	11	"Yes," enter the name and identifying number of the parent corporation	on 돈						
	J	he books are in care of ▶ Donna Stefansky		Telephone number					
	Parl	Unrelated Trade or Business Income		(A) Income	(B) E				
	1 a b	Gross receipts or sales Less returns and allowances c Balance ▶	1c	0					
	2	Cost of goods sold (Schedule A, line 7)	2		1,,,				
	3	Gross profit Subtract line 2 from line 1c	3	0					
	4 a	Capital gain net income (attach Schedule D)	4a		1,19				
	b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b						
\neg	С	Capital loss deduction for trusts	4c		, , , ,				
	5	Income (loss) from a partnership or an S corporation (attach statement)	5		43				
	6	Rent income (Schedule C)	6	27,050					
>	7	Unrelated debt-financed income (Schedule E)	7						
	8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		<u> </u>				
¥	9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9						
	10	Exploited exempt activity income (Schedule I)	10						
	11	Advertising income (Schedule J)	11	<u> </u>					
Ш	12	Other income (See instructions, attach schedule)	12		, ,,,,				
Z	13	Total. Combine lines 3 through 12	13	27,050					
SCANNE	Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) deductions must be directly connected with the unrelated business income?								
တ	14	Compensation of officers, directors, and trustees (Schedule K)		RECEI	78				
	15 10	Salaries and wages	- 1	4	101				
	16 17	Repairs and maintenance Bad debts	1	JAN 1	3 5050 181				
	18	Interest (attach schedule) (see instructions)	1	٥					
	19	Taxes and licenses		OGDE	N, U1				
	20	Charitable contributions (See instructions for limitation rules)		L					
	21	Depreciation (attach Form 4562)		21					
	22	Less depreciation claimed on Schedule A and elsewhere on retu	ILU	222					

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

For calendar year 2018 or other tax year beginning

1933 Spielbusch Avenue

F Group exemption number (See instructions)

Catholic Charities Diocese of Toledo Inc

Name of organization (

Foreign country name

City or town

G Check organization type

Enter the number of the organization's unrelated trades or businesses

Toledo

2939302500308 OMB No 1545-0687 **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) , and ending 6/30/2019 ► 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) Employer identification number Check box if name changed and see instructions) (Employees' trust, see instructions.) Number, street, and room or suite no. If a PO box, see instructions 34-4428254 Unrelated business activity code (See instructions.) ZIP code 43604 Foreign province/state/county Foreign postal code 501(c) trust 401(a) trust Other trust Describe the only (or first) unrelated If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No (419) 244-6711 Expenses (C) Net 0 36,069 -9,019 36.069 -9.019 (Except for contributions, 14 15 16 17 18 19 20 4.5 22b 23 24 25 26 27 28

7/1/2018

State

OH

► X 501(c) corporation

29 0 30 -9.019 +1; -9.019

Form **990-T** (2018)

Contributions to deferred compensation plans

Excess exempt expenses (Schedule I)

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Unrelated business taxable income Subtract line 31 from line 30

Other deductions (attach schedule)

Employee benefit programs

Form 990

R

23

24

25

26

27

28

29

30

31

32

HTA

Depletion

lx۱

Department of the Treasury

Check box if

address changed

Book value of all assets at

103)

2,482,675

trade or business, then complete Parts III-V

trade or business here

220(e)

530(a)

Print

Type

or

Exempt under section

501 (C

408(e)

408A

529(a)

Internal Revenue Service

Part	III T	otal Unrelated Business Taxable I	ncome						
33	Total of u	nrelated business taxable income compu	ited from all unrelated trades	s or businesses (see					
	instructio	•		•		33		0	
		paid for disallowed fringes				34			
		n for net operating loss arising in tax year	ſ						
	instructions)							0	
36	Total of u	Γ							
	of lines 3	ļ	36		0				
37	Specific o	deduction (Generally \$1, 000, but see line	e 37 instructions for exceptio	ons)		37		0	
38	Unrelate	d business taxable income. Subtract lin	e 37 from line 36 If line 37 i	s greater than line 36,	Γ				
	enter the	smaller of zero or line 36				38		0	
Part I	V T	ax Computation	_						
		itions Taxable as Corporations. Multiply	/ line 38 by 21% (0 21)		▶	39		0	
	-	axable at Trust Rates. See instructions f	•	tax on the	Ī				
	amount o	on line 38 from Tax rate schedule	or Schedule D (Form	1041)		40	_		
41	Proxy ta	x. See instructions			▶ [41			
42	Alternativ	re minimum tax (trusts only)				42			
43	Tax on N	oncompliant Facility Income. See instr	uctions		[43			
44 _	Total. Ad	d lines 41, 42, and 43 to line 39 or 40, wh	nichever applies		[44		0	
Part	V T	ax and Payments							
45 a		ax credit (corporations attach Form 1118,	trusts attach Form 1116)	45a					
	-	edits (see instructions)		45b				1	
С	General	business credit Attach Form 3800 (see in	nstructions)	45c					
d	Credit for	prior year minimum tax (attach Form 88	01 or 8827)	45d				1	
е	Total cre	dits. Add lines 45a through 45d				45e		0	
46		line 45e from line 44		_	1	46		0	
47		s Check if from Form 4255 Form 8611	Form 8697 Form 8866	Other (attach schedu	ule)	47			
48		. Add lines 46 and 47 (see instructions)			Ļ	48		0	
49		965 tax liability paid from Form 965-A or	Form 965-B, Part II, column	(k), line 2	ļ	49			
	-	s A 2017 overpayment credited to 2018		50a				Ì	
		mated tax payments		50b				J	
	-	sited with Form 8868		50c					
d	-	organizations Tax paid or withheld at sou	rce (see instructions)	50d		•			
е		vithholding (see instructions)		50e					
		small employer health insurance premiu	· · · · · · · · · · · · · · · · · · ·	50f					
9			orm 2439			•			
		4136 Other _	Total ►	50g 0					
51		ments. Add lines 50a through 50g		,	_	51		이	
52		d tax penalty (see instructions) Check if		>	LĮ Į	52			
53		If line 51 is less than the total of lines 48			•	53		이	
54		ment. If line 51 is larger than the total of		1 -		54		_ 0	
55		amount of line 54 you want Credited to 201		Refunded		55		0	
Part '	VI St	atements Regarding Certain Activ	ities and Other Informa	ition (see instructions)					
56		me during the 2018 calendar year, did the	_	_				Yes	No
		iancial account (bank, securities, or other							1
	FinCEN	Form 114, Report of Foreign Bank and Fi	nancial Accounts If "Yes," e	nter the name of the fo	reign (country			لب
	here >								
57	_	e tax year, did the organization receive a dis	_	antor of, or transferor to, a	a foreiç	gn trust?			
		see instructions for other forms the organ							
_58		amount of tax-exempt interest received							
		 penalties of perjury, I declare that I have examined this return complete Declaration of preparer (other than taxpayer) is ba 			ny knowl	edge and belie	t, it is true,	correct,	
Sign	. 1	Don's	, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-		May the IRS	discuss th	s retum	with
Here	<u> </u>	1007am	<u> Execu</u>	utive Director	_ [the preparer	shown bel	ow (see	
	Sigi	nature of officer	Date Title			instructions)?		s X	NO
De:4		Print/Type preparer's name	Preparer's signature	Date	Chec	k if	PTIN		
Paid			<u> </u>		self-e	employed			_
Preparer Firm's name						EIN 🕨			
Use (∪nıy ∣	Errm's address			Dhasa				

Form 990-T (2018) Ca	tholic Charities	Diocese of T	oledo Inc			34-4	428254	ρ	age 3	
Schedule A—Cost of Good	ds Sold. Ente	r method o	finventory valu	uation	>					
1 Inventory at beginning of	year	1		3 Inv	entory at end	d of year	_6			
2 Purchases		2		7 Co	st of goods	sold. Subtract	•			
3 Cost of labor		3		line	6 from line	5 Enter here	<u> </u>		1	
4 a Additional section 263A c	osts			and	d in Part I, lin	ne 2	7	0	<u> </u>	
(attach schedule)	4	la	8	3 Do	the rules of	section 263A (with	respect t	o Yes	No	
b Other costs (attach sched	lule) 4	lb		pro	perty produc	ced or acquired fo	r resale)			
5 Total. Add lines 1 through		5	0		oly to the org				<u> </u>	
Schedule C-Rent Income	(From Real	Property a	nd Personal F	rope	rty Leased	l With Real Pro	perty)			
(see instructions)										
1. Description of property										
(1) 2 Smith										
(2)										
(3)										
(4)										
	2. Rent receiv	red or accrued								
(a) From personal property (if the per for personal property is more than more than 50%)	m real and personal property (if the e of rent for personal property exceeds the rent is based on profit or income) 3(a) Deductions directly connected in columns 2(a) and 2(b) (attactions directly connected in columns 2(a) and 2(a) and 2(a) and 2(a) and									
(1)					27.050	27,050 36				
(2)					<u> </u>				<u> </u>	
(3)										
(4)										
Total	0	Total			27,050					
(c) Total income. Add totals of col	umns 2(a) and 2	(b) Enter				(b) Total deduct				
here and on page 1, Part I, line 6, c		(b) Litter			27.050	Enter here and or Part I, line 6, colu		3	6,069	
Schedule E—Unrelated De		Income (se	ee instructions)		27,000	1 4111, 11110 0, 0010	(<u>D) P</u>	<u>~</u>	<u>0,000</u>	
John Carlotte De		111001110 (80	l mondonorio,		3. 0	Deductions directly coni	nected with a	r allocable		
1 Description of debt-	financed property		Gross income from or allocable to debt-financed				nced property			
Description of debt-financed property			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 adjuste of or allocable debt-financed progenty (attach schedule)		able to d property				income reportable (column 6 × t		cable deductions i × total of colur a) and 3(b))	otal of columns	
(1)				%		0			0	
(2)				%		0			0	
(3)				%		0			0	
(4)				%		0			0	
						and on page 1, 7, column (A)		e and on pag ne 7, column		
Totals				•		0			0	
Total dividends-received deduct	ions included in	column 8				•				

Page 4

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)									
				Organizations					
1 Name of controlled organization	2. Employer dentification number			4. Total of specific payments made	included in the	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)		<u>L</u>							
Nonexempt Controlled Organizations	S								
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		connected with income in	
(1)	·					_			
(2)								_	
(3)									
(4)							 		
					Add columns Enter here and Part I, line 8, c	on page 1	l, Enter h	columns 6 and 11 ere and on page 1, line 8, column (B)	
Totals					<u> </u>		0	0	
Schedule G—Investment Inco	me of a Section	on 501(c			tion (see instru	ctions)			
1 Description of income	2 Amount of a	2 Amount of income		Deductions ctly connected ach schedule)	Set-asides (attach schedule)		5. Total deductions and set-asides (col 3 plus col 4)		
(1)								0	
(2)								0	
(3)								0	
(4)								0	
		inter here and on page 1, land the land						here and on page 1, line 9, column (B)	
Totals	<u> </u>	0	Tax	5. 1	<u> </u>	1		0	
Schedule I—Exploited Exemp	t Activity Inco	me, Oth	<u>er Than A</u>	dvertising Inco	me (see instruc	ctions)			
Description of exploited activity	2. Gross unrelated business incor from trade o business	ne conn	expenses Irrectly ected with fuction of Irrelated ess 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	attribu	penses itable to imn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	-		**	0				0	
(2)			*	0	+		-	0	
(3)				0	+			0	
(4)				0				0	
	Enter here and page 1, Part line 10, col (A	l, page	here and on e 1, Part I, 0, col (B)			, ,		Enter here and on page 1, Part II, line 26	
Totals	>	0	0	-				0	
Schedule J—Advertising Inco	me (see instruc	tions)							
Part I Income From Perio	dicals Report	ed on a	Consolida	ated Basis					
1. Name of penodical	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 6.		adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				,					
(2)								\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
(3)									
(4)				<u>, , , , , , , , , , , , , , , , , , , </u>				* *	
Totals (carry to Part II, line (5))			0						

Form 990-T (2018) Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in Part II

columns 2 through 7 on a line-by-line basis) 4. Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 3 Direct 5 Circulation 6. Readership 2 minus col 3) if 1. Name of penodical advertising minus column 5, ıncome costs advertising costs a gain, compute cols 5 through 7 but not more than column 4) ıncome (1) 0 (2) 0 0 0 0 (3) 0 (4) 0 Totals from Part I ▶ 0 0 0 Enter here and on Enter here and Enter here and on page 1, Part I, line 11, col (A) page 1, Part I, line 11, col (B) on page 1, Part II, line 27 Totals, Part II (lines 1-5) 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 (2018)