

Form **990**
(Rev. January 2020)
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

2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4500 S. LAKESHORE DRIVE 650 City or town, state or province, country, and ZIP or foreign postal code TEMPE, AZ 85282 F Name and address of principal officer: JAMES CARABAJAL 400 EAST MONROE STREET, PHOENIX, AZ 85004	D Employer identification number 86-0465177 E Telephone number 480-651-8800 G Gross receipts \$ 28,752,081. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CCFPHX.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1983
		M State of legal domicile: AZ

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO BUILD THE FUTURE OF THE FAITH BY PROVIDING SUSTAINABLE SUPPORT FOR THOSE WHO SERVE OUR COMMUNITY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	50
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	6,859.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	5,051.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	Current Year	4,160,666.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		686,965.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,431,201.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		89,143.
12				4,503,898.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,172,701.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		2,976,201.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,006,643.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 425,363.		754,442.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,000.
	17			8,750.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,514,643.	
18			5,718,987.	
19	Revenue less expenses. Subtract line 18 from line 12		4,192,474.	
19			-1,215,089.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	70,085,700.
	21	Total liabilities (Part X, line 26)	End of Year	71,366,555.
	22	Net assets or fund balances. Subtract line 21 from line 20		27,844,636.
22			42,241,064.	

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 DEACON JAMES CARABAJAL, CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name AMY A. O'LOUGHLIN	Preparer's signature Date 08/19/22
	Firm's name ▶ CBIZ MHM, LLC Firm's address ▶ 4722 N 24TH ST, STE 300 PHOENIX, AZ 85016	Check if self-employed <input type="checkbox"/> PTIN P00869687 Firm's EIN ▶ 34-1884125 Phone no. 602-264-6835

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

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
THE CATHOLIC COMMUNITY FOUNDATION IS A FINANCIAL INSTITUTION WHOSE
MISSION IS TO BUILD THE FUTURE OF THE FAITH BY PROVIDING 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 \$ 327,887. including grants of \$ 325,000.) (Revenue \$)
CHRISTIAN SERVICE AWARDS (CSA) - DURING FISCAL YEAR 2020, THE
FOUNDATION AWARDED 19 NEW CSAS, WHICH AMOUNTS TO \$152,000 PAID OVER A 4
YEAR PERIOD. AS OF JUNE 30, 2020 THERE WERE OVER 135 CHILDREN
PARTICIAPTING IN THE PROGRAM. THE PROGRAM IS DESIGNED TO REWARD YOUTH
ENTERING HIGHSCHOOL FOR SERVING THEIR COMMUNITY. OVER 120 APPLICATIONS
WERE RECEIVED AND REVIEWED BY AN INDEPENDENT VOLUNTEER COMMITTEE. AFTER
THE INITIAL SCREENING AND CONFIRMATION OF SERVICE HOURS, STUDENTS ARE
INVITED FOR 'INTERVIEWS', WHERE THEY ARE ABLE TO DESCRIBE THEIR SERVICE
AND ALLOW FOR COMMITTEE MEMBERS TO EVALUATE THE STUDENTS TO IDENTIFY
THOSE WHO ARE MOST DESERVING OF SCHOLARSHIP.

4b (Code:) (Expenses \$ 2,382,055. including grants of \$ 2,248,201.) (Revenue \$ 672,358.)
OUR ADMINISTRATIVE FEE REVENUE, OR AS WE LIKE TO CALL THE, MISSION
SUPPORT FEES, HELP THE FOUNDATION TO ADMINISTER THE PROGRAMS OF THE
FOUNDATION THAT ALLOW US TO GIVE BACK TO THE CAUSES AND MISSIONS OF
OTHER CATHOLIC INSTITUTIONS WHO STRIVE TO IMPACT OUR COMMUNITY EVERY
DAY. THESE OTHER OPERATIONS/ PROGRAMS INCLUDE DONOR ADVISED FUND
DISTRIBUTIONS, ENDOWMENT DISTRIBUTIONS, ANNUITY DISTRIBUTIONS, AND
OTHER OPERATING COSTS.

4c (Code:) (Expenses \$ 323,000. including grants of \$ 323,000.) (Revenue \$)
NEEDS BASED SCHOLARSHIPS PROGRAM - THE FOUNDATION LAUNCHED A NEW
SCHOLARSHIP PROGRAM THAT IS FOCUSED ON FINANCIAL NEED, RATHER THAN
COMMUNITY SERVICE LIKE OUR CSA PROGRAM LISTED ABOVE. THIS PROGRAM
AWARDS STUDENTS \$17,000 OVER A 5-YEAR PERIOD, WITH STUDENTS RECEIVING
\$1,000 IN GRADE 8 FOLLOWED BY \$4,000 PAYMENTS FOR ALL FOUR YEARS OF
HIGH SCHOOL. THE FOUNDATION CURRENTLY OFFERS THIS SCHOLARSHIP TO A
SPECIFIC LIST OF 10 SCHOOLS WITH INTENTION OF EXPANDING IN THE FUTURE.
THIS YEAR WE GAVE AN AWARD TO 19 STUDENTS ACROSS THOSE 10 SCHOOLS. NEED
IS DETERMINED BY THE PRINCIPAL OF EACH SCHOOL. THE REVENUE FOR THIS
PROGRAM IS DERIVED FROM ENDOWMENT INCOME.

4d Other program services (Describe on Schedule O.)
(Expenses \$ 84,206. including grants of \$ 80,000.) (Revenue \$)

4e Total program service expenses 3,117,148.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>	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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X	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 X	X	
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		
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		
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? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
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? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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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

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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	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?		

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.
 Own website Another's website 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 **KYLE FELIX - 480-651-8805**
4500 S LAKESHORE DRIVE, STE 650, TEMPE, AZ 85282

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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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See 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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES CARABAJAL CEO	40.00 0.00			X			156,829.	0.	15,882.	
(2) KYLE FELIX DIRECTOR OF FINANCE	40.00 0.00			X			103,389.	0.	14,554.	
(3) JOHN EVEN, ESQ CHAIRMAN	1.00 0.00	X		X			0.	0.	0.	
(4) TRISH STARK PAST CHAIRMAN	1.00 0.00	X					0.	0.	0.	
(5) KAREN ABRAHAM TREASURER	1.00 0.00	X		X			0.	0.	0.	
(6) STEVE JEROME, ESQ SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(7) KEVIN CAMBERG VICE CHAIRMAN	1.00 0.00	X		X			0.	0.	0.	
(8) FR. FRED ADAMSON BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(9) BRYAN BRADY BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(10) JANINE CAMPO BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(11) DR. MARIA CHAVIRA BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(12) ANN COUCH BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(13) JONATHAN COURY BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(14) GONZALO DE LA MELENA BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(15) ANTHONY EHMANN BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(16) J. TOMMY ESPINOZA BOARD MEMBER	1.00 0.00	X					0.	0.	0.	
(17) F. MICHAEL GEDDES BOARD MEMBER	1.00 0.00	X					0.	0.	0.	

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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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GREG KRUZEL BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) FR. MATT LOWERY BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(20) GARY NAQUIN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) BISHOP THOMAS OLMSTED BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) JIM WHALEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) ROBERT WHITEHOUSE BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) DAN WILHELM BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								260,218.	0.	30,436.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								260,218.	0.	30,436.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,160,666.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 773,344.			
	h	Total. Add lines 1a-1f		4,160,666.			
Program Service Revenue	2 a	ADMINISTRATIVE REVENUE	Business Code				
			541900	672,358.	672,358.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		672,358.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,062,284.		6,859.	
	4	Income from investment of tax-exempt bond proceeds				1,055,425.	
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				22,856,773.			
	b	Less: cost or other basis and sales expenses	7b	22,112,971.			
	c	Gain or (loss)	7c	743,802.			
	d	Net gain or (loss)		743,802.		743,802.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			6,639,110.	672,358.	6,859.	

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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	2,501,801.	2,501,801.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	474,400.	474,400.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	261,842.		157,105.	104,737.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	256,851.	66,748.	60,785.	129,318.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,813.	10,395.	26,754.	31,664.
9 Other employee benefits	127,161.	16,842.	53,385.	56,934.
10 Payroll taxes	39,775.	4,796.	17,171.	17,808.
11 Fees for services (nonemployees):				
a Management				
b Legal	18,483.		18,483.	
c Accounting	41,050.		41,050.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	8,750.			8,750.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	26,006.	2,900.	21,767.	1,339.
13 Office expenses	46,653.	380.	27,664.	18,609.
14 Information technology	3,613.		3,613.	
15 Royalties				
16 Occupancy	25,766.	2,338.	13,976.	9,452.
17 Travel	18,125.	587.	11,016.	6,522.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,887.	61.	1,148.	678.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,367.		1,367.	
23 Insurance	34,260.		34,260.	
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 PROFESSIONAL FEES	75,088.		75,088.	
b COMPUTER HARDWARE/SOFTW	45,234.		42,839.	2,395.
c SPONSORSHIPS	29,490.	29,490.		
d EVENT VENUE	14,000.			14,000.
e All other expenses	72,059.	6,410.	42,492.	23,157.
25 Total functional expenses. Add lines 1 through 24e	4,192,474.	3,117,148.	649,963.	425,363.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	69,089.	2	6,348.
	3 Pledges and grants receivable, net	141,367.	3	139,370.
	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	185,322.	9	15,292.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 162,280.		
	b Less: accumulated depreciation	10b 114,280.		
	11 Investments - publicly traded securities	66,167,995.	11	67,287,802.
	12 Investments - other securities. See Part IV, line 11	3,460,164.	12	3,869,743.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	70,085,700.	16	71,366,555.	
Liabilities	17 Accounts payable and accrued expenses	338,699.	17	132,875.
	18 Grants payable	864,155.	18	1,022,650.
	19 Deferred revenue	0.	19	195,282.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	25,235,129.	21	25,087,801.
	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	
	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	1,406,653.	25	1,353,591.
	26 Total liabilities. Add lines 17 through 25	27,844,636.	26	27,792,199.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,646,040.	27	17,518,115.
	28 Net assets with donor restrictions	25,595,024.	28	26,056,241.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	42,241,064.	32	43,574,356.
33 Total liabilities and net assets/fund balances	70,085,700.	33	71,366,555.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,639,110.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,192,474.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,446,636.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42,241,064.
5	Net unrealized gains (losses) on investments	5	-271,909.
6	Donated services and use of facilities	6	
7	Investment expenses	7	-601,606.
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-239,829.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,574,356.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ 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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		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 _____		

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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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,603,726.	5,571,443.	4,481,589.	2,393,563.	4,160,666.	18,210,987.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,603,726.	5,571,443.	4,481,589.	2,393,563.	4,160,666.	18,210,987.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						6,550,499.
6 Public support. Subtract line 5 from line 4.						11,660,488.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,603,726.	5,571,443.	4,481,589.	2,393,563.	4,160,666.	18,210,987.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	533,924.	885,777.	872,196.	1,504,275.	1,062,284.	4,858,456.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			70,733.	45,551.	5,051.	121,335.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						23,190,778.
12 Gross receipts from related activities, etc. (see instructions)					12	4,689,118.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	50.28 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	65.54 %
16a 33 1/3% support test - 2019. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; b Amounts included on lines 2 and 3 received from other than disqualified persons; c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First five years. If the Form 990 is 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	
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	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX	Employer identification number 86-0465177
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 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

- 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX	Employer identification number 86-0465177
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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
3	PUBLIC SECURITIES _____ _____ _____	\$ 548,620.	01/13/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX	Employer identification number 86-0465177
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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 info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

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

2019

Open to Public Inspection

Name of the organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX
Employer identification number 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	83	21
2 Aggregate value of contributions to (during year)	1,361,755.	270,549.
3 Aggregate value of grants from (during year)	1,383,136.	45,917.
4 Aggregate value at end of year	3,758,857.	807,482.
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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?

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 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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 |
- 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 on 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	29,343,451.	28,407,225.	27,240,853.	23,177,071.	10,663,264.
b Contributions	870,667.	982,211.	625,787.	2,577,181.	3,439,237.
c Net investment earnings, gains, and losses	920,031.	1,615,897.	2,125,188.	2,897,373.	171,053.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,421,635.	1,661,882.	1,584,603.	1,410,772.	882,046.
f Administrative expenses					
g End of year balance	29,712,524.	29,343,451.	28,407,225.	27,240,853.	13,391,508.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 31.00 %
 - b Permanent endowment 59.00 %
 - c Term endowment 10.00 %
- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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	48,000.			48,000.
b Buildings				
c Leasehold improvements		33,803.	33,803.	0.
d Equipment		80,477.	80,477.	0.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,000.

Schedule D (Form 990) 2019

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		
(2) Closely held equity interests		
(3) Other		
(A) OTHER INVESTMENTS	3,869,743.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,869,743.	

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. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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, col. (B) line 15.) ▶	

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	
(2) ANNUITY OBLIGATION	1,353,591.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,353,591.

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 ...

Schedule D (Form 990) 2019

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	5,525,766.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-271,909.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-163,967.
e	Add lines 2a through 2d	2e	-435,876.
3	Subtract line 2e from line 1	3	5,961,642.
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	601,606.
b	Other (Describe in Part XIII.)	4b	75,862.
c	Add lines 4a and 4b	4c	677,468.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,639,110.

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	4,192,474.
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	4,192,474.
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	4,192,474.

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 X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

Part XIII Supplemental Information (continued)

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 2015, 2016 AND 2017 ARE SUBJECT TO EXAMINATION BY
THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN SPLIT INTEREST AGREEMENTS -163,967.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE 75,862.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**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? **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
AUGUSTINE INSTITUTE 6160 S SYRACUSE WAY GREENWOOD VILLAGE, CO 80111	20-2349108	501(C)(3)	7,405.	0.			PROGRAM SUPPORT
BOURGADE CATHOLIC HIGH SCHOOL 4602 N 31ST AVE PHOENIX, AZ 85017	26-2785451	501(C)(3)	38,716.	0.			PROGRAM SUPPORT
BROPHY COLLEGE PREPARATORY 4701 NORTH CENTRAL AVENUE PHOENIX, AZ 85012	86-0119984	501(C)(3)	93,500.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES COMMUNITY SERVICES - 4747 N 7TH AVE - PHOENIX, AZ 85013	86-0223999	501(C)(3)	9,584.	0.			PROGRAM SUPPORT
CATHOLIC CHARITIES USA 2050 BALLENGER AVE, SUITE 400 ALEXANDRIA, AZ 22314	53-0196620	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
CATHOLIC EDUCATION ARIZONA 5353 N 16TH ST, UNIT 300 PHOENIX, AZ 85016	86-0937587	501(C)(3)	19,275.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 71.

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

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2019)

CATHOLIC COMMUNITY FOUNDATION FOR THE
DIOCESE OF PHOENIX

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CATHOLIC PHOENIX 413 E TREMAINE AVE GILBERT, AZ 85234	45-4441044	501(C)(3)	12,005.	0.			PROGRAM SUPPORT
CHRIST THE KING PARISH 1551 E DANA MESA, AZ 85204	30-0513890	501(C)(3)	21,932.	0.			PROGRAM SUPPORT
CITY OF THE LORD 711 W UNIVERSITY DR TEMPE, AZ 85281	86-0351356	501(C)(3)	16,200.	0.			PROGRAM SUPPORT
COMMUNITY OF THE BLESSED SACRAMENT 11300 N 64TH ST SCOTTSDALE, AZ 85254	37-1575917	501(C)(3)	9,230.	0.			PROGRAM SUPPORT
DIOCESE OF PHOENIX - BISHOP'S OFFICE - 400 E MONROE ST - PHOENIX, AZ 85004	86-0223974	501(C)(3)	359,094.	0.			PROGRAM SUPPORT
DIOCESE OF PHOENIX - CDA 400 E MONROE ST PHOENIX, AZ 85004	86-0223974	501(C)(3)	19,600.	0.			PROGRAM SUPPORT
DIOCESE OF PHOENIX - OFFICE OF MISSION ADVANCEMENT - 400 E MONROE ST - PHOENIX, AZ 85004	86-0223974	501(C)(3)	31,000.	0.			PROGRAM SUPPORT
DUKE CATHOLIC CENTER PO BOX 90976 DURHAM, NC 27708	56-0532129	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
DUKE UNIVERSITY PO BOX 90976 DURHAM, NC 27708	56-0532129	501(C)(3)	45,000.	0.			PROGRAM SUPPORT

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CATHOLIC COMMUNITY FOUNDATION FOR THE
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
DUKE UNIVERSITY'S FUQUA SCHOOL OF BUSINESS - 100 FUQUA DR - DURHAM, NC 27708	56-0532129	501(C)(3)	25,000.	0.			PROGRAM SUPPORT
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS - PO BOX 17408 - DENVER, CO 80217	84-1522811	501(C)(3)	13,850.	0.			PROGRAM SUPPORT
FIRST PLACE AZ 717 EAST MARYLAND AVE., SUITE 110 PHOENIX, AZ 85014	46-1722227	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
FOR PETE'S SAKE 620 W GERMANTOWN PIKE STE 250 PLYMOUTH MEETING, PA 19462	23-3013896	501(C)(3)	13,000.	0.			PROGRAM SUPPORT
FRANCISCAN RENEWAL CENTER 5802 E LINCOLN DR SCOTTSDALE, AZ 85253	86-0720036	501(C)(3)	66,761.	0.			PROGRAM SUPPORT
FULL CIRCLE, TEMPE 2121 S RURAL RD TEMPE, AZ 85282	81-3986834	501(C)(3)	56,925.	0.			PROGRAM SUPPORT
HOLY FAMILY HOSPITAL OF BETHLEHEM FOUNDATION - 2000 P ST NW STE 310 - WASHINGTON, DC 20036	52-2050117	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
INSTITUTE FOR BETTER EDUCATION 921 N. SWAN RD TUCSON, AZ 85711	23-7102832	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
LIFE TEEN, INC. 9 THE PINES COURT STE C ST LOUIS, MO 63141	86-0602592	501(C)(3)	90,000.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
LIFT UP THE VULNERABLE PO BOX 22027 NEW YORK, NY 10087	83-1980124	501(C)(3)	30,000.	0.			PROGRAM SUPPORT
MAGGIE'S PLACE PO BOX 1102 PHOENIX, AZ 85001	86-0972675	501(C)(3)	5,250.	0.			PROGRAM SUPPORT
MELKITE EPARCHY OF NEWTON 802 RIFLE CAMP ROAD WOODLAND PARK, NJ 07424	34-1390937	501(C)(3)	7,500.	0.			PROGRAM SUPPORT
MISSIONARIES OF CHARITY 1414 S 17TH AVE PHOENIX, AZ 85007	06-1013589	501(C)(3)	5,145.	0.			PROGRAM SUPPORT
MOST HOLY TRINITY CATHOLIC CHURCH 8620 N 7TH ST PHOENIX, AZ 85020	35-2350490	501(C)(3)	7,175.	0.			PROGRAM SUPPORT
MOUNT CLARET RETREAT CENTER 4633 N 54TH ST PHOENIX, AZ 85018	32-0268278	501(C)(3)	41,816.	0.			PROGRAM SUPPORT
NOTRE DAME PREPARATORY 9701 E BELL RD SCOTTSDALE, AZ 85260	26-2785863	501(C)(3)	45,476.	0.			PROGRAM SUPPORT
ORDER OF MALTA WESTERN ASSOCIATION 610 16TH ST STE 410 OAKLAND, CA 94612	23-7450840	501(C)(3)	67,875.	0.			PROGRAM SUPPORT
OUR LADY OF JOY PARISH PO BOX 1359 CAREFREE, AZ 85377	36-4644261	501(C)(3)	5,512.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
OUR LADY OF MT. CARMEL CATHOLIC CHURCH - 2121 S. RURAL RD - TEMPE, AZ 85252	36-4643600	501(C)(3)	11,500.	0.			PROGRAM SUPPORT
OUR LADY OF PERPETUAL HELP CATHOLIC SCHOOL - 3801 N MILLER RD - SCOTTSDALE, AZ 85251	94-3455995	501(C)(3)	8,931.	0.			PROGRAM SUPPORT
QUEEN OF PEACE CATHOLIC SCHOOL 141 N MACDONALD ST MESA, AZ 85201	38-3792655	501(C)(3)	8,631.	0.			PROGRAM SUPPORT
RESTORE DIGNITY PO BOX 1748 CHANDLER, AZ 85244	46-3933277	501(C)(3)	15,000.	0.			PROGRAM SUPPORT
RESURRECTION CATHOLIC CHURCH 3201 S EVERGREEN RD TEMPE, AZ 85282	36-4643601	501(C)(3)	25,158.	0.			PROGRAM SUPPORT
SACRED HEART CATHOLIC SCHOOL 131 N SUMMIT AVE PRESCOTT, AZ 86301	37-1575862	501(C)(3)	10,149.	0.			PROGRAM SUPPORT
SACRED HEART PARISH 150 FLEURY ST PRESCOTT, AZ 86301	37-1575862	501(C)(3)	10,745.	0.			PROGRAM SUPPORT
SAN FRANCISCO DE ASIS CATHOLIC SCHOOL - 1600 E ROUTE 66 - FLAGSTAFF, AZ 86001	30-0515246	501(C)(3)	25,318.	0.			PROGRAM SUPPORT
SCHOOL SISTERS OF NOTRE DAME CENTRAL PACIFIC PROVINCE - 170 GOOD COUNSEL DR - MANKATO, MN 56001	41-0693976	501(C)(3)	6,044.	0.			PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SETON CATHOLIC PREPARATORY HIGH SCHOOL - 1150 N DOBSON RD - CHANDLER, AZ 85224	26-2785742	501(C)(3)	96,119.	0.			PROGRAM SUPPORT
SISTERS OF THE HOLY FAMILY OF NAZARETH - 310 N RIVER RD - DES PLAINES, IL 60016	20-5728349	501(C)(3)	6,044.	0.			PROGRAM SUPPORT
SOCIETY OF ST VINCENT DE PAUL PO BOX 13600 PHOENIX, AZ 85002	86-0096789	501(C)(3)	35,805.	0.			PROGRAM SUPPORT
SOUTHWEST AUTISM RESEARCH 300 N 18TH ST PHOENIX, AZ 85006	31-1496646	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
SS. SIMON & JUDE CATHEDRAL 6351 N 27TH AVE PHOENIX, AZ 85017	94-3457074	501(C)(3)	5,187.	0.			PROGRAM SUPPORT
SS. SIMON & JUDE SCHOOL 6351 N 27TH AVE PHOENIX, AZ 85017	94-3457074	501(C)(3)	43,709.	0.			PROGRAM SUPPORT
ST. AGNES CATHOLIC CHURCH 1954 N 24TH ST PHOENIX, AZ 85008	30-0514530	501(C)(3)	103,759.	0.			PROGRAM SUPPORT
ST. AGNES CATHOLIC SCHOOL 2311 E PALM LN PHOENIX, AZ 85006	30-0514530	501(C)(3)	7,889.	0.			PROGRAM SUPPORT
ST. AMBROSE UNIVERSITY 518 LOCUST ST DAVENPORT, AZ 52803	42-0703280	501(C)(3)	15,000.	0.			PROGRAM SUPPORT

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CATHOLIC COMMUNITY FOUNDATION FOR THE
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ST. ANDREW THE APOSTLE CATHOLIC CHURCH - 3450 W RAY RD - CHANDLER, AZ 85226	94-3456255	501(C)(3)	5,259.	0.			PROGRAM SUPPORT
ST. FRANCIS XAVIER PARISH 4715 N CENTRAL AVE PHOENIX, AZ 85012	38-3792643	501(C)(3)	12,528.	0.			PROGRAM SUPPORT
ST. FRANCIS XAVIER SCHOOL 4715 N CENTRAL AVE PHOENIX, AZ 85012	38-3792643	501(C)(3)	10,009.	0.			PROGRAM SUPPORT
ST. GREGORY SCHOOL 3440 N 18TH AVE PHOENIX, AZ 85015	80-0315130	501(C)(3)	45,683.	0.			PROGRAM SUPPORT
ST. JOHN OF THE DESERT 3718 EAST GREENWAY ROAD PHOENIX, AZ 85032	86-0799695	501(C)(3)	9,400.	0.			PROGRAM SUPPORT
ST. JOHN PAUL II CATHOLIC HIGH SCHOOL - 3120 N 137TH AVE - PHOENIX, AZ 85392	61-1815605	501(C)(3)	210,050.	0.			PROGRAM SUPPORT
ST. JOHN VIANNEY PARISH 539 E LA PASADA BLVD GOODYEAR, AZ 85338	90-0429155	501(C)(3)	25,528.	0.			PROGRAM SUPPORT
ST. JOHN XXIII CATHOLIC SCHOOL 16235 N 60TH ST SCOTTSDALE, AZ 85254	86-0971731	501(C)(3)	31,444.	0.			PROGRAM SUPPORT
ST. JOSEPH THE WORKER 1125 W JACKSON ST PHOENIX, AZ 85002	86-0600437	501(C)(3)	22,700.	0.			PROGRAM SUPPORT

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
ST. MARIA GORETTI PARISH 6261 N GRANITE REEF RD SCOTTSDALE, AZ 85250	36-4643819	501(C)(3)	41,981.	0.			PROGRAM SUPPORT
ST. MARY-BASHA CATHOLIC SCHOOL 200 W GALVESTON ST CHANDLER, AZ 85225	30-0513969	501(C)(3)	6,980.	0.			PROGRAM SUPPORT
ST. MARY'S FOOD BANK 2831 N 31ST AVE PHOENIX, AZ 85009	23-7353532	501(C)(3)	39,758.	0.			PROGRAM SUPPORT
ST. MAXIMILIAN KOLBE CATHOLIC CHURCH - 701 N HIATUS RD - HOLLYWOOD, FL 33026	59-2406478	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ST. PATRICK CATHOLIC CHURCH 428 S INDIANA AVE KANKAKEE, IL 60901	30-0514891	501(C)(3)	15,500.	0.			PROGRAM SUPPORT
ST. PATRICK PARISH 10815 N 84TH ST SCOTTSDALE, AZ 85260	30-0514891	501(C)(3)	12,860.	0.			PROGRAM SUPPORT
ST. ROSE PHILIPPINE DUCHESNE 2825 W ROSE CANYON CIR ANTHEM, AZ 85086	36-4644267	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ST. THERESA CATHOLIC SCHOOL 5001 E THOMAS RD PHOENIX, AZ 85018	30-0515085	501(C)(3)	17,363.	0.			PROGRAM SUPPORT
ST. THERESA PARISH 5045 E THOMAS RD PHOENIX, AZ 85018	30-0515085	501(C)(3)	85,405.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

CATHOLIC COMMUNITY FOUNDATION FOR THE
DIOCESE OF PHOENIX

Schedule I (Form 990) (2019)

86-0465177

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	376	474,400.	0.		

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:

INFORMATION REGARDING THE SELECTED GRANT RECIPIENTS IS ACQUIRED BY THE
FOUNDATION PRIOR TO THE GRANTS BEING AWARDED. WITH THE EXCEPTION OF THE
SCHOLARSHIP RECIPIENTS, ALL GRANTEES ARE IRC SECTION 501(C)(3)
ORGANIZATIONS. THE FOUNDATION CONTINUES TO MONITOR GRANTS ISSUED TO
SCHOOLS AND PARISHES TO ENSURE COMPLIANCE WITH GRANT GUIDELINES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX** Employer identification number **86-0465177**

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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 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)	146,704.	8,400.	1,725.	1,651.	14,231.	172,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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	37	773,344.	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 Archeological 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 IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three 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.

	Yes	No
30a	X	
31	X	
32a	X	

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.

SCHEDULE M, 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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX	Employer identification number 86-0465177
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

CATHOLIC GIVING CIRCLE - THE GIVING CIRCLE IS A PROGRAM THAT INVITES
INDIVIDUALS FROM ALL WALKS OF LIFE TO PARTICIPATE IN A TRULY UNIQUE
GRANTING OPPORTUNITY. MEMBERS OF THE CIRCLE JOIN BY PAYING A MEMBERSHIP
DUE, AND ALL DUES ARE ACCUMULATED INTO A GIANT POT AND GRANTED OUT AS A
GROUP TO ORGANIZATIONS, AS DECIDED BY THE GROUP. ANNUALLY A 'PITCH DAY'
IS HELD WHERE ORGANIZATIONS SEEKING THE GRANT MONEY COME AND PRESENT IN
FRONT OF THE GROUP TO DEMONSTRATE THEIR NEED AND USE FOR THE POTENTIAL
FUNDS. THIS YEAR WAS THE LARGEST GROUP TO DATE WITH OVER 60 MEMBERS!
APPROXIMATELY \$80,000 WAS GRANTED OUT TO THE COMMUNITY.
EXPENSES \$ 84,206. INCLUDING GRANTS OF \$ 80,000. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS EMAILED TO THE MEMBERS OF OUR FINANCE AND INVESTMENT COMMITTEE
PRIOR TO 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX	Employer identification number 86-0465177
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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 A GRANT, SUCH
DIRECTORS OR MEMBERS SHALL FORTHWITH GIVE THE BOARD OF DIRECTORS OF THE
FOUNDATION NOTICE WITH FULL FACTUAL DISCLOSURE, OF SUCH INTEREST OR
RELATIONSHIP AND SHALL THEREAFTER ABSENT THEMSELVES DURING BOTH EXPLICIT
REVIEW OF THE MATTER BY THE BOARD OF DIRECTORS AND ITS VOTING ON THE MATTER
AND REFRAIN FROM OTHERWISE ATTEMPTING TO AFFECT ITS DECISION TO PARTICIPATE
OR NOT TO PARTICIPATE IN SUCH TRANSACTIONS. THE GOAL AND THE POLICY OF THE
ORGANIZATION IS OBTAIN AN ANNUAL SIGNED CONFLICT OF INTEREST FROM EACH
MEMBER OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 15:
A SUBCOMMITTEE OF THE BOARD WAS CHARGED WITH SUMMARIZING THE RESULTS OF
COMPARATIVE SALARY RANGES FOR THE CEO AND THE CFO USING STUDIES FROM A
LOCAL UNIVERSITY, FORM 990S FROM COMPARABLE ORGANIZATIONS, AND ALSO A
SALARY STUDY COMPLETED BY A NONPROFIT ORGANIZATION THAT SERVES
FOUNDATIONS. THE RESULTS ARE FORWARDED TO THE EXECUTIVE COMMITTEE. THE
CEO WORKS WITH THE EXECUTIVE COMMITTEE TO FORMULATE AN EMPLOYMENT AGREEMENT
DETAILING THE SALARY, BENEFITS AND DUTIES OF THE POSITION. PRIOR TO
APPROVAL OF THE CEO'S CONTRACT, THE EXECUTIVE COMMITTEE AND BOARD MEETS IN
EXECUTIVE SESSION TO DISCUSS AND DECIDE ON THE COMPENSATION OF THE CEO AND
ALSO ADVISES ON OTHER STAFF POSITIONS. AFTER THAT PROCESS THE BOARD VOTES
ON THE COMPENSATION AND THE RESULTS ARE THEN INCLUDED IN THE ORGANIZATION'S
BUDGET, WHICH IS ALSO APPROVED IN TOTAL BY THE BOARD.

Name of the organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX	Employer identification number 86-0465177
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FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S ARTICLES OF INCORPORATION, BY-LAWS, FINANCIAL STATEMENTS, AND FORM 990 ARE ALL AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION DOES NOT MAKE THE CONFLICT OF INTEREST POLICY DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENTS	-239,829.
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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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

2019

Open to Public Inspection

Name of the organization CATHOLIC COMMUNITY FOUNDATION FOR THE DIOCESE OF PHOENIX	Employer identification number 86-0465177
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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

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	No

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

Schedule R (Form 990) 2019

CATHOLIC COMMUNITY FOUNDATION FOR THE

Schedule R (Form 990) 2019 DIOCESE OF PHOENIX

86-0465177

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?		(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	
EXETER PARTNERS LP - 33-0771937, 1116 PINE STREET, HUNTINGTON BEACH, CA 92648	INVESTMENT	CA	N/A	UNRELATED	174,836.	1,561,045.		X	782.		X	97.00%
VERDE VLY L&C LLC - 71-0882293, PO BOX 1619, COTTONWOOD, AZ 86326	RANCHING	AZ	N/A	UNRELATED	-190.	3,259,998.		X	-190.		X	55.59%
W. DART LLP - 86-0845544 PO BOX 1619 COTTONWOOD, AZ 86326	INVESTMENT	AZ	N/A	EXCLUDED	-244.	6,479,964.		X	-244.		X	97.65%

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	No

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.

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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)				

