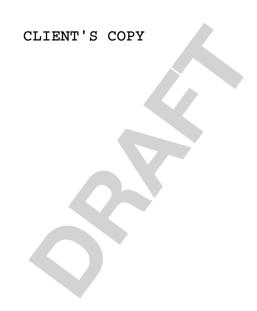
Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to page size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "PageScalling" selection box in the Adobe "Print" dialog.



UNRELATED BUSINESS INCOME

CARRYOVER DATA TO 2016

Name THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY	Employer Identification Number 83-0400149
Based on the information provided with this return, the following are possible carryover amounts to next ye	ear.
FEDERAL NET OPERATING LOSS	556
FEDERAL AMT NET OPERATING LOSS	556
CA NET OPERATING LOSS	556
	-
19341	

519341 04-01-15



September 29, 2016

The Catholic Community Foundation of Santa Clara County 777 North First Street No. 490 San Jose, CA 95112

The Catholic Community Foundation of Santa Clara County:

Enclosed are the original and one copy of the 2015 Exempt Organization returns, as follows...

2015 Form 990

2015 Form 990-T

2015 California Form 199

2015 California Form 109

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Peter J. Malutta

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2015

Pre	pared	d For:

The Catholic Community Foundation of Santa Clara County 777 North First Street No. 490 San Jose, CA 95112

Prepared By:

Delucchi Hawn, LLP 333 W. Santa Clara St. Ste 750 San Jose, CA 95113-1716

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

December 31, 2015

Prepared For:

The Catholic Community Foundation of Santa Clara County 777 North First Street No. 490 San Jose, CA 95112

Prepared By:

Delucchi Hawn, LLP 333 W. Santa Clara St. Ste 750 San Jose, CA 95113-1716

Amount Due or Refund:

No amount is due. The organization will receive a refund in the amount of \$1,960

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

Return Must be Mailed On or Before:

As soon as possible.

Special Instructions:

The return should be signed and dated.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

9	
, 2015, and ending	,20

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning

► Do not send to the IRS. Keep for your records.

2015

Department of the Treasury Internal Revenue Service

Name of exempt organization

► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Employer identification number

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

83-0400149

Name and title of officer

RONALD G. PELZEL

BOARD CHAIR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,293,296.
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, F (VI, line 5)	4b	
5a Form 8868 check here ▶ □ b Balance Due (Form 8868, Part I, line 3c or Part II, lin/	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that have a samined a copy of the organization's 2015 electronic return and accompanying schedules and statements and to the best of my know, and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to see the complete of the intermediate service provider, transmitter, or electronic return originator (ERO) to see the complete of the intermediate service provider, transmitter, or electronic return originator (ERO) to see the intermediate service provider, transmitter, or electronic return originator (ERO) to see the intermediate service provider, transmitter, or electronic return originator (ERO) to see the intermediate service provider, transmitter, or electronic funds my intermediate service provider, transmitter, or electronic funds my intermediate service provider, transmitter, or electronic funds my intermediate service provider, they are true, correct, and complete. I further transmitter true, correct, and complete. I sample and belief, they are true, correct, and complete. I further true, correct, and complete. I further true, correct, and complete. I sample and belief, they are true, correct, and complete. I sample and belief, they are true, correct, and complete. I sample and belief, they are true, correct, and complete. I further true, correct, and complete. I sample and belief, they are true, correct, and complete. I further true, correct, and complete. I sample and belief, they are true, correct, and complete and belief, they are true, correct, and complete. I further true, correct, and belief, they are true, correct, and complete. I further true, correct

Officer's	PIN:	check	one	box	only	,
-----------	------	-------	-----	-----	------	---

I authorize		to enter my PIN
	ERO firm name	Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2015 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

77681295113

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 523051

Form **8879-EO** (2015)

EXTENDED TO NOVEMBER 15, 2016

Form **990**

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.

2015 Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or the	e 2015 calendar year, or tax year beginning and en	nding		
	heck if pplicable	THE CATHOLIC COMMUNITY FOUNDATION OF		D Employer identifie	cation number
	_Addre				
	Name chang Initial	e Doing business as			400149
	return □Final	777 NORTH FIRST STREET	oom/suite 90	E Telephone numbe 408-	r 995-5219
	⊒return termir ated			G Gross receipts \$	15,083,938.
	Amen return	ded SAN JOSE, CA 95112		H(a) Is this a group re	
	Application	F Name and address of principal officer: NONALD G. FELLEL		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1)$ or	527	*	list. (see instructions)
		te: WWW.CFOSCC.ORG		H(c) Group exemptio	
	orm of	organization: X Corporation Trust Association Other ► Summary	L Year o	of formation: 2004 N	■ State of legal domicile: CA
_	1	Briefly describe the organization's mission or most significant activities: DEVELO	OPS,	ACQUIRES AND	כ
Governance		DISTRIBUTES FUNDS THAT PROVIDE SUPPORT TO	PARIS	H, EDUCATIO	NAL,
rna	2	Check this box if the organization discontinued its operations or disposer	o' C. more	25% of its net ass	1
Ŏ.	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
		Number of independent voting members of the governing body (Part VI, line 1b)			13
es		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			6
Activities &		Total number of volunteers (estimate if necessary)		<u>6</u>	13
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0. -556.
	b	Net unrelated business taxable income from Form 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	7b	
		Contributions and quarte (Part VIII line 11)		Prior Year 2,814,517.	Current Year 2,830,448.
ne		Contributions and grants (Part VIII, line 1h)		0.	2,830,448.
Revenue	l	Program service revenue (Part VIII, line 2g)		1,621,234.	490,071.
Be	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 , and 1		1,502.	
	I	Total revenue - add lines 8 through 11 (must equal Part column ,), line 12)		4,437,253.	
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,252,678.	1,380,007.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		485,252.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25) 344,511	1.		
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		350,205.	417,627.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,088,135.	
	19	Revenue less expenses. Subtract line 18 from line 12		2,349,118.	883,867.
Net Assets or				jinning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		44,650,411.	42,714,779.
t As	21	Total liabilities (Part X, line 26)		9,091,347.	8,578,329.
	22	Net assets or fund balances. Subtract line 21 from line 20		35,559,064.	34,136,450.
	art II	Signature Block			
		ulties of perjury, I declare that I have examined this return, including accompanying schedules are		•	knowledge and belief, it is
true,	correc	${ m ct}$, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer i	nas any knowledge.	
C:		Signature of officer		I Date	
Sign		RONALD G. PELZEL, BOARD CHAIR		2410	
Her	е	Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Paid		PETER J. MALUTTA	lo	9/29/16 self-employ	P00445699
Prep	arer	Firm's name DELUCCHI HAWN, LLP	·	Firm's EIN ▶	94-2847272
-	Only	Firm's address 333 W. SANTA CLARA ST. STE 750			
		SAN JOSE, CA 95113-1716		Phone no. 40	8-286-2200
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Pa	t 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:
	DEVELOPS, ACQUIRES, AND DISTRIBUTES FUNDS THAT PROVIDE SUPPORT TO
	PARISH, EDUCATIONAL, RELIGIOUS, CHARITABLE AND OTHER ORGANIZATIONS
	COMPRISING THE CATHOLIC COMMUNITY OF THE COUNTY.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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 X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 901,349. including grants of \$ 817,503.) (Revenue \$)
	FOR THE SUPPORT OF DIOCESAN PROGRAM & DEPARTMENTS OF THE DIOCESE OF SAN
	JOSE
4b	(Code:) (Expenses \$ 262,502. including gr .of \$ 238,083.) (Revenue \$)
40	(Code:) (Expenses \$
	SOFFORT OF CATHODIC MINISTRIES IN SANIA CHARA COUNTY, CADIFORNIA
4c	(Code:) (Expenses \$ 139,948. including grants of \$ 126,929.) (Revenue \$
40	SUPPORT OF DONOR ADVISED FUNDS FOR THE BENEFIT OF DESIGNATED CHARITABLE
	ORGANIZATION
	ONGANIDATION
_	
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 217,746 • including grants of \$ 197,492 •) (Revenue \$)
4e	Total program service expenses \(\) 1,521,545.
	Form 990 (2015)

Form 990 (2015) SANTA CLARA Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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 ot negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily strict adowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complet "che ale D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Province 10: Yes, complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part	11b	X	
С	Did the organization report an amount for investments - program relation F ine 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Par.	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in X, line; ? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial staten. f the tax year include a footnote that addresses			l
	the organization's liability for uncertain tax positions under FIN 48 (AUC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		37	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	l		\
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		_v
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
	complete Schedule G. Part III	19	000	(2015)

Page 4

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

Form 990 (2015) SANTA CLARA COUNTY
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualifical person a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 99 or 990-EZ? It "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from contact any current or			
	former officers, directors, trustees, key employees, highest compensated emp' or discullified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, true, key employee, substantial			
	contributor or employee thereof, a grant selection committee member. 35% ntrolled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the ving parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exconsist			37
	A current or former officer, director, trustee, or key employee of "Yes, namplete Schedule L, Part IV"	28a		X
	A family member of a current or former officer, director, true or key of ployee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, c. ployee (or a family member thereof) was an officer,	00-		x
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	J.		<u></u>
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			l .
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

V	Statements Regarding Other IRS Filings and Tax Compliance
	Check if Cahadula O contains a response or note to any line in this Dart V

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Check if Schedule O contains a response or note to any line in this Part V			Ш
Enter the number of Forms W2G included in line 1a. Enter-0* in not applicable		1 1 -		Yes	No
to the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Einter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return. 3 If the organization is a reported on the 20, did the organization fled all required federal employment tax returns? 3 If the organization have unrelated business gross income of \$1,000 or more during the year? 3 If Wes, *has it filed a Form 990-T for this year? if *No, *to line \$3b, provide an explanation in Schedule O 3 If Wes, *has it filed a Form 990-T for this year? if *No, *to line \$3b, provide an explanation in Schedule O 4 At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 If *Yes, *to line the name of the foreign country, *Explanation and the state or search and the state of the state of the state of the state or search and the state or search and the state or search and the state of the state or search and the search and the state or search and the state of the search and the search and the state or search and the search and th	1a	The state of the s			
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f Did the organization, during the year, pay premiums, directly indirection on a personal benefit contract? g If the organization received a contribution of qualified intellative properation of the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanting and the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Diotectory organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make and distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 14 Did the organizat	d	If "Yes," indicate the number of Forms 8282 filed during the year			
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b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O					
					<u> X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O		000	(05:

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 13			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) memars, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken in the by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who or to be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in	9		x
Sec	tion B. Policies (This Section B requests information about policies not requ. 1 by ternal Revenue Code.)			
	(The section 2 registre manual access points in the section and the section access)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing attributes of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organia's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 99° " me. rs of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organiation and eview this Form 990.			
12a	Did the organization have a written conflict of interest polic, "No," c to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disc. ar ally interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as	ailable	- <u></u>	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request X Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	THE ORGANIZATION - 408-995-5219			
	777 NORTH FIRST STREET, NO. 490, SAN JOSE, CA 95112			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,,		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	than o	n an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	frc	from related	other
	(list any	ector						•	organizations	compensation
	hours for	or dir	96			ated		or .ii. n	(W-2/1099-MISC)	from the
	related	ustee	trust		e e	Suedi		(M′ →1099-Mı.		organization and related
	organizations below	ualtr	tional		yoldı	t con	L			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GERRY FERRARI	1.00	_	_			1				
BOARD MEMBER		Х						0.	0.	0.
(2) JEROME BELLOTTI	1.00									
BOARD MEMBER		Х		L				0.	0.	0.
(3) KATHLEEN MULLER	1.00			\overline{Z}						
BOARD MEMBER		Х				Ľ		0.	0.	0.
(4) JOHN SOBRATO	1.00									
BOARD MEMBER		X	_		+		<u> </u>	0.	0.	0.
(5) JIM CASHMAN	1.00									
BOARD MEMBER	1 00	X		\mathbb{N}	_	_		0.	0.	0.
(6) CHARMAINE WARMENHOVEN	1.00				1					
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) TOM CROTTY	1.00									
BOARD MEMBER	1 00	X				<u> </u>		0.	0.	0.
(8) FELIPE LUNA	1.00								•	
BOARD MEMBER	1 00	Х			_	├		0.	0.	0.
(9) PHILIP J ANTHONY	1.00	.,								
BOARD MEMBER	1 00	Х				<u> </u>		0.	0.	0.
(10) BERTHA MINNIHAN	1.00	37							0	
BOARD MEMBER	1 00	Х						0.	0.	0.
(11) RONALD G. PELZEL PRESIDENT	1.00	-		х				0.	0.	0.
(12) THOMAS HOGAN	1.00			^		\vdash		0.	0.	
SECRETARY	1.00	1		х				0.	0.	0.
(13) PATRICK WAITE	1.00					\vdash				
TREASURER	1.00			х				0.	0.	0.
(14) MARY QUILICI AUMACK	40.00					\vdash				ļ .
EXECUTIVE DIRECTOR	10100	1		х				216,256.	0.	11,543.
				<u></u>				===,===		
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Form 990 (2015)

Part VII Section A. Officers, Directors, Trus	(B)	oloy	ees,			gnes	st C					/ [\	
(A) Name and title	Average	(C) Position						(D) Reportable	(E) Reportable		Fet	(F) imate	ad.
Name and title	hours per	box	, unle	heck r ss per	son i	is both	n an	compensation	compensation		l	ount o	
	week	-	cer ar	id a di	irecto	or/trus	tee)	from	from related		l	other	
	(list any hours for	irecto						the	organization			ensat	
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	l	m the Inizati	
	organizations	truste	al tru		yee	ошрег		(** 2. *********************************			ı -	relate	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizatio	วทร
	line)	Pu	lus	JJ0	Key	를 등 등	For						
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				LJ.		_							
1b Sub-total				., 4				216,256.		0.	11	.,54	
c Total from continuation sheets to Part V								216,256.		0.	11	.,54	<u>0.</u>
d Total (add lines 1b and 1c)				d a		i. Wh	o re		000 of reportable			.,) 4	± J •
compensation from the organization	ot iiiiiited to tii	103	310	u ac	7	, vvii	10 16	cerved more than \$100,	ooo oi reportabil	5			1
					7							Yes	No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y	ıplo	yee,	or l	nighest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the si												x	
and related organizations greater than \$15											4	^	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," con					•			•			5		Х
Section B. Independent Contractors	<u>ipiete Scriedur</u>	- 0 1	UI SL	ICII Ļ	JEIS	OII .							
1 Complete this table for your five highest co	mpensated inc	depe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of com	pensa	tion fro	m	
the organization. Report compensation for	the calendar y	ear e	ndir	ng w	ith c	or wi	thin		ear.				
(A) Name and business	address	NT/	\ \TT	7				(B) Description of s	envices	_	(C) compen		n
Name and business	addicas	11/	ONE	<u>. </u>				Description of s	CI VICCS		ompen	Jatioi	
							1						
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation >				()							
\$100,000 of compensation from the organi											Form C	100 ·	

532008 12-16-1 Form 990 (2015) SANTA C
Part VIII Statement of Revenue SANTA CLARA COUNTY

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A)	(B)	(C)	(D)
					Total revenue	Related or exempt function	Unrelated business	Revenuè excluded from tax under
						revenue	revenue	sections 512 - 514
<u>ν</u> ν	1 a	Federated campaigns	1a					
ant	b	Membership dues	1 1					
2 8	c	Fundraising events		405,903.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations	1 1	,				
n, G	е.	Government grants (contributi						
ons	f	All other contributions, gifts, gran						
uti		similar amounts not included abov		2,424,545.				
tig Ott	a	Noncash contributions included in lines		650,168.				
Son	b h	Total. Add lines 1a-1f			2,830,448.			
<u> </u>		Total Tida III Ioo Ta Ti		Business Code	, ,			
•	2 a			Buomess ocuc				
vice	2 a b							
Ser	c							
m S	d							
gra Re	e					7		
Program Service Revenue	f	All other program service reve	nue		X			
_		Total. Add lines 2a-2f						
	3	Investment income (including				7		
	3	other similar amounts)			535,895.	535,895.		
	4	Income from investment of tax				555,656.		
	5	Royalties						
	3	noyaties	(i) Real	(ii) Personal				
	6 2	Gross rents	(i) Heal	(ii) i ersoriai				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities		\rightarrow $-$			
	, u	assets other than inventory	11,646,399.					
	h	Less: cost or other basis						
		and sales expenses	11,692,223.					
	_	Gain or (loss)						
	4	Net gain or (loss)		•	-45,824.	-45,824.		
		Gross income from fundraising			, -	, -		
nιe	-	including \$ 405						
ve		contributions reported on line						
Other Revenu		Part IV, line 18		64,350.				
her	b	Less: direct expenses						
δ		Net income or (loss) from fund		•	-34,069.			-34,069.
		Gross income from gaming ac			·			
		Part IV, line 19						
	b	Less: direct expenses		1				
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sales						
		Miscellaneous Revenue		Business Code				
	11 a	OTHER MISCELLANEOUS REV		900099	6,846.	6,846.		
	b							
	С							
	d	All other revenue						
		Total. Add lines 11a-11d			6,846.			
	12	Total revenue. See instructions.			3,293,296.	496,917.	0.	-34,069.

	1 IX Statement of Functional Expense			83-04	UUI49 Page I
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,380,007.	1,380,007.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	239,262.	35,889.	83,742.	119,631
6	Compensation not included above, to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	286,730.	48,766.	110,046.	127,918
8	Pension plan accruals and contributions (include	===,,,	= = 7	===,,,,,,,	,,,,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	52,671.	7,865.	22,424.	22,382
10		33,132.	5,341.	12,092.	15,699
11	Payroll taxes Fees for services (non-employees):	33,132.	3,3 = 1	12,052.	13,033
	Management	804.	-	804.	
	Legal	33,725.		33,725.	
	Accounting	33,123.		33,723.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	187,883.	28,182.	159,701.	
f	Investment management fees	107,003.	20,102.	139,701.	
g	Other. (If line 11g amount exceeds 10% of line 25,	15,012.	2,252.	7,756.	5,004
	column (A) amount, list line 11g expenses on Sch O.)	15,012.	4,252.	1,730.	5,004
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	20 000	4 251	14 000	0 ((0
16	Occupancy	29,009.	4,351.	14,989.	9,669
17	Travel	9,246.		9,246.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40.550	1 225	6 405	
22	Depreciation, depletion, and amortization	12,572.	1,886.	6,495.	4,191
23	Insurance	9,796.	1,499.	4,663.	3,634
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	TELECOMMUNICATION	42,623.	869.	32,508.	9,246
b	PRINTING AND REPRODUCTI	34,134.	2,920.	6,618.	24,596
С	FINANCIAL AND ADMINISTR	27,814.	273.	26,935.	606
d	MISCELLANEOUS	9,117.	574.	8,543.	
е	All other expenses	5,892.	871.	3,086.	1,935
25	Total functional expenses. Add lines 1 through 24e	2,409,429.	1,521,545.	543,373.	344,511
26	Joint costs. Complete this line only if the organization	•		,	•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2015)

___ if following SOP 98-2 (ASC 958-720)

Form 990 (2015)
Part X Balance Sheet

Part	_	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			759,137.	2	507,606
	3	Pledges and grants receivable, net			695,918.	3	1,630,029
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	ied per	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(0	(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
တ္က		employees' beneficiary organizations (see instr).	Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			571,373.	7	379,520
₹	8	Inventories for sale or use				8	
	9				43,665.	9	590
-	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	102,292.			
	b	Less: accumulated depreciation	10b	90,925.	23,939.	10c	11,367 34,069,713
.	11	Investments - publicly traded securities			31,121,925.	11	34,069,713
-	12	Investments - other securities. See Part IV, line 1	1		11,378,082.	12	6,057,998
-	13	Investments - program-related. See Part IV, line	11			13	
.	14	Intangible assets		14			
.	15	Other assets. See Part IV, line 11	56,372.	15	57,956		
	16	Total assets. Add lines 1 through 15 (must equa			44,650,411.	16	42,714,779
.	17	Accounts payable and accrued expenses			84,630.	17	102,599
.	18	Grants payable		18			
-	19	Deferred revenue		19			
:	20	Tax-exempt bond liabilities				20	
:	21	Escrow or custodial account liability. Complete I	Part IV	Scheu D		21	
ရွှ ဒ	22	Loans and other payables to current and former	offic	director rustees,			
Liabilities		key employees, highest compensated employee	s, and	dıد 'if' ، persons.			
ap		Complete Part II of Schedule L				22	
<u>-</u> נ	23	Secured mortgages and notes payable to unrela	ted thi	d parties		23	
2	24	Unsecured notes and loans payable to unrelated	d third p	parties		24	
2	25	Other liabilities (including federal income tax, pa		1			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			9,006,717.	25	8,475,730 8,578,329
	26	Total liabilities. Add lines 17 through 25			9,091,347.	26	8,578,329
		Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
န္မ		complete lines 27 through 29, and lines 33 an			00 040 074		
ຊັ ຊ	27	Unrestricted net assets			28,243,974.	27	25,905,032
3ala ; 3a	28	Temporarily restricted net assets			820,479.	28	124,297
ğ £	29				6,494,611.	29	8,107,121
בַ		Organizations that do not follow SFAS 117 (A	SC 958	s), check here 🕨 📖			
٥ ا		and complete lines 30 through 34.					
ets :	30	Capital stock or trust principal, or current funds				30	
4ss 	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			0= == 0 0 0 0 0	32	04 40 4 4 = 1
z ;	33	Total net assets or fund balances			35,559,064.	33	34,136,450
;	34	Total liabilities and net assets/fund balances			44,650,411.	34	42,714,779 Form 990 (201

Form **990** (2015)

Form **990** (2015)

Pa	TEXT RECONCILIATION OF NET ASSETS					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>96.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u> 29.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				67 .
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,	<u>559</u>	9,0	64.
5	Net unrealized gains (losses) on investments	5	-2,	<u> 306</u>	5,4	<u>81.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	34,	<u> 136</u>	5,4	50.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ey ain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accr +?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compliced reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated a sep ate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the large were a led on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that a sresk sibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an Jeper countant?		L	2c	Х	
	If the organization changed either its oversight process or selection p. , during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to roo a, rit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		[_	За		Х
b	If "Yes," did the organization undergo the required audit or . "+s? If the rganization did not undergo the required	ed audit				
	or audits, explain why in Schedule O and describe any steps take in the dergo such audits			3b		

532012

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

Employer identification number 83-0400149

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	e instructions.							
Γhe	organi	zation is not a private found	ation because it is: (F	or lines 1 through 11, c	heck only	one box.)								
1		A church, convention of chi	urches, or associatio	n of churches described	l in sectio	n 170(b)(1)(A)(i).							
2		A school described in secti												
3		A hospital or a cooperative		·			i).							
4		A medical research organization	· ·				=	the hospital's name,						
		city, and state:	·				· / / / /							
5		An organization operated for	r the benefit of a col	lege or university owned	or operat	ed by a go	vernmental unit describe	ed in						
_		section 170(b)(1)(A)(iv). (C				, 5								
6		A federal, state, or local gov		nental unit described in	section 17	70(h)(1)(A)((v)							
7	H	An organization that norma	-				· · ·	oublic described in						
•			•	mar part of no support	om a gove	, i i i i i i i i i i i i i i i i i i i	arne or normano gonorar p	sabile described in						
8	X	section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)												
9	Ħ	•				cont	ns membership fees an	d aross receipts from						
•		An organization that normally receives: (1) more than 33 1/3% of its support from contents, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no receipte that 1/3% of its support from gross investment												
		income and unrelated business taxable income (less section 511 tax) from busing ses 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 *ion 509(a)(4).												
11	同	An organization organized a	•	•				purposes of one or						
		more publicly supported or	•	•			See section 509(a)(3). (
		lines 11a through 11d that					11e, 11f, and 11g.							
а		Type I. A supporting orga	* *				anization(s), typically by	giving						
		the supported organization					tors or trustees of the su							
		organization. You must o	., .	, , , ,										
b		Type II. A supporting org			ີາກ with it:	s supporte	d organization(s), by hav	ring						
		control or management o					ntrol or manage the supp							
		organization(s). You mus			•									
С		Type III functionally inte	grated. A supporting	g organizat. rated	in connect	ion with, a	nd functionally integrate	ed with,						
		its supported organization	n(s) (see instructions)	. You must coiplete	Part IV, Se	ctions A,	D, and E.							
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organiz	zation(s)						
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and an attentiv	veness .						
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	٧.							
е		Check this box if the orga	nization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II, Type III							
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.								
f	Ente	r the number of supported o	rganizations											
g		ide the following information			To									
	(i	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		, ,	(vi) Amount of						
		organization		above (see instructions))	governing o		support (see instructions)	other support (see instructions)						
					Yes	No								
					-									
[ota														

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 SANTA CLARA COUNTY

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1544035.	602,070.	1452702.	2814517.	2424245.	8837569.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1544035.	602,070.	1452702.	2814517.	2424245.	8837569.
	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				l e		
	amount shown on line 11,				1		
	column (f)						
6	Public support. Subtract line 5 from line 4.				,		8837569.
	etion B. Total Support						0001001
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	/ ` 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	1544035.	602,070.	1452702.	2814517.	2424245.	8837569.
	Gross income from interest,		•				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	977,617.	948,697.	931,466.	694,299.	535,895.	4087974.
9	Net income from unrelated business	_ , ·			,	,	
_	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		*				
11	Total support. Add lines 7 through 10						12925543.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	•	,			501(c)(3)	
	organization, check this box and stor	here			-		
Sec	ction C. Computation of Publi	c Support Per	centage				·
14	Public support percentage for 2015 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	68.37 %
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	63.45 %
16a	33 1/3% support test - 2015. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2014. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2015. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	iere. Explain in Pai	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	oublicly supported	organization		>
b	10% -facts-and-circumstances test	- 2014. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	_					
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported orgar	nization	>
18	Private foundation. If the organization						
					0.1.		or 000 E7\ 001E

Schedule A (Form 990 or 990-EZ) 2015

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 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.)

Sed	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	1					
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and				7		
	3 received from disqualified persons	 			1		1
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				1		
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)		L	Ļ			
	ction B. Total Support	-		7	Т		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) ?	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	 					
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	<u></u>					<u> </u>
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	 					1
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	 					
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publi					T .= T	
	Public support percentage for 2015 (li					15	<u>%</u>
	Public support percentage from 2014					16	<u>%</u>
	ction D. Computation of Inves			- 10 c-t (e)		47	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2015. If the						. —
,	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2014. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						' ~

532023 09-23-15

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure sur use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? In "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make ants to the fc. eign supported organization? If "Yes," describe in Part VI how the organization had such a not discretion despite being controlled or supervised by or in connection with its supported organization.
- c Did the organization support any foreign supported organization that does not an IRS ermination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what c trois ganization used to ensure that all support to the foreign supported organization was used exclusive r section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organ ation the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, sing (i) the names and EIN numbers of the supported organizations added, substituted, or reasons for each such action; (iii) the authority under the organization's organizing documer authoriz. such action; and (iv) how the action was accomplished (such as by amendment to the organizing author).
- **b Type I or Type II only.** Was any added or substituted supported action part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	162	140
1		
2		
3a		
3b		
3c		
4a		
48		
4b		
_		
4c		
5a		
5b 5c		-
30		
6		
7		
8		
9a		
9b		
0-		
9c		
10a		
10b	0 E7\	<u> </u>

Pa	rt IV	Supporting Organizations (continued)			<u>.</u>
		Continued)		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?		103	140
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	•	v, the governing body of a supported organization?	11a		
h		nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations	110		
		5. Type : eapperting e. gamentene		Yes	No
4	Did th	ne directors, trustees, or membership of one or more supported organizations have the power to		163	INO
1		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	•	,			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
_	•	izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		ne organization operate for the benefit of any supported organization other than the supported			
		nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		/I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," descrit Pr VI how control			
	or ma	nagement of the supporting organization was vested in the same persons that con. Your managed			
		upported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, byt daythe fifth month of the			
	organ	nization's tax year, (i) a written notice describing the type and ar unt c ייז provided during the prior tax			
	year,	(ii) a copy of the Form 990 that was most recently filed as of the of notification, and (iii) copies of the			
	organ	nization's governing documents in effect on the date of notification, to extent not previously provided?	1		
2	Were	any of the organization's officers, directors, or trustees oner (i) ointed or elected by the supported			
	organ	nization(s) or (ii) serving on the governing body of a superied organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working rela. with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	icant voice in the organization's investment policies and in directing the use of the organization's			
	•	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally-Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ictions)		
2		ties Test. Answer (a) and (b) below.	10110113).	Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
-		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		·			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		hese activities constituted substantially all of its activities. ne activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u> za</u>		
D					
		e organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these	OL.		
_		ties but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer (a) and (b) below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	•		
		ees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	ot its	supported organizations? If "Yes." describe in Part VI, the role played by the organization in this regard	3b		ı

Schedule A (Form 990 or 990-EZ) 2015 SANTA CLARA COUNTY

	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	DO 0400140 Page
1	Check here if the organization satisfied the Integral Part Test as a qualify			uctions. All
	other Type III non-functionally integrated supporting organizations must	complete Sec	tions A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b \		
С	Fair market value of other non-exempt-use assets	7 1		
d	Total (add lines 1a, 1b, and 1c)	o		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets		7	
3	Subtract line 2 from line 1d	T3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater a			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
_	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally-integrated	Type III supporting orga	nization (see
	instructions).			·

Schedule A (Form 990 or 990-EZ) 2015

Par	t V	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Secti	on D -	- Distributions		,	Current Year
1	Amou				
2	Amou	unts paid to perform activity that directly furthers exempt	t purposes of supported		
	organ	nizations, in excess of income from activity			
3	Admii	nistrative expenses paid to accomplish exempt purpose:	s of supported organizations	 S	
4		unts paid to acquire exempt-use assets			
5		fied set-aside amounts (prior IRS approval required)			
6		distributions (describe in Part VI). See instructions.			
7		annual distributions. Add lines 1 through 6.			
8		butions to attentive supported organizations to which the	e organization is responsive		
		ide details in Part VI). See instructions.			
9		butable amount for 2015 from Section C, line 6			
10		3 amount divided by Line 9 amount			
		, amount amade s, amo s amount	(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	on E -	Distribution Allocations (see instructions)	Execus Biodibations	Pre-2015	Amount for 2015
1	Distril	butable amount for 2015 from Section C, line 6			
2		rdistributions, if any, for years prior to 2015			
_		onable cause required-see instructions)			
3	•	ss distributions carryover, if any, to 2015:			
a	LACES	is distributions carryover, if arry, to 2015.		<u> </u>	
a b				_	
C				·	
	From	2013		· ·	
	From			<u> </u>	
		of lines 3a through e	\	ı 	
		-			
		ed to underdistributions of prior years			
		ed to 2015 distributable amount			
<u> </u>		over from 2010 not applied (see instructions)			
		ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4		butions for 2015 from Section D,			
	line 7	·	· · · · · · · · · · · · · · · · · · ·		
		ed to underdistributions of prior years	_		
		ed to 2015 distributable amount			
		ainder. Subtract lines 4a and 4b from 4.			
5		aining underdistributions for years prior to 2015, if			
		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		aining underdistributions for 2015. Subtract lines 3h			
		b from line 1 (if amount greater than zero, see			
		actions).			
7		ss distributions carryover to 2016. Add lines 3j			
	and 4				
8	Break	cdown of line 7:			
a					
b					
С	Exces	ss from 2013			
d	Exces	ss from 2014			
е	Exces	ss from 2015			

Schedule A (Form 990 or 990-EZ) 2015

THE CATHOLIC COMMUNITY FOUNDATION OF

Schedule A	(Form 990 or 990-EZ) 2015 SANTA CLARA COUNTY	83-0400149	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	17b; Part III, line 12; and 2; Part IV, Section , Section B, line 1e; Part	C,
	(See instructions.)		

Schedule B (Form 990, 990-EZ,

Department of the Treasury Internal Revenue Service

or 990-PF)

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

Employer identification number

83-0400149

Organization type (check one):							
Filers of	f:	Section:					
Form 99	0 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 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private found on					
		501(c)(3) taxable private foundation					
		covered by the General Rule or a Special Rule.					
Note. O	nly a section 501(c)(7), (8), or (10) organization can check boxes for both the Paral Rule d a Special Rule. See instructions.					
General	Rule						
	-	filing Form 990, 990-EZ, or 990-PF that received, during wear, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See in the contributor and contributor's total contributions.					
Special	Rules						
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form \$\ \circ \.90-EZ\$ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (r \)rm 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, 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, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not 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						
		at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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					

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

83-0400149

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	SECURITIES		
2			
		\$\$	12/07/15
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
rom	Description of noncash property given	(see instructions)	Date received
Part I			
_	SECURITIES		
5		107,772.	08/06/15
(a)		(1)	
No.	(b)	(c) r MV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(occ mon denote)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a)		(2)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(see instructions)	Date received
Part I		(SSS IIISI USUSIIS)	
l			
		\$	

Name of organization Employer identification number THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY 83-0400149 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer dir Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held \Usr f gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

Employer identification number 83-0400149

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	16	1
2	Aggregate value of contributions to (during year)	318,688.	95,000.
3	Aggregate value of grants from (during year)	143,928.	
4	Aggregate value at end of year	2,584,511.	86,405.
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservat a hist	orically important land area
	Protection of natural habitat	Preser son or the	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation control to the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, e. shed, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the p		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing cons	ervation easements during the year
7	 Amount of expenses incurred in monitoring, inspecting, hand 	lling of violations, and enforcing concernation	tion cocomonto duvina the vecy
7	S	diling of violations, and enforcing conservat	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170/b	n)(4)(B)(i)
Ü			
9	In Part XIII, describe how the organization reports conservati		
•	include, if applicable, the text of the footnote to the organizar	·	
	conservation easements.		
Par		f Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		

Schedule D (Form 990) 2015

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

	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	er Simila	r Assets	(contin	ued)	.gc –
3	Using the organization's acquisition, accessio								
•	(check all that apply):	ii, and other records	, one on any or the n	snowing that are a v	orgrinioarie e	100 01 110 0	01100010111		
а	Public exhibition	d	I oan or exch	nange programs					
b	Scholarly research	e	Other	lange programs					
C	Preservation for future generations	G							
_		llootions and ovaloin	how thou further th	o organization's ove	amat auraa	oo in Dort	VIII		
4	Provide a description of the organization's col	•	•	•		se in Part	AIII.		
5	During the year, did the organization solicit or						٦ ٧		1
Dai	to be sold to raise funds rather than to be main to be						_ Yes		No
ı aı	reported an amount on Form 990, Part		ete if the organization	n answered "Yes" c	n Form 990), Part IV, I	ine 9, or		
	Is the organization an agent, trustee, custodia		ary for contributions	or other assets no	t included				
ıu	on Form 990, Part X?						Yes		No
h	If "Yes," explain the arrangement in Part XIII a						_ 103		, 140
D	ii res, explain the arrangement iiii are Ain a	ind complete the foll	owing table.				Amount		
_	Reginning helance				1c		Amount		
	Beginning balance								
	Additions during the year								
_	Distributions during the year								
f	Ending balance					\vdash	7 ٧		1
	Did the organization include an amount on Fo						Yes		No
Par	If "Yes," explain the arrangement in Part XIII. (t V Endowment Funds. Complete if								
ı aı	Endowment Funds. Complete if							1	
		(a) Current year	(b) Prior year	o years back		years back			
_	Beginning of year balance	24,606,714.	25,254,805.		 '	29,662.		006,2	
b	Contributions	615,292.	31,655.		+	26,833.	 	770,4	
С	Net investment earnings, gains, and losses	-1,753,018.	22,690.,	2,930,560.	2,0	72,814.	 	17,6	305.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	617,221.	933,439.	829,926.	. 7	796,331.	<u> </u>	764,	725.
f	Administrative expenses						<u> </u>		
g	End of year balance	22,851,767.	24,606,714.	25,254,805.	23,0	32,978.	21,	029,6	561.
2	Provide the estimated percentage of the curre	ent year end ba' .ce	(linc), column (a)	held as:					
а	Board designated or quasi-endowment	70.27	_%						
b	Permanent endowment ► 29.72	%							
С	Temporarily restricted endowment	.01 %							
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.							
За	Are there endowment funds not in the posses	sion of the organiza	tion that are held an	d administered for	the organiza	ation	_		
	by:							Yes	No
	(i) unrelated organizations						3a(i)		X
	(ii) related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
Pai	t VI Land, Buildings, and Equipme	ent.							
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. Se	ee Form 990, Part >	K, line 10.				
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accumulate	ed	(d) Book	value)
		basis (investm	nent) basis (other) d	lepreciation				
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment	1 4 4 4 4	292.		90,9	25.	11	, 36	7.
	Other							-	
	Add lines 1a through 1e (Column (d) must so		V column (D) line 10) o \			11	36	7.

Schedule D (Form 990) 2015

83-0400149 Page 3

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 1	12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) SECURITIES	6,057,998.	END-OF-YEAR MA	RKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)	6 055 000		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,057,998.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (
(a) Description of investment	(b) Book value	(c) Method of Valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Pa / ne	11a. See Form 990, Part X, line 1	15.
	Description	, ,	(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>: 15.)</u>		▶
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X	(, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) BENEFICIAL INTEREST PAYABI	ΣE	120,159.	
(3) BENEFICIAL ENDOWMENT		8,269,166.	
(4) AGENCY FUNDS		86,405.	
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	25.)	8,475,730.	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2015

Гаі	Complete if the organization answered "Ves" on Form 900. Part IV. line 12a	**16	ir nevenue per ne	tui ii.	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements			1	798,932.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				,,,,,,,,,,,
	· · · · · · · · · · · · · · · · · · ·	2a	-2,306,481.		
b		2b			
c		2c			
d		2d			
	Add lines 2a through 2d			2e	-2,306,481.
3	Subtract line 2e from line 1			3	3,105,413.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а		4a	187,883.		
b		4b			
С	Add lines 4a and 4b			4c	187,883.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	3,293,296.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements	s Wi	th Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,221,546.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	L			
а		<u>2a</u>	-		
b	Prior year adjustments	~ :4			
С	Other losses	<u>.c</u>			
d	,	2 d			
	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,221,546.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-1	107 002		
а	, , , , , , , , , , , , , , , , , , , ,	4a	187,883.		
	,	4b		4.	187,883.
	Add lines 4a and 4b			4c 5	2,409,429.
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part (8.)			3	2,400,420.
		nes 1	lb and 2b; Part V, line 4	· Part `	X line 2· Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete thisto provany additiona			,	, , , , , , , , , , , , , , , , , , ,
PAF	RT X, LINE 2:				
ГНІ	FOUNDATION HAS RECEIVED VARIOUS PERMANENTLY	R	ESTRICTED GI	FTS	THAT
RΕÇ	QUIRE THE FOUNDATION TO RETAIN THE CORPUS AND) S:	PEND THE INC	OME	IN
. ~	NORDANGE WITHIN HUE FOUNDAMION & GRENDING DOLLG		T11 100TETO		m
ACC	CORDANCE WITH THE FOUNDATION'S SPENDING POLIC	Υ.	IN ADDITIO	Ν,	THE
₽∩T	UNDATION HAS FUNDED BOARD DESIGNATED ENDOWMEN	יחיפ	ጥሀአጥ WITI.T. E	OT.T.	
. 00	MEMMODIA CELAMBICED DANCE CELAMI NOTIFICAL	110	THAT WILL I	ОПП	OW THE
SAN	ME POLICIES.				
<u> </u>					
					_

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

2015
Open to Public Inspection

Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION OF

SANTA CLARA COUNTY

Employer identification number

83-0400149

Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures is a program service, offices (by type) (e.g., fundraising, program for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA AND THE CARIBBEAN -TO ACHIEVE CONSISTENT POSITIVE RETURNS WITH ANTIGUA & BARBUDA. ARUBA, BAHAMAS, INVESTMENTS IN HEDGE FUNDS REDUCED RISK 0.

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

0

0

0

0

0

Schedule F (Form 990) 2015

0.

0.

3 a Sub-total ______ **b** Total from continuation

and 3b)

sheets to Part I

Totals (add lines 3a

83-0400149

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States.	Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any
	recipient who received more than \$5,000. Part II can be duplicated if additional space is n	needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	he grantee or counse	el has provided a section	ecognized as charities by the 1 501(c)(3) equivalency letter		recognized as tax-ex	_		1

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

	(Form 990) 2015
Part IV	Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	X Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax vear? In the organization may be required to file Form 8865, Return of U.S. Persons With Research to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting cours during tax year? If "Yes," the organization may be required to separately file Form 5713, International Brown Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" on Form 990, Part IV, lines 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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

THE CATHOLIC COMMUNITY FOUNDATION OF

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SANTA CLARA COUNTY

Employer identification number 83-0400149

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Ye	s" on	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a X Mail solicitations X Mail solicitations X Internet and email solicitations X Phone solicitations X In-person solicitations a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of n tion of g fundrais (includir	on-go lovern sing of ng off nal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) E fundrai have cus or contri contributi	stody ol of	(iv) Gr , receipts fr +ivity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
otal			•			
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribut	tions	or has been notified	it is exempt from req	gistration

Schedule G (Form 990 or 990-EZ) 2015

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

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-FZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro			<u> </u>	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GALA			col. (c))
ē			(event type)	(event type)	(total number)	551. (6) /
Revenue	1	Gross receipts	470,253.			470,253.
	2	Less: Contributions	405,903.			405,903.
	3	Gross income (line 1 minus line 2)	64,350.			64,350.
	4	Cash prizes				
"	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	66,488.			66,488.
rect E	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	31,931.			31,931.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	98,419.
_	11	Net income summary. Subtract line 10 from li			> _	-34,069.
Pä	rt I		answered "Yes" on Form	990, ir. 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		יאס (נבי) Pun hs/instant		(d) Total gaming (add
nne			(a) Bingo	b) rog, assive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
æ	1	Gross revenue				
	2	Cash prizes				
ses	_					
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes %	
	7					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
		the organization licensed to conduct gaming ac				Yes No
		No," explain:				
	_					
	_					
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·		ear?	Yes No
t	IT "	Yes," explain:				
	_					
	_					

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

THE CATHOLIC COMMUNITY FOUNDATION OF

Sch	edule G (Form 990 or 990-EZ) 2015 SANTA CLARA COUNTY	83-04	1003	<u> 149</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	1	13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record		100		
17	The the flame and address of the person who prepares the organization's gaming/special events books and record	J.			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt			
	of gaming revenue retained by the third party >				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
40					
16	Gaming manager information:				
	Name ►				
	Name				
	Gaming manager compensation ▶ \$				
	Gaining manager compensation • • • • • • • • • • • • • • • • • • •				
	Description of services provided				
	Director/officer Employee Inde ndent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
_	retain the state gaming license?		П,	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
_	organization's own exempt activities during the tax year > \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III line	s 9 9	h 10l	15h
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	u,		ο, τοι	3, 100,
	100, 10, and 110, as applicable. The provide any additional information (500 instructions).				

THE CATHOLIC COMMUNITY FOUNDATION OF

	(1 01111 330 01 330 LZ)	SANTA CLARA	COUNTY	83-0400149	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continued)			
			<u> </u>		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

THE CATHOLIC COMMUNITY FOUNDATION OF

2015
Open to Public

OMB No. 1545-0047

Inspection
Employer identification number

Schedule I (Form 990) (2015)

SANTA CLA	RA COUNTY						83-04	100149
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selection		
criteria used to award the grants or assis	stance?						X Yes	No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of	grant
or government	(3) =	if applicable	cash grant	non-cash assistance	valuation (book, FM' appraisal, other)	non-cash assistance	or assistan	
DIOCESE OF SAN JOSE								
1150 N. 1ST STREET, SUITE 100								
SAN JOSE, CA 95112	94-2734503	501(C)(3)	1,129,570.	0.	1		GENERAL FINANCIA	L SUPPORT
			, , ,					
CATHOLIC CHARITIES								
2625 ZANKER ROAD								
SAN JOSE, CA 95134	94-2762269	501(C)(3)	133,125.	0.			GENERAL FINANCIA	L SUPPORT
AMERICAN SLOVENIAN EDUCATION								
FOUNDATION - 58 PEARCE MITCHELL								
PLACE - STANFORD, CA 94305	30-0848707	501(C)(3)	55,779.	0.			GENERAL FINANCIA	L SUPPORT
HOPE SERVICES								
30 LAS COLINAS LANE								
SAN JOSE, CA 95119	94-1399287	501(C)(3)	10,000.	0.			GENERAL FINANCIA	L SUPPORT
			,					
CRISTO REY SAN JOSE HIGH SCHOOL								
1390 5 WOUNDS LN								
SAN JOSE, CA 95116	46-2594689	501(C)(3)	5,000.	0.			GENERAL FINANCIA	L SUPPORT
MOMENTUM FOR MENTAL HEALTH								
438 N WHITE RD,								
SAN JOSE, CA 95127	94-1496052	501(C)(3)	5,000.	0.			GENERAL FINANCIA	I, SUPPORT
2 Enter total number of section 501(c)(3) as			,	0.	l		PERIOD TIMETA	L DOLLOWI
3 Enter total number of other organizations	•	•					······· <u> </u>	
- Lines total hamber of other organizations	s noted in the line							

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

	RA COUNTY						33-0400149 Page 1
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orgar	nizations in the Un	ited States (Sch	edule I (Form 990), Pa T	rt II.)	T
(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
PEOPLE ACTING IN COMMUNITY TOGETHER - 1100 SHASTA AVE - SAN JOSE, CA 95126	77-0090129	501(C)(3)	5,000.	0.			GENERAL FINANCIAL SUPPORT
PRESENTATION HIGH SCHOOL 2281 PLUMMER AVE	77 0030123	501(0)(3)	3,000.				SHADAD TIMMCIND BOTTOM
SAN JOSE, CA 95125	94-1562816	501(C)(3)	5,000.	0.			GENERAL FINANCIAL SUPPORT
	I	I	ı	1	1	1	I .

THE CATHOLIC COMMUNITY FOUNDATION OF

Schedule I (Form 990) (2015) SANTA CLARA COUNTY 83-0400149

(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
Supplemental Information. Provide the information	ation required in Part I, lir	_, Part ı olu	(b), and any other ac	I Iditional information.	

Schedule I (Form 990) (2015)

Page 2

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Questions Regarding Compensation

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

Employer identification number 83-0400149

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
_	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	-	37	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in lir a?	2	X	
_				
3	Indicate which, if any, of the following the filing organization used to establish the compensation of organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods use sy a related coganization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employme ontract			
	Independent compensation consultant X Compension survey study			
	X Form 990 of other organizations X Approval the or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, with spect to the filing			
7	organization or a related organization:			
а		4a		х
	Participate in, or receive payment from, a supplemental nonqual ^{it} of ire. olan?	4b		X
	Participate in, or receive payment from, an equity-based communication angement?	4c		X
Ŭ	If "Yes" to any of lines 4a-c, list the persons and provide the "cable a bunts for each item in Part III.	-10		
	The state and of lines are of list the persons and provide the state of santons of santons are in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus. 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:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" to 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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2015

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 are not 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred (D) Nontaxable (E) Total of column (B)(i)-(D)			(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY QUILICI AUMACK	(i)	199,992.	16,264.	0.	0.	11,543.	227,799.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			-4				
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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 3:
THE EXECUTIVE COMMITTEE IS CHARGED WITH THE
RESPONSIBILITY OF DETERMINING APPROPRIATE COMPENSATION.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. THE CATHOLIC COMMUNITY FOUNDATION OF

SANTA CLARA COUNTY

Employer identification number 83-0400149

Par	t I Types of Property				•			
	·	(a)	(b)	(c)	(d)	.		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu			3
				Form 990, Part VIII, line 1g				
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 8	Boats and planes Intellectual property							
9	Securities - Publicly traded	Х	8	650 168.	FAIR MARKET	77ΔT.	HE	
10	Securities - Closely held stock	21		050,100.		V 2 1 L	<u> </u>	
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	4						
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
<u>28</u> 29	Other () Number of Forms 8283 received by the organize	zation during	the tax year for e	ontributions				
23	for which the organization completed Form 826							
	To which the organization completed form ozi	50,1 81117,1	Solice Holliowicag	<u>23 </u>		,	Yes	No
30a	During the year, did the organization receive by	/ contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it			110
	must hold for at least three years from the date			· · · · · · · · · · · · · · · · · · ·				
	exempt purposes for the entire holding period?		ŕ	'		30a		Х
b	If "Yes," describe the arrangement in Part II.							
31							х	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?		-			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is che	ecked,			
	describe in Part II.							
	For Denominade Dedication Act Notice and				Calaa dula Mi			

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

Schedule M (Form 990) (2015)

THE CATHOLIC COMMUNITY FOUNDATION OF

Schedule M	(Form 990) (2015) SANTA CLARA COUNTY	83-0400149	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33	3 and whether the organizat	tion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a com	shination of both Also comm	liori
	this part for any additional information.	ibiliation of both. Also comp	nete
	this part for any additional information.		
	₾		
	•		

Schedule M (Form 990) (2015)

532142 08-21-15

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2015
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

Employer identification number 83-0400149

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RELIGIOUS, CHARITABLE AND OTHER ORGANIZATIONS COMPRISING THE CATHOLIC COMMUNITY OF THE COUNTY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: UPKEEP AND PRESERVATION OF THE CATHEDRAL BASILICA OF ST. JOSEPH EXPENSES \$ 73,945. INCLUDING GRANTS OF \$ 67,067. REVENUE \$ 0. OTHERS EXPENSES \$ 143,801. INCLUDING GRANTS OF \$ 130,425. REVENUE \$ 0. FORM 990, PART VI, SECTION A, LINE 7A: THE BISHOP OF THE DIOCESE OF SAN JOSE CAN APPOINT UP TO ONE BOARD MEMBER LESS THAN A MAJORITY. FORM 990, PART VI, SECTION A, LINE 8B: COMMITTEES MAKE VERBAL AND WRITTEN REPORTS TO THE FULL BOARD. MINUTES ARE RECORDED FOR ALL BOARD MEETINGS. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE BEFORE PRESENTATION TO THE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES SIGN TO CONFIRM RECEIPT AND ACCEPTANCE OF THE EMPLOYEE MANUAL. THE BOARD MEMBERS SIGN A CONFLICT OF INTEREST ANNUAL DISCLOSURE FORM.

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

532211 09-02-15 Schedule O (Form 990 or 990-EZ) (2015)

Form	990-T	E	Exempt Orga				ax Return)	OMB No. 1545-0687
		For cal	lendar year 2015 or other tax y	and proxy tax un					0045
_		1 Or Car	► Information about F				gov/form990t		2015
	tment of the Treasury al Revenue Service	•	Do not enter SSN numb				•		Open to Public Inspection for 501(c)(3) Organizations Only
A	Check box if address changed		Name of organization (THE CATHOLI		•	,		(Emp	oyer identification number loyees' trust, see uctions.)
	xempt under section	Print	SANTA CLARA		1 FOO	NDATION OF		1	3-0400149
	501(c)(3)	or	Number, street, and roo		hox, see ins	tructions.		E Unrel	ated business activity codes
	408(e) 220(e)	Туре	777 NORTH E					(See I	nstructions.)
	408A 530(a)		City or town, state or pr		or foreign	postal code			
	529(a) ok value of all assets	F 0	SAN JOSE, C					523	000
- at e	end of year	$\overline{}$	o exemption number (See c organization type		tion	501(c) trust	401(a) trust	Г	Other trust
	-		ary unrelated business ac			STATEMENT 1			Other trust
			oration a subsidiary in ar		rent-subsidi	ary controlled group?	> [Ye	es X No
			tifying number of the pare						
			THE ORGANIZA				none number 🕨 4		
			de or Business In	come		(A) Income	(B) Expenses	3	(C) Net
	Gross receipts or sale			- Dalana					
D 2	Less returns and allo		A, line 7)	c Balance ▶					
3	Gross profit. Subtrac								
	•		h Schedule D)		· 				
			art II, line 17) (attach For						
C			sts						
5			ips and S corporations (a			- <u>556.</u>			
6									
7			ne (Schedule E)						
8 9			and rents from controlled on 501(c)(7), (9), or (17)		8	<u> </u>			
10			me (Schedule I)		"\ +				
11			; J)		11				
12			ns; attach schedule)						
13	Total. Combine lines	s 3 throu	gh 12		13	-556.			-556.
Pa			ot Taken Elsewhe utions, deductions mus	•	~	•			
	· ·		<u> </u>				<u> </u>	14	Τ
14 15			rectors, and trustees (Sch					15	
16								16	
17								17	
18								18	
19	Taxes and licenses							19	
20			e instructions for limitatio					20	
21			562)					006	
22 23			n Schedule A and elsewhe					22b 23	
24			mpensation plans					24	
25								25	
26			chedule I)					26	
27	Excess readership c	osts (Scl	hedule J)					27	
28			nedule)					28	
29	Total deductions		•	a loss deduction Cubt				29	-556.
30 31			ncome before net operating (limited to the amount o					30	-330.
31 32			ncome before specific dec					32	-556.
33			y \$1,000, but see line 33 i					33	1,000.
34			income. Subtract line 33						-
E0070	line 32							34	-556.

Form 990-T (2015)

Part III	Tax Computation		
35 0	ganizations Taxable as Corporations. See instructions for tax computation.		
C	ontrolled group members (sections 1561 and 1563) check here 🕨 🔲 See instructions and:		
a Er	nter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$ (2) \$		
b Er	nter organization's share of: (1) Additional 5% tax (not more than \$11,750)		
(2) Additional 3% tax (not more than \$100,000)		
	come tax on the amount on line 34	35c	0.
	usts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:		
	Tax rate schedule or Schedule D (Form 1041)	36	
37 P	oxy tax. See instructions	37	
	ternative minimum tax	38	
	otal. Add lines 37 and 38 to line 35c or 36, whichever applies	39	0.
Part IV			
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a	_	
b 0	ther credits (see instructions) 40b		
	eneral business credit. Attach Form 3800 40c	_	
	redit for prior year minimum tax (attach Form 8801 or 8827)	40.	
	otal credits. Add lines 40a through 40d	40e	0.
	ubtract line 40e from line 39	41 42	
		43	0.
	otal tax. Add lines 41 and 42	43	
	1) 15 estimated tax payments 14b 1,960.	-	
c Ta	x deposited with Form 8868		
d Fo	oreign organizations: Tax paid or withheld at source (see instructions)		
	ackup withholding (see instructions)		
	redit for small employer health insurance premiums (Attach Form 8941)		
	ther credits and payments: Form 2439		
	ther credits and payments: Form 2439 Other Total		
45 To	otal payments. Add lines 44a through 44g	45	1,960.
	stimated tax penalty (see instructions). Check if Form 2220 is at the delay in the state of the	46	
	x due. If line 45 is less than the total of lines 43 and 46, enter ount owe	47	
	verpayment. If line 45 is larger than the total of lines 43 and 46, en mail overpaid	48	1,960.
	nter the amount of line 48 you want: Credited to 2016 estimated tax	49	1,960.
Part V	Statements Regarding Certain Activities and Other Information (see instructions)		
	time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial acc	, ,	Yes No
	ies, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Finar	ncial	Х
2 During	nts. If YES, enter the name of the foreign country here he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? see instructions for other forms the organization may have to file.		$-\frac{X}{X}$
	see instructions for other forms the organization may have to file. he amount of tax-exempt interest received or accrued during the tax year >\$		A
Schedu	e A - Cost of Goods Sold. Enter method of inventory valuation		
	ory at beginning of year 1 6 Inventory at end of year	6	_
2 Purcha			
	f labor 3 from line 5. Enter here and in Part I, line 2	7	
	hal section 263A costs (att. schedule) 4a B Do the rules of section 263A (with respect to		Yes No
b Other	costs (attach schedule) 4b property produced or acquired for resale) apply to		
5 Total.	Add lines 1 through 4b 5 the organization?		
Cime	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	dge and belief, it is	true,
Sign Here	м	ay the IRS discuss	this return with
пеге		e preparer shown b	
-		structions)? X	Yes No
	The state of the s	if PTIN	
Paid	Self- employed	D0044	E 6 0 0
Prepare	PETER J. MALUTTA 09/29/16	P0044	
	- Firm's name DFT.ΠCCHT HAWN T.T.D		
Use On	y Firm's name DELUCCHI HAWN, LLP Firm's EIN Fir	94-28	4/2/2
Use On	333 W. SANTA CLARA ST. STE 750	94-28 	

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

INDIRECT INVESTMENT IN PARTNERSHIP THAT ENGAGE IN TRADE OR BUSINESS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOS	SS) FROM	FROM PARTNERSHIPS			STATEMENT 2		
PARTNERSHIP NAME	GROS	S INCOME	DEDUCTIONS		INCOME (LOSS)		
LONE JUNIPER LP		-556.	0.		-556.		
TOTAL TO FORM 990-T, PAGE 1, LINE !	5	-556.	0.		-556.		

(Rev. December 2013) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926. ► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Pa	rt I U.S. Transferor Information (see instructions)	4
	e of transferor	Identifying number (see instructions)
Tl	HE CATHOLIC COMMUNITY FOUNDATION OF	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SZ	ANTA CLARA COUNTY	83-0400149
1	If the transferor was a corporation, complete questions 1a through 1d.	
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or	
	fewer domestic corporations?	Yes X No
b	Did the transferor remain in existence after the transfer?	X Yes No
	If not, list the controlling shareholder(s) and their identifying number(s):	
	Controlling shareholder	Identifying number
С	If the transferor was a member of an affiliated group filing a consolidated return, the parent corporation	? Yes X No
	If not, list the name and employer identification number (EIN) of the par porace;	
	Name of parent corporation E	IN of parent corporation
	Traine of parent outportation	int of parent corporation
	Have basis adjustments under section 367(a)(5) been made	Yes X No
u	nave basis adjustments under section 307 (a)(3) been made	Tes ZI NO
2	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	section 367), complete
	questions 2a through 2d.	, ,
а	List the name and EIN of the transferor's partnership:	
	Name of partnership	EIN of partnership
	Traine of partitioning	ant of paranetering
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?	Yes X No
	Is the partner disposing of its entire interest in the partnership?	
	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established	
	securities market?	Yes X No
Pa	rt II Transferee Foreign Corporation Information (see instructions)	
3	Name of transferee (foreign corporation)	4a Identifying number, if any
	WL CREEK SOCIALLY RESPONSIBLE INVESTMENT FUND	980593275
5 o o	Address (including country)	4b Reference ID number
89	NEXUS WAY, 2ND FLOOR, PO BOX 31106 YMAN ISLAND CAYMAN ISLANDS	
6	Country code of country of incorporation or organization	
Ci		
7	Foreign law characterization (see instructions)	
_		
8	Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
LHA 52453		Form 926 (Rev. 12-2013)
04-01		

Form 926 (Rev. 12-2013) THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CL 83-0400149 Page 2

Part III Information Regarding Transfer of Property (see instructions) (e) Gain recognized on (a) (b) (c) (d) Type of Date of Description of Fair market value on Cost or other property transfer property date of transfer basis transfer 02/01/2015 110,000. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property Supplemental Information Required To Be Reported (see instructions):

Form 926 (Rev. 12-2013)

9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
	(a) Before3677 % (b) After4125 %		
10	Type of nonrecognition transaction (see instructions) ▶		
11	Indicate whether any transfer reported in Part III is subject to any of the following:		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
13	Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections		
	1.367(a)-4 through 1.367(a)-6 for any of the following:		
а	Tainted property	Yes	X No
b	Depreciation recapture	Yes	X No
С	Branch loss recapture	Yes	X No
d	Any other income recognition provision contained in the above-referenced regulations	Yes	X No
14	Did the transferor transfer assets which qualify for the trade or business exception verse ion 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined ir poorary . Julations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill g g cor. In value transferred ▶ \$		
16	Was cash the only property transferred?	X Yes	☐ No
17 a	Was intangible property (within the meaning of section 936, YB)) tran erred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property uset was transferred as a result of the transaction:		
		Form 926 (Rev. 12-2013

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property

to a Foreign Corporation

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926. ► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Pa	rt I U.S. Transferor Information (see instructions)	•		
Nam	e of transferor	Identifyin	g numbe	r (see instructions)
TH	HE CATHOLIC COMMUNITY FOUNDATION OF			
_SZ	ANTA CLARA COUNTY	83-0	4001	.49
1	If the transferor was a corporation, complete questions 1a through 1d.			
а	If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or			
	fewer domestic corporations?		Yes	X No
b	Did the transferor remain in existence after the transfer?	X	Yes	No
	If not, list the controlling shareholder(s) and their identifying number(s):			
	Controlling shareholder	Identifying nu	ımber	
С	If the transferor was a member of an affiliated group filing a consolidated return, the parent corporation	?	Yes	X No
	If not, list the name and employer identification number (EIN) of the par porace:			
	Name of parent corporation E	IN of parent co	rporation	on
d	Have basis adjustments under section 367(a)(5) been made		Yes	X No
_				
2	If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under	section 367), co	omplete	
	questions 2a through 2d.		·	
а	List the name and EIN of the transferor's partnership:			
	Name of partnership	EIN of partne	rehin	
	Name of parties ship	Lift of partie	or or inp	
				\
	Did the partner pick up its pro rata share of gain on the transfer of partnership assets?		Yes	X No
	Is the partner disposing of its entire interest in the partnership?		Yes	X No
a	Is the partner disposing of an interest in a limited partnership that is regularly traded on an established		Vaa	X No
Pa	securities market? rt II Transferee Foreign Corporation Information (see instructions)		Yes	ZZ NO
3	Name of transferee (foreign corporation)	4a Identifying	numbe	er if any
Ū	Name of transferee (foreign corporation)	4a luchtilying	ilullibe	oi, ii airiy
В	OGLE OFFSHORE OPPORTUNITY FUND II SRI., LTD.			
5	Address (including country)	4b Reference	ID numl	ber
	JNDARY HALL, 2ND FLOOR CRICKET SQUARE, PO BOX 10293			
GEO	DRGE TOWN, KY 11003 CAYMAN ISLANDS			
6	Country code of country of incorporation or organization			
_Ci	J			
7	Foreign law characterization (see instructions)			
8	Is the transferee foreign corporation a controlled foreign corporation?	<u></u>	Yes	X No
LHA 52453	For Paperwork Reduction Act Notice, see separate instructions.	Forr	n 926 (F	Rev. 12-2013)
04-01-				

Form 926 (Rev. 12-2013) THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CL 83-0400149 Page 2

Part III Information Regarding Transfer of Property (see instructions) (e) Gain recognized on (a) (b) (c) (d) Type of Date of Description of Fair market value on Cost or other property transfer property date of transfer basis transfer Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property Supplemental Information Required To Be Reported (see instructions):

Form 926 (Rev. 12-2013)

		-0400149	Page 3
Pa	T IV Additional Information Regarding Transfer of Property (see instructions)		
9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:		
	(a) Before•0800 % (b) After•0800 %		
10	Type of nonrecognition transaction (see instructions) ▶		
11	Indicate whether any transfer reported in Part III is subject to any of the following:		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?	Yes	X No
13	Indicate whether the transferor was required to recognize income under final and Temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:		
а	Tainted property	Yes	X No
b	Depreciation recapture	Yes	X No
С	Branch loss recapture	Yes	X No
d	Any other income recognition provision contained in the above-referenced regulations	Yes	X No
14	Did the transferor transfer assets which qualify for the trade or business exception verse ion 367(a)(3)?	Yes	X No
15 a	Did the transferor transfer foreign goodwill or going concern value as defined in proporary . Julations section 1.367(a)-1T(d)(5)(iii)?	Yes	X No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill g cor. ¬n value transferred ▶ \$		
16	Was cash the only property transferred?	Yes	X No
17 a	Was intangible property (within the meaning of section 936, VB)) tran erred as a result of the transaction?	Yes	X No
b	If "Yes," describe the nature of the rights to the intangible property u at was transferred as a result of the		

Form **926** (Rev. 12-2013)

transaction:

Form 8868 (Rev. 1-2014) If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box	
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need)	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need)	adad\
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies need	2d2d)
Enter filer's identifying number	eaea).
	. see instructions
	tion number (EIN) or
print THE CATHOLIC COMMUNITY FOUNDATION OF	()
	400149
due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security num	
return. See 777 NORTH FIRST STREET, NO. 490	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95112	
	0 1
Enter the Return code for the return that this application is for (file a separate application for each return)	[0]1
Application Return Application	Return
Is For Code Is For	Code
Form 990 or Form 990-EZ 01	
Form 990-BL 02 Form 1041-A	08
Form 4720 (individual) 03 Form 4720 (other the "ividual")	09
Form 990-PF 04 Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11
Form 990-T (trust other than above) 06 Form 8870	12
STOP! Do not complete Part II if you were not already granted an automatic 3-month exion on a previously filed Form 880	68.
 The books are in the care of ▶ 777 NORTH FIRST STREET, NO. 490 - SAN JOSE, CA 9 Telephone No. ▶ 408-995-5219 Fax No. If the organization does not have an office or place of business in the Unit 'es, c, 'k this box If this is for a Group Return, enter the organization's four digit Group Ex uptio 'er (GEN) 	> □
box If it is for part of the group, check this box and attast with the names and EINs of all members the extra control of the group.	- · ·
4 I request an additional 3-month extension of time until NOVEMBER 15, 2016.	CHOICH IC ICI.
5 For calendar year 2015, or other tax year beginning, and ending,	
6 If the tax year entered in line 5 is for less than 12 months, c. 'reason Initial return Final return Change in accounting period	·
7 State in detail why you need the extension	
	THIS IS
NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.	11110 10
HELDED TO THE IT COMMENTE THAT MCCOUNTE THE REPORT.	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated	<u> </u>
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	
	0.
previously with Form 8868. 8b \$ 8 Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using	<u> </u>
EFTPS (Electronic Federal Tax Payment System). See instructions.	0.
Signature and Verification must be completed for Part II only.	<u> </u>
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowled it is true, correct, and complete, and that I am authorized to prepare this form.	dge and belief,
Signature ► Title ► CPA Date ►	
	n 8868 (Rev. 1-2014)

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2015

Prepared For:		
TI	ne Catholic Community Foundation of	
	anta Clara County	
7	77 North First Street No. 490	
S	an Jose, CA 95112	
Prepared By:		
	elucchi Hawn, LLP	
	33 W. Santa Clara St. Ste 750	
S	an Jose, CA 95113-1716	
To be Signed and	i Dated By:	
N	ot applicable	
Amount of Tax:		
Tot	al ax \$0	
Les	ss: payments and credits \$	
Plu	s: other amount \$ 0	
Plu	s: interest and penalties \$ 0	
No	payment is required \$	
Overpayment:		
Cre	edited to your estimated tax \$ 0	
Oth	ner amount \$ 0	
Re	funded to you \$ 0	
Make Check Pay	ahla To:	
Make Offeck I ay	able 10.	
N	ot applicable	
Mail Tax Return a	and Check (if applicable) To:	-
TI	his return has qualified for electronic filing. Please review the return for completenes	ss
	nd accuracy. We will then transmit your return electronically to the FTB. Do not mail aper copy of the return to the FTB.	the
Return Must be M	Mailed On or Before:	
N	ot applicable	
Special Instruction	ons:	

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 109

FOR THE YEAR ENDING

December 31, 2015

Pre	pa	rec	١F	or	
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The Catholic Community Foundation of Santa Clara County 777 North First Street No. 490 San Jose, CA 95112

Prepared By:

Delucchi Hawn, LLP 333 W. Santa Clara St. Ste 750 San Jose, CA 95113-1716

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$	0
Less: payments and credits	\$	1,150
Plus: other amount		0
Plus: interest and penalties	\$	 0
Overpayment	\$	 1,150

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	1,150

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Franchise Tax Board P.O. Box 942857 Sacramento, CA 94257-0500

Return Must be Mailed On or Before:

Please mail as soon as possible.

Special Instructions:

TAXABLE YEAR 2015

California Exempt Organization Annual Information Return

528941 11-25-15 FORM

199

_				1 1: /	/ 1 1/						
<u>Ca</u>	<u>lendar Year</u>	2015 or fiscal year beginning (mm/dd/yyyy)		, and ending (mm/dd/yyy	/y)		<u> </u>			
С	orporation/Or	ganization name			Cali	fornia corpo	ration n	umber			
\mathbf{T}	HE CA	CATHOLIC COMMUNITY FOUNDATION OF									
S	ANTA	CLARA COUNTY				26448	881				
_		mation. See instructions.			FE						
						83-04	4 n n	1 / 0			
_		(it				PMB no.	± 0 0	149			
		(suite or room)	400			FIVID IIU.					
7	77 NO	RTH FIRST STREET, NO.	490								
С	ity				State	ZIP code					
<u>S</u> .	AN JO	SE			CA	9511	2				
F	oreign country	name	Foreign province/state/county			Foreign po	ostal cod	de			
A	First Retu	ırn	Yes X No J If ex	empt under R&TC Se	ection 2370	old has t	he ora	anization			
В	Amended	I Return •		aged in political activi							
_											
C		on 4947(a)(1) trust									
D		rmation Return?						ources \$			
	• 🔲	Dissolved Surrendered (Withdrawn)		ganization is exemp							
		(mm/dd/yyyy)		meets the filing f							
Ε		counting method: (1) Cash (2) X Accrua	al (3) Other fee i	s required.				• <u>X</u>			
F	Federal re	eturn filed? (1) ● 🗶 990⊤ (2) ● 🔙 990-PF (3)	● Sch H (990) M Is th	e organiza† . a Lim	ited LiapIt	y Compar	ıy?	• Yes X No			
	(4) X	Other 990 series		the orga ^r tion \supset F							
G	Is this a o	group filing? See instructions	Yes X No repo	ort taxable in ?				• X Yes No			
Н		ganization in a group exemption		e carization un.							
		vhat is the parent's name?		auc din , jea							
	11 100, 1	mat is the parent's name:		feder. ii 1023/10							
	D: d 4h a a							165 21 10			
'		rganization have any changes to its guidelines		"led w _i 'RS							
÷		ted to the FTB? See instructions									
_	Part I 0	complete Part I unless not required to file this fo						10 052 400			
		1 Gross sales or receipts from other sources	s. From Side 2, P			•	1	12,253,490. 00			
		2 Gross dues and assessments from member	ers and affilia			•	2	00			
	Dogginto	Gross contributions, gifts, grants, and sim Total gross receipts for filing requirement test. Add This line must be completed. If the result is less th	ilar amount reived		STMI	[1• <u> </u>	3	2,830,448. 00			
	Receipts	4 This line must be completed. If the result is less th	an \$50,000, see Ge.	В	STMI	¹2•	4	15,083,938. ₀₀			
	and	5 Cost of goods sold		• 5		00					
ŀ	Revenues	5 Cost of goods sold6 Cost or other basis, and sales expenses of	assets sold	 6 11,69 	92,22	3. 00					
		7 Total costs. Add line 5 and line 6					7	11,692,223. 00			
		8 Total gross income. Subtract line 7 from li					8	3,391,715.00			
_		9 Total expenses and disbursements. From S					9	2,507,848.00			
E	xpenses					_		883,867.00			
_						_	10				
						_ [11	00			
							12	00			
		13 Payment balance. If line 11 is more than li				•	13	00			
F	iling Fee	14 Use tax balance. If line 12 is more than lin					14	. 00			
		15 Filing fee \$10 or \$25. See General Instruct	ion F				15	N/A 00			
		16 Penalties and Interest. See General Instruc					16	00			
		17 Balance due. Add line 12, line15, and line	16. Then subtract line 11 from	n the result		💿	17	00			
_		17 Balance due. Add line 12, line 15, and line Under penalties of perjury, I declare that I have examined it is true, correct, and complete. Declaration of preparer (or	this return, including accompanying other than taxpayer) is based on all i	schedules and statemer nformation of which prep	nts, and to the arer has anv	e best of my knowledge.	/ knowle	dge and belief,			
Sig	-		I Title		Date		i	Telephone			
Не	re	Signature of officer		RD CHAIR				408-995-5219			
_		of officer		Date	Check	:4		● PTIN			
		Preparer's signature		09/29/16		nployed 🛌		P00445699			
_				U3/43/10	Sell-ell	ipioyeu 📂	Ш	P00443699 ● FEIN			
Pa -		Firm's name (or yours, DET.IICCHT HAWN T	T.D.								
	eparer's	if self-		^				94-2847272			
Us	e Only	and address	ARA ST. STE 75	U				Telephone			
_		SAN JOSE, CA 951	13-1716					408-286-2200			
_		May the FTB discuss this return with the prepare	er shown above? See instructi	ons	<u></u>	• X	Yes	No			

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

528951 11-25-15

2 Interest 3 Dividends 4 Gross rents 4 Cross rents 5 Gross royalties 5 Cross royalties 5 Cross royalties 6 Gross amount received from sale of assets (See Instructions) STATEMENT 3 6 11 , 646 , 399 , cross royalties 7 Other income SEE STATEMENT 4 7 6 , 846 , cross and a similar amounts paid STATEMENT 5 9 1 , 380 , 007 , cross royalties 7 Other income SEE STATEMENT 5 9 1 , 380 , 007 , cross royalties 7 Other income SEE STATEMENT 5 9 1 , 380 , 007 , cross royalties 7 Other income SEE STATEMENT 5 9 1 , 380 , 007 , cross royalties 7 Other salaries and wages 10 Cross royalties 11 Compensation of officers, directors, and trustees SEE STATEMENT 6 11 216 , 256 , cross royalties 12 309 , 736 , cross royalties 13 Cross royalties 14 33 , 132 , cross royalties 15 29 , 009 , cross royalties 16 Depreciation and depletion (See instructions) 16 12 , 572 , cross royalties 17 Other Expenses and Disbursements SEE STATEMENT 7 17 527 , 136 , cross royalties 18 Cross royalties 18 Cross royalties 18 Cross royalties 19 Cross royalties 10 Cross royalties 10 Cross royalties 10 Cross royalties 10 Cross royalties 11 Cross royalties 12 Cross royalties 12 Cross royalties 11 Cross royalties 12 Cross royalties 13 Cross royalties 13 Cross royalties 14 Cross royalties		1	Gross sales or receipts from all b	ousiness activities. See instruc	ctions		•	1	64,350.00
Second S		2						2	00
Second S		3	B				_	3	535,895.00
Sources Sour	Receipts	4					_	4	00
Source 6 Gross amount received from sale of assets (See Instructions) STATEMENT 4 6 81.46, 399. 7 6,846. 6 12,253,490. 8 10 12,253,490. 9 13,800,007. 10 10 10 10 10 10 10 1	from	5						5	00
7 Other Income	Other	6	Gross amount received from sale	e of assets (See Instructions)		ST	ATEMENT 3 •	6	11,646,399.00
8 Total gross sales or receipts from other sources, Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	Sources	7	Other income	,	SE	E STA	ATEMENT 4 •	7	6,846.00
9 Contributions, grists, grants, and similar amounts paid STATEMENT 5 9 1,380,007.cc 10 Disbursements to or for members 1 216,256.cc 11 Compensation of Officers, directors, and frustess SEE STATEMENT 6 11 216,256.cc 12 Officer salaries and wages 12 23,097,736.cc 13 Disburser-		8	Total gross sales or receipts from	m other sources. Add line 1 th	rough line 7. Enter	here and o	on Side 1, Part I, line 1	8	12,253,490.00
10 Disbursements to ror members 10		9							1,380,007.00
11 Compensation of officers, directors, and trustees		10	Disbursements to or for member	rs .			•	10	00
12 Other salaries and wages 12 2309,736. 13 309,736. 14 Taxes 14 Taxes 15 Entry 16 12,572. 16 12,572. 17 Other Expenses and disbursements 18 Entry 17 Depreciation and depletion (See instructions) SEE STATEMENT 17 527,136. 18 18 2,507,848. 18 2,507,848. 18 2,507,848. 18 2,507,848. 18 2,507,606 19 2,507,606 19 2,507,6		11	Compensation of officers, director	ors, and trustees	SE	E STA	ATEMENT 6 •	11	216,256.00
Expenses 13 Interest		12	Other salaries and wages				•	12	309,736.00
14 Taxes	Expenses	13						13	00
Disburs 15 Ronts 15 Ronts 16 Depreciation and depletion (See instructions) 16 Depreciation and depletion (See instructions) 17 Other Expenses and Disbursements SEE STATEMENT 7 18 Total expenses and Disbursements SEE STATEMENT 7 19 18 2,507,848 18 2,507,848 18 2,507,848 18 2,507,848 18 2,507,848 19 18 2,507,848 19 18 2,507,848 19 18 2,507,848 19 18 2,507,848 19 18 2,507,848 19 18 2,507,848 19 18 2,507,866 10 18 18 19 18 18 19 18 18	and	14						14	33,132. 00
16 Depreciation and depletion (See instructions)	Disburse-	15						15	29,009.00
17 Other Expenses and Disbursements	ments	16	Depreciation and depletion (See	instructions)			•	16	12,572. 00
18 Total expenses and disbursements. Add in 9 through line 17. Enter here and on Side 1, P 9 9 18 2,507,848. c		17	Other Expenses and Disburseme	nts	SE	E STA	ATEMENT 7 •	17	527,136.00
Assets		18	Total expenses and disbursemen	nts. Add line 9 through line 17	. Enter here and on	Side 1, P	ne 9	18	2,507,848.00
1 Cash 759,137. • 507,606	Sched	ule L	Balance Sheets	Beginning of	taxable year	<	End	of tax	able year
Net accounts receivable STMT 8	Assets			(a)		_/	(c)		
Net notes receivable STMT 8					759,	137.	·		• 507,606.
Federal and state government obligations	2 Net a	ccounts	receivable				1		
6 Investments in other bonds 6 Investments in other bonds 7 Investments in stock STMT 9 8 Mortgage loans 9 Other investments 10 a Depreciable assets 1 102,292. 1 102,292. 1 102,292. 1 102,292. 1 102,292. 1 102,292. 1 103,353. 1 23,939. 1 11,367 1 Land 1 2 Other assets 1 5 TMT 1 0 1 795,955. 1 1,688,575 1 701 assets 1 44,650,411. 1 4 Accounts payable 1 8 Accounts payable 1 8 Bonds and notes payable 1 8 Other liabilities and net worth 1 Accounts payable 1 8 Other liabilities 1 8 TMT 1 1 1 9,006,717. 1 8,475,730 1 Capital stock or principal fund 2 Paci-in or capital surplus. Attach reconciliation 2 Retained earnings or income fund 2 Total liabilities and net worth 2 Retained earnings or income fund 3 5,559,064. 2 Total liabilities and net worth 2 Retained earnings or income fund 3 5,559,064. 3 4,136,450 2 Total liabilities and net worth 4 4,650,411. 4 2,714,779	3 Net n	otes red	ceivable STMT 8		<u>5</u> 71,	.37 <u>3.</u>	<u> </u>		• 379,520.
Investments in other bonds	4 Inven	tories .							•
Investments in stock STMT 9 42,500,007. • 40,127,711									•
8 Mortgage loans 9 Other investments 10 a Depreciable assets	6 Inves	tments	in other bonds			7)			•
9 Other investments 10 a Depreciable assets	7 Inves	tments	in stock STMT 9		<u>42,</u> 500,	.0 <u>07.</u>			40,127,711.
10 a Depreciable assets 102,292 23,939 (90,925 11,367 11 1 1 1 1 1 1 1 1	8 Mort	gage loa	ans						•
11 Land									•
11 Land	10 a De	preciab	le assets	102,292					
13 Total assets 44,650,411. 42,714,779 Liabilities and net worth 14 Accounts payable 84,630. • 102,599 15 Contributions, gifts, or grants payable • 17 Mortgages payable 18 Other liabilities STMT 11 9,006,717. 8,475,730 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 25 Total liabilities and net worth 44,650,411. 42,714,779 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • 883,867. 7 Income recorded on books this year not included in this return. • 10 Net income this year of deducted in this return. • 10 Net income per return.						939.	90,925	•)	11,367.
13 Total assets 44,650,411. 42,714,779 Liabilities and net worth 14 Accounts payable 84,630. • 102,599 15 Contributions, gifts, or grants payable • 17 Mortgages payable 18 Other liabilities STMT 11 9,006,717. 8,475,730 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 25 Total liabilities and net worth 44,650,411. 42,714,779 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • 883,867. 7 Income recorded on books this year not included in this return. • 10 Net income this year of deducted in this return. • 10 Net income per return.	11 Land								
Liabilities and net worth 14 Accounts payable 84,630. • 102,599 15 Contributions, gifts, or grants payable • 108 Bonds and notes payable 17 Mortgages payable 18 Other liabilities STMT 1.1 9,006,717. 8,475,730 19 Capital stock or principal fund 19 Paid-in or capital surplus. Attach reconciliation 19 Capital surplus. Attach reconciliation 19 Capital surplus and net worth 19 Capital surplus and net worth 19 Capital liabilities and net worth 19 Capital	12 Other	assets	STMT 10						• 1,688,575.
14 Accounts payable 84,630 • 102,599 15 Contributions, gifts, or grants payable • 16 Bonds and notes payable • 17 Mortgages payable • 18 Other liabilities STMT 11 9,006,717 • 8,475,730 19 Capital stock or principal fund • 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 35,559,064 • 34,136,450 22 Total liabilities and net worth 44,650,411 • 42,714,779 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • 883,867 • 7 Income recorded on books this year 2 Federal income tax • 0 Income per books this year 4 Income not recorded on books this year • 10 Net income per return. 5 Expenses recorded on books this year of deducted in this return • 10 Net income per return.	13 Total	assets			44,650,	411.			42,714,779.
15 Contributions, gifts, or grants payable 16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities STMT 11 9,006,717. 8,475,730 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 35,559,064. • 34,136,450 22 Total liabilities and net worth 44,650,411. 42,714,779 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books • 883,867. 7 Income recorded on books this year 2 Federal income tax • not included in this return. • 3 Excess of capital losses over capital gains • 8 Deductions in this return not charged against book income this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.					0.4	620			100 500
16 Bonds and notes payable 17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 35,559,064. 25 Total liabilities and net worth 44,650,411. Check the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 4 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 5 Federal income tax 6 Reconciliation of income per books 7 Income recorded on books this year 9 Federal income tax 10 Net income not recorded on books this year 10 Net income per return.					84,	630.			
17 Mortgages payable 18 Other liabilities 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 22 Total liabilities and net worth 35,559,064. 34,136,450 42,714,779 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.									•
18 Other liabilities STMT 11 9,006,717. 8,475,730 19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 35,559,064. • 34,136,450 22 Total liabilities and net worth 44,650,411. 42,714,779 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 883,867. 7 Income recorded on books this year 2 Federal income tax									•
19 Capital stock or principal fund 20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 22 Total liabilities and net worth 23 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.	17 Mort	gages p	ayable		0 006	717			
20 Paid-in or capital surplus. Attach reconciliation 21 Retained earnings or income fund 22 Total liabilities and net worth 35,559,064. 22 Total liabilities and net worth 44,650,411. 342,714,779 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.	18 Other	liabiliti	es STMT II		9,006,	/ 1 / •			
21 Retained earnings or income fund 22 Total liabilities and net worth 35,559,064. 44,650,411. 342,714,779 Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books									
22 Total liabilities and net worth Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return 9 Total. Add line 7 and line 8 10 Net income per return.					25 550	064			=
Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return Net income per books 1 Net income per books • 883,867. 7 Income recorded on books this year not included in this return. • • • • • • • • • • • • • • • • • • •									12 714 770
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000. 1 Net income per books 2 Federal income tax 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return 6 Uncome not recorded on books this year not deducted in this return 7 Income recorded on books this year 8 Deductions in this return not charged against book income this year 9 Total. Add line 7 and line 8 10 Net income per return.				and the state of the Commence		411.			44,114,115.
1 Net income per books 2 Federal income tax 3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return 6 Uncome not recorded on books this year of deducted in this return 7 Income recorded on books this year not against book income this year of the following per return. 9 Total. Add line 7 and line 8 of the following per return.	Scrieu	uie iv				(d) ie lae	es than \$50,000		
2 Federal income tax	4 Notin		·						
3 Excess of capital losses over capital gains 4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • 10 Net income per return.				_					•
4 Income not recorded on books this year 5 Expenses recorded on books this year not deducted in this return • against book income this year 9 Total. Add line 7 and line 8 10 Net income per return.									-
5 Expenses recorded on books this year not deducted in this return 9 Total. Add line 7 and line 8 10 Net income per return.									•
deducted in this return • 10 Net income per return.									-
				•					
OUS / OUT				222					883 867
	U TOTAL	Aud III	io i uiiougii iiile J		- , • Subild	ot iiile 9 II	om IIIIo O		003,007

		T FROM SALE OF A	SSETS 	<u>.</u>	STATEMENT 3
DESCRIPTION		DATE ACQUIRE	DATE D SOLD		THOD UIRED
				PUR	CHASED
		COST OR OTHER BASIS D		EXPENSE OF SALE	GROSS SALES PRICE
		11,692,223.	0.	0.	11,646,399.
TOTAL TO FORM 199, PA	AGE 2, LN 6	11,692,223.	0.	0.	11,646,399.
FORM 199		OTHER INCOME		S	STATEMENT 4
DESCRIPTION					AMOUNT
OTHER MISCELLANEOUS F	REVENUE				6,846.
TOTAL TO FORM 199, PA	ART II, LINE	7		_	6,846.
FORM 199 CAS		IONS, GIFTS, GRA	NTS	S	TATEMENT 5
FORM 199 CAS		IONS, GIFTS, GRA AR AMOUNTS PAID	NTS	S	TATEMENT 5
	AND SIMIL	AR AMOUNTS PAID		S	STATEMENT 5
ACTIVITY CLASSIFICATI	AND SIMIL	AR AMOUNTS PAID FINANCIAL SUPPO			AMOUNT
ACTIVITY CLASSIFICATI DONEES NAME DIOCESE OF SAN JOSE	AND SIMIL ION: GENERAL DONEES ADD	FINANCIAL SUPPO	RT		AMOUNT
ACTIVITY CLASSIFICATI	AND SIMIL ION: GENERAL DONEES ADD 1150 N. 1S JOSE, CA 9	FINANCIAL SUPPORT RESS T STREET - SAN 5112	RT RELATIO		AMOUNT 1,129,570.
ACTIVITY CLASSIFICATI	AND SIMIL ION: GENERAL DONEES ADD 1150 N. 1S JOSE, CA 9	FINANCIAL SUPPO	RT RELATIO		AMOUNT

FORM 199 COMPENSATION	ON OF OFFICERS,	, DIRECTORS AND TRUSTEES	STATEMENT 6
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
GERRY FERRARI 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
JEROME BELLOTTI 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
KATHLEEN MULLER 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
JOHN SOBRATO 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
JIM CASHMAN 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
CHARMAINE WARMENHOVEN 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
TOM CROTTY 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
FELIPE LUNA 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
PHILIP J ANTHONY 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
BERTHA MINNIHAN 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	BOARD MEMBER 1.00	0.
RONALD G. PELZEL 777 NORTH FIRST STREET, SAN JOSE, CA 95112	NO. 490	PRESIDENT 1.00	0.

THE CATHOLIC COMMUNITY FOUNDATION OF SAN THOMAS HOGAN SECRETARY 777 NORTH FIRST STREET, NO. 490 SAN JOSE, CA 95112	Y 1.00	83-0400149
PATRICK WAITE TREASURED TREASURED TO TREASUR	R 1.00	0.
	E DIRECTOR 0.00	216,256.
TOTAL TO FORM 199, PART II, LINE 11		216,256.
FORM 199 OTHER EXPENSES		STATEMENT 7
DESCRIPTION		AMOUNT
TELECOMMUNICATION PRINTING AND REPRODUCTI FINANCIAL AND ADMINISTR MISCELLANEOUS DIRECT EXPENSES OF FUNDRAISING EVENTS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES TRAVEL INSURANCE ALL OTHER EXPENSES TOTAL TO FORM 199, PART II, LINE 17		42,623. 34,134. 27,814. 9,117. 98,419. 52,671. 804. 33,725. 187,883. 15,012. 9,246. 9,796. 5,892.
PRINTING AND REPRODUCTI FINANCIAL AND ADMINISTR MISCELLANEOUS DIRECT EXPENSES OF FUNDRAISING EVENTS OTHER EMPLOYEE BENEFITS LEGAL FEES ACCOUNTING FEES INVESTMENT MANAGEMENT FEES OTHER PROFESSIONAL FEES TRAVEL INSURANCE ALL OTHER EXPENSES	E	34,134. 27,814. 9,117. 98,419. 52,671. 804. 33,725. 187,883. 15,012. 9,246. 9,796. 5,892.

FORM 199 INVESTMENTS IN STOCE	K	STATEMENT 9
DESCRIPTION	BEG. OF YEAR	END OF YEAR
SECURITIES SECURITIES	31,121,925. 11,378,082.	34,069,713. 6,057,998.
TOTAL TO FORM 199, SCHEDULE L, LINE 7	42,500,007.	40,127,711.
FORM 199 OTHER ASSETS		STATEMENT 10
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES OTHER RECEIVABLE DEPOSIT	695,918. 43,665. 52,272. 4,100.	1,630,029, 590, 53,856, 4,100,
TOTAL TO FORM 199, SCHEDULE L, LINE 12	795,955.	1,688,575
FORM 199 OTHER LIABILITIES	S	STATEMENT 11
DESCRIPTION	BEG. OF YEAR	END OF YEAR
BENEFICIAL INTEREST PAYABLE BENEFICIAL ENDOWMENT DEFERRED REVENUE AGENCY FUNDS	162,000. 8,453,114. 391,603. 0.	120,159. 8,269,166. 0. 86,405.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	9,006,717.	8,475,730
FORM 199 FUND BALANCES		STATEMENT 12
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS TEMPORARILY RESTRICTED ASSETS PERMANENTLY RESTRICTED ASSETS	28,243,974. 820,479. 6,494,611.	25,905,032. 124,297. 8,107,121.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	35,559,064.	34,136,450.

OLL		
Date Accepted		

TAXABLE	YEAR
201	5

California e-file Return Authorization for

FORM

20	15		pt Orga		in Autho IS	lizai	.1011 1	Oi				3	3453-EO
Exempt Org	ganization name										Identifyin	ng number	
	CATHOLI A CLARA		UNITY FO	OUNDATI	ON OF						83-	040014	9
Part I	Electronic	Return Info	rmation (whole	e dollars only)									
1 Tot	al gross recei	ots (Form 1	99, line 4)								1	15,083	,938. 00
2 Tot	al gross incor	ne (Form 19									. 2		,715. ₀₀
3 Tot	al expenses a	nd disburse	ements (Form 1	99, line 9)							3	2,507	,848. 00
Part II	Settle Your	Account E	lectronically fo	or Taxable Ye	ar 2015								
4	Electronic fu	unds withdr	awal 4a A	Amount			4b W	ithdrawal	date (mr	n/dd/yy	/уу)		
Part III	Banking Inf	ormation (Have you verifie	ed the exempt	organization's	banking	informat	tion?)					
5 Rout	ting number											_	
6 Acco	ount number					7	Type of a	account.	Ch	ecking		Savings	
Part IV	Declaration	of Officer						_//_					
I authorized on line 4a		ganization's	account to be set	tled as designat	ed in Part II. If I c	heck Part	t II, Box 4,	, [? · · · · · e	an electr	onic fun	ds with	drawal for th	e amount listed
a balance organizati statement	due return, I un ion will remain l ts be transmitte	nderstand tha iable for the d to the FTB FTB to discl	it if the Franchise fee liability and al by the ERO, trans	Tax Board (FTB Il applicable inte smitter, or interr	e exempt organiza does not receive rest and penalties nediate service pr service provider t	full and . I author ovider.	timely , ize the ex	ent of the	e exempt zation re	organiza turn and	ation's f accom	pt organizati ee liability, th panying sche return or ref	ne exempt edules and
Here	9												
Part V	Declaration	of Electro	nic Return Ori	ginator (ERO)	anc' aid Pr	rer.							
am only a accurately provided 1345, 201 the exemp I declare to	In intermediate In reflects the da the organization 15 e-file Handboot organization that I have exan	service provi ta on the reto officer with ook for Autho return is filed nined the abo	ırn.) I have obtair a copy of all forn rized e-file Provid I, whichever is lat ve exempt organ	that I am not re ned the organizans and informati ders. I will keep er, and I will ma ization's return a	sponsi. The ref	wing the ature on vith the FO on file to the FO schedu	e exempt of form FTB TB, and I for four you FTB upon les and sta	organizatior 8453-EO be have follow ears from th request. If I	's return fore tran ed all oth e due da am also	. I declar smitting er requir te of the the paid	this ret this ret rements return o	ever, that form ourn to the FT described in or four years er, under pen	B; I have FTB Pub. from the date alties of perjury,
EDO	ERO's- signature					Date		Check if also paid		Check if self-		ERO's PTIN	
ERO	Firmle name (av.)	\ T	DEL HAGHE	TT 2 T-T2 T	TTD			preparer		employe		P0044	
Must	Firm's name (or y if self-employed)	—	DELUCCHI		LLP	STE	750				FEIN .	94-284	1212
Sign	and address		333 W. S SAN JOSE		ARA ST.	STE	750				ZIP cod	le 95113	-1716
		y, I declare tl	nat I have examin	ed the above or	ganization's returr based on all infor					tements,	and to	the best of m	ny knowledge
Paid	Paid						Date		Check		Pa	aid preparer's P	TIN
Prepar	rer preparer's signature								if self- employe	ed		P0044	
Must	Firm's nan	ne (or yours		HI HAWN	•						FEIN	94-2	847272
Sign	and addres		333 W.		CLARA SI	'. SI	'E 75	0				05440	1016
			SAN JO	SE. CA							ZIP con	ie 95113	-1716

For Privacy Notice, get FTB 1131 ENG/SP.

FTB 8453-EO 2015

<u>TAXABLE YEAR</u> **2015**

California Exempt Organization Business Income Tax Return

528961 02-25-16

FORM **109**

		15 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/d inization name THE CATHOLIC COMMUNITY FOUNDATION OF	ld/yyyy)			
Corporation SANTA	_	California corporation number 2644881				
Additional	infor	mation. See instructions.		FE	83	-0400149
		uite/room no.)	F	PMB no.	- 00	0100119
		TH FIRST STREET, NO. 490				
City (If the o		, ,		IP code 5112		
Foreign co				oreign po	oetal (code
1 oreign ee	, arritry	Totaline Totalin province/state/county		oreign po	ostai	code
B Is this a R&TC S C Is the or the IRS D Final Re	n edu ectior ganiz audite turn? Disso te (m	ided? Yes X No H Is the organization a non-described in IRC Section IRA within the meaning of a 23712? Yes X No Is this organization claim Revitalization Zone (LARZ ed in a prior year? Yes X No IVED INTERPOLATION OF THE PROPERTY OF THE PR	4947(a)(1) ing any for Z), Local A Area (TTA 'ified pens ity (ULA) ()? rmer; Enter gency Mili a), or Manu ion, profit- tion 401(a	rprise tary Ba ufactur -sharin u)?	Yes X No Zone (EZ), Los Angeles ase Recovery Area ring Enhancement Yes X No ng, or stock Yes X No
		e or business SEE STATEMENT 13 If "Yes," attacı, ral Sc				103110
Taxable		Unrelated business taxable income from Side 2, Part II, line 30			1	-556. 00
Corpora- tion		Mult. In 1 by the avg. apport. pctg% from the Sch. R, Apport. Formula_ 'sht, r 2 or P			2	00
Taxable	3	Enter the lesser amt from In 1 or In 2. If the unrelated bus. activity is wholly in CA and Sch. R wa ompltd, enter the			3	-556 . 00
Trust		Unrelated business taxable income from Side 2, Part II, line 30			4	<u>00</u>
		Unrelated business taxable income from line 3 or line 4	_	5 6	-556 . 00	
	6	Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduc. Net Operating Loss deduction. See General Information N		7	00	
	8	Add line 6 and line 7		8	00	
Tax	9	Net unrelated business taxable income. Subtract line 8			9	-556.00
Compu- tation	10	Tax8 . 8 4 % x line 9. See General Information .		10	00	
	11	a New employment credit, amount generated. • a) 11 b) Amount		11b	00	
		c Tax credits from Schedule B. See instructions			11c	00
		d Total Credits. Add line 11b and 11c		11d	00	
Total		Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-			12	00
Tax	13	Alternative minimum tax. See General Information 0		13	00	
	14	Total tax. Add line 12 and line 13		······ •	14	0.00
	15	Overpayment from a prior year allowed as a credit • 15	1 1 5	00	4	
	16	2015 estimated tax payments. See instructions • 16	1,15		4	
Payments	17	Withholding (Form 592-B and/or 593.) See instructions		00	4	
	18	Amount paid with extension (form FTB 3539) • 18		00		1 150
	19	Total payments and credits. Add line 15 through line 18			19	1,150.00
	20	Use tax. See instructions			20	1,150.00
Use Tax/	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19			21	
Tax Due/	22 23	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20 Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions			22 23	00
Overpay- ment	23	Overpayment. Subtract line 14 from line 21. See instructions			24	1,150.00
	25	Enter amount of line 24 to be applied to 2016 estimated tax			25	1,130.00
	20	Enter amount of fine 27 to be appried to 20 to estimated tax		······ <u> </u>	120	00

		26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24	<u></u>		•	26	1,150.00
			a Fill in the account information to have the refund directly deposited. Routing number	. •	26a			
	und or		b Type: Checking • Savings • C Account Number					
Due	ount	27	Penalties and interest. See General Information M			•	27	00
Duc	'	28	• Check if estimate penalty computed using Exception B or C and attach form FTB 5806.					
		l	Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24				29	00
Un	relat		usiness Taxable Income					
Pa	rtΙ (Inrela	ted Trade or Business Income					
1			bts or gross sales b Less returns and allowances c B	alance		•	10	00
			s sold and/or operations (Schedule A, line 7)			•	2	00
			Subtract line 2 from line 1c			•	3	00
4	a Capi	tal gai	n net income. See Specific Line Instructions - Trusts attach Schedule D (541)			•	48	
			oss) from Part II, Schedule D-1			•	46	
			s deduction for trusts			•	40	
5	-		oss) from partnerships, limited liability companies, or S corporations. See specific line instructions.					
			lule K-1 (565, 568, or 100S) or similar schedule SEE STATE	MENT	r 1	4 ●	5	-556. 00
6			e (Schedule C)			•	6	00
7	Unrelat	ted de	bt-financed income (Schedule D)			•	7	00
8	Investr	nent ii	ncome of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			•	8	00
9	Interes	t. Ann	uities, Royalties and Rents from controlled organizations (Schedule F)	.		•	9	00
10	Exploit	ed exe	empt activity income (Schedule G)			•	10	00
11	Advert	isina i	ncome (Schedule H, Part III, Column A)			•	11	00
12	Other i	ncome	e. Attach schedule			•	12	00
13	Total u	nrelat	ed trade or business income. Add line 3 through line 12			•	13	-556. 00
Pa	rt II	Dedu	etions Not Taken Elsewhere (Except for contributions, deductions must be direction and inected with the	e unrel	ated b	usin	ess ir	ncome.)
			on of officers, directors, and trustees from Schedule I			•	14	00
			wages			•	15	00
						•	16	00
17	Bad de	bts				•	17	00
18	Interes	t				•	18	00
						•	19	00
			3			•	20	00
			on (Corporations and Associations - Schedule J) (Trusts - form F1L 3885F) • 21a			00		
			eciation claimed on Schedule A 21b			00	21	00
22	Depleti					•	22	00
23	a Cont		ons to deferred compensation plans				23a	00
			benefit programs				23t	00
24	Other o	deduct				•	24	00
25	Total d	educti	ons. Add line 14 through line 24				25	00
26	Unrela	ted bu	siness taxable income before allowable excess advertising costs. Subtract line 25 from line 13			•	26	-556. 00
			tising costs (Schedule H, Part III, Column B)			•	27	00
28	Unrela	ted bu	siness taxable income before specific deduction. Subtract line 27 from line 26			•	28	-556.00
	Specifi					•	29	1,000.00
30	Unrela	ted bu					30	-556. 00
		l o lea searc	siness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28 rn about your privacy rights, how we may use your information, and the consequences for not providing the requested into for privacy notice. To request this notice by mail, call 800.852.5711.	ormation	n, go to	ftb.ca	a.gov a	and
Sigi	ı	Undei	penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and t omplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	o the bes	st of my	knov	vledge	and belief, it is true, correct,
Her	c	Sign	ature Title	Date				 Telephone
		of of	ficer ▶ BOARD CHAIR				4	108-995-5219
D-:		Prep	arer's Date	Check i	if self-		T	• PTIN
Paid	d parer's	signa	ature ► 09/29/16	employ	red 🕨	<u> </u>		00445699
	Only	Firm	s name (or yours,				T	• FEIN
	•	l	f-employed) DELUCCHI HAWN, LLP				_ [94-2847272
		and a	address 333 W. SANTA CLARA ST. STE 750					Telephone
			SAN JOSE, CA 95113-1716					108-286-2200
		May	the FTB discuss this return with the preparer shown above? See instructions					● X Yes No

Schedule A	Cost of Goods Sold and/or Operations.						
Method of inventory	valuation (specify)		N/A				
1 Inventory at beg	ginning of year					1	00
2 Purchases						2	00
3 Cost of labor					•	3	00
4 a Additional IR	C Section 263A costs. Attach schedule					4a	00
b Other costs. A	Attach schedule				•	4b	00
5 Total. Add line 1	1 through line 4b					5	00
6 Inventory at end	d of year					6	00
7 Cost of goods s	sold and/or operations. Subtract line 6 fror	m line 5. Enter here and on	Side 2, Part I, line 2			7	00
	IRC Section 263A (with respect to propert	ty produced or acquired for	resale) apply to this	organiz	ation?	L	Yes X No
Schedule B	Tax Credits. Do not claim the New Emplo	syment Credit on Schedule	В.				
1 Enter credit nan	me	code •	• 1		00		
2 Enter credit nan	me	code •			00		
3 Enter credit nan	me	code •	• 3		00		
4 Total. Add line 1	1 through line 3. If claiming more than 3 c	redits, enter the total of all	claimed credits,				
	ployment Credit, on line 4. Enter here and	on Side 1, line 11c				4	00
Schedule K	Add-On Taxes or Recapture of Tax.			_/ Z	·		
	tation under the look-back method for con				•	1	00
2 Interest on tax a	attributable to installment: a Sales of ce	ertain timeshares or residen	tial lots		•	2a	00
	b Method for	r non-dealer installment obl	igations		•	2b	00
3 IRC Section 197	7(f)(9)(B)(ii) election to recognize gain on	the disposition of intangibl	es	7	•	3	00
4 Credit recapture	e. Credit name				•	4	00
5 Total. Combine	the amounts on line 1 through line 4		<u></u> .	<u></u>		5	00
Schedule R	Apportionment Formula Worksheet. Use	e only for unrelated trade or	r busin `ame				
Part A. Standard Me	<mark>ethod - Single-Sales Factor Formula</mark> . Co	mplete this part only if the	corporation is the	single-	sales factor formula		
			Total hin ar		(b) Total within Cal	lifornia	(C) Percent within California [(b) ÷ (a)] x 100
1 Total Sales					•		
	percentage. Divide total sales column (b		,				
• •	e result by 100. Enter the result here and c						•
	r Formula. Complete this part only if the		ctor formula.				
			(a) Total within ar	nd	(b) Total within Cal	lifornia	(C) Percent within
			outside Califo				California [(b) ÷ (a)] x 100
1 Property factor:	:		•		•		•
	Wages and other compensation of employ		•		•		•
	ross sales and/or receipts less returns and		•		•		•
	ge: Add the percentages in column (c)						
	tionment percentage: Divide the factor or	n line 4 by 3 and enter the					
•	on Form 109, Side 1, line 2. See instruction	•					
	Rental Income from Real Property and F		with Real Property				•
	debt-financed property, use Schedule D, R&TC Sec			zations. S	See instructions for exce	ptions.	
1 Description of propert	ty			2 Ren	t received or accrued		centage of rent attributable to sonal property
							%
							%
							%
4 Complete if any item i	in column 3 is more than 50%, or for any item ed on the basis of profit or income		5 Complete if any iter	n in colur	nn 3 is more than 10%, t	out not m	
(a) Deductions directly of		(b) Income includible, column 2 less column 4(a)	(a) Gross income report		(b) Deductions directly con with personal property	nected	(c) Net income includible, column 5(a) less column 5(b
Add columns 4/h) ==	nd column F(a) Enter have and an Cide C	Port L line 6	L		I		I
Aud coluinns 4(b) at	nd column 5(c). Enter here and on Side 2,	raiti, iiie o					

022 3643154 Form 109 C1 2015 **Side 3**

THE CATHOLIC COMMUNITY FOUNDATION OF SANTA CLARA COUNTY

 $8\,3 - 0\,4\,0\,0\,1\,4\,9 \\ _{528991\ 02\text{-}25\text{-}16}$

Schedule D Unrelated I	Debt-Finance	d Income										
1 Description of debt-financed property			2 Gross income to	3 Deducti	ons directly c	financed property						
	allocable to del property	ot-financed	(a) Straigl	(a) Straight-line depreciation		ation (b) Other		er deductions				
A Amount of average acquisition indebtedness on or allocable to debt-financed property A Average adjudy of or allocable debt-financed		le to	6 Debt basis percentage, column 4 ÷ column 5		7 Gross income reportable, column 2 x column 6		colum	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6		l of g		ome s) includible, n 7 less column 8
				%								
				%								
				%								
Total. Enter here and on Side 2,	Part I, line 7											
		R&TC Section	on 23701g,	Section 2	23701i, or Section	n 23701r	n Organizat	ion				
1 Description		2 Amount		3 Deduc connec	tions directly cted	4 Net inv	estment inco	me, in 3 5 S	et-aside	s	6	Balance of investment income, column 4 less column 5
							/ _					
							_/ ^	\perp				
Total. Enter here and on Side 2,	Part I, line 8						^ <u></u>					
Enter gross income from memb						<u></u> ,	<u></u>					
Schedule F Interest, A	nuities, Roya	alties and Rei	nts from Co	ntrolled (-		<u> </u>					
					Exempt Contro	lled Ory.	ions					
1 Name of controlled organizations		2	2 Employer Identification Number		3 Net unrelated income (loss,	4 Tour Payme		that the corga		art of column (4) at is included in e controlling ganization's oss income		6 Deductions directly connected with income in column (5)
1												
2												
3				_/								
Nonexempt Controlled Organiz	ations											
7 Taxable Income					v nrelated ome (loss)	9	Total of spe payments		tha the org	rt of colum at is include e controlling ganization's oss income	ed in g s	11 Deductions directly connected with income in column (10)
1												
2												
3												
4 Add columns 5 and 10												
5 Add columns 6 and 11												
6 Subtract line 5 from line 4. E	nter here and	on Side 2, Pa	rt 1, line 9									
	xempt Activit											
Description of exploited activity (att schedule if more than one unrelated is exploiting the same exempt activ	activity b	Gross unrelated usiness income rom trade or usiness	3 Expenses connected production unrelated income	d with on of	4 Net income frounrelated trade or business, column 2 less column 3	from is no	ss income a activity that of unrelated ness income	6 Expen attribu colum	table to	6 less c	e, colum column 5 more tha	4 less column 7
												1
												1
												1
												1
Total. Enter here and on Side 2,	Part I, line 10											

Schedule H Advertising Income	and Exce	ess Advertisir	ng Costs									
Part I Income from Periodicals Rep			ted Basis									
1 Name of periodical 2		2 Gross advertising income		3 Direct advertising costs		4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete column 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.		lation ne 6	6 Readership costs		7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0	
Totals	1											
Part II Income from Periodicals Re	ported o	n a Separate	Basis					<u> </u>				
			-		-							
			+		-							
Part III Column A - Net Advertising	Income				Par	t III Colur	I nn B - Л	ess Advertisi	na Ca	nete		
(a) Enter "consolidated periodical" and/or		(b) Enter total a	mount from P	art I,		nter "consolidated		" and/or	iig o	(b) Enter total	amou	nt from Part I, column 4,
names of non-consolidated periodicals	'		7, and amount listed in		names of non-consolir		solir' a i	olir' u , "cals		and amount		ed in Part II, column 4
		,					7					
Enter total here and on Side 2, Part I, line	11				Enter	tota hare and	l on C	2, Part II, line	27			
Schedule I Compensation of Off	ficers, D	irectors, and	Trustees									
1 Name of Officer		2 SSN or I	TIN	3 Titl	e			4 Percent of time devoted to business	5	Compensation attributable to unrelated busing	ess	6 Expense account allowances
								9/	<u>, </u>			
					<u> </u>			9/	\neg			
				-		<u> </u>		9/	\neg			
					-			9	\neg			
				-	-//-			9/				
Total. Enter here and on Side 2, Part II, lir Schedule J Depreciation (Corpo		and Associati	one only. T	ruoto uo	E	TD 200EE \						
1 Group and guideline class or description of property	2	Date acquired (mm/dd/yyyy)	10.00	ost or other		4 Depreciation allowed or a	llowable	5 Method of computing		6 Life or rate	7	Depreciation for this year
4 Tatal additional finat danuariatio	- / d a . a a	. :				in prior years	s	depreciation			+	
1 Total additional first-year depreciatio2 Other depreciation;	11 (00 110	t include in ite	enis below)			<u> </u>			·····		+	
Buildings Furniture and fixtures											+	
Transportation equipment											\top	
Machinery and other equipment												
Other (specify)												
· · · · · · · ·												
3 Other depreciation											1	
4 Total												
5 Amount of depreciation claimed else	where or	return										
6 Balance. Subtract line 5 from line 4. I	Enter her	e and on Side	e 2, Part II,	line 21a .							L	

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FORM 109	NATURE OF	TRADE OR	BUSINESS	STATEMENT 13

INDIRECT INVESTMENT IN PARTNERSHIP THAT ENGAGE IN TRADE OR BUSINESS

TO FORM 109, PAGE 1

FORM 109 INCOME OR (LOSS) FROM PARTNE LIABILITY COMPANIES OR S	 STATEMENT 14
DESCRIPTION	AMOUNT
LONE JUNIPER LP	-556.
TOTAL TO FORM 109, PAGE 2, LINE 5	-556.