** 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)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2016 calendar year, or tax year beginning OCT 1, 2016 and ending SEP 30, 2017

C Name of organization

CALVARY WOMEN'S SERVICES
Doing business as
1217 GOOD HOPE ROAD SE
WASHINGTON, DC 20020

D Employer identification number

52-1307706

E Telephone number

(202) 678-2341

G Gross receipts

2,371,756.

H(a) Is this a group return

X Yes  No

for subordinates?

H(b) Are all subordinates included?

X Yes  No

If "No," attach a list. (see instructions)

J Website:

WWW.CALVARYSERVICES.ORG

K Form of organization:

X Corporation  Trust  Association  Other

L Year of formation:

1983 M State of legal domicile: DC

** Part I **

Summary

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE HOUSING AND SUPPORT SERVICES TO THE HOMELESS WOMEN IN THE DISTRICT OF COLUMBIA.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 26a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 9e, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

** Part II ** Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Signature of officer

KRISTINE THOMPSON, EXECUTIVE DIRECTOR

Type or print name and title

Print or type preparer's name

DAVID F. GELING, CPA

Preparer's signature

DAVID F. GELING, CPA

Date

4.18.18

Check if self-employed

RTIN

00361994

Preparer's name

GELING, ROSENBERG & FREEDMAN

Preparer's EIN

52-1392008

Preparer's address

4550 MONTGOMERY AVE SUITE 650N

BETHESDA, MD 20814-2930

Phone no. (301) 951-9090

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes  No