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Car)	
3(10)	ŧ

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

29 393 2	5108900	3,8
Return	OMB No 1545-0687	1606
6/30 , 20 16	2015	24

•	,	For cale	ndar year 2015 or other tax year begin	nìng	07/01,201	5, and endin	g 06/30 .:	20_16_	2015	31
Departmen	t of the Treasury	Information about Form 990-T and its instructions is available at www.irs gov/form990t.								
Internal Rev	enue Service	▶ Do	not enter SSN numbers on this form a	c)(3)	Open to Public Inspection 501(c)(3) Organizations Oi	for nly				
	Check box if	,							eyer identification number eyees' trust, see instructions)	ır
	address changed		CATHOLIC CHARITIES C	F TF	IE ARCHDIC	CESE		(Cp.o	yees trust, see instructions y	20
	under section		OF WASHINGTON]	,					
X 501	(C)(3)	Print	Number, street, and room or suite no. It	faPO	box, see instructi	ons		53-01	196524	
408	3(e) 220(e)	or Type	ļ						ated business activity co	des
408	3A530(a)	,,,,,	924 G STREET NW					(328 111	structions)	
529	9(a)		City or town, state or province, country	, and Z	IP or foreign posta	al code				
C Book va	alue of all assets		WASHINGTON, DC 20001					81293	30	
	-	F Gro	oup exemption number (See instruction	ons)	<u> </u>					(
	096,563.		eck organization type 🕨 X 501			501(c)		401(a)	trust Other t	rust
H Desc	ribe the organiz	ation's p	orimary unrelated business activity	► PAI	RKING LOT	REVENUE				
I Durin	g the tax year,	was the	corporation a subsidiary in an affili	ated gr	oup or a parent	-subsidiary c	ontrolled group?		▶ Yes X_	No
			identifying number of the parent cor	poration	on 🕨					
J The b	ooks are in care	e of 🕨	MJ MORROW			Telephon	e number 🕨 🤄	(202)77	72-4314	
Part I	Unrelated	Trade (or Business Income		(A) Inc	ome	(B) Exper	nses	(C) Net	
1a Gr	ross receipts or	sales	6,000.	<u> </u>						
b Les	ss returns and allowa	inces	c Balance ▶	1c		6,000.				
2 Co	ost of goods so	ld (Sched	dute A, line 7)	2						
3 Gr	oss profit Sub	tract line	2 from line 1c	3		6,000.			6,0	00.
4a Ca	apital gain net i	ncome (a	attach Schedule D)	4a						
b Ne	et gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b						
c Ca	apital loss dedu	ction for	trusts	4c					<u> </u>	
5 inc	come (loss) from	partnershi	ips and S corporations (attach statement)	5	<u> </u>					
6 R	ent income (Sch	edule C)		6	L					
7 Ur	nrelated debt-fi	nanced ir	ncome (Schedule E)	7						
8 Int	erest, annuities, roya	lties, and re	ents from controlled organizations (Schedule F)	8					<u> </u>	
9 Inv	estment income of a	a section 50	01(c)(7), (9), or (17) organization (Schedule G)	9						
9 EN EN AC 124	ploited exempt	activity i	income (Schedule I)	10						
120 Ac	dvertising incon	ne (Sched	dule J)	11					<u></u>	
12 01	ther income (Se	ee instruc	ctions, attach schedule)	12						
			rough 12	13		6,000.				00.
Part I	Deductio	ns Not	Taken Elsewhere (See insti	ructio	ns for limita	tions on d	eductions)(Except f	or contributions,	
<u></u>	deduction	s must	t be directly connected with t	he ur	related bus	ness/nco	mg/ED	<u> </u>		
14; Co	ompensation of	officers,	, directors, and trustees (Schedule K)		ا . ا - ا		ိ ် ် ် ် 	. 14	ļ	
15 Sa	alaries and wage	es			<u> </u> 83	AUG'3 (O . 3016 . IO	. 15		
	epairs and main	itenance						. 16	3,8	18.
也 Ba	ed debts				. [r	ļ	
118 In	terest (attach s	chedule)				OGDE	$V_{i} \cup T_{i} \cdots$	18	 	
	axes and license	s						<u>19</u>		8.
		,	See instructions for limitation rules)						 	
			1 4562)					_	1	
			d on Schedule A and elsewhere on re		-			22b	 	
									ļ	
			compensation plans						ļ	
			is						 	
			(Schedule I)						 	
			Schedule J)						 	
			schedule)						 	26
			es 14 through 28							26.
			ble income before net operating						 	74.
			tion (limited to the amount on line 30						 	7.4
			le income before specific deduction			n line 30	· · · · · · · · ·			$\frac{74.}{00}$
33 Si	necitic deductio	n (Gene	rally \$1,000, but see line 33 instruc	aons f	or exceptions)			33	1 1,0	00.

Unrelated business taxable income. Subtract line 33 from line 32 If line 33 is greater than line 32,

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PAGE 1

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Par	• Ш	rax Computation									
35*	Organia	ations Taxable as Co	orporations. Se	e_instruction	s for tax com	putation	Controlled gro	oup	}		
	`member	s (sections 1561 and 1563)) check here 🕨	See inst	ructions and						
а	Enter yo	our share of the \$50,000,	\$25,000, and \$	9,925,000 ta	ixable income b	rackets	(in that order)	,			
	(1) \$		(2) \$		(3) \$				1		
b		ganization's share of (1) Add	itional 5% tax (no	t more than \$	11.750)	\$					
	(2) Addi	ional 3% tax (not more than	\$100,000)		, ,, , , , , , ,	\$					
c	Income	ax on the amount on line 34						▶ 350	; 		176.
36		Taxable at Trust R									
	the amo	unt on line 34 from	ax rate schedule o	or Dsc	hedule D (Form 1	1041)		▶ 36			
37		x. See instructions						-			
38											
39	Total. A	ve minimum tax dd lines 37 and 38 to line 35	c or 36, whicheve	er applies				(1) 39			176.
Par		Tax and Payments						1767 -2			
		tax credit (corporations atta	ch Form 1118, tru	ists attach Fori	n 1116)	40a			1		
		edits (see instructions)									
		business credit Attach Forr						─ │ "			
		or prior year minimum tax (a									
	Total cr	edits. Add lines 40a through	40d			<u></u>		406			
41		line 40e from line 39									176.
42	Other tax	es Check if from Form 42	55 Form 861	1 Form 8	697 Form 88	366	Other (attach schedu	le) 42			
43		k. Add lines 41 and 42	_					W 43			176.
		ts A 2014 overpayment cre						٠, ٨	 		
		timated tax payments									
c	Tax den	osited with Form 8868			USC	44c	3	10.	ļ		
	Foreign	organizations Tax paid or v	vithheld at source (see instruction	s)	44d					
-		withholding (see instructions						1			
f		or small employer health ins									
a		edits and payments	Form 2	2439				1,			
9	F.	orm 4136	Other		Total ▶	440					
45		yments. Add lines 44a throi						45			310.
46	_	ed tax penalty (see instruction							1		
47		If line 45 is less than the to									
48	Overpa	ment. If line 45 is larger that	an the total of line	es 43 and 46, 6	enter amount over	paid		48			134.
49	Enter the	amount of line 48 you want C	redited to 2016 es	timated tax 🕨			134 . Refunde	49			
Pai	rt V	Statements Regard	ing Certain A	Activities a	nd Other Int	format	t ion (see instru	ctions)		_	
1	At any f	ime during the 2015 calend	lar year, did the o	rganization ha	ve an interest in	or a sigr	nature or other aut	hority ove	r a financial	Yes	No
	account	(bank, securities, or other) ii	n a foreign country	y? If YES, the	organization may	have to	file FinCEN Form 1	14, Repo	rt of Foreign		
	Bank an	d Financial Accounts If YES,	enter the name o	f the foreign c	ountry here 🕨 _					L	Х
2	During	he tax year, did the organiza	ation receive a dis	tribution from	or was it the gra	antor of,	or transferor to, a	foreign tr	ust ⁷		Х
	If YES, s	ee instructions for other form	ns the organization	n may have to	file						
3	Enter th	e amount of tax-exempt inte	erest received or a	ccrued during	the tax year 🕨 💲				_		
Sch	<u>edule</u>	A - Cost of Goods S	old. Enter meth	nod of invent	ory valuation 🕨	·					
1	Invento	y at beginning of year . 1			6 Inventory a	t end of	year	6			
2		es <u>2</u>	<u> </u>		7 Cost of	goods	sold. Subtract	ine	1		
3	Cost of	labor <u>3</u>	<u> </u>		6 from II	ne 5	Enter here and	ın	1		
4 a		al section 263A costs			Part I, line 2	2		7			
	(attach	schedule) 4a			8 Do the	rules o	f section 263A	(with	respect to	Yes	No
b		osts (attach schedule) . 4b	<u>'</u>		property	•	•		ale) apply		l
5		dd lines 1 through 4b - 5	<u> </u>							<u> </u>	X
	U	nder penalties of perjury I declare ie, correct and complete Demaration	triat i nave examined of preparer (other than	inis return, inclutampayer) is based	iding accompanying s on all information of wi	cnedules a hich prepai	ing statements, and to rer has any knowledge	the best of	my knowledge	and bei	net, it is
Sig	4	DAMAI	1111	11-1	-17 han			May the	e IRS discuss	this	retum
Hei		7 / / / / WW	m -	Deta	<u> </u>	NIOK '	VP AND CFO		e preparer si	_	-n 1
	L_s	gnature of officer Print/Type preparer's name		Date	Title	15-	т Т	(see instri	rctions)? X Y	es	No
Paid	d			Preparer's sid	ruj E Blau	၂ Da	1/11/2017	Check L	J	2664	.7
	parer	WHITNEY E. BLAIR Firm's name ► KPMG L		1 300.00	-		1,11,201,	self-employ	12 556		
	Only	Firm's name RPMG LI		I. DPIVE	STE. 1200			Firm's EIN	703-28		
		MCLEAN,		n Duine'	51E. 1200	-		Phone no			
		MCLEAN	, VA 22102						Form 9	JU-1	(2015)

JSA

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Schedule C - Rent Income (see instructions)	(From Real P	roperty a	nd Personal Prope	rty	Leased Wi	th Real Prope	erty)	,
Description of property	-							
(1)								
(2)								
(3)								
(4)								
<u> </u>	2. Rent recei	ved or accru	ed					
(a) From personal property (if the for personal property is more than 50%)	ian 10% but not	percent	From real and personal pro lage of rent for personal pro r if the rent is based on pro	perty	exceeds			nnected with the income) (attach schedule)
(1)								
(2)								
(3)								
(4)								
		T-4-1						
Total (c) Total income Add totals of cohere and on page 1, Part I, line 6	, ,					(b) Total deducti Enter here and o Part I, line 6, colu	n page 1,	
Schedule E - Unrelated D			ee instructions)			Tare 1, line 0, cold	mm (b) P	
		(0)	2 Gross income from		3 De	ductions directly co	onnected w	
1 Description of det	oc-inianoeu property		allocable to debt-financed property			line depreciation schedule)		Other deductions attach schedule)
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)		6 Cotumn 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)				%				
(2)				%				
(3)				%				
(4)				%				······································
Totals	tions included in c	es, and F	Rents From Contro	lled	Part I, line Organizati	and on page 1, 7, column (A) ons (see instru	Part I,	ere and on page 1, line 7, column (B)
		트	xempt Controlled Or	janı	zations	1	***	
Name of controlled organization	2 Employe identification nu		3 Net unrelated income (loss) (see instructions)		otal of specified ayments made	5 Part of column included in the o organization's gro	controlling	6 Deductions directly connected with income in column 5
(1)]		
(2)								
(3)						1		
(4)	İ		······································	 				
Nonexempt Controlled Organ	nizations	<u> </u>						·
7. Taxable Income	8 Net unrelate (loss) (see inst		9 Total of specific payments made		include	t of column 9 that is	co	1 Deductions directly nnected with income in
	(1000) (300 1113)		paymont made		organiz	ation's gross income	e	column 10
(1)								·-
(2)		_	 			 		
(3)						<u>. </u>		·
(4)								
					Enter I	columns 5 and 10 nere and on page 1, , line 8, column (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
Totals	<u> </u>	<u></u>		• •	.▶	<u>.</u> .		Form 990-T (2015

Schedule G - Investment In	come of a Sec	tion 501(c)((7), (9	9), or (17) Orga	nizat	ion (see inst	ruct	ons)		
1 Description of income	2 Amount of	3 Deductions income directly connected				4 Sel			5 Total deductions and set-asides (col 3	
			(attach schedule)			(allau)			plus col 4)	
(1)		·								
(2)										
(4)										
	Enter here and								Inter here and on page 1,	
	Part I, line 9, c	olumn (A)							Part I, line 9, column (B)	
Totals ▶										
Schedule I - Exploited Exe	mpt Activity In	come, Other	r Tha	n Advertising In	com	e (see instru	ction	ns)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected wif production o unrelated business incon	rth of	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5 Gross income from activity that is not unrelated business income 6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)							\vdash		 	
(2)							┢			
(3)			7				_		†	
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Part I line 10, col (E	1,						Enter here and on page 1, Part II, line 26	
Totals										
Schedule J - Advertising In										
Part I Income From Per	iodicals Report	ted on a Con	<u>nsolic</u>	dated Basis					 _	
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos	ests	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income		Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)]	
(3)					_					
(4)							<u> </u>		 	
T-1-1 (1- B-1 ((5))			1							
Part II Income From Pe 2 through 7 on a l	riodicals Repo		epara	ate Basis (For e	each	periodical I	ıste	d in Part	II, fill in columns	
1 Name of periodical	2 Gross advertising income	3 Direct advertising cos	ests	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5	Circulation income	1		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										
(2)										
(3)										
(4)					<u> </u>					
Totals from Part I ▶	Enter here and on	Enter here and	100						Fater have and	
Table Down Winner 4.5)	page 1, Part I, line 11, col (A)	page 1, Part line 11, col (E	1, }						Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5) ▶ Schedule K - Compensation	n of Officers C)irectors an	d Tri	Istees (see instri	iction	9)				
	on onicers, E	incotors, an			1011011	3. Percent of		4 Compo	nsation attabutable to	
1 Name		 		2 Trtle	\downarrow	time devoted to business		4 Compensation attributable unrelated business		
<u>(1)</u> <u>(2)</u>		 			\dashv		<u>%</u> %			
(3)		 			\dashv		% %			
(4)		 			\dashv		%			
Total. Enter here and on page 1, F	Part II, line 14	<u> </u>		<u> </u>						
ICA .									Form 990-T (2015)	