904	32-0268278	501(C)(3)	81,688				Program Support
(54) Mount De Sales Academy Attn: Mattie Woods Catonsville, MD 21228	52-1158023	501(C)(3)	16,000				Program Support
(55) Notre Dame Preparatory 9701 E Bell Rd Scottsdale, AZ 85260-2125	26-2785863	501(C)(3)	36,000				Program Support
(56) Nuestros Pequeos Hermanos (NPH) USA 5110 N 40th St Phoenix, AZ 85018-2143	65-1229309	501(C)(3)	99,655				Program Support
(57) Orangewood Community Church 3710 W Orangewood Avenue Phoenix, AZ 85	86-0193153	501(C)(3)	20,000				Program Support
(58) Order of Malta Western Association 324 Middlefield Rd Menlo Park, CA 94025	23-7450840	501(C)(3)	45,871				Program Support
(59) Our Lady of Joy Parish PO Box 1359 Carefree, AZ 85377	36-4644261	501(C)(3)	16,550				Program Support
(60) Our Lady of Lourdes Parish 19002 N 128th Ave Sun City West, AZ 85375	94-3454581	501(C)(3)	135,876				Program Support
(61) Our Lady of Mount Carmel Catholic Chur 2121 S. Rural Rd. Tempe, AZ 85282	36-4643600	501(C)(3)	56,215				Program Support
(62) Our Lady of Perpetual Help Catholic Sch 3801 N Miller Rd Scottsdale, AZ 85251	94-3455995	501(C)(3)	9,983				Program Support
(63) Our Lady of Perpetual Help Parish - Glen 5614 W Orangewood Ave Glendale, AZ 85301	35-2350718	501(C)(3)	20,487				Program Support

Continuation Sheet for Schedule I (Form 990)

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) Phoenix Children's Foundation 2929 E. Camelback Rd. Phoenix, AZ 85016	74-2421549	501(C)(3)	10,000				Program Support
(65) Priests for our Future 400 E Monroe St Phoenix, AZ 85004	86-0223974	501(C)(3)	10,000				Program Support
(66) Queen of Peace Catholic School 141 N MacDonald St Mesa, AZ 85201	38-3792655	501(C)(3)	8,168				Program Support
(67) Resurrection Catholic Church 3201 S Evergreen Rd Tempe, AZ 85282	36-4643601	501(C)(3)	27,538				Program Support
(68) Sacred Heart Catholic School 131 N Summit Ave Prescott, AZ 86301	37-1575862	501(C)(3)	11,930				Program Support
(69) Sacred Heart Parish - Prescott 150 Fleury St Prescott, AZ 86301	37-1575862	501(C)(3)	13,417				Program Support
(70) Saint Agnes Catholic Church PO Box 1067 Red Lodge, MT 59068	81-0311020	501(C)(3)	20,000				Program Support
(71) Saint Aidan Parish 10090 Old Perry Highway Wexford, PA 15090	20-0472429	501(C)(3)	150,000				Program Support
(72) Samaritan's Purse PO Box 3000 Boone, NC 28607	58-1437002	501(C)(3)	17,200				Program Support
(73) San Francisco De Asis Parish 1600 E Rte 66 Flagstaff, AZ 86001	30-0515246	501(C)(3)	9,000				Program Support
(74) School Sisters of Notre Dame Central Pa 11 Civic Center Plaza, Suite 310 Mankato, MN	41-0693976	501(C)(3)	6,660				Program Support
(75) Seton Catholic Preparatory High School 1150 N Dobson Rd Chandler, AZ 85224	26-2785742	501(C)(3)	95,222				Program Support
(76) Shop for a Cause 10012 E Rotation Dr Mesa, AZ 85212	87-3144338	501(C)(3)	11,300				Program Support
(77) Sisters of Life 1818 N 23rd St Phoenix, AZ 85006	06-1579167	501(C)(3)	5,500				Program Support
(78) Sisters of the Holy Family of Nazareth 310 N River Rd Des Plaines, IL 60016	20-5728349	501(C)(3)	6,660				Program Support
(79) Society of St Vincent de Paul PO BOX 13600 PHOENIX, AZ 85002-3600	86-0096789	501(C)(3)	126,409				Program Support
(80) Southwest Autism Research & Resource 300 N 18th St Phoenix, AZ 85006	31-1496646	501(C)(3)	10,000				Program Support

Continuation Sheet for Schedule I (Form 990)

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(81) Ss. Simon & Jude Cathedral 6351 N 27th Ave Phoenix, AZ 85017-1893	94-3457074	501(C)(3)	7,111				Program Support
(82) Ss. Simon & Jude School 6351 N 27th Ave Phoenix, AZ 85017-1804	94-3457074	501(C)(3)	60,870				Program Support
(83) St. Agnes Catholic Church 1954 N 24th St Phoenix, AZ 85008-3593	30-0514530	501(C)(3)	113,684				Program Support
(84) St. Andrew the Apostle Catholic Church 3450 W Ray Rd Chandler, AZ 85226-2300	94-3456255	501(C)(3)	6,900				Program Support
(85) St. Bernard of Clairvaux Catholic Church 10755 N 124th St Scottsdale, AZ 85259-4308	36-4643964	501(C)(3)	42,835				Program Support
(86) St. Catherine of Siena Catholic School 6413 S Central Ave Phoenix, AZ 85042	30-0514550	501(C)(3)	35,000				Program Support
(87) St. Clement of Rome Parish 15800 N Del Webb Blvd Sun City, AZ 85351-1	36-4644099	501(C)(3)	15,102				Program Support
(88) St. Elizabeth Seton Parish 9728 W Palmeras Dr Sun City, AZ 85373-225	36-4644254	501(C)(3)	17,309				Program Support
(89) St. Gregory School 3440 N 18th Ave Phoenix, AZ 85015	80-0315130	501(C)(3)	52,584				Program Support
(90) St. Joachim & St. Anne Parish 11625 N 111th Ave Sun City, AZ 85351	80-0310829	501(C)(3)	15,102				Program Support
(91) St. Joan of Arc Parish 3801 E Greenway Rd Phoenix, AZ 85032	32-0267599	501(C)(3)	8,799				Program Support
(92) St. John of the Desert 3718 East Greenway Road Phoenix, AZ 8503	86-0799695	501(C)(3)	10,800				Program Support
(93) St. John Paul II Catholic High School 3120 N 137th Ave Avondale, AZ 85392	61-1815605	501(C)(3)	303,198				Program Support
(94) St. John XXIII Catholic School 16235 N 60th St Scottsdale, AZ 85254	86-0971731	501(C)(3)	34,955				Program Support
(95) St. Joseph the Worker 382 E Palm Ln Phoenix, AZ 85004	86-0600437	501(C)(3)	30,000				Program Support
(96) St. Jude Children's Research Hospital 501 St. Jude Pl Memphis, TN 38105	62-0646012	501(C)(3)	27,357				Program Support
(97) St. Maria Goretti Parish 6261 N Granite Reef Rd Scottsdale, AZ 85250	36-4643819	501(C)(3)	39,454				Program Support

Continuation Sheet for Schedule I (Form 990)

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(98) St. Mary-Basha Catholic School 200 W Galveston St Chandler, AZ 85225	30-0513969	501(C)(3)	23,198				Program Support
(99) St. Mary's Catholic Church 216 Belmont Rd Grand Forks, ND 58201-4620	45-0228225	501(C)(3)	50,000				Program Support
(100) St. Mary's Catholic High School 2525 N 3rd St Phoenix, AZ 85004	26-2791598	501(C)(3)	18,500				Program Support
(101) St. Mary's Food Bank 2831 N 31st Ave Phoenix, AZ 85009	23-7353532	501(C)(3)	13,165				Program Support
(102) St. Matthew Catholic School 320 N 20th Drive Phoenix, AZ 85009	35-2350775	501(C)(3)	26,000				Program Support
(103) St. Patrick Parish 10815 N 84TH ST SCOTTSDALE, AZ 85260-6	30-0514891	501(C)(3)	14,894				Program Support
(104) St. Theresa Catholic School 5001 E Thomas Rd Phoenix, AZ 85018	30-0515085	501(C)(3)	14,803				Program Support
(105) St. Theresa Parish 5045 E Thomas Rd Phoenix, AZ 85018-7999	30-0515085	501(C)(3)	74,753				Program Support
(106) St. Thomas Aquinas Parish 13720 W Thomas Rd Avondale, AZ 85392	61-1573933	501(C)(3)	18,000				Program Support
(107) St. Thomas the Apostle Catholic School 4510 N 24th St Phoenix, AZ 85016	36-4643961	501(C)(3)	16,713				Program Support
(108) St. Timothy Catholic School 2520 S ALMA SCHOOL RD MESA, AZ 85210	32-0267724	501(C)(3)	15,553				Program Support
(109) St. Timothy Parish 1730 W Guadalupe Rd Mesa, AZ 85202	32-0267724	501(C)(3)	59,688				Program Support
(110) St. Vincent de Paul Catholic School 3130 N 51st Ave Phoenix, AZ 85031	30-0515209	501(C)(3)	15,167				Program Support
(111) St. Vincent de Paul, Our Lady of Mt. Carr 2121 S Rural Rd Tempe, AZ 85282-1409	86-0096789	501(C)(3)	5,000				Program Support
(112) Sunrise for Rural Dwellers Inc. 7137 E Rancho Vista Dr Scottsdale, AZ 85251	84-1858664	501(C)(3)	22,450				Program Support
(113) Tepeyac Leadership 522 N Central Ave, #613 Phoenix, AZ 85001	83-2789375	501(C)(3)	9,067				Program Support
(114) Tunnel to Towers Foundation 2361 Hylan Blvd Staten Island, NY 10306	02-0554654	501(C)(3)	20,000				Program Support

Continuation Sheet for Schedule I (Form 990)

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(115) University of Mary Mission Advancement Bismark, ND 58504-998	45-0273403	501(C)(3)	6,000				Program Support
(116) Veritas Preparatory Academy - Great He 3102 N 56th St Ste 100 Phoenix, AZ 85018	05-0527441	501(C)(3)	5,000				Program Support
(117) Visitation Catholic Church 779 S York St Elmhurst, IL 60126	36-2274389	501(C)(3)	6,600				Program Support
(118) Voces Unidas Por La Vida 1019 E Northview Ave Phoenix, AZ 85020	47-1883632	501(C)(3)	7,873				Program Support
(119) Xavier College Preparatory 4710 N 5th St Phoenix, AZ 85012	26-3832736	501(C)(3)	84,500				Program Support
(120)							
(121)							
(122)							
(123)							
(124)							
(125)							
(126)							
(127)							
(128)							
(129)							
(130)							
(131)							

Continuation Sheet for Schedule I (Form 990)

Name of the organization

Catholic Community Foundation for the Diocese of Phoenix

Employer identification number

86-0465177

Part III **Continuation of Grants and Other Assistance to Individuals in the United States**

	(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
8						
9						
10						
11						
12						
13						
14						
15						
16						
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19						
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21						
22						
23						
24						
25						
26						

SCHEDULE J (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Catholic Community Foundation for the Diocese of Phoenix

Employer identification number: 86-0465177

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (such as maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	**2**		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☒ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	**4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a	The organization?	**5a**		X
b	Any related organization?	**5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	**6a**		X
b	Any related organization?	**6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	**7**	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

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

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

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	James Carabajal CEO	(i) (ii)	212,388	36,000	1,249	1,906	16,002	267,545 0	
2	Kyle Felix COO/CFO	(i) (ii)	162,611	25,500	988	1,556	15,891	206,546 0	
3		(i) (ii)							
4		(i) (ii)							
5		(i) (ii)							
6		(i) (ii)							
7		(i) (ii)							
8		(i) (ii)							
9		(i) (ii)							
10		(i) (ii)							
11		(i) (ii)							
12		(i) (ii)							
13		(i) (ii)							
14		(i) (ii)							
15		(i) (ii)							
16		(i) (ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I Line 7 Incentive compensation is based on the achievement of organizational and personal goals, as established by the Board of Directors and Compensation Committee. The incentive compensation amount is at the discretion of the Compensation Committee.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization

Catholic Community Foundation for the Diocese of Phoenix

Employer identification number

86-0465177

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	86	4,622,082	Stock Quote
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archaeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I Line 32B The foundation uses a stock brokerage firm to receive and sell donated securities; funds are then transferred to the foundation.

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Catholic Community Foundation for the Diocese of Phoenix	86-0465177

Form 990, Part III, Line 4d: Program Service Expenses: 255,243, Grants and allocations: 251,433, Revenue: 0 Catholic Giving Circle - The Giving Circle invites individuals from all backgrounds to participate in a distinctive granting process. Members join by contributing a membership fee, which is pooled together with funds from the Foundation's Forever Fund endowments (CARE, LIFE, COMMUNITY, MUSIC). Each year, organizations present brief pitches to the members, and the members vote which causes receive funding. This model allows the community to directly influence how the Foundations discretionary funds are allocated, empowering members to address pressing local needs. This also provides an opportunity for members to be introduced to organizations within the community that may not have otherwise come across. Since 2015, over $1.5 million has been granted through the Giving Circle.

Form 990, Part III, Line 4d: Program Service Expenses: 4,939, Grants and allocations: 0, Revenue: 0 End-of-Life Planning Program - The Catholic Community Foundation assists individuals in the education and creation of end-of-life plans, with a primary focus on encouraging charitable giving as part of their legacy. The Foundation partners with estate planning attorneys, funeral homes, financial advisors, and end-of-life care facilities to provide comprehensive education through its Get Your Affairs in Order seminars, which are primarily hosted at parishes across the Diocese of Phoenix. Additionally, the Foundation specializes in helping individuals and nonprofits with the liquidation and realization of complex gifts, such as real estate, securities, business interests, and more, ensuring a smooth process for both donors and recipients.

Form 990, Part III, Line 4d: Program Service Expenses: 0, Grants and allocations: 0, Revenue: 49,005 Charitable Gift Annuity Program - The Catholic Community Foundation offers a charitable gift annuity (CGA) program that provides flexible giving options for donors and nonprofits alike. This program allows any donor to establish a CGA and designate a charity of their choice to receive benefits upon their passing, as long as the CGA remains 'above water.' Notably, any donor CGA that is above water at the time of their passing will be added to an existing endowment held at the Foundation or used to create a family foundation in the deceased individual's name if the remaining amount exceeds $20,000. Additionally, nonprofits can white label the CGA program, enabling them to offer this option to their communities while CCF manages the administrative responsibilities, including regulatory compliance, legal documentation, investment management, contract formulation, and annual 1099 filing. This dual approach ensures a seamless experience for both donors and nonprofit partners

Form 990, Part III, Line 4d: Program Service Expenses: 382,974, Grants and allocations: 156,738, Revenue: 324,409 The remaining program service revenue can be attributed to other ancillary services offered by the Foundation, including the administrative fees for managing and investing agency securities, not attributed to individual endowments, donor-advised fund, and gift annuities. The remaining program service expenses relate to program overhead that has not been allocated to programs described above, as well as other grants that are unrelated to the other programs described above.

Form 990, Part VI, Section B, Line 11B: The completed form 990 is emailed to the Board of Directors and Finance Committee Members. Additionally, the form 990 is reviewed with the Finance Committee prior to electronic filing.

Form 990, Part VI, Section B, Line 12C: All directors, members of committees, and employees of the Foundation shall scrupulously avoid any conflict between their own respective interests and the interest of the Foundation in any and all actions taken by them on behalf of the Foundation. Situations where directors or members derive financial benefits from the board or committee service should be avoided. However, in the event any directors or members of the foundation should have any direct or indirect interest in, or relationship with, any individual or organization which proposes to enter into any transaction with the foundation for the sale, purchase, lease or rental of property or to render or employ services, personal or otherwise, or receive pecuniary consideration from the foundation in the form of a fee or grant, such directors or members shall forthwith give the board of directors of the foundation

SCHEDULE O
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number
Catholic Community Foundation for the Diocese of Phoenix	86-0465177

notice with full factual disclosures, of such interest or relationship and shall thereafter absent themselves during both explicit review of the matter. Officers are required to complete this information during the onboarding process and this information is reaffirmed and updated annually.

Form 990, Part VI, Section B, Line 15B: A formal compensation study is completed every 3 years and is initiated by the Compensation Committee and approved by the Committee. The Compensation Committee is a sub-committee of the Board of Directors and is charged with summarizing the results of comparative salary ranges for the CEO and COO/CFO using a professional services firm and their compensation recommendations. The results are forwarded to the Executive Committee to formulate a compensation package, benefits, and duties of the position. Prior to approval of the executive leadership compensation, the Executive Committee meets in executive session to discuss and also advise on other staff positions. The results are then included in the organization's budget which is approved in total by the Board of Directors.

Form 990, Part VI, Section C, Line 19: All information is made available on the Foundation's website (ccfphx.org) and GuideStar, a central source of information on U.S. nonprofits. The Foundation's articles of incorporation, by-laws, financial statements and Form 990 are all available to the public upon request. The Foundation does not make the conflict of interest policy documents available to the public.

Form 990, Part XI, Line 9: Change in Split Interest Trust = -239,020 less Interest Expense = 309,264 add Administrative Service Fee Expense to Invested Funds = 929,990 (Total administrative fee activity net of Agency Fund administrative fee activity)

SCHEDULE R (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Catholic Community Foundation for the Diocese of Phoenix

Employer identification number
86-0465177

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Exeter Partners LP 33-077 517 N 11 St Livingston, MT 5904	Investment	MT	N/A	Unrelated	135,000	1,815,000		X			X	97.00%
(2) Verde Valley Land & Cattle PO Box 1619 Cottonwood, AZ 86	Ranching	AZ	N/A	Unrelated	0	3,259,456		X			X	55.59%
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

The following questions should be answered in the context of the **FEDERAL** return being electronically filed.
Responses for state efiles are below.

Check ("x") this column to see more information, when available.	Form family applicability				
	1065	1120/F	1120S	990	1041
[X] Name of signing officer or fiduciary . James Carabajal					
[ ] Check ("X") if foreign officer and does not have a SSN/TIN					
OR					
[X] Check ("X") if officer opts not to provide SSN/ITIN					
OR					
Enter SSN/EIN of signing officer or fiduciary 999-00-9999	Y	Y	Y	Y	Y

NOTE: 999-00-9999 cannot be used on any other form other than the AUTH.
Using this IRS provided number on another form may result in processing errors.

If a financial institution is the fiduciary then the financial institution's name should be entered.

[ ] Total Income from Prior Year return	Y	Y	Y		Y
[ ] If claiming deduction for Salary & Wages on current year return, mark this box [ ] and enter the **COUNT** of original W2's reported to SSA for this tax year. .	Y	Y	Y		
[ ] If claiming Compensation of Officers on current year return, mark this box [ ] and enter the number of officers		Y	Y		
[ ] Parent Company Name	Y	Y	Y		
Parent Company EIN					
[ ] Business's Primary Physical Address: Street Line 2 City St Zip Country Province Postal Code	Y	Y	Y		
[ ] Grantor Name					Y
Grantor SSN					
[ ] Indicate which, if any, of the following forms this entity is required to file. [ ] 720 [ ] 990 [ ] 1042 [ ] 940 [ ] 941 [ ] 943 [ ] 944 [ ] 945	Y	Y	Y		Y
[ ] Were estimated tax payments made for this entity towards the current tax year's liability? [ ] Yes [ ] No		Y	Y		Y

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.
First Payment, regardless of quarter or date paid.

Method Direct Debit/ACH [ ] Cash [ ] Check [ ] EFTPS [ ]

Amount paid with first quarter . . . . . .
Date payment was requested to be debited . . . . . .
For Cash payments, date cash was deposited. For Check payments, date on check.
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment . .
EFTPS Confirmation Number . . . . . .

Note: For EFTPS Confirmation Number, if more than 15 digits, enter the first 15 digits.
Last Payment, regardless of quarter or date paid.
Do NOT use if only one estimated payment was made.

Method Direct Debit/ACH [ ] Cash [ ] Check [ ] EFTPS [ ]

Amount of last payment . . . . . .
Date payment was requested to be debited . . . . . .
For Cash payments, date cash was deposited. For Check payments, date on check.
Last 4 digits of account number for Direct Debit/ACH or EFTPS payment . .
EFTPS Confirmation Number . . . . . .

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

			Cash	Noncash
1	Federated Campaigns	1		
2	Membership dues	2		
3	Fundraising events	3	302,717	
4	Related organizations	4		
5	Government grants (contributions)	5		
6	All other contributions, gifts, grants, and similar amounts not included above:			
	Fund Contributions		5,622,765	4,622,082
	Other contributions total	6	5,622,765	4,622,082
7	Total	7	5,925,482	4,622,082

Part VIII, Line 7 (990) - Gain/Loss from Sale of Assets Other than Inventory

	Gross sales	Cost, other basis and expenses
Total Public Securities:	53,233,936	53,213,329
Total Non-Public Securities:	0	0
Total Other Sales:	0	0

	Description	CUSIP #	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales price	Cost or other basis (Enter one field only) Cost	Donated value	Expense of sale and cost of improve-ments	Depreciation	Description of Basis Method
1	Securities		X							53,233,936	53,213,329				

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	Accounts Receivable	35,138	15,158	0	
2		0		0	
3		0		0	
4		0		0	
5		0		0	
6		0		0	
7		0		0	
8		0		0	
9		0		0	
10		0		0	
11	Total pledges and grants receivable	35,138	15,158	0	0

Part X, Lines 11 and 12 (990) - Investments - Securities

					Total:	0	121,672,175	131,907,607
	Description	Check if Publicly Traded Securities?	Check if Financial Derivatives	Check if Closely-Held Equity Interests	Number of Shares/ Face Value	Value at Time of Donation	Beginning Balance Book Value FMV	Ending Balance Book Value FMV
1	Securities	X					117,941,043	130,501,962
2	Partnerships						3,228,340	953,340
3	Other						200,000	200,000
4	Annuity - McClain Davis						302,792	252,305

Part X, Line 15 (990) - Other Assets

		Total:	275,534	2,237,771
		Description	Beginning	End
1	Asset Held for Sale		0	2,021,000
2	ROU Asset - Office		270,336	211,573
3	Other Assets		5,198	5,198

Part X, Line 25 (990) - Other Liabilities

		Total:	2,402,146	2,242,841
		Description	Beginning	End
1	Federal income taxes		0	0
2	Annuity Liability		2,130,175	2,027,452
3	Operating Lease Liability		271,971	215,389