

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2013 or other tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

## 2013

Department of the Treasury  
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

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

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

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</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)</p>	<p><b>Print or Type</b></p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE ROMAN CATHOLIC BISHOP OF SAN JOSE</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>1150 NORTH FIRST STREET, NO. 100</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SAN JOSE, CA 95112-4966</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>94-2734503</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>541800</b></p>
--	-----------------------------	--	--

**C** Book value of all assets at end of year: **183765862.**

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

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

**H** Describe the organization's primary unrelated business activity. ▶ **ADVERTISING INCOME & PROPERTY RENTAL INCOME**

**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 ▶ **FINANCE DEPARTMENT** Telephone number ▶ **(408) 983-0100**

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			
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c			
4 a Capital gain net income (attach Form 8949 and Schedule D)			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)			
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)	62,932.	69,213.	-6,281.
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)	191,702.	135,104.	56,598.
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	254,634.	204,317.	50,317.

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)			
15 Salaries and wages			
16 Repairs and maintenance			
17 Bad debts			
18 Interest (attach schedule)			
19 Taxes and licenses			
20 Charitable contributions (See instructions for limitation rules.)	STATEMENT 2 SEE STATEMENT 1		0.
21 Depreciation (attach Form 4562)	21	26,958.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	26,958.	22b 0.
23 Depletion			
24 Contributions to deferred compensation plans			
25 Employee benefit programs			
26 Excess exempt expenses (Schedule I)			
27 Excess readership costs (Schedule J)			56,598.
28 Other deductions (attach schedule)			
29 Total deductions. Add lines 14 through 28			56,598.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			-6,281.
31 Net operating loss deduction (limited to the amount on line 30)	SEE STATEMENT 3		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			-6,281.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)			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			-6,281.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48.

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, distribution from trusts, and tax-exempt interest received.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, and Total.

Signature section with fields for Sign Here, Signature of officer, Date, Title, and a box for 'May the IRS discuss this return with the preparer shown below (see instructions)?' with Yes/No options.

Paid Preparer Use Only section with fields for Print/Type preparer's name, Preparer's signature, Date, Check self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, and Phone 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)			
<b>2. Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>	
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <span style="float: right;">▶</span>		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) <span style="float: right;">▶</span>	
		0.	

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

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>		
			<b>(a) Straight line depreciation (attach schedule)</b> <b>STATEMENT 5</b>	<b>(b) Other deductions (attach schedule)</b> <b>STATEMENT 6</b>	
(1)	<b>OFFICE BUILDING</b>	114,840.	26,958.	99,344.	
(2)					
(3)					
(4)					
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b> <b>STATEMENT 7</b>		<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b> <b>STATEMENT 8</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 x column 6)</b>	<b>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
(1)	1,005,487.	1,834,721.	54.80%	62,932.	69,213.
(2)			%		
(3)			%		
(4)			%		
<b>Totals</b> <span style="float: right;">▶</span>			62,932.	69,213.	
<b>Total dividends-received deductions</b> included in column 8 <span style="float: right;">▶</span>			0.		

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

<b>1. Name of controlled organization</b>		<b>2. Employer identification number</b>	<b>Exempt Controlled Organizations</b>			
			<b>3. Net unrelated income (loss) (see instructions)</b>	<b>4. Total of specified payments made</b>	<b>5. Part of column 4 that is included in the controlling organization's gross income</b>	<b>6. Deductions directly connected with income in column 5</b>
(1)						
(2)						
(3)						
(4)						
<b>Nonexempt Controlled Organizations</b>						
<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's gross income</b>		<b>11. Deductions directly connected with income in column 10</b>	
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> <span style="float: right;">▶</span>			0.		0.	
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).		Add columns 6 and 11. Enter here and on page 1, Part I, line 8, 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>	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>	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) THE VALLEY						
(2) CATHOLIC	191,702.	135,104.		271,443.	419,966.	
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	191,702.	135,104.	56,598.	271,443.	419,966.	56,598.

**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>	191,702.	135,104.				56,598.
<b>Totals, Part II (lines 1-5)</b>	191,702.	135,104.				56,598.

**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)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
GET ON THE BUS	N/A	2,000.
SAFEHOUSE	N/A	2,000.
CATHOLIC CHARITIES OF SANTA CLARA COUNTY	N/A	1,000.
FRIENDS OF HUMAN RELATIONS OF SANTA CLARA COUNTY	N/A	1,000.
HISPANIC FOUNDATION OF SILICON VALLEY	N/A	1,000.
GUADALUPE HOPE SOCIETY	N/A	500.
SILICON VALLEY FACES	N/A	500.
CATHOLIC RELIEF SERVICES	N/A	400.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		8,400.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2008	
FOR TAX YEAR 2009	22,770
FOR TAX YEAR 2010	49,602
FOR TAX YEAR 2011	43,670
FOR TAX YEAR 2012	43,469

TOTAL CARRYOVER	159,511
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	8,400

TOTAL CONTRIBUTIONS AVAILABLE	167,911
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS 10% CONTRIBUTIONS	167,911
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	167,911

ALLOWABLE CONTRIBUTIONS DEDUCTION	0
-----------------------------------	---

TOTAL CONTRIBUTION DEDUCTION	0
------------------------------	---

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 3

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	577,885.	0.	577,885.	577,885.
06/30/10	13,713.	0.	13,713.	13,713.
06/30/11	2,464.	0.	2,464.	2,464.
06/30/12	118,483.	0.	118,483.	118,483.
06/30/13	38,310.	0.	38,310.	38,310.
NOL CARRYOVER AVAILABLE THIS YEAR			750,855.	750,855.

FORM 990-T	OTHER CREDITS AND PAYMENTS	STATEMENT 4
DESCRIPTION		AMOUNT
1099-DIV		14.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 44G		14.

FORM 990-T	SCHEDULE E - DEPRECIATION DEDUCTION	STATEMENT 5	
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		26,958.	
- SUBTOTAL -	1		26,958.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			26,958.



FORM 990-T

SCHEDULE E - OTHER DEDUCTIONS

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TELECOMMUNICATIONS		454.	
GROUND TRANSPORTATION		296.	
CONFERENCE/MEETING OTHER		34.	
PROFESSIONAL SERVICES		216.	
SECURITY SERVICES		1,087.	
JANITORIAL & CLEANING		11,375.	
GARDENING		2,273.	
NURSERY		479.	
PROPERTY TAXES		5,802.	
INSURANCE		10,529.	
REPAIR/MAINT - LAND & BLDGS		8,280.	
PUBLIC UTILITIES		16,984.	
MISCELLANEOUS EXPENSES		26.	
BANK SERVICE FEES		190.	
FINANCING EXPENSES		6,486.	
INTEREST EXPENSE		34,833.	
- SUBTOTAL -	1		99,344.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			99,344.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
ACQUISITION DEBT		1,005,487.	
- SUBTOTAL -	1		1,005,487.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			<u>1,005,487.</u>

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR  
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE BUILDING BASIS		1,834,721.	
- SUBTOTAL -	1		1,834,721.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			1,834,721.

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	<b>THE ROMAN CATHOLIC BISHOP OF SAN JOSE</b>	<b>94-2734503</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	<b>1150 NORTH FIRST STREET, NO. 100</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	<b>SAN JOSE, CA 95112-4966</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**FINANCE DEPARTMENT**

- The books are in the care of ▶ **1150 NORTH 1ST STREET - SAN JOSE, CA 95112**  
Telephone No. ▶ **(408) 983-0100** Fax No. ▶ **(408) 983-0295**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization  
Business Income Tax Return

Calendar Year 2013 or fiscal year beginning (mm/dd/yyyy) 07/01/2013

and ending (mm/dd/yyyy) 06/30/2014

Corporation/Organization Name  
THE ROMAN CATHOLIC BISHOP OF SAN JOSE

California corporation number  
1020871

Address (suite, room, or PMB no.)  
1150 NORTH FIRST STREET, NO. 100

FEIN  
94-2734503

City  
SAN JOSE

State ZIP Code  
CA 95112-4966

- A First Return Filed?  Yes  No
- B Is this an education IRA within the meaning of R&TC Section 23712?  Yes  No
- C Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No
- D Final Return?  Dissolved  Surrendered (Withdrawn)  Merged/Reorganized (attach explanation) Enter date (mm/dd/yyyy) \_\_\_\_\_
- E Amended Return  Yes  No
- F Accounting Method Used: (1)  Cash (2)  Accrual (3)  Other
- G Nature of trade or business **SEE STATEMENT 1**

- H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)?  Yes  No
- I Is this organization claiming any Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits?  Yes  No
- J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)?  Yes  No
- K Unrelated Business Activity (UBA) Code **541800**
- L Is this a Hospital?  Yes  No If "Yes," attach IRS Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	• 1	-6,281.00	
	2	Multiply line 1 by the average apportionment percentage _____ % from the Schedule R, Apportionment Formula Worksheet, Part A, line 2 or Part B, line 5. See instructions	• 2	00	
	3	Enter the lesser amount from line 1 or line 2. If the unrelated business activity is wholly in California and Schedule R was not completed, enter the amount from line 1	• 3	-6,281.00	
Taxable Trust	4	Unrelated business taxable income from Side 2, Part II, line 30	• 4	00	
	5	Unrelated business taxable income from line 3 or line 4	• 5	-6,281.00	
Tax Computation	6	Enterprise zone, LAMBRA, LARZ, TTA, or Pierce's disease losses	• 6	00	
	7	Net Operating Loss deduction. See General Information N	• 7	00	
	8	Add line 6 and line 7	• 8	00	
	9	Net unrelated business taxable income. Subtract line 8 from line 5	• 9	-6,281.00	
	10	Tax <b>8.84</b> % x line 9. See General Information J	• 10	00	
	11 a	New jobs credit, amount generated. • a) _____	• 11b	00	
	11 c	Tax credits from Schedule B. See instructions	• 11c	00	
	11 d	Total Credits. Add line 11b and 11c	• 11d	00	
	Total Tax	12	Balance. Subtract line 11d from line 10. If line 11d is greater than line 10, enter -0-	• 12	00
		13	Alternative minimum tax. See General Information O	• 13	00
14		Total tax. Add line 12 and line 13	• 14	0.00	
Payments	15	Overpayment from a prior year allowed as a credit	• 15	00	
	16	2013 estimated tax payments. See instructions	• 16	00	
	17	2013 withholding (Form 592-B and/or 593.) See instructions	• 17	00	
	18	Amount paid with extension (form FTB 3539)	• 18	00	
	19	Total payments and credits. Add line 15 through line 18	• 19	00	
Refund (Direct Deposit of Refund) or Amount Due	20	Tax due. Subtract line 19 from line 14. Pay entire amount with return	• 20	00	
	21	Overpayment. Subtract line 14 from line 19	• 21	00	
	22	Enter amount of line 21 to be applied to 2014 estimated tax	• 22	00	
	23	Use tax. See instructions	• 23	00	
	24	Refund. If the sum of line 22 and line 23 is less than line 21, then subtract the total from line 21	• 24	00	
	24 a	Fill in the account information to have the refund directly deposited. Routing number	• 24a		
	24 c	Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	• 24c		
	25	Penalties and interest. See General Information M	• 25	00	
26	<input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.				
27	Total amount due. Add line 20, line 22, line 23, and line 25, then subtract line 21 from the result	• 27	00		

**Unrelated Business Taxable Income**

**Part I Unrelated Trade or Business Income**

1	a Gross receipts or gross sales	b Less returns and allowances	c Balance	1c	00
2	Cost of goods sold and/or operations (Schedule A, line 7)			2	00
3	Gross profit. Subtract line 2 from line 1c			3	00
4	a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	00
	b Net gain (loss) from Part II, Schedule D-1			4b	00
	c Capital loss deduction for trusts			4c	00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule			5	00
6	Rental income (Schedule C)			6	00
7	Unrelated debt-financed income (Schedule D)			7	-6,281.00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)			9	00
10	Exploited exempt activity income (Schedule G)			10	00
11	Advertising income (Schedule H, Part III, Column A)			11	0.00
12	Other income. Attach schedule			12	00
13	Total unrelated trade or business income. Add line 3 through line 12			13	-6,281.00

**Part II Deductions Not Taken Elsewhere** (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I			14	00
15	Salaries and wages			15	00
16	Repairs			16	00
17	Bad debts			17	00
18	Interest			18	00
19	Taxes			19	00
20	Contributions <b>SEE STATEMENT 2</b>			20	0.00
21	a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a	00		
	b Less: depreciation claimed on Schedule A	21b	00	21	00
22	Depletion			22	00
23	a Contributions to deferred compensation plans			23a	00
	b Employee benefit programs			23b	00
24	Other deductions			24	00
25	Total deductions. Add line 14 through line 24			25	00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	-6,281.00
27	Excess advertising costs (Schedule H, Part III, Column B)			27	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26			28	-6,281.00
29	Specific deduction			29	1,000.00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			30	-6,281.00

Under penalties of perjury, I declare that I prepared this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. (Preparer's preparation only) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  PTIN: P00188643

Firm's name (or yours, if self-employed): **MOSS ADAMS LLP** FEIN: 91-0189318

and address: **9665 GRANITE RIDGE DRIVE, SUITE 600** Telephone: 858-627-1400

**SAN DIEGO, CA 92123**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**Schedule A Cost of Goods Sold and/or Operations.**

Method of inventory valuation (specify)

N/A

1 Inventory at beginning of year	1	00
2 Purchases	2	00
3 Cost of labor	3	00
4 a Additional IRC Section 263A costs. Attach schedule	4a	00
b Other costs. Attach schedule	4b	00
5 Total. Add line 1 through line 4b	5	00
6 Inventory at end of year	6	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization?  Yes  No

**Schedule B Tax Credits. Do not claim the New Jobs Credit on Schedule B.**

1 Enter credit name	code	1	00
2 Enter credit name	code	2	00
3 Enter credit name	code	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Jobs Credit, on line 4. Enter here and on Side 1, line 1c		4	00

**Schedule K Add-On Taxes or Recapture of Tax.**

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
b Method for non-dealer installment obligations	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4 Credit recapture. Credit name	4	00
5 Total. Combine the amounts on line 1 through line 4	5	00

**Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.**

**Part A. Standard Method - Single-Sales Factor Formula.** Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales			
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			

**Part B. Three Factor Formula.** Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

**Schedule C Rental Income from Real Property and Personal Property Leased with Real Property**

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

**Schedule D Unrelated Debt-Financed Income**

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	(b) Other deductions	
			STATEMENT 3	STATEMENT 4	
OFFICE BUILDING		114,840.	26,958.	99,344.	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property		5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6
STATEMENT 5		STATEMENT 6			9 Net income (or loss) includible, column 7 less column 8
1,005,487.		1,834,721.	54.80 %	62,932.	69,213.
			%		
			%		
Total. Enter here and on Side 2, Part I, line 7				-6,281.	

**Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization**

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5

Total. Enter here and on Side 2, Part I, line 8

Enter gross income from members (dues, fees, charges, or similar amounts)

**Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations**

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	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					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss)	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 Add columns 5 and 10

5 Add columns 6 and 11

6 Subtract line 5 from line 4. Enter here and on Side 2, Part I, line 9

**Schedule G Exploited Exempt Activity Income, other than Advertising Income**

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero

Total. Enter here and on Side 2, Part I, line 10



**Part I Income from Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
THE VALLEY CATHOLIC	191,702.	135,104.		271,443.	419,966.	
Totals	191,702.	135,104.	56,598.	271,443.	419,966.	-91,925.

**Part II Income from Periodicals Reported on a Separate Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-

**Part III Column A - Net Advertising Income**

**Part III Column B - Excess Advertising Costs**

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
CONSOLIDATED PERIODICAL	0.		
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

**Schedule I Compensation of Officers, Directors, and Trustees**

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

**Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)**

1 Group and guideline class or description of property	2 Date acquired (MM/DD/YYYY)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total	SEE ATTACHED FORM 3885	9,284,995.	298,704.			26,958.
5 Amount of depreciation claimed elsewhere on return						26,958.
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

FORM 109 NATURE OF TRADE OR BUSINESS STATEMENT 1

ADVERTISING INCOME & PROPERTY RENTAL INCOME

TO FORM 109, PAGE 1

FORM 109 CASH CHARITABLE CONTRIBUTIONS STATEMENT 2

DESCRIPTION	AMOUNT
GET ON THE BUS	2,000.
SAFEHOUSE	2,000.
CATHOLIC CHARITIES OF SANTA CLARA COUNTY	1,000.
FRIENDS OF HUMAN RELATIONS OF SANTA CLARA COUNTY	1,000.
HISPANIC FOUNDATION OF SILICON VALLEY	1,000.
GUADALUPE HOPE SOCIETY	500.
SILICON VALLEY FACES	500.
CATHOLIC RELIEF SERVICES	400.
LESS EXCESS CONTRIBUTIONS	-8,400.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	0.

FORM 109 DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		26,958.	
- SUBTOTAL -	1		26,958.
TOTAL TO FORM 109, SCHEDULE D, LINE 3A			26,958.

FORM 109

OTHER DEDUCTIONS

STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TELECOMMUNICATIONS		454.	
GROUND TRANSPORTATION		296.	
CONFERENCE/MEETING OTHER		34.	
PROFESSIONAL SERVICES		216.	
SECURITY SERVICES		1,087.	
JANITORIAL & CLEANING		11,375.	
GARDENING		2,273.	
NURSERY		479.	
PROPERTY TAXES		5,802.	
INSURANCE		10,529.	
REPAIR/MAINT - LAND & BLDGS		8,280.	
PUBLIC UTILITIES		16,984.	
MISCELLANEOUS EXPENSES		26.	
BANK SERVICE FEES		190.	
FINANCING EXPENSES		6,486.	
INTEREST EXPENSE		34,833.	
- SUBTOTAL -	1		99,344.
TOTAL TO FORM 109, SCHEDULE D, LINE 3B			99,344.

FORM 109

AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ACQUISITION DEBT		1,005,487.	
- SUBTOTAL -	1		1,005,487.
TOTAL TO FORM 109, SCHEDULE D, LINE 4			1,005,487.

FORM 109      AVERAGE ADJUSTED BASIS OF DEBT-FINANCED PROPERTY      STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE BUILDING BASIS		1,834,721.	
- SUBTOTAL -	1		1,834,721.
TOTAL TO FORM 109, SCHEDULE D, LINE 5			1,834,721.

# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name <b>THE ROMAN CATHOLIC BISHOP OF SAN JOSE</b>	California corporation number <b>1020871</b>
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> Exempt Organization <input type="radio"/> Limited Liability Company (electing to be taxed as a corporation) <input type="radio"/> C Corporation <input checked="" type="radio"/> S Corporation	FEIN <b>94-2734503</b>

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

**If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.**

**Part I Current year NOL.** If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 19; Form 100W, line 19; Form 100S, line 16; or Form 109, line 2. Enter as a positive number	1	6,281.00
2 2013 disaster loss included in line 1. Enter as a positive number	2	00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	6,281.00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a	00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
c Add line 4a and line 4b	4c	00
5 General NOL. Subtract line 4c from line 3	5	6,281.00
6 Current Year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6	6,281.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2011 and/or 2012, complete

Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2013 NOL carryback used to offset 2011 net income. Enter the amount from Part III, line 3, column (f)	7	00
8 2013 NOL carryback used to offset 2012 net income. Enter the amount from Part III, line 3, column (h)	8	00
9 2013 NOL carryover to 2014. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9	6,281.00

**Election to waive carryback**

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2013 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.

**Part II NOL carryover and disaster loss carryover limitations. See Instructions.**

1 Net income (loss) - Enter the amount from Form 100, line 19; Form 100W, line 19; Form 100S, line 16 less line 17 (but not less than -0-); or Form 109, line 2.	(g) Available balance	0.
--	-----------------------	----

**Prior Year NOLs**

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss	(e) Carryover from 2012	(f) Amount used in 2013	(g) Available balance	(h) Carryover to 2014 col. (e) - col. (f)
2				<input checked="" type="radio"/>			<input checked="" type="radio"/>
			SEE STATEMENT 7	<input checked="" type="radio"/>			<input checked="" type="radio"/>
				<input checked="" type="radio"/>			<input checked="" type="radio"/>
				<input checked="" type="radio"/>			<input checked="" type="radio"/>

**Current Year NOLs**

3	Year	Type of NOL	Initial loss	Carryover from 2012	Amount used in 2013	Available balance	col. (d) - col. (f)
3	2013	DIS					col. (d) - col. (f)
4	2013	GEN	6,281.				6,281.
	2013						
	2013						
	2013						

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

**Part III NOL carryback**

1 2011 Net income - Enter the amount from 2011 Form 100, line 23; Form 100W, line 23; Form 100S line 21 (but not less than -0-); or taxable income from Form 109, line 9 ..... 0.

2 2012 Net income - Enter the amount from 2012 Form 100, line 23; Form 100W, line 23; Form 100S, line 21 (but not less than -0-); or taxable income from Form 109, line 9 ..... 0.

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below*	(d) Initial loss	(e) Carryback limitations 50% of col. (d)	2011		2012		(j) Carryover to 2014 col. (d) - (col. (f) + col. (h))
					(f) Carryback used - See instructions	(g) After carryback col. (e) minus col. (f)	(h) Carryback used - See instructions	(i) After carryback col. (g) minus col. (h)	
3 2013		GEN	6,281	3,141	0	3,141	0	3,141	6,281
2013									
2013									
2013									
2013									

\* Type of NOL: General (GEN), New Business (NB), or Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

**Part IV 2013 NOL deduction**

1 Total the amounts in Part II, line 2, column (f) ..... 1 00

2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 22; Form 100W, line 22; or Form 100S, line 20. Form 109 filers enter -0- ..... 2 00

3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 20; Form 100W, line 20; Form 100S, line 18; or Form 109, line 7 ..... 3 0. 00

FORM 3805Q		PRIOR YEAR NOLS			STATEMENT 7	
(A) YEAR	(B) CODE (D) LOSS	(C)TYPE OF NOL (E)C/O AMOUNT	(F) AMOUNT USED IN CURRENT YEAR	(G)AVAILABLE BALANCE	(H) CARRYOVER TO NEXT YEAR	
2008	577,885.	GEN 577,885.	0.	0.	577,885.	
2009	13,713.	GEN 13,713.	0.	0.	13,713.	
2010	2,464.	GEN 2,464.	0.	0.	2,464.	
2011	118,483.	GEN 118,483.	0.	0.	118,483.	
2012	38,310.	GEN 38,310.	0.	0.	38,310.	
<b>TOTALS</b>		<b>750,855.</b>	<b>0.</b>		<b>750,855.</b>	