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Form	990-T	E	empt Orgar ا and			siness Ir der sectio			rn [OMB No 1545-0	687
.•	-	For cale	ndar year 2018 or othe	-					20 <u>19</u> .	2018	ł
Departmen	nt of the Treasury		► Go to www.irs.	.gov/Form990	T for i	nstructions a	nd the latest	information.	L		
Internal Re	evenue Service	. ▶ Do	not enter SSN number	s on this form	as it ma	y be made pub	lic if your org	anization is a 501(c)(3)	Open to Public Inspenses 501(c)(3) Organization	ction for a
	Check box if address changed		Name of organization	(Check b	ox if na	me changed and	see instruction	ıs)		oyer identification nu oyees' trust, see instruction	
		ł							(2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	ot under section	5	CATHOLIC CH							_	
X 50	1(C /() 3)	Print or	Number, street, and ro	oom or suite no	If a P O	box, see instruc	tions			196620	
40	8(e) 220(e)	Type								ated business activit estructions)	y code
40	8A530(a)		2050 BALLEN						,	,	
	9(a)	Į	City or town, state or		-	IP or foreign pos	tal code				
C Book v at end	alue of all assets of vear		ALEXANDRIA,			_			L		
	, ,		up exemption numbe				- 				
			ck organization type				501(0) trust	401(a)	trustOth	er trus
H Enter	r the number of	the orga	inization's unrelated tr	ades or busine	esses	▶			•	(or first) unrelated	
	or business her						-	-		e than one, describe	: the
fırst ı	n the blank spa	ce at the	end of the previous	sentence, co	mplete	Parts I and II,	complete a S	chedule M for ea	ch additior	nal	
	or business, the										
			corporation a subsidi	-	•	•	t-subsidiary	controlled group?		▶ Yes [N
			identifying number of	f the parent co	rporati	on 🕨			2 5:0	1656	
	ooks are in care							e number ▶ 70			
			or Business Inco	me	1	(A) Inc	ome	(B) Exper	ises	(C) Net	nicon de
1a Gr	ross receipts or s	sales		- .							
	ss returns and allowa			c Balance ▶	_						1 1 1
	-	-	ule A, line 7)					Part of the second			-
			2 from line 1c		3						
			ttach Schedule D)		4a			THE STATE OF THE S	Control States	*	
			Part II, line 17) (attach i	-				党经报 独介	den stranger		
			rusts		4c						
			r an S corporation (attach sta			 		新生物的产品	a constitute.		
										 	
			come (Schedule E)							 	
			nts from a controlled organiz							·	
			1(c)(7), (9), or (17) organiza		\vdash			<u> </u>		 	
		-	ncome (Schedule I)		10					ļ	
			lule J)		11			建筑建筑	Chienal Condition		
			tions, attach schedule		12		0.		- The Contract	· <u> </u>	
			ough 12						Event f	or contributions	
raith	_		be directly conn	•					Except i	or corninguions	,
14 Co			directors, and trustees			il elated bus			. 14	T	
15 Sa	laries and wage	onicers, i	unectors, and trustees	RFC	FIV	ED				 	
			l l			[
17 Ba	od debte	chance ,		1441	· · ·				. 17	-	
18 Int	erest (attach so	hedule) (see instructions).	J. JAN 2	17	120 19			18		
19 Ta	exes and licenses		300 1130 400 1013).		• • •				. 19	-	
20 Ch	aritable contrib	utions (S	ee instructions for lin		ĖŃ	lir -			20		
21 De	orreciation (atta	ch Form	4562)	maneri was 5/1	1. 7				20		
			on Schedule A and e						22b	1	
23 De			· · · · · · · · · · · · · · · ·							<u> </u>	
24 Co			ompensation plans							 	
										 	
?5 ⊏~			Schedule I).							 	
25 En ?6 ⊑∽	COOS EVELUPI EX									 	
25 En 26 Ex 27 Ex	cass readership									 	
26 Exe 27 Exe	cess readership	(attach re						_		 	
28 Otl	her deductions	-							1 40	ł.	
28 Otl 29 To	her deductions tal deductions.	Add lines	s 14 through 28								
18 Otl 19 To 10 Un	her deductions ital deductions. irelated busines	Add lines	s 14 through 28 le income before n	et operating	loss	deduction Su	btract line	29 from line 1	3 30		130427
28 Otl 29 To 30 Un 31 De	her deductions stal deductions. related busines duction for net	Add lines ss taxabl operating	s 14 through 28	et operating	loss ng on a	deduction Su r after January	ibtract line 1, 2018 (sei	29 from line 1 einstructions).	30	The same of the sa	河

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	CATHOLIC CHARITI	ES, U.S.A			53-0	0196620
	990-T (2018)					Page 2
Par						
33	Total of unrelated business taxable income computed				'	
	instructions)				<u> </u>	
34	Amounts paid for disallowed fringes ,					-
35	Deduction for net operating loss arising in tax years					
	instructions),					
36	Total of unrelated business taxable income before spe	cific deduction	n. Subtract I	ine 35 from the	sum	
	of lines 33 and 34					
37	Specific deduction (Generally \$1,000, but see line 37 instruc	tions for excepti	ons)	<i></i>	35 37	1,000.
38	Unrelated business taxable income. Subtract line 37 f					
	enter the smaller of zero or line 36		<u></u>	<u></u>	3/8	0.
Par	IV Tax Computation					
39	Organizations Taxable as Corporations. Multiply line 38 by 2	1% (0 21)			▶ 39	
40	Trusts Taxable at Trust Rates. See instruction	ns for tax	computatio	n Income tax	on 鬘図	
	the amount on line 38 from Tax rate schedule or	Schedule I	O (Form 1041)		▶ 40	
41	Proxy tax. See instructions				▶ 41	
42	Alternative minimum tax (trusts only)					
43	Tax on Noncompliant Facility Income. See instructions					
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever a					
Par	V Tax and Payments					
45 a	Foreign tax credit (corporations attach Form 1118, trusts atta	ch Form 1116).	45	a	200	
	Other credits (see instructions)				13502201	
	General business credit Attach Form 3800 (see instructions)					
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		450	<u> </u>		
	Total credits. Add lines 45a through 45d					
46	Subtract line 45e from line 44					
47	Other taxes Check if from Form 4255 Form 8611	Form 8697	Form 8866	Other (attach sched	ule) . 47	
48	Total tax. Add lines 46 and 47 (see instructions)				48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-				1 1 1	
50 a	Payments A 2017 overpayment credited to 2018		50	a	3 4	
ь	2018 estimated tax payments		501	o	3333	
С	Tax deposited with Form 8868		· 5/0/50	17,5	500	
d	Foreign organizations Tax paid or withheld at source (see inst	ructions)	500			
	Backup withholding (see instructions)					
f	Credit for small employer health insurance premiums (attach I	orm 8941)	501	<u> </u>		
g	Other credits, adjustments, and payments Form 2439					
	Form 4136 Other		Total ► 50g	3		•
51	Total payments. Add lines 50a through 50g	. .	<i>.</i> ! .		51	17,500.
52	Estimated tax penalty (see instructions) Check if Form 2220 i	s attached			<u> 52</u>	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 5	2, enter amoun	owed		. ▶ 53	
54	Overpayment. If line 51 is larger than the total of lines 48, 4	9, and 52, enter	amount overp	aid	54	17,500.
<u>5</u> 5	Enter the amount of line 54 you want	ax 🕨		Refunde	d ∯	17,500.
¹ Part	VI Statements Regarding Certain Activit	ies and Ot	<u>her Inform</u>	iation (see instru	ctions)	
56	At any time during the 2018 calendar year, did the c	rganization ha	ive an intere	st in or a signatui	e or other	
	over a financial account (bank, securities, or other) in	a foreign co	ountry? If "Ye	es," the organization	n may hav	e to file country
	FinCEN Form 114, Report of Foreign Bank and Finan	cial Accounts	If "Yes," e	nter the name of	the foreign	country 激烈 多語
	here >					X
57	During the tax year, did the organization receive a distribution	n from, or was	it the grantor	of, or transferor to, a	foreign trust	
	If "Yes," see instructions for other forms the organization may	nave to file				37 SE
58	Enter the amount of tax-exempt interest received or accrued of					通知是
	Under penalties of perjury, I declare that I have examined this retu true, correct, and complete Declaration of preparer (other than taxpayer)				the best of m	y knowledge and belief, it is
Sign		S TOSCO ON ON MITOLI	Manual or William pre	spare nes any knomedge	May the	RS discuss this return
Here			CFO			preparer shown below
		ate	7 TiNe	<u></u>	(see instruction	ons)? X Yes No
Deta	Print/Type preparer's name Prepa	rer's signature		Date	Check if	PTIN
Paid	MARC BERGER	Marcill	200	1/17/2020	self-employed	P01871563

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Form 990-T (2018)

Firm's EIN ▶ 13-5381590

Phone no 703-893-0600

Preparer

Use Only

Firm's name BDO USA, LLP

Firm's address ▶ 8401 GREENSBORO DRIVE, #800, MCLEAN, VA 22102

Form 990-T (2018)					Page :
Schedule A - Cost of Goods Sold. E	nter method	of inventory valuation	>		
1 Inventory at beginning of year . 1	_			ar	6
2 Purchases 2				ld. Subtract line	3° 0 . *
3 Cost of labor		6 from	line 5 En	ter here and in	4 (
4a Additional section 263A costs		Part I, line	2		7
(attach schedule) 4a		8 Do the	rules of	section 263A (v	with respect to Yes No
b Other costs (attach schedule) . 4b	<u> </u>			or acquired for	
5 Total. Add lines 1 through 4b . 5		to the org	anization?		x
Schedule C - Rent Income (From Real I	Property ar	nd Personal Property	Leased V	ith Real Prope	rty)
(see instructions)					
1. Description of property		- 			
(1)		 .			
(2)		<u> </u>			
(3)		 -			
(4)					
2. Rent rece	ived or accrue	ed			
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	percenta	rom real and personal property age of rent for personal property of the rent is based on profit or	y exceeds		irectly connected with the income (a) and 2(b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total	Total			4.5	
(c) Total Income. Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A)				(b) Total deduction Enter here and or Part I, line 6, colu	n page 1,
Schedule E - Unrelated Debt-Financed		e instructions)			
		2 Gross income from or	3. [nnected with or allocable to
1. Description of debt-financed property		allocable to debt-financed	(a) Straigh	it line depreciation	ced property (b) Other deductions
		property		ch schedule)	(attach schedule)
(1)					
(2)					
(3)					
(4)					
4 Amount of average adju- acquisition debt on or of or alloca- allocable to debt-financed debt-financed property (attach schedule) (attach sch	able to property	6 Column 4 divided by column 5		ncome reportable 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	_	%			
(2)		%			
(3)		%			
(4)		%			
Totals			Enter her Part I, lin	e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)

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Schedule F-Interest, Ann	unics, royanic				ontrolled Or			-41	0113 (300	<u> </u>	0113)		
Name of controlled organization	2 Employer Identification number		3. Net unrelated (loss) (see instru					of specified		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)						ļ							
(4)						L							
Nonexempt Controlled Organi			1				40		·	0.45-4		B. I. I	
7. Taxable income	Income 8 Net unrelated income (loss) (see instructions)		9 Total of specified payments made			10. Part of column s included in the con organization's gross			ntrolling	con	. Deductions directly nected with income in column 10		
(1)													
(2)			_										
(3)							<u> </u>						
(4)	·						ļ		olumns 5 a		-	d columns 6 and 11	
Totals	come of a Sec	ction 5	 501(c)	(7),			P	art I,	ere and on line 8, colu	mn (A)		er here and on page 1, t I, line 8, column (B)	
1. Description of income	2. Amount o	fincome			3 Deduction of the 3 directly correctly correc	nected				t-asides schedule)		5. Total deductions and set-asides (col 3 plus col 4)	
(1)													
(2)													
(3)													
(4)	Enter here and		4	6-5- 4-34		anti de la Prancia	* 77. Valling	. 2738	ter ver and our	ا ومحمول (العرب الأدار) . (12 مور	- 15-2	Enter here and on page 1	
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c			r Th	an Adverti	sing In	com	e (s	ee instru	ctions)		Part I, line 9, column (B)	
1. Description of exploited activity	2. Gross unrelated business income from trade or business	conn prod ur	Expenses firectly lected widuction of hrelated less incol	ith of	4. Net inconfrom unrelated or business 2 minus collected for a gain, collected for the second	ed tradé (column umn 3) ompute	from	acti	income vity that prelated income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	-												
(2)													
(3)				-								1	
(4)									-			1	
Totals ▶	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)		١,							Enter here and on page 1, Part II, line 26		
Schedule J- Advertising In	come (see instr	uctions)										
Part I Income From Peri	iodicals Report	ed on	a Cor	soli	dated Bas	sis							
1. Name of periodical	2 Gross advertising income	sing 3. Direct		2		s) (col 5 Circ 1 3) If inc			rculation 6. Readi			7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)					######################################					,			
(2)								•		_			
(3)										_			
(4)					第二章								
				_	THE COLOR STORE MANAGEMENT	145 243525						y: (アンテラペ PET 95 / 1 でん) - 1	
Totals (carry to Part II, line (5))												Form 990-T (2018)	

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)			T			
(4)						
Totals from Part I			13 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		计图100	
	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 27
Totals, Part II (lines 1-5) ▶			の数ない。		学是学校的	<u> </u>
Schedule K - Compensatio	n of Officers, D	irectors, and T	rustees (see instr	ructions)		
				3 Percent of		

1. Name

2. Title

3. Percent of time devoted to business

(1)

(2)

(3)

(4)

Total. Enter here and on page 1, Part II, line 14.....

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