

Form 990-T

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

For calendar year 2017 or other tax year beginning JUL 1, 2017 and ending JUN 30, 2018

OMB No. 1545-0047 2017

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information

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 to 501(c)(3) Organizations Only

Header section containing organization name (CATHOLIC CHARITIES HEALTH CARE CENTER, INC.), address (212 NINTH STREET, PITTSBURGH, PA 15222), and other identifying information.

Section H: Describe the organization's primary unrelated business activity (EMPLOYEE FRINGE BENEFITS). Section I: During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Section J: The books are in care of SARAH ARNOLD. Telephone number 412-456-6993.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), and Total. Total income is 6,055.

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; Unrelated business taxable income. Total net income is 5,055.

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SCANNED SEP 30 2019

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Part III Tax Computation

35	Organizations Taxable as Corporations See instructions for tax computation. Controlled group members (sections 1361 and 1363) 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 SEE STATEMENT 2	35c	909.
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	909.

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	909.
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	909.
45a	Payments A 2016 overpayment credited to 2017	45a	
b	2017 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 type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g	
46	Total payments Add lines 45a through 45g	46	
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	909.
49	Overpayment If line 46 is larger than the total of lines 44 and 47 enter amount overpaid	49	
50	Enter the amount of line 49 you want Credited to 2018 estimated tax Refunded	50	

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

51	At any time during the 2017 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		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year		X

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, this return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Susan Rauscher 15.8.19 EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: RICHARD E. DYNOSKE
 Preparer's signature: REG
 Date: 5-7-19
 Check if self employed
 PTIN: P00095538
 Firm's name: GROSSMAN YANAK & FORD LLP
 Firm's EIN: 25-1638525
 Firm's address: THREE GATEWAY CTR STE 1800 PITTSBURGH, PA 15222
 Phone no: (412) 338-9300

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					
4b	Other costs (attach schedule)	4b					
5	Total Add lines 1 through 4b	5					
						8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?
							Yes 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)		
	2	Form received as adjusted
	(a)	From de searial property (if the percentage of rental to personal property is more than 50% or more than 50%)
	(b)	From real and personal property (if the percentage of rental to de searial property exceeds 50% or if the rental is based on a flat fee)
	3(a)	Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Totals	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 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)	(b)	Other deductions (attach schedule)	
(1)									
(2)									
(3)									
(4)									
4	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5	Average adjusted basis of or allocable to debt-financed property (attach schedule)	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)					%				
(2)					%				
(3)					%				
(4)					%				
Totals						0.	0.	0.	
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 Employee 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 related to controlling organization's 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			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 Securities (attach schedule)	5 Total deductions and securities (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 trace of business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trace of 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 Reseal ship costs	7 Excess membership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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 Net advertising gain or (loss) (col. 2 minus col. 3) If a gain, combine it with other gains in column 7	5 Circulation information	6 Recirculation costs	7 Excess direct advertising costs (column 2 minus column 6. Do not include other column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

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

OTHER INCOME

STATEMENT 1

DESCRIPTION

AMOUNT

EMPLOYEE FRINGE BENEFITS

6,055.

TOTAL TO FORM 990-T, PAGE 1, LINE 12

6,055.

ORM 990-T	LINE 35C TAX COMPUTATION	STATEMENT	2
1.	TAXABLE INCOME	5,055	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .	5,055	
3.	LINE 1 LESS LINE 2	0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .	0	
5.	LINE 3 LESS LINE 4	0	
6.	INCOME SUBJECT TO 34% TAX RATE	0	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	758	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	0	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX		<u>758</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	<u>1,062</u>	
	DAYS		
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	184	382
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	181	527
18.	TOTAL TAX PRORATED	<u>365</u>	<u>909</u>