

Amended Return - Section 512(a)(7) Repeal  
Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

Form 990-T

OMB No 1545-0687

2017

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  Check box if address changed  
B Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Name of organization (  Check box if name changed and see instructions.)  
**Catholic Community Services of Western Washington**  
Number, street, and room or suite no. If a P.O. box, see instructions.  
**100 - 23rd Avenue South**  
City or town, state or province, country, and ZIP or foreign postal code  
**Seattle, WA 98144-2302**

D Employer identification number (Employers must see instructions)  
**91-1585652**  
E Unrelated business activity codes (See instructions)

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.

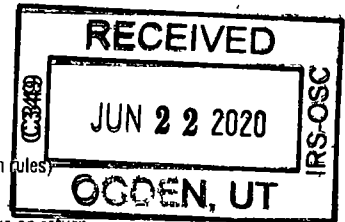
J The books are in care of **Peter Bernauer** Telephone number **206-328-5771**

Part I Unrelated Trade or Business Income

|  | (A) Income | (B) Expenses | (C) Net |
|--|------------|--------------|---------|
| 1a 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          |              |         |
| 4a 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)                                | 12         |              |         |
| 13 Total. Combine lines 3 through 12   | 13         | 0.           |         |

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 |  | 22b    |
| 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 Total deductions. Add lines 14 through 28  | 29  |  | 0.     |
| 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | 30  |  | 0.     |
| 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  |  | 0.     |
| 33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)  | 33  |  | 1,000. |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | 34  |  | 0.     |



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Community Support

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and

**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

**b** Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

**c** Income tax on the amount on line 34 ▶ 35c 0.

**36 Trusts 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 Proxy tax.** See instructions ▶ 37

**38 Alternative minimum tax** 38

**39 Tax on Non-Compliant Facility Income** See instructions 39

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 0.

**Part IV Tax and Payments**

**41a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a

**b** Other credits (see instructions) 41b

**c** General business credit. Attach Form 3800 41c

**d** Credit for prior year minimum tax (attach Form 8801 or 8827) 41d

**e** Total credits. Add lines 41a through 41d 41e

**42** Subtract line 41e from line 40 42 0.

**43 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) 43

**44 Total tax.** Add lines 42 and 43 44 0.

**45a** Payments: A 2016 overpayment credited to 2017 45a

**b** 2017 estimated tax payments 45b

**c** Tax deposited with Form 8868 45c

**d** Foreign organizations: Tax paid or withheld at source (see instructions) 45d

**e** Backup withholding (see instructions) 45e

**f** Credit for small employer health insurance premiums (Attach Form 8941) 45f

**g** Other credits and payments  Form 2439  Other 8,358. Total 45g 8,358.

**46 Total payments.** Add lines 45a through 45g 46 8,358.

**47** Estimated tax penalty (see instructions). Check if Form 2220 is attached  47

**48 Tax due.** If line 46 is less than the total of lines 44 and 47, enter amount owed 48

**49 Overpayment.** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 8,358.

**50** Enter the amount of line 49 you want credited to 2018 estimated tax 50 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? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No

**52** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file Yes No

**53** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ S

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, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer Susan K. Reilly Date 6/4/20 Title Vice President

**Paid Preparer Use Only**

Print/Type preparer's name Susan K. Reilly, CPA Preparer's signature Susan K. Reilly, CPA Date 06/03/20 Check  if self-employed if PTIN P00531805

Firm's name CliftonLarsonAllen LLP Firm's EIN 41-0746749

Firm's address 10700 Northup Way, Suite 200 Bellevue, WA 98004 Phone no. 425-250-6100

**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 |  |   |   |  | Yes No |
| 4b | Other costs (attach schedule)                   | 4b |  |   | 8   | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? |        |
| 5  | 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   |   | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (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) |   |
| (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) **0.**

(b) Total deductions. Enter here and on page 1 Part I, line 8, 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)   |   | 0.   |   |   |
| (2)   |   | 0.   |   |   |
| (3)   |   | 0.   |   |   |
| (4)   |   | 0.   |   |   |
| Totals  |   |  | Enter here and on page 1 Part I line 7 column (A) <b>0.</b> | Enter here and on page 1 Part I line 7 column (B) <b>0.</b>         |
| Total dividends-received deductions included in column 8  |   |  | <b>0.</b>   | <b>0.</b>   |

Catholic Community Services of Western

Form 990-T (2017) Washington

91-1585652

Page 4

**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<br>Enter here and on page 1, Part I line 8, column (A)          | Add columns 6 and 11<br>Enter here and on page 1, Part I line 9, column (B) |

**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)   |

**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 4 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 26                                      |

**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> |                             |                             |  |                       |                     |   |

Form 990-T (2017)

Catholic Community Services of Western

Form 990-T (2017) Washington

91-1585652

Page 5

**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.   |

Form 990-T (2017)

Footnotes

Statement 1

The Form 990-T is being amended to remove the taxable employee transportation benefits previously reported under IRC Section 512(a)(7), which has been repealed, and to claim a refund of the resulting taxes paid and estimated payments.

Form 990-T

Other Credits and Payments

Statement 2

Description

Amount

Qualified Transportation Fringe tax

8,358.

Total included on Form 990-T, Page 2, Part IV, line 45g

8,358.