

1806  
2017

Form 990-T

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

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions ) <b>Catholic Community Services of Western Washington</b>	D Employer identification number (Employees trust see instructions) <b>91-1585652</b>
		Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 - 23rd Avenue South</b>	E Unrelated business activity codes (See instructions)
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		City or town, state or province, country, and ZIP or foreign postal code <b>Seattle, WA 98144-2302</b>	

C Book value of all assets at end of year **84,390,094.**

F Group exemption number (See instructions) **0928**

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **Peter Bernauer** Telephone number **206-328-5771**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) <b>Statement 1</b>	12	47,501.	47,501.
13	<b>Total.</b> Combine lines 3 through 12	13	47,501.	47,501.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	
29	<b>Total deductions.</b> Add lines 14 through 28	29	0.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	47,501.
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	47,501.
33	Specific deduction (Generally \$1,000 but see line 33 instructions for exceptions)	33	1,000.
34	<b>Unrelated business taxable income</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	46,501.

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Catholic Community Services of Western Washington

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Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here. 36 Trusts Taxable at Trust Rates. 37 Proxy tax. 38 Alternative minimum tax. 39 Tax on Non-Compliant Facility Income. 40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies. Total: 8,358.

Part IV Tax and Payments

41a Foreign tax credit. 41b Other credits. 41c General business credit. 41d Credit for prior year minimum tax. 41e Total credits. 42 Subtract line 41e from line 40. 43 Other taxes. 44 Total tax. 45a Payments. 45b 2017 estimated tax payments. 45c Tax deposited with Form 8868. 45d Foreign organizations' Tax paid or withheld at source. 45e Backup withholding. 45f Credit for small employer health insurance premiums. 45g Other credits and payments. 46 Total payments. 47 Estimated tax penalty. 48 Tax due. 49 Overpayment. 50 Enter the amount of line 49 you want credited to 2018 estimated tax. Total tax due: 8,358.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? 52 During the tax year, did the organization receive a distribution from, or was it the grantor of or transferor to, a foreign trust? 53 Enter the amount of tax-exempt interest received or accrued during the tax year.

Sign Here

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

Signature of officer: [Signature] Date: 5/14/19 Title: Vice President

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No

Paid Preparer Use Only

Print/Type preparer's name: Susan Reilly. Preparer's signature: [Signature]. Date: 05/14/19. Check self-employed: [ ]. PTIN: P00531805. Firm's name: CliftonLarsonAllen LLP. Firm's EIN: 41-0746749. Firm's address: 1325 4th Avenue, Suite 1705, Seattle, WA 98101-2528. Phone no.: 206-624-2380.

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**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶ N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					
					8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No

**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

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income Add totals of columns 2(a) and 2(b) Enter here and on page 1, Part I, line 6, column (A)

(b) Total deductions Enter here and on page 1 Part I line 6 column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) 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. Column 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			Enter here and on page 1 Part I line 7 column (A) 0.	Enter here and on page 1 Part I line 7 column (B) 0.
Total dividends-received deductions included in column 8			0.	0.

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**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>			Add columns 5 and 10 Enter here and on page 1 Part I line 8 column (A)	Add columns 5 and 11 Enter here and on page 1 Part I line 8, column (B)
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				

<b>Totals</b>		Enter here and on page 1 Part I line 9 column (A)	Enter here and on page 1 Part I line 9 column (B)
		0.	0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	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)						
(2)						
(3)						
(4)						

<b>Totals</b>		Enter here and on page 1 Part I line 10 col (A)	Enter here and on page 1 Part I line 10 col (B)	Enter here and on page 1 Part II line 25
		0.	0.	0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)						

<b>Totals (carry to Part II, line (5))</b>			0.	0.	0.
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**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)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		0.	
(2)		0.	
(3)		0.	
(4)		0.	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

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Other Income

Statement 1

Description

Amount

Qualified transportation fringe benefits

47,501.

Total to Form 990-T, Page 1, line 12

47,501.

Form 990-T	Line 35c Tax Computation	Statement 2
1.	Taxable Income . . . . .	46,501
2.	Lesser of Line 1 or First Bracket Amount . .	46,501
3.	Line 1 Less Line 2 . . . . .	0
4.	Lesser of Line 3 or Second Bracket Amount . .	0
5.	Line 3 Less Line 4 . . . . .	0
6.	Income Subject to 34% Tax Rate . . . . .	0
7.	Income Subject to 35% Tax Rate . . . . .	0
8.	15 Percent of Line 2 . . . . .	6,975
9.	25 Percent of Line 4 . . . . .	0
10.	34 Percent of Line 6 . . . . .	0
11.	35 Percent of Line 7 . . . . .	0
12.	Additional 5% Surtax . . . . .	0
13.	Additional 3% Surtax . . . . .	0
14.	Total Income Tax	<u>6,975</u>
15.	Tax at 21% Rate effective after 12/31/2017	<u>9,765</u>
	Days	
16.	Tax Prorated for Number of Days in 2017 184	3,516
17.	Tax Prorated for Number of Days in 2018 181	4,842
18.	Total Tax Prorated	<u>8,358</u>

Tentative Minimum Tax (TMT) Proration Statement 3

Tentative minimum tax for the entire year . . .	1,300.	
TMT in effect before 01/01/2018 . . . . .	1,300.	
TMT in effect after 12/31/2017 . . . . .	0.	
		Days
TMT prorated for number of days in 2017 . . 184	655.	
TMT prorated for number of days in 2018 . . 181	0.	
TMT prorated . . . . . 365		655.