

# 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](http://www.irs.gov/Form990) for instructions and the latest information.

**2021**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2021 calendar year, or tax year beginning <u>7/1/2021</u> , and ending <u>6/30/2022</u>																							
<b>B</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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization <u>Catholic Community Foundation for the Diocese of Phoenix</u></td> <td><b>D</b> Employer identification number <u>86-0465177</u></td> </tr> <tr> <td colspan="2">Doing business as <u>Catholic Community Foundation</u></td> <td><b>E</b> Telephone number</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address) <u>4500 S Lakeshore Dr</u></td> <td>Room/suite <u>650</u></td> <td rowspan="3"><b>G</b> Gross receipts \$ <u>53,132,444</u></td> </tr> <tr> <td>City or town <u>Tempe</u></td> <td>State <u>AZ</u></td> </tr> <tr> <td>ZIP code <u>85282</u></td> <td>Foreign postal code</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: <u>James Carabajal 4500 S Lakeshore Dr, STE 650, Tempe, AZ 85282</u></td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If "No," attach a list. See instructions  <b>H(c)</b> Group exemption number ▶                 </td> </tr> <tr> <td><b>I</b> 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</td> <td><b>J</b> Website: ▶ <u>ccfphx.org</u></td> <td><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> </tr> <tr> <td colspan="2"><b>L</b> Year of formation: <u>1983</u></td> <td><b>M</b> State of legal domicile: <u>AZ</u></td> </tr> </table>	<b>C</b> Name of organization <u>Catholic Community Foundation for the Diocese of Phoenix</u>		<b>D</b> Employer identification number <u>86-0465177</u>	Doing business as <u>Catholic Community Foundation</u>		<b>E</b> Telephone number	Number and street (or P.O. box if mail is not delivered to street address) <u>4500 S Lakeshore Dr</u>	Room/suite <u>650</u>	<b>G</b> Gross receipts \$ <u>53,132,444</u>	City or town <u>Tempe</u>	State <u>AZ</u>	ZIP code <u>85282</u>	Foreign postal code	<b>F</b> Name and address of principal officer: <u>James Carabajal 4500 S Lakeshore Dr, STE 650, Tempe, AZ 85282</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	<b>I</b> 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	<b>J</b> Website: ▶ <u>ccfphx.org</u>	<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation: <u>1983</u>		<b>M</b> State of legal domicile: <u>AZ</u>
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Part I Summary			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>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.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	8
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	50
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-1,173
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	6,257,713	13,164,276
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	805,215	950,313
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,301,592	2,091,615
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,364,520	16,206,204
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,138,804	2,827,592
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	791,483	883,951
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	6,000	27,295
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>633,173</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	341,291	494,410
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,277,578	4,233,248
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	6,086,942	11,972,956	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	101,180,197	102,374,929
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	42,631,338	44,089,183
		58,548,859	58,285,746

<b>Part II Signature Block</b>				
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.				
<b>Sign Here</b>	<u>James Carabajal</u>	Date	<u>3/27/2023</u>	
	Type or print name and title		Chief Executive Officer	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	<u>Kyle Felix</u>		<u>5/16/2023</u>	
	Firm's name ▶	Firm's EIN ▶		PTIN
	Firm's address ▶	Phone no.		

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? No

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

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 \$ 126,961 including grants of \$ 124,500 ) (Revenue \$ ) 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 COLLECTIVE POOL AND GRANTED OUT TO ORGANIZATIONS, AS VOTED BY THE CIRCLE MEMBERS. ADDITIONAL FUNDS ARE ALSO GENERATED FROM THE FOUNDATION'S FOREVER FUND ENDOWMENTS AND ADDED TO THE COLLECTIVE POOL. ANNUALLY, A 'PITCH DAY' IS HELD WHERE ORGANIZATIONS SEEKING GRANT MONEY COME AND PRESENT IN FRONT OF THE CIRCLE MEMBERS TO DEMONSTRATE THEIR NEED AND USE FOR THE POTENTIAL FUNDS. THIS YEAR WAS THE LARGEST GROUP TO DATE WITH OVER 120 MEMBERS! APPROXIMATELY \$125,000 WAS GRANTED OUT TO SEVEN DESERVING ORGANIZATIONS.

4b (Code: ) (Expenses \$ 91,000 including grants of \$ 91,000 ) (Revenue \$ ) NEEDS BASED SCHOLARSHIP PROGRAM ("THE CATHOLIC COMMUNITY FOUNDATION SCHOLARSHIP") - THE FOUNDATION LAUNCHED THE NEEDS BASED SCHOLARSHIP PROGRAM IN 2020 WHICH IS FOCUSED ON HELPING STUDENTS WITH FINANCIAL NEED. THIS PROGRAM AWARDS RECIPIENTS \$17,000 OVER A 5-YEAR PERIOD, WITH STUDENTS RECEIVING \$1,000 IN EIGHTH GRADE FOLLOWED BY \$4,000 PAYMENTS ANNUALLY FOR EACH YEAR OF HIGH SCHOOL. THIS YEAR THE FOUNDATION AWARDED THIS SCHOLARSHIP TO 18 STUDENTS ACROSS 13 ELEMENTARY SCHOOLS AND MADE SCHOLARSHIP PAYMENTS TO 6 CATHOLIC HIGHSCHOOLS TO BENEFIT 32 AWARDEES FROM THE PREVIOUS TWO YEARS. IN TOTAL, THE FOUNDATION HAS AWARDED 53 SCHOLARSHUPS IN THE THREE YEARS THE PROGRAM HAS BEEN ACTIVE. THE REVENUE GENERATED FOR THE OPERATION OF THIS PROGRAM IS DERIVED FROM ENDOWMENT INCOME.

4c (Code: ) (Expenses \$ 2,825,016 including grants of \$ 2,612,092 ) (Revenue \$ 950,313 ) ADMINISTRATIVE FEES ARE EARNED THROUGH THE MANAGEMENT OF THE UNDERLYING INVESTMENT BALANCES OF FUND HOLDERS, WHICH ENTAILS INVESTEMENT ALLOCATION DECISIONS AND PERFORMING ADMINISTRATIVE FUNCTIONS TO OPERATE AND MAINTAIN THE FUNDS OF DONORS. THE FOUNDATION FOCUSES ON ASSET PROTECTION, MANAGING AND BUILDING WEALTH WITH A CATHOLIC VALUES FOCUS, AND PROVIDING SERVICES FOR THOSE IN ALL STAGES OF LIFE (ENDOWMENT MANAGEMENT, ESTATE PLANNING, DONOR ADVISED FUNDS, CHARITABLE GIVING ANNUITIES, ETC.)

4d Other program services (Describe on Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 3,042,977

**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> ? See instructions.	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 <b>Section 501(c)(3) organizations.</b> 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 Rev. Proc. 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> See instructions.	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	

**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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <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 line 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	<b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b	Enter the number of Forms W-2G included on 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	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No		
<b>2a</b>	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 . . . . .	<b>2a</b>	8		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	<b>2b</b>		X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>		X	
<b>4a</b>	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)? . . . . .	<b>4a</b>			X
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>			X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>			X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	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? . . . . .	<b>6a</b>			X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>			X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>			X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>			X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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 . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>			X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>			X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.	<b>16</b>			X
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	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.		
	<b>1a</b> 23		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 23		
<b>2</b>	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
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7a</b>	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
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .	X	
<b>b</b>	Other officers or key employees of the organization . . . . .	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	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
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		
<b>16b</b>			

**Section C. Disclosure**

<b>17</b>	List the states with which a copy of this Form 990 is required to be filed ▶ AZ
<b>18</b>	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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain on Schedule O)
<b>19</b>	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.
<b>20</b>	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Tyler Greuel (480) 651-8808 4500 S Lakeshore Dr, Ste 650, Tempe, AZ 85282

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James Carabajal CEO	40.00 0.00			X			175,010	0	15,673	
(2) Kyle Felix COO	40.00 0.00			X			139,254	0	14,869	
(3) Karen Abraham Chairman	1.00 0.00	X		X			0	0	0	
(4) Cathy Bergmann Board Member	1.00 0.00	X					0	0	0	
(5) Kevin Boudreau Board Member	1.00 0.00	X					0	0	0	
(6) Bryan Brady Treasurer	1.00 0.00	X		X			0	0	0	
(7) Kevin Camberg Vice Chairman	1.00 0.00	X		X			0	0	0	
(8) Janine Campo Board Member	1.00 0.00	X					0	0	0	
(9) Ann Couch Board Member	1.00 0.00	X					0	0	0	
(10) Tony Ehmann Board Member	1.00 0.00	X					0	0	0	
(11) F. Michael Geddes Board Member	1.00 0.00	X					0	0	0	
(12) Sr. Mary Jordan Hoover Board Member	1.00 0.00	X					0	0	0	
(13) Tim Jeffries Board Member	1.00 0.00	X					0	0	0	
(14) Steve Jerome Secretary	1.00 0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Rev. Matt Lowry Board Member	1.00 0.00	X						0	0	0
(16) Gary Naquin Board Member	1.00 0.00	X						0	0	0
(17) Cynthia Scheller Board Member	1.00 0.00	X						0	0	0
(18) Steve Strickbine Board Member	1.00 0.00	X						0	0	0
(19) Tony Tanner Board Member	1.00 0.00	X						0	0	0
(20) Peg Whalen Board Member	1.00 0.00	X						0	0	0
(21) Robert Whitehouse Board Member	1.00 0.00	X						0	0	0
(22) Rev. Fred Adamson Board Member	1.00 0.00	X						0	0	0
(23) Maria Chavira Board Member	1.00 0.00	X						0	0	0
(24) Bishop Thomas Olmsted Board Member	1.00 0.00	X						0	0	0
(25) John Even Past Chairman	1.00 0.00	X						0	0	0
<b>1b Subtotal</b>								314,264	0	30,542
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								314,264	0	30,542

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
<b>4</b> 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	
<b>5</b> 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
		0
		0
		0
		0
		0

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



**Part VIII Statement of Revenue**

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

				(A)	(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	<b>1a</b>	Federated campaigns	<b>1a</b>	0					
	<b>b</b>	Membership dues	<b>1b</b>	0					
	<b>c</b>	Fundraising events	<b>1c</b>	413,856					
	<b>d</b>	Related organizations	<b>1d</b>	0					
	<b>e</b>	Government grants (contributions)	<b>1e</b>	0					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	12,750,420					
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 8,717,326					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f			13,164,276				
	Program Service Revenue				Business Code				
<b>2a</b>		Administrative Fee		541900	950,313	950,313			
<b>b</b>					0				
<b>c</b>					0				
<b>d</b>					0				
<b>e</b>					0				
<b>f</b>		All other program service revenue			0				
<b>g</b>	<b>Total.</b> Add lines 2a-2f			950,313					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)			1,935,191		-1,173	1,935,191	
	<b>4</b>	Income from investment of tax-exempt bond proceeds			0				
	<b>5</b>	Royalties			0				
	<b>6a</b>	Gross rents	(i) Real		(ii) Personal				
			<b>6a</b>						
			<b>6b</b>						
	<b>6c</b>	Less: rental expenses			0	0			
	<b>6c</b>	Rental income or (loss)			0	0			
	<b>d</b>	Net rental income or (loss)				0			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities		(ii) Other				
			<b>7a</b>			36,972,124	0		
			<b>7b</b>			36,815,700	0		
	<b>7c</b>	Less: cost or other basis and sales expenses			156,424	0			
	<b>7c</b>	Gain or (loss)			156,424	0			
	<b>d</b>	Net gain or (loss)				156,424		178,746	
<b>8a</b>	Gross income from fundraising events (not including \$ 413,856 of contributions reported on line 1c). See Part IV, line 18								
		<b>8a</b>			110,540				
		<b>8b</b>			110,540				
<b>c</b>	Less: direct expenses								
<b>c</b>	Net income or (loss) from fundraising events				0				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19								
		<b>9a</b>			0				
		<b>9b</b>			0				
<b>c</b>	Less: direct expenses								
<b>c</b>	Net income or (loss) from gaming activities				0				
<b>10a</b>	Gross sales of inventory, less returns and allowances								
		<b>10a</b>			0				
		<b>10b</b>			0				
<b>c</b>	Less: cost of goods sold								
<b>c</b>	Net income or (loss) from sales of inventory				0				
Miscellaneous Revenue				Business Code					
	<b>11a</b>				0				
	<b>b</b>				0				
	<b>c</b>				0				
	<b>d</b>	All other revenue			0				
<b>e</b>	<b>Total.</b> Add lines 11a-11d				0				
<b>12</b>	<b>Total revenue.</b> See instructions				16,206,204	950,313	-1,173	2,113,937	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	2,487,754	2,487,754		
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	339,838	339,838		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0			
4	Benefits paid to or for members . . . . .	0			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	365,857	75,495	101,773	188,589
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7	Other salaries and wages . . . . .	311,379	27,239	116,106	168,034
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	74,800	11,134	25,014	38,652
9	Other employee benefits . . . . .	81,073	12,068	27,112	41,893
10	Payroll taxes . . . . .	50,842	7,568	17,002	26,272
11	Fees for services (nonemployees):				
a	Management . . . . .	0			
b	Legal . . . . .	12,176		12,176	
c	Accounting . . . . .	43,750		43,750	
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	27,295			27,295
f	Investment management fees . . . . .	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	12,905	600	12,305	
12	Advertising and promotion . . . . .	17,921		3,577	14,344
13	Office expenses . . . . .	48,426	6,494	16,588	25,344
14	Information technology . . . . .	7,726		7,726	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	41,091	5,239	17,665	18,187
17	Travel . . . . .	18,793	256	11,504	7,033
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	9,954		6,177	3,777
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	0	0	0	0
23	Insurance . . . . .	25,596		25,596	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Sponsorships	68,848	68,848		
b	Subscriptions and Contract Costs	77,198	149	60,264	16,785
c	Event Venue and Catering	45,581	295	11,039	34,247
d	Printing and Design	16,930			16,930
e	All other expenses	47,515		41,724	5,791
25	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	4,233,248	3,042,977	557,098	633,173
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	324,665	<b>2</b>	83,870
	<b>3</b> Pledges and grants receivable, net . . . . .	947,098	<b>3</b>	1,901,879
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	53,551	<b>9</b>	35,330
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 48,000		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 0	48,000	<b>10c</b> 48,000
	<b>11</b> Investments—publicly traded securities . . . . .	95,997,804	<b>11</b>	96,613,582
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,809,079	<b>12</b>	3,692,268
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	101,180,197	<b>16</b>	102,374,929	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	91,426	<b>17</b>	96,391
	<b>18</b> Grants payable . . . . .	907,973	<b>18</b>	441,670
	<b>19</b> Deferred revenue . . . . .	53,217	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	40,078,022	<b>21</b>	42,198,408
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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 . . . . .	1,500,700	<b>25</b>	1,352,714
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	42,631,338	<b>26</b>	44,089,183
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	23,053,938	<b>27</b>	18,321,305
	<b>28</b> Net assets with donor restrictions . . . . .	35,494,921	<b>28</b>	39,964,441
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
	<b>32</b> Total net assets or fund balances . . . . .	58,548,859	<b>32</b>	58,285,746
<b>33</b> Total liabilities and net assets/fund balances . . . . .	101,180,197	<b>33</b>	102,374,929	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	16,206,204
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	4,233,248
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,972,956
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	58,548,859
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-11,205,764
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	-884,656
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-145,649
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	58,285,746

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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 on Schedule O.		
<b>2a</b>	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>b</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	
<b>c</b>	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	
<b>3a</b>	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>b</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		

**SCHEDULE A  
(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

<b>Name of the organization</b> Catholic Community Foundation for the Diocese of Phoenix	<b>Employer identification number</b> 86-0465177
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	4,481,589	2,393,563	4,160,666	6,257,713	13,164,276	30,457,807
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	4,481,589	2,393,563	4,160,666	6,257,713	13,164,276	30,457,807
<b>5</b> 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) . . . . .						9,970,354
<b>6 Public support.</b> Subtract line 5 from line 4						20,487,453

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	4,481,589	2,393,563	4,160,666	6,257,713	13,164,276	30,457,807
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	872,196	1,504,275	1,062,284	1,289,355	1,935,191	6,663,301
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	70,733	45,551	5,051	3,280		124,615
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						37,245,723
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	1,060,853
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	55.01%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	55.12%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2020.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (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; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 0.00%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 0.00%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 0.00%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 0.00%.

- 19a 33 1/3% support tests—2021. 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—2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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 lines 3b and 3c below.</i>		
3b	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>		
3c	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 box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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>		
9b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <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 line 10b below.</i>		
10b	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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.		Yes	No
<b>a</b> 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>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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>If "Yes" or "No," provide details in Part VI.</i>	<b>3a</b>		
<b>b</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>	<b>3b</b>		

**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		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3.	0	0
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities		
b	Average monthly cash balances		
c	Fair market value of other non-exempt-use assets		
d	<b>Total</b> (add lines 1a, 1b, and 1c)	0	0
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets		
3	Subtract line 2 from line 1d.	0	0
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	0	0
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	0	0
6	Multiply line 5 by 0.035.	0	0
7	Recoveries of prior-year distributions	0	0
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	0	0
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		0
2	Enter 0.85 of line 1.		0
3	Minimum asset amount for prior year (from Section B, line 8, column A)		0
4	Enter greater of line 2 or line 3.		0
5	Income tax imposed in prior year		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		0
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).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		0
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016 . . . . .		
b	From 2017 . . . . .		
c	From 2018 . . . . .		
d	From 2019 . . . . .		
e	From 2020 . . . . .		
f	<b>Total</b> of lines 3a through 3e	0	
g	Applied to underdistributions of prior years	0	
h	Applied to 2021 distributable amount		0
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0	
4	Distributions for 2021 from Section D, line 7: \$ 0		
a	Applied to underdistributions of prior years	0	
b	Applied to 2021 distributable amount		0
c	Remainder. Subtract lines 4a and 4b from line 4.	0	
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		0
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.	0	
8	Breakdown of line 7:		
a	Excess from 2017 . . . . . 0		
b	Excess from 2018 . . . . . 0		
c	Excess from 2019 . . . . . 0		
d	Excess from 2020 . . . . . 0		
e	Excess from 2021 . . . . . 0		



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: Name of the organization, Employer identification number. Row 1: Catholic Community Foundation for the Diocese of Phoenix, 86-0465177

Organization type (check one):

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

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- 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.

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Form for Part II with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes and a table for held easements at the end of the tax year.

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.

Form for Part III with questions (1a, 1b, 2) regarding collections of art and historical treasures, including checkboxes and dollar amount fields.

**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 |
|--|--------|
| <b>c</b> Beginning balance             | 1c     |
| <b>d</b> Additions during the year     | 1d     |
| <b>e</b> Distributions during the year | 1e     |
| <b>f</b> Ending balance                | 1f 0   |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
<b>1a</b> Beginning of year balance	38,456,299	29,712,524	29,343,451	28,407,225	27,240,853
<b>b</b> Contributions	6,176,350	2,288,617	870,677	982,211	625,787
<b>c</b> Net investment earnings, gains, and losses	-5,628,978	8,663,972	920,031	1,615,897	2,125,188
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	1,439,666	2,208,814	1,421,635	1,661,882	1,584,603
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	37,564,005	38,456,299	29,712,524	29,343,451	28,407,225

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  20%
  - b** Permanent endowment  71%
  - c** Term endowment  9%
- 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 |
|---|--------|----|
| <b>(i)</b> Unrelated organizations  | 3a(i)  | X  |
| <b>(ii)</b> Related organizations   | 3a(ii) | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	48,000	0	0	48,000
<b>b</b> Buildings	0	0	0	0
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	0	0	0
<b>e</b> Other	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,000

**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Annuity Liability	1,352,714
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	1,352,714

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 . . .



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	3,970,135
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-11,205,764
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	-30,436
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-11,236,200
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	15,206,335
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	884,656
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	115,213
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	999,869
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	16,206,204

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,233,248
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,233,248
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	4,233,248

**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 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

**Part XIII** Supplemental Information *(continued)*

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 2019, 2020 AND 2021 ARE SUBJECT TO  
EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Part XI Line 2D CHANGE IN SPLIT INTEREST TRUST = -30,436

Part XI Line 4B INTEREST EXPENSE = \$115,213

Electronic Filing Only

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Catholic Community Foundation for the Diocese of Phoenix

Employer identification number

86-0465177

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Yates Enterprises 4071 W Linda Ln Chandler AZ 85226	Special Fundraising		X	524,396	11,250	513,146
2 American Philanthropic 119 N High St West Chester PA 19380	Mail Solicitations		X	9,825	40,000	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				534,221	51,250	513,146

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Gala (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts . . . . .	524,396	0	524,396
	2	Less: Contributions . . . . .	413,856	0	413,856
	3	Gross income (line 1 minus line 2) . . . . .	110,540	0	110,540
Direct Expenses	4	Cash prizes . . . . .		0	0
	5	Noncash prizes . . . . .		0	0
	6	Rent/facility costs . . . . .		0	0
	7	Food and beverages . . . . .	91,082	0	91,082
	8	Entertainment . . . . .	19,458	0	19,458
	9	Other direct expenses . . . . .	0	0	0
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶			( 110,540)
11	Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶			0	

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for the latest information.

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
(1) Aid to Women Center 1328 East Apache Blvd Tempe, AZ 85	86-0528953	501(C)(3)	12,570				Program Support
(2) All Saints Catholic Newman Center 230 E University Dr Tempe, AZ 85281	30-0514126	501(C)(3)	45,004				Program Support
(3) Andre House PO Box 2014 Phoenix, AZ 85001	86-0717841	501(C)(3)	5,340				Program Support
(4) Anthem Cares Through Service 3655 W Anthem Way, Box A109-349 A	47-5614025	501(C)(3)	15,000				Program Support
(5) APS 3 C Audubon Ct Thibodaux, LA 70301	20-1277782	501(C)(3)	5,000				Program Support
(6) Arizona Diamondbacks Foundation 401 E. Jefferson Street Phoenix, AZ 85	86-0901615	501(C)(3)	5,000				Program Support
(7) Augustine Institute 6160 S Syracuse Way Ste 310 Greenv	20-2349108	501(C)(3)	53,500				Program Support
(8) Benedictine College Ministry Fund 1020 N Second St Atchison, KS 66002	48-0777079	501(C)(3)	5,000				Program Support
(9) Boys Hope Girls Hope of Arizona 3443 N Central Ave Ste 713 Phoenix,	86-0630295	501(C)(3)	12,500				Program Support
(10) Brophy College Preparatory 4701 North Central Avenue Phoenix, A	86-0119984	501(C)(3)	15,000				Program Support
(11) Catholic Charities Community Serv 4747 N 7th Ave Phoenix, AZ 85013	86-0223999	501(C)(3)	5,860				Program Support
(12) Catholic Charities USA 2050 Ballenger Ave, Ste 400 Alexandr	53-0196620	501(C)(3)	10,000				Program Support

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 99

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

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

Schedule I (Form 990) 2021

## Continuation Sheet for Schedule I (Form 990)

Name of the organization Catholic Community Foundation for the Diocese of Phoenix	Employer identification number 86-0465177
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Catholic Relief Services 228 W Lexington St Baltimore, MD 21201	13-5563422	501(C)(3)	10,000				Program Support
(14) Catholic Relief Services, Donor Services PO Box 17152 Baltimore, MD 21298	13-5563422	501(C)(3)	6,300				Program Support
(15) Christ the King Parish 1551 E Dana Ave Mesa, AZ 85204	30-0513890	501(C)(3)	24,425				Program Support
(16) City of the Lord 711 W University Dr Tempe, AZ 85281	86-0351356	501(C)(3)	15,000				Program Support
(17) Concerts for Hope PO Box 172 Simpsonville, KY 40067	47-5548831	501(C)(3)	5,500				Program Support
(18) Cristo Rey San Jose Jesuit High School 1390 5th Wounds Ln San Jose, CA 95116	46-2594689	501(C)(3)	5,000				Program Support
(19) Crosier Fathers and Brothers 717 E Southern Ave Phoenix, AZ 85040	81-3525518	501(C)(3)	14,000				Program Support
(20) Cursillo Movement 4633 N 54th St Phoenix, AZ 85018	32-0268278	501(C)(3)	7,556				Program Support
(21) Diocese of Phoenix - Bishop's Office 400 E Monroe St Phoenix, AZ 85004	86-0223974	501(C)(3)	351,309				Program Support
(22) Diocese of Phoenix - CDA 400 E Monroe St Phoenix, AZ 85004	86-0223974	501(C)(3)	17,575				Program Support
(23) Diocese of Phoenix - Finance Office 400 E Monroe St Phoenix, AZ 85004	86-0223974	501(C)(3)	30,000				Program Support
(24) Diocese of Phoenix - Office of Mission Ac 400 E Monroe St Phoenix, AZ 85004	86-0223974	501(C)(3)	27,812				Program Support
(25) Dormition of the Mother of God 3720 W Maryland Ave Phoenix, AZ 85019	23-1986964	501(C)(3)	5,000				Program Support
(26) Duke Catholic Center PO Box 90976 Durham, NC 27708	56-0532129	501(C)(3)	5,000				Program Support
(27) E3-Africa 18521 E Queen Creek Rd Ste# 105-273 Quee	26-0843107	501(C)(3)	11,800				Program Support
(28) Esperanca, Inc. 1911 W Earll Dr Phoenix, AZ 85015	23-7087997	501(C)(3)	12,500				Program Support
(29) Eternal Word Television Network 5817 Old Leeds Rd Irondale, AL 35210	63-0801391	501(C)(3)	6,700				Program Support

## Continuation Sheet for Schedule I (Form 990)

Name of the organization Catholic Community Foundation for the Diocese of Phoenix	Employer identification number 86-0465177
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) Fellowship of Catholic University Student PO Box 17408 Denver, CO 80217	84-1522811	501(C)(3)	7,700				Program Support
(31) First Way Pregnancy Center 3501 N 16th St Phoenix, AZ 85016	23-7216073	501(C)(3)	5,000				Program Support
(32) Floriani 6216 S. Opai Dr. Chandler, AZ 85249	86-1826148	501(C)(3)	7,000				Program Support
(33) Franciscan Friars of the Holy Spirit 5447 W Pecos Rd Laveen, AZ 85339	81-3710810	501(C)(3)	6,000				Program Support
(34) Franciscan Renewal Center 5802 E Lincoln Dr Scottsdale, AZ 85253	86-0720036	501(C)(3)	10,905				Program Support
(35) FullCircle Program 1955 W Baseline Rd, Ste 113-431 Mesa, AZ 8	81-3986834	501(C)(3)	14,798				Program Support
(36) Holy Family Hospital of Bethlehem Found 2000 P St NW Ste 310 Washington, DC 20036	52-2050117	501(C)(3)	20,000				Program Support
(37) Holy Trinity Catholic Newman Center 520 W Riordan Rd Flagstaff, AZ 86001	30-0515246	501(C)(3)	6,278				Program Support
(38) Immaculate Conception Catholic Church 700 N Bill Gray Rd Cottonwood, AZ 86326	30-0514895	501(C)(3)	30,000				Program Support
(39) Institute for Better Education 921 N. Swan Rd. Tucson, AZ 85711	23-7102832	501(C)(3)	16,000				Program Support
(40) Jesuit High School 1200 Jacob Lane Carmichael, CA 95608	94-1525873	501(C)(3)	100,000				Program Support
(41) Kiss the Ground PO Box 515381 PMB 63508 Los Angeles, CA	46-4507696	501(C)(3)	12,000				Program Support
(42) La Salle University 1900 W Olney Ave Philadelphia, PA 19141	23-1352654	501(C)(3)	6,000				Program Support
(43) Leukemia & Lymphoma Society - Desert Dept. 880365, PO Box 29650 Phoenix, AZ 850	13-5644916	501(C)(3)	5,000				Program Support
(44) Life Teen, Inc. 100 South Crest Drive Stockbridge, GA 30281	86-0602592	501(C)(3)	5,000				Program Support
(45) Madonna House Apostolate 2888 Dafoe Rd Combermere Canada	22-3187063	501(C)(3)	6,000				Program Support
(46) Maggie's Place PO Box 1102 Phoenix, AZ 85001	86-0972675	501(C)(3)	6,823				Program Support



## Continuation Sheet for Schedule I (Form 990)

Name of the organization Catholic Community Foundation for the Diocese of Phoenix	Employer identification number 86-0465177
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) Mesa United Way Inc 137 E University Dr Mesa, AZ 85201	86-0198599	501(C)(3)	8,000				Program Support
(48) Missionaries of Charity 1414 S 17th Ave Phoenix, AZ 85007	06-1013589	501(C)(3)	6,254				Program Support
(49) Mount Claret Retreat Center 4633 N 54th St Phoenix, AZ 85018	32-0268278	501(C)(3)	133,284				Program Support
(50) NAU Newman Center 520 W Riordan Road Flagstaff, AZ 86001	32-0439043	501(C)(3)	5,000				Program Support
(51) Notre Dame Preparatory 9701 E Bell Rd Scottsdale, AZ 85260	26-2785863	501(C)(3)	8,000				Program Support
(52) NPH USA 134 N La Salle St, Ste 500 Chicago, IL 60602	65-1229309	501(C)(3)	5,000				Program Support
(53) Order of Malta Western Association 610 16th St Ste 410 Oakland, CA 94612	23-7450840	501(C)(3)	67,445				Program Support
(54) Our Lady of Joy Parish PO Box 1359 Carefree, AZ 85377	36-4644261	501(C)(3)	7,158				Program Support
(55) Our Lady of Joy Preschool PO Box 1359 Carefree, AZ 85377	36-4644261	501(C)(3)	6,224				Program Support
(56) Our Lady of Mount Carmel Catholic Church 2121 S. Rural Rd. Tempe, AZ 85282	36-4643600	501(C)(3)	63,607				Program Support
(57) Our Lady of Perpetual Help Catholic School 7521 N 57th Ave Glendale, AZ 85301	94-3455995	501(C)(3)	9,420				Program Support
(58) Paz de Cristo 424 W Broadway Rd Mesa, AZ 85210	26-1669496	501(C)(3)	17,020				Program Support
(59) Phoenix Children's Hospital 1919 E Thomas Rd Phoenix, AZ 85016	86-0422559	501(C)(3)	15,000				Program Support
(60) Queen of Peace Catholic School 141 N MacDonald St Mesa, AZ 85201	38-3792655	501(C)(3)	7,571				Program Support
(61) Resurrection Catholic Church PO Box 87 Aptos, CA 95001	30-1198743	501(C)(3)	25,939				Program Support
(62) Sacred Heart Catholic School 515 Park Ave Gallup, NM 87301	85-0149034	501(C)(3)	10,567				Program Support
(63) Sacred Heart Parish - Phoenix 1421 S 12th St Phoenix, AZ 85034	36-4643816	501(C)(3)	5,000				Program Support

## Continuation Sheet for Schedule I (Form 990)

Name of the organization Catholic Community Foundation for the Diocese of Phoenix	Employer identification number 86-0465177
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) Sacred Heart Parish - Prescott 150 Fleury St Prescott, AZ 86301	37-1575862	501(C)(3)	12,576				Program Support
(65) Salesian Missions 2 Lefevre Lane New Rochelle, NY 10801	80-0522035	501(C)(3)	6,000				Program Support
(66) Saving Amy 3117 N 44th St Phoenix, AZ 85018	47-4771315	501(C)(3)	25,000				Program Support
(67) School Sisters of Notre Dame Central Pa 170 Good Counsel Dr Mankato, MN 56001	41-0693976	501(C)(3)	6,222				Program Support
(68) SEAL Future Foundation, Inc. 111 E 14th St, #393 New York, NY 10003	46-0565393	501(C)(3)	5,000				Program Support
(69) Seton Catholic Preparatory High School 1150 N Dobson Rd Chandler, AZ 85224	26-2785742	501(C)(3)	37,225				Program Support
(70) Shoebox Ministry 13645 N 32nd St Phoenix, AZ 85032	86-0690847	501(C)(3)	5,000				Program Support
(71) Sisters of the Holy Family of Nazareth 310 N River Rd Des Plaines, IL 60016	20-5728349	501(C)(3)	6,222				Program Support
(72) Society of St Vincent de Paul PO Box 13600 Phoenix, AZ 85002	86-0096789	501(C)(3)	55,716				Program Support
(73) Ss. Simon & Jude Cathedral 6351 N 27th Ave Phoenix, AZ 85017	94-3457074	501(C)(3)	6,553				Program Support
(74) Ss. Simon & Jude School 6351 N 27th Ave Phoenix, AZ 85017	94-3457074	501(C)(3)	71,994				Program Support
(75) St. Agnes Catholic Church 1954 N 24th St Phoenix, AZ 85008	30-0514530	501(C)(3)	111,705				Program Support
(76) St. Ambrose University 518 Locust St Davenport, IA 52803	42-0703280	501(C)(3)	5,000				Program Support
(77) St. Andrew the Apostle Catholic Church 3450 W Ray Rd Chandler, AZ 85226	94-3456255	501(C)(3)	9,819				Program Support
(78) St. Anne Catholic Church 440 E Elliot Rd Gilbert, AZ 85234	35-2350658	501(C)(3)	15,147				Program Support
(79) St. Bernard of Clairvaux Catholic Church 10755 N 124th St Scottsdale, AZ 85259	36-4643964	501(C)(3)	10,354				Program Support
(80) St. Francis Xavier Parish 4715 N Central Ave Phoenix, AZ 85012	38-3792643	501(C)(3)	9,623				Program Support

## Continuation Sheet for Schedule I (Form 990)

Name of the organization Catholic Community Foundation for the Diocese of Phoenix	Employer identification number 86-0465177
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(81) St. Francis Xavier School 4715 N Central Ave Phoenix, AZ 85012	38-3792643	501(C)(3)	8,083				Program Support
(82) St. Gregory School 3440 N 18th Ave Phoenix, AZ 85015	80-0315130	501(C)(3)	36,010				Program Support
(83) St. Jerome School 10815 N 35th Ave Phoenix, AZ 85029	32-0267198	501(C)(3)	10,000				Program Support
(84) St. John of the Desert 3718 East Greenway Road Phoenix, AZ 85032	86-0799695	501(C)(3)	15,400				Program Support
(85) St. John Paul II Catholic High School 3120 N 137th Ave Avondale, AZ 85392	61-1815605	501(C)(3)	200,000				Program Support
(86) St. John XXIII Catholic School 16235 N 60th St Scottsdale, AZ 85254	86-0971731	501(C)(3)	31,125				Program Support
(87) St. Jude Children's Research Hospital 262 Danny Thomas Place Memphis, TN 38103	62-0646012	501(C)(3)	18,627				Program Support
(88) St. Maria Goretti Parish 6261 N Granite Reef Rd Scottsdale, AZ 85250	36-4643819	501(C)(3)	61,750				Program Support
(89) St. Mary-Basha Catholic School 200 W Galveston St Chandler, AZ 85225	30-0513969	501(C)(3)	5,491				Program Support
(90) St. Mary's Catholic High School 2525 N 3rd St Phoenix, AZ 85004	26-2791598	501(C)(3)	8,000				Program Support
(91) St. Michael's Catholic Church 15546 Pomerado Rd Poway, CA 92064	82-5252519	501(C)(3)	12,000				Program Support
(92) St. Patrick Catholic Church 428 S Indiana Ave Kankakee, IL 60901	36-2177130	501(C)(3)	10,000				Program Support
(93) St. Patrick Parish 10815 N 84th St Scottsdale, AZ 85260	30-0514891	501(C)(3)	11,464				Program Support
(94) St. Rose Philippine Duchesne Catholic Church 2825 Rose Canyon Cir Anthem, AZ 85086	36-4644267	501(C)(3)	5,000				Program Support
(95) St. Theresa Catholic School 5001 E Thomas Rd Phoenix, AZ 85018	30-0515085	501(C)(3)	15,383				Program Support
(96) St. Thomas the Apostle Catholic School 4510 N 24th St Phoenix, AZ 85016	36-4643961	501(C)(3)	16,102				Program Support
(97) St. Timothy Parish 1730 W Guadalupe Rd Mesa, AZ 85202	32-0267724	501(C)(3)	48,532				Program Support

## Continuation Sheet for Schedule I (Form 990)

Name of the organization Catholic Community Foundation for the Diocese of Phoenix	Employer identification number 86-0465177
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**Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(98) The Catholic University of America 620 Michigan Ave., N.E. Washington, DC 20004	53-0196583	501(C)(3)	10,000				Program Support
(99) Tunnel to Towers Foundation 2361 Hylan Blvd Staten Island, NY 10306	02-0554654	501(C)(3)	9,500				Program Support
(100) .....							
(101) .....							
(102) .....							
(103) .....							
(104) .....							
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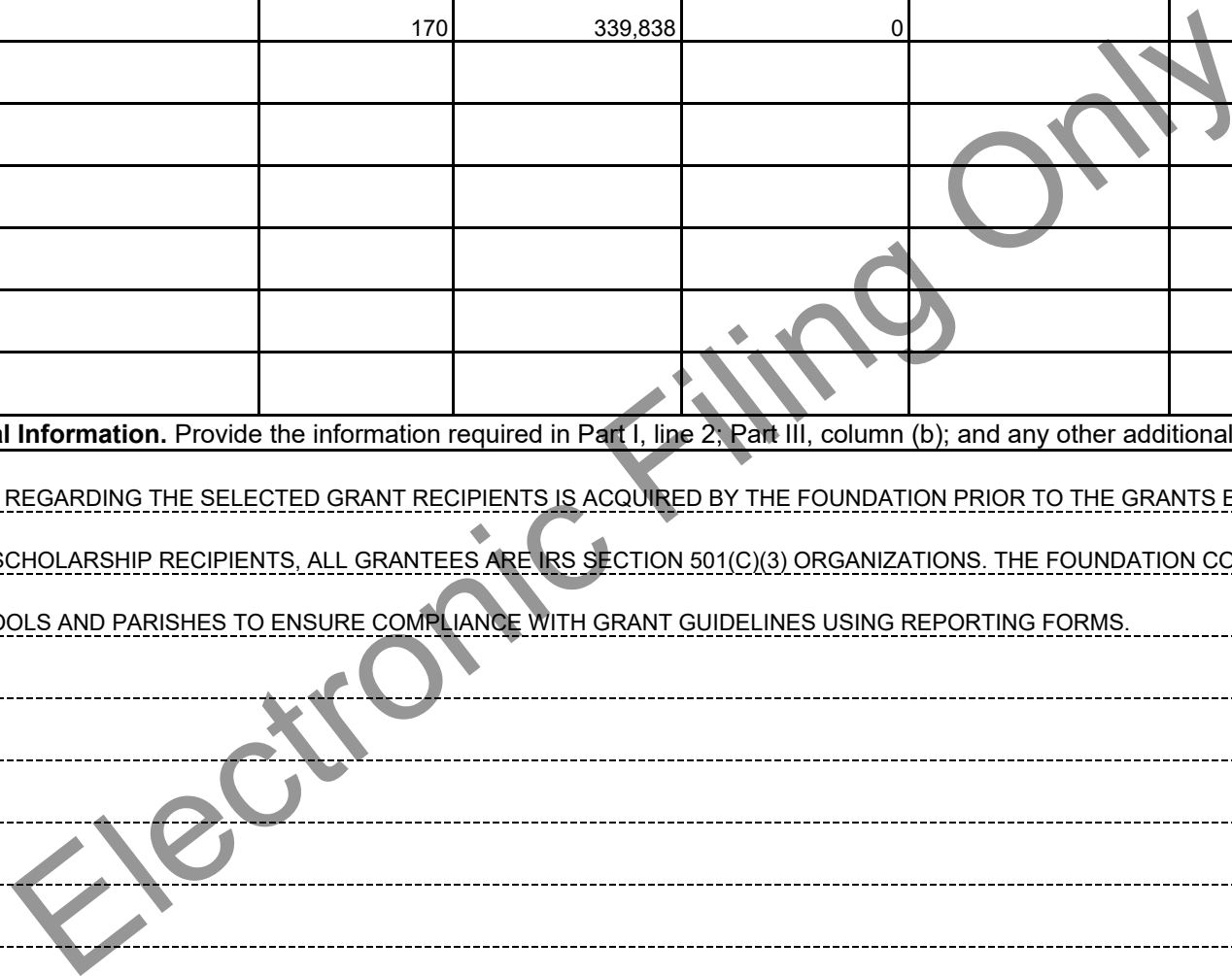
**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Scholarships	170	339,838	0		
2					
3					
4					
5					
6					
7					

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

Part I Line 2 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 GRANTEEES ARE IRS SECTION 501(C)(3) ORGANIZATIONS. THE FOUNDATION CONTINUES TO MONITOR GRANTS ISSUED TO SCHOOLS AND PARISHES TO ENSURE COMPLIANCE WITH GRANT GUIDELINES USING REPORTING FORMS.



# Continuation Sheet for Schedule I (Form 990)

Name of the organization Catholic Community Foundation for the Diocese of Phoenix	Employer identification number 86-0465177
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**Part III** Continuation of Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2021**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

Catholic Community Foundation for the Diocese of Phoenix

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 type="checkbox"/> Written employment contract                                |
| <input checked="" 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
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	James Carabajal CEO	(i) 155,783	(ii) 17,550	(iii) 1,676	1,780	13,893	190,682	0
		(ii)						
2	Kyle Felix COO	(i) 117,718	(ii) 19,950	(iii) 1,586	1,400	13,469	154,123	0
		(ii)						
3		(i)						
		(ii)						
4		(i)						
		(ii)						
5		(i)						
		(ii)						
6		(i)						
		(ii)						
7		(i)						
		(ii)						
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						



**Part III Supplemental Information**

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

Part I Line 7 INCENTIVE PAYMENTS ARE GIVEN BASED ON MEETING ORGANIZATIONAL GOALS AND ARE AT THE DISCRETION OF THE BOARD OF DIRECTORS.

Electronic Filing Only

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**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](http://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
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**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	56	8,717,326	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 V, Donee Acknowledgement . . . . .	29	
--	----	--

		Yes	No
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.			

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

Part I Line 32B THE FOUNDATION USES A STOCK BROKERAGE FIRM TO RECEIVE AND SELL DONATED  
SECURITIES; FUNDS ARE THEN TRANSFERRED TO THE FOUNDATION.

Electronic Filing Only





**Part III** **Supplemental Information.** Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Electronic Filing Only

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Catholic Community Foundation for the Diocese of Phoenix

Employer identification number

86-0465177

Form 990, Part VI, Section B, Line 11B: THE 990 IS EMAILED AND PRESENTED TO THE MEMBERS OF OUR

FINANCE 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 HAVE ANY DIRECT OR INDIRECT INTEREST IN, OR RELATIONSHIP WITH, ANY

INDIVIDUAL OR ORGANIZATION WHICH PROPOSES TO ENTER INTO ANY TRANSACTION WITH THE FOUNDATION

FOR THE SALE, PURCHASE, LEASE OR RENTAL OF PROPERTY OR TO RENDER OR EMPLOY SERVICES, PERSONAL

OR OTHERWISE, OR RECEIVE PECUNIARY CONSIDERATION FROM THE FOUNDATION IN THE FORM OF A FEE OR

GRANT, SUCH DIRECTORS OR MEMBERS SHALL FORTHWITH GIVE THE BOARD OF DIRECTORS OF THE FOUNDATION

NOTICE WITH FULL FACTUAL DISCLOSURES, OF SUCH INTEREST OR RELATIONSHIP AND SHALL THEREAFTER

ABSENT THEMSELVES DURING BOTH EXPLICIT REVIEW OF THE MATTER. OFFICERS ARE REQUIRED TO COMPLETE

THIS INFORMATION DURING THE ONBOARDING PROCESS AND THIS INFORMATION IS REAFFIRMED AND UPDATED

EVERY AUGUST.

Form 990, Part VI, Section B, Line 15: A FORMAL COMPENSATION STUDY IS COMPLETED EVERY 3 YEARS

AND IS INITIATED BY THE COMPENSATION COMMITTEE AND APPROVED BY THE COMMITTEE AND BOARD. A

SUB-COMMITTEE OF THE BOARD IS CHARGED WITH SUMMARIZING THE RESULTS OF COMPARATIVE SALARY

RANGES FOR THE CEO AND COO USING A PROFESSIONAL SERVICES FIRM AND THEIR COMPENSATION

RECOMMENDATIONS. THE RESULTS ARE FORWARDED TO THE EXECUTIVE COMMITTEE TO FORMULATE A

COMPENSATION PACKAGE, BENEFITS, AND DUTIES OF THE POSITION. PRIOR TO APPROVAL OF THE EXECUTIVE

LEADERSHIP COMPENSATION, THE EXECUTIVE COMMITTEE AND BOARD MEET IN EXECUTIVE SESSION TO

DISCUSS AND ALSO ADVISE 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 APPROVED

IN TOTAL BY THE BOARD.

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

HTA

Schedule O (Form 990) 2021

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: ALL INFORMATION IS MADE AVAILABLE ON THE CCF WEBSITE  
AND GUIDESTAR. 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: CHANGE IN SPLIT INTEREST AGREEMENTS -30,436 + Interest Expense  
115,213.

Electronic Filing Only



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

- ▶ 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](http://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 Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(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	
(1) EXETER PARTNERS LP 3 1116 PINE STREET HUNTINGT	INVESTMENT	CA	N/A	Unrelated	146,674	1,654,391	X				X	97.00%
(2) VERDE VALLEY L&C LLC PO BOX 1619 COTTONWOOD,	RANCHING	AZ	N/A	Unrelated	-167	3,259,641	X		-167		X	55.59%
(3) W. DART LLP 86-0845544 PO BOX 1619 COTTONWOOD,	INVESTMENT	AZ	N/A	Excluded	-244	6,479,476	X		-244		X	97.65%
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

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

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

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

		Yes	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b>	Gift, grant, or capital contribution to related organization(s) . . . . .		X
<b>c</b>	Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b>	Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b>	Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b>	Dividends from related organization(s) . . . . .		X
<b>g</b>	Sale of assets to related organization(s) . . . . .		X
<b>h</b>	Purchase of assets from related organization(s) . . . . .		X
<b>i</b>	Exchange of assets with related organization(s) . . . . .		X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b>	Sharing of paid employees with related organization(s) . . . . .		X
<b>p</b>	Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b>	Reimbursement paid by related organization(s) for expenses . . . . .		X
<b>r</b>	Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b>	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)				

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

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

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

**Part VII**

**Supplemental Information**

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

Electronic Filing Only