** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

6

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

OMB No. 1545-0047

A	For the	e 2016 calendar year, or tax year beginning OCT 1, 2016 and e	ending S	EP 30, 2017	
B Check if applicable:		C Name of organization		D Employer identification number	
	Addre chang	CALVARY WOMEN'S SERVICES			
Name		Doing business as		52-1307706	
	Initia) return		Room/suite	(202)678-2341	
	Final return	1217 GOOD HOPE ROAD SE			
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,371,756.
	Amen return	WASHINGTON, DC 20020		H(a) Is this a group return	
	Applic tion			for subordinates	? Yes X No
_	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
L	Tax-ex	pt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a list. (see instructions)	
J Website: ► WWW.CALVARYSERVICES.ORG				H(c) Group exemptio	
		organization: X Corporation Trust Association Other	L Year	of formation: 1983 N	State of legal domicile: DC
Part I Summary					
ø	1	riefly describe the organization's mission or most significant activities: TO PROVIDE HOUSING AND SUPPORT			
anc		SERVICES TO THE HOMELESS WOMEN IN THE DISTRICT OF COLUMBIA.			
Activities & Governance	2	neck this box 🕨 🔛 if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3			3	15
<u>م</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
es	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	31
ΝĒ		Total number of volunteers (estimate if necessary)			350
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
<u>e</u>	8	Contributions and grants (Part VIII, line 1h)		2,071,314.	2,338,922.
enr	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		391.	848.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-81,262.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,990,443.	2,259,177.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,318,779.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		3,316.	1,914.
ďX	b	Total fundraising expenses (Part IX, column (D), line 25) 298,84			710 100
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		667,104.	719,699.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,989,199.	2,076,427.
	19	Revenue less expenses, Subtract line 18 from line 12		1,244.	182,750.
SOZ	2		Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		4,280,011.	4,371,584.
	21	Total liabilities (Part X, line 26)		1,188,267.	1,097,090.
		Net assets or fund balances. Subtract line 21 from line 20		3,091,744.	3,274,494.
_	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	010
		Signature of officer		Date Date	2.18
Sign					
He	re	KRISTINE THOMPSON, EXECUTIVE DIRECTOR Type or print name and title			
_		/ A 1/		Date _ Check	TI RIM
Da!		Print/type preparer's name Preparer's signature -	PA	11 11 17 In -	ed P 00366995
Paid		UAVID F. GRALING CPA VANDER CAR Y		5 self-employ	
Preparer Use Only		Firm's name GELMAN, ROSENBERG & FREEDMAN			
		Firm's address 4550 MONTGOMERY AVE SUITE 650N		Dhan // 2	01/ 051 0000
h 4	stilate - 0	BETHESDA, MD 20814-2930	Phone no. (3		01) 951-9090
May the IRS discuss this return with the preparer shown above? (see instructions)					X Yes No