ž										$\mathcal{Q}$		
	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						rn	OMB No 1545-0047				
For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30							20 20 9M <b>1</b> 0					
							·—  <u>2</u> 015					
		partment of the Treasury ernal Revenue Service  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)							c)(3).	Open to Public Inspection for 501(c)(3) Organizations Only		
121	Ā	Check box if		Name of organization ( Check b	ox if na	me changed and see inst	truction	s)		yer identification number		
20	_	address changed		CATHOLIC CHARITIES	(Employ	yees' trust, see instructions )						
ಞ	BEX	empt under section	] -	OF WASHINGTON								
0	X	501( 97) 3 )	Print	Number, street, and room or suite no	lf a P C	box, see instructions			53-01	53-0196524		
≽	1,	408(e) 220(e)	Type							ated business activity code		
MAY	4	408A 530(a)		924 G STREET NW					(See ins	structions )		
		529(a)		City or town, state or province, countr	]							
	C Boo											
Z	ate	•		up exemption number (See instruct								
SCANNE		58,095,404.	G Che	ck organization type   X 501	(c) co	rporation	501(c)	) trust	401(a) t	401(a) trust Other trust		
K	H Er	nter the number of	the orga	nization's unrelated trades or busine	sses	<b></b> _		Describe	the only	he only (or first) unrelated		
	tra	ade or business her	re <b>▶</b>			if only	y one,	complete Parts I	-V If more	/ If more than one, describe the		
Wo	fır	st in the blank spa	ce at the	end of the previous sentence, cor	mplete	Parts I and II, comple	ete a S	chedule M for ea	ch addition	al		
	$\overline{}$	ade or business, th								<del></del>		
	i Di	uring the tax year,	was the	corporation a subsidiary in an affili	ated g	roup or a parent-subsi	idiary c	controlled group?		▶ Yes X No		
		<del></del>		identifying number of the parent co	rporati				0 370	4201		
		ne books are in care		<del></del>			ephon	e number ▶ 20				
	Par	art I Unrelated Trade or Business Income				(A) Income		(B) Expen	ses	(C) Net		
	1a Gross receipts or sales									·		
	b	Less returns and allowa		c Balance ▶		<u> </u>						
	2			ule A, line 7)	2							
	3	•		2 from line 1c	3					<del></del>		
	4a Capital gain net income (attach Schedule D)			4a								
	b			Part II, line 17) (attach Form 4797)	4b		$\mathcal{A}$	RECE	IVED	<del></del>		
	с 5			rusts	4c 5		/   _	<u> </u>	<del></del>			
	6			an S corporation (attach statement)	6	<del>/</del>	18	MAR 0	2021	<del>                                     </del>		
	7			come (Schedule E)	7	<del></del>	1		- 2021	Iể		
	8			nts from a controlled organization (Schedule F)	<del></del> -		$\top$	OCDE	1 1 17-			
	9	•		I(c)(7), (9), or (17) organization (Schedule G)				OGDE	<del>Ч, ∪ ।</del>			
	10			ncome (Schedule I)	10							
	11		-	ule J)	11							
	12			tions, attach schedule)	12							
	13			ough 12	13		0.					
	Par	t II Deduction	ns Not	Taken Elsewhere (See instr	ructio	ons for limitations	on d	eductions ) (I	Deductio	ns must be directly		
`)		\connected	d with th	ne unrelated business incom	e')							
$\overline{}$	14	Compensation of	officers,	directors, and trustees (Schedule K)					14			
	15			<b>./</b>								
	16											
	17			<i>. f</i>						<u> </u>		
	18			see instructions)					18			
	19			<i>. [</i>					19_			
	20			4562)								
	21			on Schedule A and elsewhere on re					21b	<u> </u>		
	22			/								
	23			compensation plans						<del></del>		
	24			· · · · · · · · · · · · · · · · /						<u> </u>		
	25 22	Excess exempt ex	perises (S	Schedule I),		<u> </u>			25	<del></del>		
	26 27	Excess readership	costs (So	chedule J)	1.1	~~~·~~			26	<del></del>		
	27 20	Total deductions	(attach s	chedule)	ربب	٠ <del> /</del>			27			
	28 20	Lincolnia busines	Add lines	s 14 through 27		- Contraction Subtract			. 28			
	29 20	/										
	30 31			g loss arising in tax years beginning income. Subtract line 30 from line	_							
				lotice, see instructions.	25.	<u> </u>		· <u>.</u>		Form <b>990-T</b> (2019)		
	-								$\sim$	1 5000 - 1 (2015)		

Pai	rt III	Total Unrelated Business Taxable Income					
32	Total`	of unrelated business taxable income computed from all unrelated trades or businesses (s	ee	1			
	instruc	ions)	L	32			
33	Amoun	s paid for disallowed fringes	[	33			
34	Charita	ole contributions (see instructions for limitation rules)	[	34			
35		inrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract li	ne 🛚	$\top$			
		the sum of lines 32 and 33		35			0.
36		on for net operating loss arising in tax years beginning before January 1, 2018 (s		$\top$			
•••		ons)	- 1	36			
37		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	- 1-	37			
38		·	· · ⊢	38			
39	-	deduction (Generally \$1,000, but see line 38 instructions for exceptions)		<del>**  -</del>			
35		ed business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 3		20			0.
Des		e smaller of zero or line 37	<u> </u>	39			
		Tax Computation	T	40			
40	_	ations Taxable as Corporations Multiply line 39 by 21% (0 21)		40.			
41	Trusts	Taxable at Trust Rates. See instructions for tax computation Income tax of	- 1				
		ount on line 39 from Tax rate schedule or Schedule D (Form 1041)		41			
42		ax. See instructions		42			
43		ive minimum tax (trusts only)	٠ . [	43			
44		Noncompliant Facility Income. See instructions		44			
45		dd lines 42, 43, and 44 to line 40 or 41, whichever applies		45			
Par		Tax and Payments					
46 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)					
b	Other c	redits (see instructions)	]				
C	Genera	business credit Attach Form 3800 (see instructions)					
ď	Credit f	or prior year minimum tax (attach Form 8801 of 8821)					
е	Total c	edits. Add lines 46a through 46d	🗠	46e\			
47	Subtrac	t line 46e from <u>line 45 </u>	[	47			
48		es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedul	e) . 「	48			
49	Total ta	x. Add lines 47 and 48 (see instructions)	[	49			0.
50	2019 ne	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 31	Г	50			
51 a	Paymer	ts A 2018 overpayment credited to 2019		$\neg \vdash$			
b	2019 es	timated tax payments	0.	- []			
С		osited with Form 8868		7			
d		organizations Tax paid or withheld at source (see instructions)	_				
е		withholding (see instructions)					
f		or small employer health insurance premiums (attach Form 8941)	$\neg$	-			
g g		edits, adjustments, and payments Form 2439	_				
9		orm 4136 Other Total > 51g					
52		syments. Add lines 51a through 51g	$\neg$	52		18.	100.
53	•	ed tax penalty (see instructions) Check if Form 2220 is attached		53			
54		. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54			
<b>∿</b> 55		ment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	_	18.	100.
56	•	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ <del> </del>	56			100.
	t VI	amount of line 55 you want Credited to 2020 estimated tax ► Refunded Statements Regarding Certain Activities and Other Information (see instruction)				10,	<u></u>
						Yes	No
57	•	time during the 2019 calendar year, did the organization have an interest in or a signature		,	-	163	140
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•				ł
		Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of t	ne re	oreign	country		v
	here ▶					<del></del> -	X
58	_	he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a f	oreigi	1 trust?			├─
	•	see instructions for other forms the organization may have to file					
59		e amount of tax-exempt interest received or accrued during the tax year ▶\$					
	l tn	der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to t e, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	the bes	t of my	knowledge	and beli	ef, it is
Sigr	u   🚩		May	the IF	RS discuss	this r	etum
Her	1 —	SENIOR VP AND CFO	with	the p	reparer sh		
	S	gnature of officer Date	(see ı	nstruction	15)?X Ye	s	No
		Print/Type preparer's name Preparer's signature Date	Check	ıf	PTIN		_
Paid		MARC DEDCED // // // // // // // // // // // // //		ployed	P018	7156	3
•	oarer	Firm's name ▶ BDO USA, LLP	ım's E		13-538		
use	Only	Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102 P	hone r	703	3-893-0	0600	

CATHOLIC CHARITIES OF THE ARCHDIOCESE 53-0196524 Page 3 Form 990-T (2019) Schedule A - Cost of Goods Sold. Enter method of inventory valuation 1 Inventory at beginning of year. Inventory at end of year . . . . . . . . . 6 Purchases . . . . . . . . . . . Cost of goods sold. Subtract line 6 from line 5 Enter here and in Part 3 Cost of labor . . . . 4a Additional section 263A costs Yes Nο (attach schedule) . . . . . . 4a Do the rules of section 263A (with respect to b Other costs (attach schedule) . 4b property produced or acquired for resale) apply Х to the organization? . Total. Add lines 1 through 4b . 5 Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (b) From real and personal property (if the 3(a) Deductions directly connected with the income (a) From personal property (if the percentage of rent for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, Part I, line 6, column (B) here and on page 1, Part I, line 6, column (A) . . . . . ▶ Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2 Gross income from or debt-financed property 1 Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4 Amount of average 5. Average adjusted basis 8 Allocable deductions 6. Column acquisition debt on or of or allocable to 7 Gross income reportable (column 6 x total of columns 4 divided allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) property (attach schedule) (attach schedule) % (1)

%

%

%

Enter here and on page 1.

Part I, line 7, column (A)

Form 990-T (2019)

Enter here and on page 1,

Part I, line 7, column (B)

(2)

(3)

(4)

Total dividends-received deductions included in column 8 . . . . .

Form 990-T (2019)		C CHARIT								196 <u>524</u> Page 4	
Schedule F - Interest, Ann	uities, Royaltie	s, and Rer	nts Fr	om Contro	lled O	rgani	<b>zations</b> (s	ee instructi	ions)		
1 Name of controlled organization	2 Employer identification num	ber 3 No	et unrel	ated income instructions)	4. Total	ons of speci ents mad	includes in the controlling		6 Deductions directly connected with income in column 5		
(1)											
(2)											
(3)						_				<u> </u>	
(4)	<del> </del>			<del> </del>							
Nonexempt Controlled Organia						10	Part of colum	in Othat is	1 47	1 Deductions directly	
7 Taxable Income 8. Net unrelated (loss) (see instri		<b>I</b>		Total of specified payments made		included in the co		ontrolling con		nnected with income in column 10	
(1)						<u> </u>			-		
(2)	<del></del>								ļ. <u> </u>	<del></del>	
(3)	_ <del>-</del>							<u> </u>	-		
(4)							dd columns 5	and 10	Δ.	dd columns 6 and 11	
•						En	ter here and o	n page 1,	Ent	ter here and on page 1, irt I, line 8, column (B)	
Totals	· · · · · · · · · · · · · · · · · · ·			(0) (47	<u></u> ▶	4			<u> </u>		
Schedule G-Investment Ir	ncome of a Se	ction 501(	c)(7),			nızati			г	5 Total deductions	
1 Description of income	2 Amount o	f income	ane 3 Deductions directly connected (attach schedule)		nected			Set-asides h schedule)		and set-asides (col 3 plus col 4)	
(1)			1		<u> </u>	{					
(2)			+								
(3)		<u> </u>									
(4)	Enter here and	on page 1	-							Enter here and on page 1,	
Enter here and on page Part I, line 9, column (		column (A)	A)						Part I, line 9, column (B)		
Totals			<u> </u>				<del>-</del> -				
Schedule I - Exploited Exe	empt Activity In	come, Oth	er Th	an Adverti	sing ir	come	(see instr	uctions)			
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	with n of d	4 Net incomfrom unrelate or business 2 minus coll If a gain, coll coll 5 thro	ed tradé (column umn 3) ompute	from IS N	ross income activity that of unrelated ness income	attributable to		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)								<del> </del>			
(2)											
(3)											
(4)											
T-1112	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	ert I,						Enter here and on page 1, Part II, line 25		
Totals ▶ Schedule J- Advertising In	como (soo instr	uctions)		<u>.                                    </u>							
Part I Income From Per			neol	idated Ras	is	-				<del></del>	
ratti income i fom i en	Culcais Report	lea on a ot	711301	luated Das		!		T		<del></del>	
1 Name of periodical	2 Gross advertising income  3 Direct advertising of			2 minute col 2) if		5 Circulation income		6 Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										•	
(2)											
(3)											
(4)											
									_		
Totals (carry to Part II, line (5))										Form <b>990-T</b> (2019)	

V 19-7.7F

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)		•				
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)			•			
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	uctions)		
1 Name		2 .	Title	3 Percent of time devoted to	4 Compensation	on attributable to ,

unrelated business % (2) ATCH 1 % % (3) (4) % Total. Enter here and on page 1, Part II, line 14.

Form **990-T** (2019)

ATTACHMENT 1

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
MR. KEVIN VIROSTEK 924 G STREET NW WASHINGTON, DC 20001	DIRECTOR	0	0.
TOTAL COMPENSATION			0.