

EXTENDED TO MAY 15, 2018

Form 990-T

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

OMB No. 1545-0047

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

2016

Department of the Treasury Internal Revenue Service

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).

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

94-2734503

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

THE ROMAN CATHOLIC BISHOP OF SAN JOSE

Number, street, and room or suite no. If a P.O. box, see instructions.

1150 NORTH FIRST STREET, NO. 100

City or town, state or province, country, and ZIP or foreign postal code

SAN JOSE, CA 95112-4966

E Unrelated business activity codes (See instructions.)

541800

C Book value of all assets at end of year

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

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing financial data for advertising and rental income.

Table with 4 columns: Part II Deductions Not Taken Elsewhere, (A) Income, (B) Expenses, (C) Net. Rows 14-34 showing various deductions and resulting taxable income.

Part III Tax Computation	
35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ c Income tax on the amount on line 34 35c 0.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 36	
37 Proxy tax. See instructions 37	
38 Alternative minimum tax 38	
39 Tax on Non-Compliant Facility Income. See instructions 39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 0.	

Part IV Tax and Payments	
41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a	
b Other credits (see instructions) 41b	
c General business credit. Attach Form 3800 41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827) 41d	
e Total credits. Add lines 41a through 41d 41e	
42 Subtract line 41e from line 40 42 0.	
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 43	
44 Total tax. Add lines 42 and 43 44 0.	
45a Payments: A 2015 overpayment credited to 2016 45a	
b 2016 estimated tax payments 45b	
c Tax deposited with Form 8868 45c	
d Foreign organizations: Tax paid or withheld at source (see instructions) 45d	
e Backup withholding (see instructions) 45e	
f Credit for small employer health insurance premiums (Attach Form 8941) 45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input checked="" type="checkbox"/> Other 83. Total 45g 83.	
46 Total payments. Add lines 45a through 45g SEE STATEMENT 6 46 83.	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48	
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid 49 83.	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax 83. Refunded 50 0.	

Part V Statements Regarding Certain Activities and Other Information (see instructions)		
51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No		
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No		
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer	Date	Title	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	PATRICIA J. MAYER			P00188643
	Firm's name MOSS ADAMS LLP		Firm's EIN 91-0189318	
Firm's address 4747 EXECUTIVE DRIVE, SUITE 1300			Phone no. 858-627-1400	
Firm's address SAN DIEGO, CA 92121				

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

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)
(see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)
0.		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 7	(b) Other deductions (attach schedule) STATEMENT 8
(1)	OFFICE BUILDING	164,323.	26,958.	108,234.
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) STATEMENT 9	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) STATEMENT 10	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)	877,262.	1,753,847.	50.02%	82,194.
(2)			%	
(3)			%	
(4)			%	
Totals			Enter here and on page 1, Part I, line 7, column (A). 82,194.	Enter here and on page 1, Part I, line 7, column (B). 67,623.
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)				

			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).
Totals			0.	0.

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

(see instructions)

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

		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
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. Expense attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						

		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).		Enter here and on page 1, Part II, line 26.
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	177,642.	130,511.		27,220.	305,690.	
(3)						
(4)						
Totals (carry to Part II, line (5))	177,642.	130,511.	47,131.	27,220.	305,690.	47,131.

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	177,642.	130,511.				47,131.
Totals, Part II (lines 1-5)	177,642.	130,511.				47,131.

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.

Form 990-T (2016)

PAYER'S name, street address, city or town, province or state, country, ZIP or foreign postal code, and telephone no.

LORD ABBETT
 P.O. Box 245336 Kansas City, MO 64121-8336
 1 (800) 827-5725

RECIPIENT'S name, street address (including apt. no.), city or town, province or state, country, and ZIP or foreign postal code.

OUR LADY OF PEACE CHURCH
 ATTN: REV JOHN SWEENEY
 2800 MISSION COLLEGE BLVD
 SANTA CLARA CA 95054-1898

Copy B For Recipient

Department of the Treasury-Internal Revenue Service

RECIPIENT'S
 identification
 number

XXX-XX-4503

(Keep for your Records)

TAX YEAR 2016

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.

Corrected (if checked) (OMB No. 1545-0110)

Page 1 of 1

FORM 1099-DIV

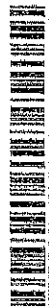
• DIVIDENDS AND DISTRIBUTIONS •

2016

(1a) Total ordinary dividends	(1b) Qualified dividends	(2a) Total capital gain distributions	(2b) Unrecap. sec. 1250 gain	(2c) Collaterals (28% gain)	(3) Nondividend distributions	(4) Federal income tax withheld	(5) Foreign tax paid*	(6) Cash liquidation distributions	(10) Exempt- interest dividends	(11) Specified private activity bond interest dividends	(12) State identification no.	(13) State identification no.	(14) State tax withheld
298.23	0.00	0.00	0.00	0.00	0.00	83.49	0.00	0.00	0.00	0.00			
Fund: INCOME A													
Fund-Acct no.: 12-4002430771													
PAYER'S Fed. ID no.: 13-8020601													

Form 1099-DIV

*Please see instructions for additional details.



FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
LORD ABBETT 1099-DIV		298.
TOTAL TO FORM 990-T, PAGE 1, LINE 12		298.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
BELLARMINE COLLEGE PREPARATORY	N/A	31,820.
YOUNG CATHOLIC PROFESSIONALS	N/A	7,000.
CATHOLIC CHARITIES OF SANTA CLARA COUNTY	N/A	1,500.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		40,320.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION		AMOUNT
LORD ABBETT 1099-DIV - NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX		298.
TOTAL TO FORM 990-T, PAGE 1, LINE 28		298.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS	
FOR TAX YEAR 2011	43,670
FOR TAX YEAR 2012	43,469
FOR TAX YEAR 2013	8,400
FOR TAX YEAR 2014	21,574
FOR TAX YEAR 2015	29,439

TOTAL CARRYOVER	146,552
TOTAL CURRENT YEAR 10% CONTRIBUTIONS	40,320

TOTAL CONTRIBUTIONS AVAILABLE	186,872
TAXABLE INCOME LIMITATION AS ADJUSTED	0

EXCESS 10% CONTRIBUTIONS	186,872
EXCESS 100% CONTRIBUTIONS	0
TOTAL EXCESS CONTRIBUTIONS	186,872

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

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

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT 5	
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.	
06/30/15	23,311.	0.	23,311.	23,311.	
06/30/16	48,162.	0.	48,162.	48,162.	
NOL CARRYOVER AVAILABLE THIS YEAR			828,609.	828,609.	

FORM 990-T		OTHER CREDITS AND PAYMENTS		STATEMENT 6	
DESCRIPTION				AMOUNT	
LORD ABBETT 1099-DIV				83.	
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART IV, LINE 45G				83.	

FORM 990-T		SCHEDULE E - DEPRECIATION DEDUCTION		STATEMENT 7	
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 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
TELECOMMUNICATIONS		543.	
GROUND TRANSPORTATION		365.	
PROFESSIONAL SERVICES		3,810.	
SECURITY SERVICES		1,858.	
JANITORIAL & CLEANING		12,141.	
GARDENING		3,257.	
PROPERTY TAXES		7,712.	
INSURANCE		11,276.	
REPAIR/MAINT - LAND & BLDGS		21,068.	
PUBLIC UTILITIES		18,989.	
INDEPENDENT CONTRACTORS		108.	
INTEREST EXPENSE		26,885.	
OFFICE SUPPLIES		17.	
LEGAL SERVICES		205.	
	- SUBTOTAL -	1	108,234.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			108,234.

FORM 990-T

AVERAGE ACQUISITION DEBT ON OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 9

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
ACQUISTION DEBT		877,262.	
- SUBTOTAL -	1		877,262.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 4			877,262.

FORM 990-T

AVERAGE ADJUSTED BASIS OF OR
ALLOCABLE TO DEBT-FINANCED PROPERTY

STATEMENT 10

<u>DESCRIPTION</u>	<u>ACTIVITY NUMBER</u>	<u>AMOUNT</u>	<u>TOTAL</u>
AVERAGE BUILDING BASIS		1,753,847.	
- SUBTOTAL -	1		1,753,847.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 5			<u>1,753,847.</u>

2016 DEPRECIATION AND AMORTIZATION REPORT

OFFICE BUILDING

E- 1

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Rus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	OFFICE BUILDING	12/01/05	SL	27.50	MM	16	2,253,678.				2,253,678.	360,668.		12,468.	373,136.
2	IMPROVEMENTS	06/30/09	SL	27.50	MM	16	2,455,667.				2,455,667.	163,201.		14,490.	177,691.
3	LAND	12/01/05	L			4	4,575,650.				4,575,650.			0.	
	* TOTAL 990-T SCH E DFR					9	9,284,995.				9,284,995.	523,869.		26,958.	550,827.

625111 04-01-16

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

TAXABLE YEAR
2016

**California Exempt Organization
Business Income Tax Return**

628061 11-23-16
FORM
109

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) **07/01/2016**, and ending (mm/dd/yyyy) **06/30/2017**

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? 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
 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 former; 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 federal Schedule H (Form 990)

Taxable Corporation	1	Unrelated business taxable income from Side 2, Part II, line 30	1	12,214.00
	2	Mult. in 1 by the avg. appt. pctg _____ % from the Sch. R, Apport. Formula Wksh, Part A, in 2 or Part B, in 5. See instr.	2	00
	3	Enter the lesser amt from ln 1 or ln 2. If the unrelated bus. activity is wholly in CA and Sch. R was not compltd, enter the amt from ln 1	3	12,214.00
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	12,214.00
Tax Computation	6	Pierce's disease, EZ, LARZ, LAMBRA, or TTA NOL carryover deduction	6	00
	7	Net Operating Loss deduction. See General Information N	7	12,214.00
	8	Add line 6 and line 7	8	12,214.00
	9	Net unrelated business taxable income. Subtract line 8 from line 5	9	0.00
	10	Tax 8.84 % x line 9. See General Information J	10	00
	11	Tax credits from Schedule B. See instructions	11	00
Total Tax	12	Balance. Subtract line 11 from line 10. If line 11 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	2016 estimated tax payments. See instructions	16	00
	17	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
Use Tax/Tax Due/Overpayment	20	Use tax. See instructions	20	00
	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19	21	00
	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20	22	00
	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions	23	00
	24	Overpayment. Subtract line 14 from line 21. See instructions	24	00
	25	Enter amount of line 24 to be applied to 2017 estimated tax	25	00

Refund or Amount Due	26 Refund. If line 25 is less than line 24, then subtract line 25 from line 24	26	00
	a Fill in the account information to have the refund directly deposited. Routing number	26a	
	b Type: Checking <input type="checkbox"/> Savings <input type="checkbox"/> c Account Number	26c	
	27 Penalties and interest. See General Information M	27	00
28 <input type="checkbox"/> Check if estimate penalty computed using Exception B or C and attach form FTB 5806.			
29 Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24	29	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	14,571.00
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	SEE STATEMENT 2		12	298.00
13 Total unrelated trade or business income. Add line 3 through line 12			13	14,869.00

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 3	20	1,357.00	
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	SEE STATEMENT 4	24	298.00	
25 Total deductions. Add line 14 through line 24		25	1,655.00	
26 Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13		26	13,214.00	
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	13,214.00	
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	12,214.00	

To learn about your privacy rights, how we may use your information, and the consequences for not providing the requested information, go to ftb.ca.gov and search for privacy notice. To request this notice by mail, call 800.852.5711.

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	COPY	Title	Date	Telephone
	Paid Preparer's Use Only	Preparer's signature	Firm's name (or yours, if self-employed)	Date	Check if self-employed <input type="checkbox"/>
Firm's name (or yours, if self-employed) MOSS ADAMS LLP and address 4747 EXECUTIVE DRIVE, SUITE 1300 SAN DIEGO, CA 92121					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.

Table with 7 rows for Schedule A. Line 1: Inventory at beginning of year (00). Line 2: Purchases (00). Line 3: Cost of labor (00). Line 4a: Additional IRC Section 263A costs (00). Line 4b: Other costs (00). Line 5: Total (00). Line 6: Inventory at end of year (00). Line 7: Cost of goods sold (00). Includes a checkbox for IRC Section 263A rules.

Schedule B Tax Credits.

Table with 4 rows for Schedule B. Line 1: Enter credit name (00). Line 2: Enter credit name (00). Line 3: Enter credit name (00). Line 4: Total (00).

Schedule K Add-On Taxes or Recapture of Tax.

Table with 5 rows for Schedule K. Line 1: Interest computation (00). Line 2: Interest on tax attributable to installment (00). Line 3: IRC Section 197 election (00). Line 4: Credit recapture (00). Line 5: Total (00).

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

Table for Part A: Standard Method - Single-Sales Factor Formula. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Row 1: Total Sales. Row 2: Apportionment percentage.

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

Table for Part B: Three Factor Formula. Columns: (a) Total within and outside California, (b) Total within California, (c) Percent within California. Rows: 1 Property factor, 2 Payroll factor, 3 Sales factor, 4 Total percentage, 5 Average apportionment percentage.

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

Table for Schedule C. Column 1: Description of property. Column 2: Rent received or accrued. Column 3: Percentage of rent attributable to personal property. Column 4: Deductions directly connected. Column 5: Income includible. Column 6: Gross income reportable. Column 7: Deductions directly connected with personal property. Column 8: Net income includible.

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		
OFFICE BUILDING	164,323.	STATEMENT 5 26,958.	STATEMENT 6 108,234.		
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 8	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 7 877,262.	STATEMENT 8 1,753,847.	50.02 %	82,194.	67,623.	14,571.
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					14,571.

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	177,642.	130,511.		27,220.	305,690.	
Totals	177,642.	130,511.	47,131.	27,220.	305,690.	-231,339.

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 amount listed in Part II, column 4 or 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.	523,869.			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	OTHER INCOME	STATEMENT 2
----------	--------------	-------------

DESCRIPTION	AMOUNT
LORD ABBETT 1099-DIV	298.
TOTAL TO FORM 109, PAGE 2, LINE 12	298.

FORM 109	CASH & CARRYOVER CHARITABLE CONTRIBUTIONS	STATEMENT 3
----------	---	-------------

DESCRIPTION	AMOUNT
BELLARMINI COLLEGE PREPARATORY	31,820.
YOUNG CATHOLIC PROFESSIONALS	7,000.
CATHOLIC CHARITIES OF SANTA CLARA COUNTY	1,500.
CARRYOVER FROM PRIOR YEAR(S)	146,552.
LESS EXCESS CONTRIBUTIONS	-185,515.
TOTAL INCLUDED ON FORM 109, PAGE 2, LINE 20	1,357.

FORM 109	OTHER DEDUCTIONS	STATEMENT 4
----------	------------------	-------------

DESCRIPTION	AMOUNT
LORD ABBETT 1099-DIV - NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX	298.
TOTAL TO FORM 109, PAGE 2, LINE 24	298.

FORM 109		DEPRECIATION DEDUCTION		STATEMENT 5
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 6
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
TELECOMMUNICATIONS		543.		
GROUND TRANSPORTATION		365.		
PROFESSIONAL SERVICES		3,810.		
SECURITY SERVICES		1,858.		
JANITORIAL & CLEANING		12,141.		
GARDENING		3,257.		
PROPERTY TAXES		7,712.		
INSURANCE		11,276.		
REPAIR/MAINT - LAND & BLDGS		21,068.		
PUBLIC UTILITIES		18,989.		
INDEPENDENT CONTRACTORS		108.		
INTEREST EXPENSE		26,885.		
OFFICE SUPPLIES		17.		
LEGAL SERVICES		205.		
- SUBTOTAL -	1			108,234.
TOTAL TO FORM 109, SCHEDULE D, LINE 3B				108,234.

FORM 109		AVERAGE ACQUISITION DEBT ON DEBT-FINANCED PROPERTY		STATEMENT 7
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
ACQUISITION DEBT		877,262.		
- SUBTOTAL -	1			877,262.
TOTAL TO FORM 109, SCHEDULE D, LINE 4				877,262.

FORM 109 AVERAGE ADJUSTED BASIS OF DEBT-FINANCED PROPERTY STATEMENT 8

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE BUILDING BASIS		1,753,847.	
- SUBTOTAL -	1		1,753,847.
TOTAL TO FORM 109, SCHEDULE D, LINE 5			1,753,847.

Depreciation and Amortization Detail OFFICE BUILDING

D- 1

Asset Number	Description of property							
	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
1	OFFICE BUILDING							
	120105	SL	27.502	2	2,253,678.		360,668.	12,468.
2	IMPROVEMENTS							
	063009	SL	27.502		2,455,667.		163,201.	14,490.
3	LAND							
	120105	L		2	4,575,650.			0.
** TOTAL SCHEDULE D DEPRECIATION					9,284,995.		523,869.	26,958.

TAXABLE YEAR
2016

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

CALIFORNIA FORM
3805Q

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

Corporation name THE ROMAN CATHOLIC BISHOP OF SAN JOSE	California corporation number 1020871
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)	FEIN 94-2734503
If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number: <input type="radio"/>	

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	0. 00
2 2016 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	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	00
6 Current Year NOL. Add line 2, line 4c, and line 5. See instructions	6	00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2014 and/or 2015, complete

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

7 2016 NOL carryback used to offset 2014 net income. Enter the amount from Part III, line 3, column (e)	7	00
8 2016 NOL carryback used to offset 2015 net income. Enter the amount from Part III, line 3, column (g)	8	00
9 2016 NOL carryover to 2017. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9	00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2016 NOL under Internal Revenue Code (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 - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16; or Form 109, line 2; (but not less than -0-).	(g) Available balance	12,214.
--	-----------------------	---------

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss - See instructions	(e) Carryover from 2015	(f) Amount used in 2016	(g) Available balance	(h) Carryover to 2017 col. (e) minus col. (f)
2				●			●
			SEE STATEMENT 9	●			●
				●			●
				●			●

Current Year NOLs

Year	Type of NOL	Initial loss	Carryover from 2015	Amount used in 2016	Available balance	Carryover to 2017 col. (d) minus col. (f) See instructions.
3 2016	DIS					
4 2016						
2016						
2016						
2016						

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

Part III NOL carryback

1	2014 Net income - Enter the amount from 2014 Form 100, line 22; Form 100W, line 22; Form 100S line 20; or taxable income from Form 109, line 9; (but not less than -0-)	-23,311.
2	2015 Net income - Enter the amount from 2015 Form 100, line 22; Form 100W, line 22; Form 100S, line 20; or taxable income from Form 109, line 9; (but not less than -0-)	

(a) Year of Loss	(b) Code - See instructions	(c) Type of NOL - See below*	(d) Initial loss - See Instructions	2014		2015		(i) Carryover to 2017 col. (d) minus col. (e) plus col. (g)
				(e) Carryback used - See instructions	(f) After carryback col. (d) minus col. (e)	(g) Carryback used - See instructions	(h) After carryback col. (f) minus col. (g)	
3 2016								
2016								
2016								
2016								
2016								

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

Part IV 2016 NOL deduction

1	Total the amounts in Part II, line 2, column (f)	12,214.00
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-	0.00
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	12,214.00

FORM 3805Q

PRIOR YEAR NOLS

STATEMENT 9

(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.	12,214.	0.	565,671.
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.
2013	6,281.	GEN 6,281.	0.	0.	6,281.
2014	23,311.	GEN 23,311.	0.	0.	23,311.
2015	48,162.	GEN 48,162.	0.	0.	48,162.
TOTALS		828,609.	12,214.		816,395.

**Corporation Depreciation
and Amortization**

Attach to Form 100 or Form 100W.

FORM 109

FEIN 94-2734503

Corporation name

California corporation number

THE ROMAN CATHOLIC BISHOP OF SAN JOSE

1020871

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under IRC Section 179 for California	1	\$25,000
2	Total cost of IRC Section 179 property placed in service	2	
3	Threshold cost of IRC Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected IRC Section 179 cost)	7	
8	Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior taxable years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14 1 OFFICE BUILDING	12/01/05	2,253,678.	360,668.	SL	27.50	12,468.	
2 IMPROVEMENTS	06/30/09	2,455,667.	163,201.	SL	27.50	14,490.	
3 LAND	12/01/05	4,575,650.		L			0.
TOTALS		9,284,995.	523,869.				
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See Instructions for line 14, column (h)					26,958.	

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	26,958.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	26,958.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20	Total. Add the amounts in column (g)					
21	Total amortization claimed for federal purposes from federal Form 4562, line 44					
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12					