

EXTENDED TO MAY 16, 2016

Form 990-T

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

OMB No. 1545-0047

For calendar year 2014 or other tax year beginning JUL 1, 2014, and ending JUN 30, 2015

2014

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

Form 990-T header section containing organization name (THE ROMAN CATHOLIC BISHOP OF SAN JOSE), address (1150 NORTH FIRST STREET, NO. 100, SAN JOSE, CA 95112-4966), and identification numbers.

Section H: Describe the organization's primary unrelated business activity. ADVERTISING INCOME & PROPERTY RENTAL INCOME. Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

Section J: The books are in care of FINANCE DEPARTMENT. Telephone number (408) 983-0100.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include advertising income (216,318), other income, and total unrelated trade or business income (275,139).

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include deductions such as charitable contributions (26,958), depreciation (26,958), and total deductions (31,395).

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. See instructions for tax computation. Income tax on the amount on line 34 from: 37 Proxy tax. See instructions. 38 Alternative minimum tax. 39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116). 40b Other credits (see instructions). 40c General business credit. Attach Form 3800. 40d Credit for prior year minimum tax (attach Form 8801 or 8827). 40e Total credits. Add lines 40a through 40d. 41 Subtract line 40e from line 39. 42 Other taxes. Check if from: Form 4255, Form 8611, Form 8697, Form 8866, Other (attach schedule). 43 Total tax. Add lines 41 and 42. 44a Payments: A 2013 overpayment credited to 2014. 44b 2014 estimated tax payments. 44c Tax deposited with Form 8868. 44d Foreign organizations; Tax paid or withheld at source (see instructions). 44e Backup withholding (see instructions). 44f Credit for small employer health insurance premiums (Attach Form 8941). 44g Other credits and payments: Form 2439, Form 4136, Other. Total. 45 Total payments. Add lines 44a through 44g. 46 Estimated tax penalty (see instructions). Check if Form 2220 is attached. 47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. 48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid. 49 Enter the amount of line 48 you want: Credited to 2015 estimated tax, Refunded.

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

1 At any time during the 2014 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 Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here. 2 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. 3 Enter the amount of tax-exempt interest received or accrued during the tax year.

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

1 Inventory at beginning of year. 2 Purchases. 3 Cost of labor. 4a Additional section 263A costs (att. schedule). 4b Other costs (attach schedule). 5 Total. Add lines 1 through 4b. 6 Inventory at end of year. 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2. 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?

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: Patricia J. Mayer, Date: 9 May 2016, Title: CFO. 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: PATRICIA J. MAYER, Preparer's signature: Patricia J. Mayer, Date: 5/4/16, Check self-employed: [] if PTIN: P00188643, Firm's name: MOSS ADAMS LLP, Firm's EIN: 91-0189318, Firm's address: 4747 EXECUTIVE DRIVE, SUITE 1300, SAN DIEGO, CA 92121, Phone no.: 858-627-1400

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) STATEMENT 4	(b) Other deductions (attach schedule) STATEMENT 5	
(1) OFFICE BUILDING	110,254.	26,958.	126,991.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 6	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 7	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 3 x total of columns 3(a) and 3(b))
(1) 964,513.	1,807,763.	53.35%	58,821.	82,132.
(2)		%		
(3)		%		
(4)		%		
Totals			58,821.	82,132.
Total dividends-received deductions included in column 8				0.

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)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

FORM 990-T

CONTRIBUTIONS

STATEMENT 1

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
THE CATHOLIC UNIVERSITY OF AMERICA	N/A	11,498.
THE CATHOLIC COMMUNITY FOUNDATION	N/A	3,500.
JW HOUSE	N/A	2,000.
FRIENDS OF HUMAN RELATIONS OF SANTA CLARA COUNTY	N/A	1,000.
HISPANIC FOUNDATION OF SILICON VALLEY	N/A	1,000.
INSTITUTE ON RELIGIOUS LIFE	N/A	1,000.
SILICON VALLEY FACES	N/A	500.
ST JOSEPH'S INDIAN SCHOOL	N/A	1,000.
SECOND HARVEST FOOD BANK	N/A	76.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		21,574.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 2

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2009	22,770
FOR TAX YEAR 2010	49,602
FOR TAX YEAR 2011	43,670
FOR TAX YEAR 2012	43,469
FOR TAX YEAR 2013	8,400

TOTAL CARRYOVER	167,911
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	21,574

TOTAL CONTRIBUTIONS AVAILABLE	189,485
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS 10% CONTRIBUTIONS	189,485
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	189,485

ALLOWABLE CONTRIBUTIONS DEDUCTION	0
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TOTAL CONTRIBUTION DEDUCTION	0
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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.
06/30/14	6,281.	0.	6,281.	6,281.
NOL CARRYOVER AVAILABLE THIS YEAR			757,136.	757,136.

FORM 990-T SCHEDULE E - DEPRECIATION DEDUCTION STATEMENT 4

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 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TELECOMMUNICATIONS		600.	
GROUND TRANSPORTATION		438.	
PROFESSIONAL SERVICES		541.	
SECURITY SERVICES		1,074.	
JANITORIAL & CLEANING		12,282.	
GARDENING		2,701.	
PROPERTY TAXES		7,942.	
INSURANCE		10,888.	
REPAIR/MAINT - LAND & BLDGS		9,389.	
PUBLIC UTILITIES		16,694.	
BANK SERVICE FEES		181.	
FINANCING EXPENSES		6,185.	
INTEREST EXPENSE		58,076.	
- SUBTOTAL -	1		126,991.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			126,991.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 6

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
ACQUISITION DEBT		964,513.	
- SUBTOTAL -	1		964,513.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			<u>964,513.</u>

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 7

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE BUILDING BASIS		1,807,763.	
- SUBTOTAL -	1		1,807,763.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			<u>1,807,763.</u>

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)				
Totals	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)						
Totals	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	216,318.	184,923.		45,783.	407,208.	
(3)						
(4)						
Totals (carry to Part II, line (5))	216,318.	184,923.	31,395.	45,783.	407,208.	31,395.

Part II - Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	216,318.	184,923.				31,395.
Totals, Part II (lines 1-5)	216,318.	184,923.				31,395.

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)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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.**

- 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 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
Type or print	Name of exempt organization or other filer, see instructions. THE ROMAN CATHOLIC BISHOP OF SAN JOSE	Employer identification number (EIN) or 94-2734503
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. 1150 NORTH FIRST STREET, NO. 100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SAN JOSE, CA 95112-4966	

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 16, 2016**, 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, 2014**, and ending **JUN 30, 2015**

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

3a 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.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

2014

California Exempt Organization Business Income Tax Return

FORM 109

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 07/01/2014, and ending (mm/dd/yyyy) 06/30/2015

Corporation/Organization name THE ROMAN CATHOLIC BISHOP OF SAN JOSE California corporation number 1020871

Additional information. See instructions. FEIN 94-2734503

Street address (suite/room no.) 1150 NORTH FIRST STREET, NO. 100 PMB no.

City (If the corporation has a foreign address, see instructions.) SAN JOSE State CA ZIP code 95112-4966

Foreign country name Foreign province/state/county Foreign postal code

A First Return Filed? B Is this an education IRA... C Is the organization under audit... D Final Return? E Amended Return F Accounting Method Used G Nature of trade or business H Is the organization a non-exempt charitable trust... I Is this organization claiming any former... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) Code 541800 L Is this a Hospital?

Table with columns for Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, Refund (Direct Deposit or Refund) or Amount Due. Rows include line items 1 through 27 with corresponding amounts.

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	-23,311.00
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	-23,311.00

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 SEE STATEMENT 2			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	-23,311.00
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	-23,311.00
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	-23,311.00

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	<i>Russell Swartz</i>	Title	cfo	Date	9 MAY 2016	Telephone	
	Preparer's signature	<i>Patricia J Mayer</i>	Date	5/4/16	Check if self-employed	<input type="checkbox"/>	PTIN P00188643	
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	MOSS ADAMS LLP 4747 EXECUTIVE DRIVE, SUITE 1300 SAN DIEGO, CA 92121					FEIN 91-0189318	Telephone 858-627-1400
	May the FTB discuss this return with the preparer shown above? See instructions						<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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 Employment 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 Employment Credit, on line 4. Enter here and on Side 1, line 11c	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			110,254.	26,958.	126,991.
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	9 Net income (or loss) includible, column 7 less column 8
STATEMENT 5	STATEMENT 6				
964,513.	1,807,763.	53.35 %	58,821.	82,132.	-23,311.
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					-23,311.

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							

Schedule H Advertising Income and Excess Advertising Costs

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	216,318.	184,923.		45,783.	407,208.	
Totals	216,318.	184,923.	31,395.	45,783.	407,208.	-330,030.

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.	325,662.			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 & CARRYOVER CHARITABLE CONTRIBUTIONS

STATEMENT 2

DESCRIPTION

AMOUNT

THE CATHOLIC UNIVERSITY OF AMERICA	11,498.
THE CATHOLIC COMMUNITY FOUNDATION	3,500.
JW HOUSE	2,000.
FRIENDS OF HUMAN RELATIONS OF SANTA CLARA COUNTY	1,000.
HISPANIC FOUNDATION OF SILICON VALLEY	1,000.
INSTITUTE ON RELIGIOUS LIFE	1,000.
SILICON VALLEY FACES	500.
ST JOSEPH'S INDIAN SCHOOL	1,000.
SECOND HARVEST FOOD BANK	76.
CARRYOVER FROM PRIOR YEAR(S)	167,911.
LESS EXCESS CONTRIBUTIONS	-189,485.
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		600.	
GROUND TRANSPORTATION		438.	
PROFESSIONAL SERVICES		541.	
SECURITY SERVICES		1,074.	
JANITORIAL & CLEANING		12,282.	
GARDENING		2,701.	
PROPERTY TAXES		7,942.	
INSURANCE		10,888.	
REPAIR/MAINT - LAND & BLDGS		9,389.	
PUBLIC UTILITIES		16,694.	
BANK SERVICE FEES		181.	
FINANCING EXPENSES		6,185.	
INTEREST EXPENSE		58,076.	
- SUBTOTAL -	1		126,991.
TOTAL TO FORM 109, SCHEDULE D, LINE 3B			126,991.

FORM 109

AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY

STATEMENT 5

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ACQUISITION DEBT		964,513.	
- SUBTOTAL -	1		964,513.
TOTAL TO FORM 109, SCHEDULE D, LINE 4			964,513.

FORM 109

AVERAGE ADJUSTED BASIS OF DEBT-FINANCED PROPERTY

STATEMENT 6

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE BUILDING BASIS		1,807,763.	
- SUBTOTAL -	1		1,807,763.
TOTAL TO FORM 109, SCHEDULE D, LINE 5			1,807,763.

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

Corporation name

California corporation number

THE ROMAN CATHOLIC BISHOP OF SAN JOSE

1020871

During the taxable year the corporation incurred the NOL, the corporation was a(n): C Corporation S Corporation

FEIN

Exempt Organization Limited Liability Company (electing to be taxed as a corporation)

94-2734503

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 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	23,311.00
2	2014 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	23,311.00
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	23,311.00
6	Current Year NOL. Add line 2, line 4c, and line 5. See instructions	6	23,311.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2012 and/or 2013, complete

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

7	2014 NOL carryback used to offset 2012 net income. Enter the amount from Part III, line 3, column (f)	7	00
8	2014 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (h)	8	00
9	2014 NOL carryover to 2015. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9	23,311.00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2014 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 18; Form 100W, line 18; Form 100S, line 15 less line 16 (but not less than -0-); or Form 109, line 2.	(g) Available balance	0.
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Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss	(e) Carryover from 2013	(f) Amount used in 2014	(g) Available balance	(h) Carryover to 2015 col. (e) - col. (f)
2							
			SEE STATEMENT 7				

Current Year NOLs

Year	Type of NOL	Initial loss	Amount used in 2014	Available balance	Carryover to 2015
3 2014	DIS				col. (d) - col. (f) See instructions.
4 2014	GEN	23,311.			23,311.
2014					
2014					
2014					

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

Part III NOL carryback

1	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.
2	2013 Net income - Enter the amount from 2013 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 75% of col. (d)	2012		2013		(j) Carryover to 2015 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 2014		GEN	23,311	23,311	0	23,311	0	23,311	23,311
2014									
2014									
2014									
2014									

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

Part IV 2014 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 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0-	2	00
3	Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7	3	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		GEN			
	577,885.	577,885.	0.	0.	577,885.
2009		GEN			
	13,713.	13,713.	0.	0.	13,713.
2010		GEN			
	2,464.	2,464.	0.	0.	2,464.
2011		GEN			
	118,483.	118,483.	0.	0.	118,483.
2012		GEN			
	38,310.	38,310.	0.	0.	38,310.
2013		GEN			
	6,281.	6,281.	0.	0.	6,281.
TOTALS		757,136.	0.		757,136.