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990-T	Exempt Organization	Busir	ness Inco	me Ta	x Retu	rn	OMB No 1545-004	7
	(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning 07/01, 2019, and ending 06/30, 202 ►Go to www.irs.gov/Form9907 for instructions and the latest information.						୭ଲ 10	
Department of the Treasury	► Go to www irs.aov/Form990	T for inst	ructions and the	latest inf	ormation.		<u> </u>	
nternal Revenue Service	Do not enter SSN numbers on this form a						Open to Public Inspection 501(c)(3) Organizations	on for Only
A Check box if	Name of organization (Check be	ox if name o	changed and see ins	structions)	_		yer identification numi	
address changed	CATHOLIC CHARITIES (OF THE	ARCHDIOCE	SE		(Emple	yees dust, see instructions,	,
B Exempt under section	OF WASHINGTON					1		
X 501(C 10 3)	Print Number, street, and room or suite no I	faPO box	x, see instructions				196524	
408(e) 220(e)	Type						ated business activity of structions)	code
408A530(a)	924 G STREET NW						•	
529(a)	City or town, state or province, country		or foreign postal code	е				
C Book value of all assets at end of year	WASHINGTON, DC 2000							
-	F Group exemption number (See instructi		- , ,			T		
	G Check organization type ► X 501		ration	<u>5</u> 01(c) tr		401(a)		r trust
	the organization's unrelated trades or busine	sses >				•	(or first) unrelated	L_
trade or business her		nalata Da		•	•		e than one, describe th	ne
•	ice at the end of the previous sentence, cor	npiele Pa	rts i and ii, compi	ete a Schi	edule IVI for ea	ich additior	ıaı	
	en complete Parts III-V was the corporation a subsidiary in an affili	ated group	or a parent-subs		trolled group?		Yes X	No.
-	ame and identifying number of the parent cor		· ·	naiai y Wil	aonea group?			
J The books are in care		P 0.00.0		lephone r	number > 20	2-772-	-4301	
Part I Unrelated	Trade or Business Income		(A) Income		(B) Exper		(C) Net	
1a Gross receipts or					 •			
b Less returns and allows	nces c Balance	1c				_		
2 Cost of goods so	d (Schedule A, line 7)	2						
3 Gross profit Sub	tract line 2 from line 1c	3						
4a Capital gain net ii	ncome (attach Schedule D)	4a			/			
b Net gain (loss) (Fo	rm 4797, Part II, line 17) (attach Form 4797)	4b			RF	CEI/	/CD	
c Capital loss dedu	ction for trusts	4c			- 11	<u> ULI</u>		
5 Income (loss) from a p	artnership or an S corporation (attach statement)	5			10	~ ~ 4	2021 8	
6 Rent income (Sch	edule C)	6			्र SE	PUI	4 ^{UZI} (6)	
7 Unrelated debt-fir	nanced income (Schedule E)	7	/		im!		≝	
8 Interest, annuities, roya	ilties, and rents from a controlled organization (Schedule F)	8	·			DEN		
	section 501(c)(7), (9), or (17) organization (Schedule G)	,8°			A STATE OF THE STA			
	activity income (Schedule I)	10						
	ie (Schedule J)	11						
	ee instructions, attach schedule)	12		0.				_
Total. Combine li	nes 3 through 12	13	for lumitations		luctions \ /	Daduatio	no must be direct	nėl.
	d with the unrelated business incom						ons must be aired	cuy
	officers, directors, and trustees (Schedule K)							
5 Salaries and wage	es					14		
6 Repairs and main	tenance					16		
7 Bad debts						17		
8 Interest (attach se	chedule) (see instructions).					18		
	s							
	ich form 4562)			j				
	claimed on Schedule A and elsewhere on re					21b		
	· · · · · · · · · · · · · · · · · · ·							
	leferred compensation plans							
	programs							
	penses (Schedule I).							
	costs (Schedule J)							
	(attach schedule)							
8 Total deductions.	Add lines 14 through 27					28		
nrelated busine	ss taxable income before net operating	loss ded	uction Subtract	line 28	from line	13 29		
							1	
/	operating loss arising in tax years beginning taxable income Subtract line 30 from line	-	• •	•				

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′Par	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	32			
33	Amounts paid for disallowed fringes				
34	Charitable contributions (see instructions for limitation rules)	 			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line	54			
33		125			0.
	34 from the sum of lines 32 and 33	35			
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instructions)	36			
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38			
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39			0.
Par	t IV Tax Computation				
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40			
		1		-	
41	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on	1			
	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)				
42	Proxy tax. See instructions	42			_
43	Alternative minimum tax (trusts only)	43			
44	Tax on Noncompliant Facility Income. See instructions	44			
45	Total, Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par	t V /				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a	T			
-	Other credits (see instructions)	1			
		1			
	General business credit Attach Form 3800 (see instructions)	1			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	-			
е	Total credits. Add lines 46a through 46d				
47	Subtract line 46e from line 45				
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48			
49	Total tax Add lines 47 and 48 (see instructions)	49			0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			
51 a	Payments A 2018 overpayment credited to 2019				
b	Payments A 2018 overpayment credited to 2019	1			
	Tax deposited with Form 8868	1			
	· · · · · · · · · · · · · · · · · · ·	1			
	Foreign organizations Tax paid or withheld at source (see instructions)	-			
e	Backup withholding (see instructions)	-			
Ť	Credit for small employer health insurance premiums (attach Form 8941)	4			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 51g]			
52	Total payments. Add lines 51a through 51g	52		18,1	100.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55 ,	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55		18,1	100.
561	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ Refunded ▶	56		18,1	100.
Par					
				Yes	No
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		· · ·	163	. 140
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	-			1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	foreign	country		1
	here ►				Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust?	,		Χ
	If "Yes," see instructions for other forms the organization may have to file				
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		1		
	Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the t	best of my	knowledge a	nd beli	ef, it is
Sigr	true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge				
		•	RS discuss		
Here		-	preparer sho		7
		e instruction		s	No
Paid	Print/Type preparer's name Preparer's signature Date Chec	:k∐ ıf	PTIN		
	MARC DEAGER // ////////// Self-e	employed_	P0187		
Prep	Only Firm's name BDO USA, ELF V Firm's		13-5381		
ose	Only Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102 Phoni	e no 70	3-893-0	600	

Form 990-T (2019)					_				F	⊃age 3
Schedule A - Cost of Go	ods Sold. Er	ter method	d of inventory	valuation						
1 Inventory at beginning of ye	ear . 1		6	Inventory	at end of yea	ar	6			
2 Purchases	2		7	Cost of	goods so	ld. Subtract line				
3 Cost of labor	3			6 from lu	ne 5 Enter	here and in Part				
4a Additional section 263A cos	sts			I, line 2			7			
(attach schedule)	4a	4a			8 Do the rules of section 263A (with respect to					No
b Other costs (attach schedule				property	produced	or acquired for	resa	e) apply		
5 Total. Add lines 1 through 4						<u> </u>				Х
Schedule C - Rent Income	(From Real P	roperty a	nd Personal	Property	Leased V	Vith Real Proper	ty)			
(see instructions)	•	-				·	•			
Description of property										-
(1)										
(2)										_
(3)						· ·	_			_
(4)										-
	2. Rent recei	ved or accru	ed							
(a) From personal property (if the p			rom real and pers	sonal property	(if the	3(a) Deductions di	rectly co	onnected with	the inco	me
for personal property is more than 10% but not percentage of rent f							ns 2(a) and 2(b) (attach schedule)			
(1)										_
(2)										
(3)										•
(4)										
Total		Total								
(c) Total income. Add totals of col	lumns 2(a) and 2(b) Enter				(b) Total deductio Enter here and on				
here and on page 1, Part I, line 6,		•				Part I, line 6, colun				
Schedule E - Unrelated De	bt-Financed I	ncome (se	e instructions)						
		'	2 Gross inco	me from or	3 [Deductions directly con			le to	
1 Description of debt-	-financed property		allocable to de	bt-financed	(a) Strainh	debt-finance			dione	
			prope	rty	(attach schedule)		(b) Other deductions (attach schedule)			
(1)										
(2)										
(3)										
(4)										
4 Amount of average	5. Average adjus		S. Calu					Allocable ded		
acquisition debt on or allocable to debt-financed	of or allocal debt-financed			duvided 7 Gross income reportable (colum		mn 6 x total o		ns		
property (attach schedule)	(attach sche		by colur	nn 5	(column	1 2 x column 6)	•	3(a) and 3(t)))	
(1)				%						
(2)				%						
(3)		_		%						
(4)				%						
<u> </u>					Enter her	e and on page 1,	Ente	here and o	n page	1,
						e 7, column (A)	Part	I, line 7, colu	ımn (B	3)
Totals										
Total dividends-received deduction								-		

Joneddie 1 – Interest, Alli	idides, Noyalde			ontrolled Or			Lations (s	ee manucu	0113)	
Name of controlled organization	2 Employer identification number	ber 3 No	Net unrelated income 4. Total of specified included in the controlling connections.		6 Deductions directly connected with income in column 5					
(1)			•		1	_				
(2)				-						
(3)										
(4)								_		
Nonexempt Controlled Organi	zations									
7 Taxable Income	8 Net unrelated (loss) (see instruc			Total of specifical		inc	Part of colur luded in the anization's gr	controlling		Deductions directly nected with income in column 10
(1)	=	-								
(2)						_				
(3)										-
(4)										<u> </u>
Totals			· · ·		▶	En Pá	dd columns ter here and court I, line 8, co	on page 1, Numn (A)	En	dd columns 6 and 11 ter here and on page 1, art I, line 8, column (B)
Schedule G-Investment I	ncome of a Se	ction 501(c)(7),			nizati	on (see in	structions)		
1 Description of income	2 Amount o	f income		3 Deduction directly contact (attach school)	nnected		4 Set-asides (attach schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)										
(2)				 						
(3)										
(4)										
Totals ▶ Schedule I – Exploited Exe	Enter here and Part I, line 9, c	column (A)	or Th	on Advort	ioina In					Enter here and on page 1, Part I, line 9, column (B)
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected productior unrelate business inc	es with n of d	4. Net incorfrom unrelation business 2 minus colf a gain, cocols 5 three	ne (loss) led trade (column lumn 3) ompute	5 G from	ross income activity that ot unrelated ness income	s income 6 Expenses attributable to include 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										"
(2)							-	1		
(3)										
(4)										
	Enter here and on page 1, Part I, line 10, col (A)	Enter here and page 1, Paralline 10, col	rt I,					Enter here and on page 1, Part II, line 25		
Totals ▶ Schedule J- Advertising Ir	como (con insti	uotiono\		J						
				idata d Das						
Part I Income From Per	logicals Report	ed on a Co	nsoi	idated Bas	SIS			<u> </u>		
1 Name of periodical	2 Gross advertising income	3 Directadvertising of		4 Advertigan or (los 2 minus co a gain, co cols 5 thro	s) (col of 3) If mpute	ol 5 Circulation 6 Readership income costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)				<u> </u>				_		
(2)								1		
(3)								1		1
(4)				<u> </u>						
Totals (carry to Part II, line (5))			•							
								ı		Form 990-T (2019)

Form 990°T (2019)

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 income	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 - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2) ATCH 1		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)

V 19-7.7F PAGE 54

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.