

Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, **and ending** 06/30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization <u>CATHOLIC COMMUNITY FOUNDATION</u>		D Employer identification number <u>86-0465177</u>
		Doing Business As		E Telephone number <u>(602) 354-2400</u>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>400 EAST MONROE STREET</u>		G Gross receipts \$ <u>61,960,776.</u>
		City or town, state or country, and ZIP + 4 <u>PHOENIX, AZ 85004</u>		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: <u>DONNA MARINO</u> <u>400 EAST MONROE STREET PHOENIX, AZ 85004</u>		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (<u>3</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ <u>WWW.CCFPHX.ORG</u>		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1983</u>		M State of legal domicile: <u>AZ</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO CARRY ON THE WORK OF CHRIST BY FOSTERING PHILANTHROPY. SEE SCHEDULE O.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>19</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>19</u>
	5 Total number of employees (Part V, line 2a)	5	<u>10</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>130</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>NONE</u>	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,995,033.	1,378,356.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,116,939.	951,998.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,023,966.	-2,530,573.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-144,087.	-68,728.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,991,851.	-268,947.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,426,259.	1,118,920.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ <u>355,085.</u>	NONE	NONE
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	423,187.	573,130.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	912,456.	778,139.	
19 Revenue less expenses. Subtract line 18 from line 12	2,761,902.	2,470,189.	
Net Assets or Fund Balances		4,229,949.	-2,739,136.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	51,978,688.	40,743,860.
	22 Net assets or fund balances. Subtract line 21 from line 20.	21,202,173.	17,083,605.
		30,776,515.	23,660,255.

Part II Signature Block

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

Sign Here ▶ Donna J. Marino Signature of officer 11-16-09 Date

▶ DONNA J MARINO, PRESIDENT + CEO Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	<u>11/16/2009</u>		
		EIN	▶ <u>34-1884125</u>	
		Phone no.	▶ <u>602-264-6835</u>	

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

COPY

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO CARRY ON THE WORK OF CHRIST BY FOSTERING PHILANTHROPY. SEE SCHEDULE O.

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 146,910. including grants of \$ 136,000.) (Revenue \$ 125,716.)

CHRISTIAN SERVICE AWARD SCHOLARSHIPS FOR TUITION TO CATHOLIC HIGH SCHOOL.

4b (Code: _____) (Expenses \$ 435,390. including grants of \$ 428,000.) (Revenue \$ 5,000.)

GRANTS TO ORGANIZATIONS FOR THE WORKING POOR, ELEMENTARY SCHOOL TUITION ASSISTANCE, THEOLOGICAL STUDY, AND COMMUNICATION PROGRAMS.

4c (Code: _____) (Expenses \$ 721,722. including grants of \$ 554,920.) (Revenue \$ 821,282.)

GRANTS TO OTHER ORGANIZATIONS AS ADVISED BY DONORS. MATCHING PROGRAM FOR ESTABLISHMENT OF ENDOWMENT FUNDS AT SCHOOLS AND PARISHES. ASSISTANCE TO SCHOOLS AND PARISHES IN THEIR FUND DEVELOPMENT NEEDS

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ \$ 1,304,022. (Must equal Part IX, Line 25, column (B).)

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where 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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input checked="" type="checkbox"/>	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <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 section 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, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 12b regarding IRS filings and tax compliance.

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family relationships, management delegation, organizational changes, asset diversions, members/stockholders, governing body decisions, meeting documentation, local chapters, Form 990 review, and officer reachability.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policy, disclosure requirements, whistleblower policy, document retention, compensation review, and joint venture arrangements.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of Forms 1023/1024/990-T, website availability, and organization name/address/phone number.

Part VIII Statement of Revenue

86-0465177

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 134,291.				
	b Membership dues	1b				
	c Fundraising events	1c 404,258.				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above .	1f 839,807.				
	g Noncash contributions included in lines 1a-1f: \$	45,414.				
	h Total. Add lines 1a-1f ▶		1,378,356.			
	Program Service Revenue	Business Code				
2a ADMINISTRATIVE FEE		541900	951,998.	951,998.		
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f ▶		951,998.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		25,063.			25,063.
	4 Income from investment of tax-exempt bond proceeds . . . ▶		NONE			
	5 Royalties ▶		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶			NONE		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	59,415,209.				
	b Less: cost or other basis and sales expenses	61,970,845.				
	c Gain or (loss)	-2,555,636.				
	d Net gain or (loss) ▶			-2,555,636.		-2,555,636.
	8a Gross income from fundraising events (not including \$ 404,258. of contributions reported on line 1c). See Part IV, line 18. a	190,150.				
	b Less: direct expenses b	258,878.				
	c Net income or (loss) from fundraising events ▶			-68,728.		-68,728.
	9a Gross income from gaming activities. See Part IV, line 19. a					
b Less: direct expenses b						
c Net income or (loss) from gaming activities ▶			NONE			
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory. ▶			NONE			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d ▶			NONE			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			-268,947.	951,998.		-2,599,301.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	1,006,420.	1,006,420.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	112,500.	112,500.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	259,135.	45,560.	146,908.	66,667.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	257,953.	51,591.	103,181.	103,181.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	10,360.	1,608.	2,597.	6,155.
9 Other employee benefits	11,617.	4,001.	6,430.	1,186.
10 Payroll taxes	34,065.	6,813.	13,626.	13,626.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	9,438.		9,438.	
c Accounting	28,644.		28,644.	
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	357,022.		357,022.	
g Other	50,615.	6,185.	17,496.	26,934.
12 Advertising and promotion	29,268.			29,268.
13 Office expenses	7,269.		7,269.	
14 Information technology	14,447.	3,693.	7,062.	3,692.
15 Royalties	NONE			
16 Occupancy	67,824.	20,347.	27,130.	20,347.
17 Travel	3,767.	1,130.	1,507.	1,130.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	19,136.	5,741.	7,654.	5,741.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	2,754.		2,754.	
23 Insurance	2,750.		2,750.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING & PUBLICATIONS -----	69,987.	16,556.	16,556.	36,875.
b POSTAGE & SHIPPING -----	30,505.	11,663.	11,663.	7,179.
c EVENT EXPENSES -----	22,679.			22,679.
d SUPPLIES -----	18,698.	7,176.	7,176.	4,346.
e DUES, BOOKS & SUBSCRIPTIONS --	9,265.		9,265.	
f All other expenses -----	34,071.	3,038.	24,954.	6,079.
25 Total functional expenses. Add lines 1 through 24f	2,470,189.	1,304,022.	811,082.	355,085.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	200.	1	200.
	2 Savings and temporary cash investments	257,202.	2	1,171,832.
	3 Pledges and grants receivable, net	NONE	3	19,775.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use		8	
	9 Prepaid expenses and deferred charges	6,124.	9	296.
	10a Land, buildings, and equipment: cost basis	10a 70,168.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 2,831.	50,327.	10c 67,337.
	11 Investments - publicly traded securities	42,244,799.	11	32,177,968.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	9,420,036.	13	7,306,452.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	51,978,688.	16	40,743,860.	
Liabilities	17 Accounts payable and accrued expenses	23,576.	17	30,150.
	18 Grants payable	747,377.	18	837,878.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D	18,737,231.	21	14,515,000.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	1,693,989.	25	1,700,577.
	26 Total liabilities. Add lines 17 through 25.	21,202,173.	26	17,083,605.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	23,143,135.	27	16,174,910.
	28 Temporarily restricted net assets	1,724,797.	28	800,670.
	29 Permanently restricted net assets	5,908,583.	29	6,684,675.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	30,776,515.	33	23,660,255.
	34 Total liabilities and net assets/fund balances	51,978,688.	34	40,743,860.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits?		

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization CATHOLIC COMMUNITY FOUNDATION	Employer identification number 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: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box _____
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

h Provide the following information about the organizations the organization supports.

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 63.14%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 73.21%; 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33¹/₃ % support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization CATHOLIC COMMUNITY FOUNDATION	Employer identification number 86-0465177
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____ _____ _____	\$ 105,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____ _____ _____	\$ 104,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____	\$ 74,201.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CATHOLIC COMMUNITY FOUNDATION	Employer identification number 86-0465177
---	---

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	_____ _____ _____	\$ 60,090.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	_____ _____ _____	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	_____ _____ _____	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	_____ _____ _____	\$ 42,508.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	_____ _____ _____	\$ 38,608.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **CATHOLIC COMMUNITY FOUNDATION** Employer identification number **86-0465177**

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	_____	\$ 30,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	_____	\$ 28,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D
(Form 990)**

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

Name of the organization

Employer identification number

CATHOLIC COMMUNITY FOUNDATION

86-0465177

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	62	
2 Aggregate contributions to (during year)	447,014.	
3 Aggregate grants from (during year)	512,899.	
4 Aggregate value at end of year	3,081,209.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

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

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

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

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,590,829.				
b Contributions	307,636.				
c Investment earnings or losses	-960,514.				
d Grants or scholarships	327,472.				
e Other expenditures for facilities and programs	256,982.				
f Administrative expenses					
g End of year balance	8,353,497.				

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment \blacktriangleright 10.4000 %
 - b Permanent endowment \blacktriangleright 80.0000 %
 - c Term endowment \blacktriangleright 9.6000 %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	48,000.	NONE		
b Buildings				
c Leasehold improvements				
d Equipment		22,168.	2,831.	19,337.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) \blacktriangleright				19,337.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
EXETER PARTNERS, LP	901,652.	FMV
W. DART L. L. P.	3,124,800.	FMV
VERDE VALLEY LAND & CATTLE	3,280,000.	FMV

Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶	7,306,452.	

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

(a) Description	(b) Book value

Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	48,000.

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

(a) Description of liability	(b) Amount	
Federal income taxes		
ANNUITY OBLIGATIONS	1,700,577.	

Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	1,700,577.	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XIV Supplemental Information (continued)

TRUST, ESCROW AND CUSTODIAL AGREEMENTS

PART IV

FROM TIME-TO-TIME OTHER NOT-FOR-PROFIT ORGANIZATIONS SEEKS 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.

USES OF ENDOWMENT FUNDS

PART V

FUND GRANT PROGRAMS FOR OTHER NONPROFIT ORGANIZATIONS.

FIN 48 FOOTNOTE

PART X

IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ("FIN 48"). FIN 48 WAS ORIGINALLY EFFECTIVE FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2006. FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN ACCORDANCE WITH FASB STATEMENT NO. 109. IN

Part XIV Supplemental Information (continued)

DECEMBER 2008, THE FASB ISSUED FASB STAFF POSITION NO. FIN 48-3,
 EFFECTIVE DATE OF FASB INTERPRETATION NO. 48 FOR CERTAIN NONPUBLIC
 ENTERPRISES ("FSP FIN 48-3") WHICH EXTENDED THE PERIOD OF ADOPTION OF FIN
 48 TO FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE FOUNDATION HAS
 ELECTED TO DEFER THE APPLICATION OF FIN 48 IN ACCORDANCE WITH FSP FIN
 48-3. THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY, ON A
 CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES, REVIEW OF
 ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH THIRD PARTIES.

OTHER RECONCILING ITEMS

PART XI LINE 8

PARTNERSHIP VALUATION ADJUSTMENT	\$(2,113,584)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	(111,124)

TOTAL	(2,224,708)

OTHER REVENUE RECONCILIATION

PART XII LINE 2D

PARTNERSHIP VALUATION ADJUSTMENT	\$(2,113,584)
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	(111,124)

TOTAL	(2,224,708)

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		CROZIER (event type)	NIGHT OF HOPE (event type)	NONE (total number)	
Revenue	1 Gross receipts	364,046.	230,362.		594,408.
	2 Less: Charitable contributions	264,296.	139,962.		404,258.
	3 Gross revenue (line 1 minus line 2)	99,750.	90,400.		190,150.
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	84,131.	92,113.		176,244.
	7 Other direct expenses	82,634.			82,634.
	8 Direct expense summary. Add lines 4 through 7 in column (d)				(258,878.)
9 Net income summary. Combine lines 3 and 8 in column (d)					-68,728.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

13 Indicate the percentage of gaming activity operated in:

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

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

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**

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

c If "Yes," enter name and address:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**

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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CHRISTIAN SERVICE SCHOLARSHIPS	50	100,000.			
STIPENDS FOR BOOKS OR SUPPLIES	5	2,500.			
TUITION ASSISTANCE	13	10,000.			

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

GRANT PROCEDURES AND MONITORING

PART I

IN THE PAST, THE FOUNDATION HAS DONE SITE VISITS TO SELECTED GRANT

RECIPIENTS. FURTHER MONITORING IS DONE BY THE DIOCESE OF PHOENIX FOR

SCHOOLS AND PARISHES. MUCH TIME IS SPENT PRIOR TO THE GRANT BEING

ISSUED, DOING RESEARCH ABOUT THE ENTITY GETTING THE GRANT.

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization CATHOLIC COMMUNITY FOUNDATION	Employer identification number 86-0465177
--	--

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SAINTS NEWMAN CENTER 230 E. UNIVERSITY TEMPE, AZ 85281	30-0514126	501(C)(3)	14,250.				COMMUNICATIONS
BLESSED SACRAMENT 11300 N. 64TH STREET SCOTTSDALE, AZ 85254	37-1575917	501(C)(3)	8,750.				GENERAL DONATION
BOURGADE CATHOLIC HIGH SCHOOL 4602 N. 31ST. AVE. PHOENIX, AZ 85017	26-2785451	501(C)(3)	45,000.				TUITION
BROPHY COLLEGE PREPARATORY 4701 N. CENTRAL AVENUE PHOENIX, AZ 85012	86-0119984	501(C)(3)	7,000.				TUITION
CATECHESIS OF THE GOOD SHEPHERD P.O. BOX 1084 OAK PARK, IL 60304	52-1328815	501(C)(3)	14,000.				RELIGIOUS FORMATION
CATHOLIC CHARITIES 4747 N. 7TH AVENUE PHOENIX, AZ 85013	86-0223999	501(C)(3)	12,200.				WORK AMONG THE POOR
CHRIST THE KING SCHOOL 1551 E. DANA AVENUE MESA, AZ 85204	30-0513890	501(C)(3)	10,820.				TUITION
CITY OF THE LORD 711 W. UNIVERSITY TEMPE, AZ 85281	86-0351356	501(C)(3)	11,500.				GENERAL DONATION
DIOCESE OF PHOENIX 400 E. MONROE STREET PHOENIX, AZ 85004	86-0223974	501(C)(3)	128,031.				COMMUNICATIONS
FRANCISCAN RENEWAL CENTER 5802 E. LINCOLN DRIVE SCOTTSDALE, AZ 85253	86-0720036	501(C)(3)	6,000.				GENERAL DONATION
FRIENDS OF THE ORPHANS PO BOX 25507 TEMPE, AZ 85282	86-6054413	501(C)(3)	8,800.				GENERAL DONATION
LIFE TEEN, INC. 1730 W. GUADALUPE ROAD MESA, AZ 85202	86-0602592	501(C)(3)	11,000.				COMMUNICATIONS
MAGGIE'S PLACE PO BOX 1102 PHOENIX, AZ 85001	86-0972675	501(C)(3)	10,066.				GENERAL DONATION
MOST HOLY TRINITY SCHOOL 8620 N. 7TH STREET PHOENIX, AZ 85020	35-2350490	501(C)(3)	11,500.				TUITION
MY WORD OF TODAY 515 E. CAREFREE HIGHWAY #1026	75-3245789	501(C)(3)	15,500.				GENERAL DONATION

2 Enter total number of Section 501(c)(3) and government organizations	▶ 40
3 Enter total number of other organizations	▶

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization CATHOLIC COMMUNITY FOUNDATION	Employer identification number 86-0465177
---	--

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME PREPARATORY HIGH SCHOOL 9701 E. BELL ROAD SCOTTSDALE, AZ 85260	26-2785863	501(C)(3)	69,000.				TUITION
OUR LADY OF MOUNT CARMEL 2121 S. RURAL ROAD TEMPE, AZ 85282	36-4643600	501(C)(3)	12,000.				GENERAL DONATION
QUEEN OF PEACE SCHOOL 141 N. MACDONALD STREET MESA, AZ 85201	38-3792655	501(C)(3)	10,000.				TUITION
SACRED HEART SCHOOL - PRESCOTT 150 FLEURY AVENUE PRESCOTT, AZ 86301	37-1575862	501(C)(3)	8,767.				TUITION
SAN FRANCISCO DE ASIS SCHOOL 2257 E. CEDAR AVENUE FLAGSTAFF, AZ 86004	30-0515246	501(C)(3)	11,500.				TUITION
SETON CATHOLIC HIGH SCHOOL 1150 N. DOBSON ROAD CHANDLER, AZ 85224	26-2785742	501(C)(3)	10,525.				TUITION
SOCIETY OF ST. VINCENT DE PAUL P.O. BOX 13600 PHOENIX, AZ 85002	86-0096789	501(C)(3)	16,091.				GENERAL DONATION & F
ST SIMON & JUDE SCHOOL 6351 N. 27TH AVENUE PHOENIX, AZ 85017	94-3457074	501(C)(3)	12,000.				TUITION
ST DANIEL THE PROPHET SCHOOL 1030 N. HAYDEN ROAD SCOTTSDALE, AZ 85257	30-0515551	501(C)(3)	11,386.				TUITION
ST GREGORY SCHOOL 3424 N. 18TH AVENUE PHOENIX, AZ 85015	80-0315130	501(C)(3)	10,478.				TUITION
ST JEROME SCHOOL 10815 N. 35TH AVENUE PHOENIX, AZ 85029	32-0267198	501(C)(3)	6,000.				TUITION
ST JOHN VIANNEY SCHOOL - GOODYEAR 539 LA PASADA BLVD. GOODYEAR, AZ 85338	90-0429155	501(C)(3)	11,000.				TUITION
ST LOUIS THE KING SCHOOL 4331 W. MARYLAND AVENUE GLENDALE, AZ 85301	38-3792534	501(C)(3)	13,816.				TUITION
ST MARY-BASHA SCHOOL 200 W. GALVESTON CHANDLER, AZ 85225	30-0513969	501(C)(3)	6,000.				TUITION
ST MARY'S CATHOLIC HIGH SCHOOL 2525 N. 3RD STREET PHOENIX, AZ 85004	26-2791598	501(C)(3)	12,000.				TUITION

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

3 Enter total number of other organizations ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I-1 (Form 990) 2008**

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**▶ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990)**

Name of the organization

Employer identification number

CATHOLIC COMMUNITY FOUNDATION

86-0465177

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEW SCHOOL 2038 W. VAN BUREN PHOENIX, AZ 85009	35-2350775	501(C)(3)	15,000.				TUITION
ST PETER INDIAN MISSION SCHOOL PO BOX 10840 BAPCHULE, AZ 85221	86-0271006	501(C)(3)	10,000.				TUITION
ST VINCENT DE PAUL SCHOOL 3130 N. 51ST AVENUE PHOENIX, AZ 85031	30-0515209	501(C)(3)	14,500.				TUITION
ST. AGNES SCHOOL 1954 N. 24TH STREET PHOENIX, AZ 85008	30-0514530	501(C)(3)	10,000.				TUITION
ST. CATHERINE OF SIENA SCHOOL 6401 S. CENTRAL AVENUE PHOENIX, AZ 85042	30-0514550	501(C)(3)	10,000.				TUITION
ST. JOSEPH'S CATHOLIC MONTESSORI SCHOOL PO BOX 370 COTTONWOOD, AZ 86326	30-0514895	501(C)(3)	73,000.				BUILDING & TUITION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL 332 N. LAUDERDALE MEMPHIS, TN 38105	62-0646072	501(C)(3)	46,707.				GENERAL DONATION
ST. MATTHEW CATHOLIC CHURCH 320 N. 20TH DRIVE PHOENIX, AZ 85009	35-2350775	501(C)(3)	14,000.				COMMUNICATIONS
ST. THOMAS THE APOSTLE 2312 E. CAMPBELL AVENUE PHOENIX, AZ 85016	36-4643961	501(C)(3)	39,841.				GENERAL DONATION & T
VIRTUE MEDIA P.O. BOX 2145 GILBERT, AZ 85299	26-1102557	501(C)(3)	6,600.				COMMUNICATIONS

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

3 Enter total number of other organizations ▶

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I-1 (Form 990) 2008

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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 (e.g., maid, chauffeur, chef) |

b If line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input 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 in Form 990, Part VII, Section A, line 1a:

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 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DONNA J. MARINO	(i)	134,727.			8,436.	12,815.	155,978.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.**

Name of the Organization

Employer Identification number

CATHOLIC COMMUNITY FOUNDATION

86-0465177

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA KETCHERSIDE IMMEDIATE PAST CHAIR	4.	X		X						
JOHN SACK, PH. D. VICE CHAIRMAN	4.	X		X						
DANIEL T. SANTY CHAIRMAN	4.	X		X						
REV. ROBERT CLEMENTS DIRECTOR	1.	X								
ANDREW R. SHERWOOD DIRECTOR	1.	X								
MAUREEN ADAMS DIRECTOR	1.	X								
SUSIE COLE DIRECTOR	1.	X								
ALLEN EDGAR DIRECTOR	1.	X								
MARIA CHAVIRA, PH. D. SECRETARY	4.	X		X						
ANN DE FRANCESCO DIRECTOR	1.	X								
CHRISTIAN J. HOFFMAN III DIRECTOR	1.	X								
EDWARD M. MCDONOUGH DIRECTOR	1.	X								
GUY L LABELLE DIRECTOR	1.	X								
MOST REV. THOMAS J. OLMSTED DIRECTOR	1.	X								
DON E. RUFF DIRECTOR	1.	X								
KIRK M. TUSHAUS DIRECTOR	1.	X								
KEITH M. TIGUE TREASURER	4.	X		X						
CANDACE WIEST DIRECTOR	1.	X								
PAUL R. MADDEN DIRECTOR	1.	X								
DONNA J. MARINO PRESIDENT & CEO	40.			X			134,727.		21,251.	
THOMAS K. AVERY CFO	40.			X			64,900.		15,595.	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	6	45,414.	FMV DATE OF GIFT
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2008

JSA

8E1298 1.000

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

THIRD PARTIES SALES OF NON-CASH

LINE 32B

USE A STOCK BROKERAGE TO RECEIVE SECURITIES AND THEN SELL THEM DOLLARS

THEN TRANSFERRED TO ORGANIZATION VIA CHECK.

Multiple horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

MOST SIGNIFICANT ACTIVITY

PART I LINE 1 AND PART III, LINE 1

THE CATHOLIC COMMUNITY FOUNDATION IS A NON-PROFIT, INDEPENDENT CHARITABLE

ORGANIZATION THAT SUPPORTS THE RELIGIOUS, EDUCATION AND PHILANTHROPIC

OBJECTIVES OF THE DIOCESE OF PHOENIX. FOUNDED IN 1983, THE FOUNDATION

PROVIDES A MEANS THROUGH WHICH DONORS CAN MAKE LIVING AND TESTAMENTARY

GIFTS TO BENEFIT THEIR CHARITABLE OBJECTIVES AT ANY LEVEL. THE FOUNDATION

HELPS TO SUSTAIN THE WORKS OF PARISHES, SCHOOLS, AGENCIES AND OUTREACH

PROGRAMS IN THE DIOCESE OF PHOENIX AND BEYOND.

Name of the organization

Employer identification number

CATHOLIC COMMUNITY FOUNDATION

86-0465177

GOVERNANCE, MANAGEMENT & DISCLOSURE

PART VI

LINE 10:

FORM IS REVIEWED BY THE AUDIT COMMITTEE AND/OR THE AUDIT COMMITTEE CHAIR AND THE CEO.

LINE 12C:

OBSERVATION BY THE EXECUTIVE COMMITTEE OR SELF-REPORTING.

LINE 15A&B:

THE CEO NEGOTIATED AN EMPLOYMENT AGREEMENT WITH CCF THAT DETAILS THE SALARY, BENEFITS AND DUTIES OF THE POSITION. THE EXECUTIVE COMMITTEE THEN REVIEWED THE CEO'S ACCOMPLISHMENTS FOR THE PREVIOUS YEAR. THEY ALSO REVIEWED A SALARY COMPARISON SCHEDULE FROM THE COUNCIL ON FOUNDATIONS (COF) AND SOME INFORMATION ON WHAT THE JEWISH COMMUNITY FOUNDATION CEO RECEIVED IN SALARY. THE EXECUTIVE COMMITTEE THEN MET IN EXECUTIVE SESSION AND DISCUSSED THESE ITEMS AND APPROVED A NEW CONTRACT THAT FOLLOWED THE SALARY PARAMETERS IN THE COF SCHEDULE. A SIMILAR PROCESS WAS USED IN THE 2009 REVIEW, BUT THERE IS NO DOCUMENTATION OF AN EXAMINATION OF SALARY STUDIES. IN FACT, CCF CHOSE TO FOLLOW THE DIOCESE OF PHOENIX ACTION OF INSTITUTING THREE FOUR-DAY UNPAID FURLOUGHS FOR THE YEAR AND NO SALARY INCREASES.

AS A MATTER OF PROCEDURE, CCF REVIEWS THE DIOCESAN SALARY GRADE SYSTEM WITH ITS PAY RANGES. THE CCF FOLLOWS THOSE RANGES AFTER PLACING THE EMPLOYEE POSITION IN THE APPROPRIATE SALARY GRADE. THIS PROCESS IS DONE WITH ALL EMPLOYEES, FROM THE CEO AND THE CFO TO THE RECEPTIONIST. WE

Name of the organization CATHOLIC COMMUNITY FOUNDATION	Employer identification number 86-0465177
---	--

VIEW OUR RELATIONSHIP WITH THE DIOCESE HR OFFICE AS IF IT WAS AN
 INDEPENDENT CONSULTANT. WE CONTRACT WITH THEM TO COUNSEL AND ASSIST US
 IN HR ISSUES AND BENEFITS MANAGEMENT.

IT IS THE PLAN OF THE CFO AND CEO TO REVIEW THE PROCEDURES WITH THE
 APPROPRIATE CCF COMMITTEE TO ASCERTAIN IF THE PROCEDURES NEED REVISION TO
 FOLLOW BEST PRACTICES AS OUTLINED BY THE COUNCIL ON FOUNDATIONS.

LINE 19:
 DOCUMENTS ARE AVAILABLE UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

Name of the organization

CATHOLIC COMMUNITY FOUNDATION

Employer identification number

86-0465177

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(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

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

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(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, investment, unrelated)	(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?	
							Yes	No		Yes	No
EXETER PARTNERS LP 33-0771937 6992 TURF DRIVE	INVESTMENTS	CA	R. SCHEFFING	INVESTMENT	135,356.	733,222.		X	NONE		X
VERDE VLY L&C LLC 71-0882293 PO BOX 1619	RANCHING	AZ	P. GROSETA	UNRELATED	-1,594.	3,263,928.		X	NONE		X
W. DART LLP 86-0845544 PO BOX 1619	INVESTMENTS	AZ	P. GROSETA	INVESTMENT	14,135.	6,438,627.		X	NONE		X
WILDFLOWER INV. LLP 86-0950133 6501 E GREENWAY PKWY #103-644	INVESTMENTS	AZ	M & D PATTERSON	INVESTMENT	3,182.	5,482,985.	X		NONE		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions With Related Organizations

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

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

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

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

