

Form 990-T

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

OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

For calendar year 2018 or other tax year beginning and ending

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).

Department of the Treasury Internal Revenue Service

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)

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

Print or Type

THE DAMIEN CENTER

35-1711878

Number, street, and room or suite no If a P.O. box, see instructions 26 NORTH ARSENAL AVENUE

E Unrelated business activity code (See instructions)

City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46201

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 Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated trade or business here. 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 trade or business, then complete Parts III-V.

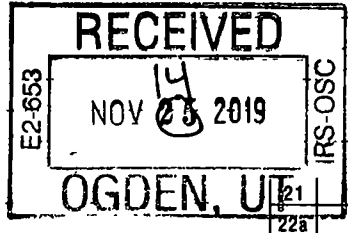
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation

J The books are in care of THE ORGANIZATION Telephone number 317-632-0123

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction, Income (loss) from partnership, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents, Investment income, Exploited exempt activity income, Advertising income, Other income, Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed; 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; Deduction of net operating loss; Unrelated business taxable income.



54

Handwritten signature/initials

Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Rows include: 33 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 0.; 34 Amounts paid for disallowed fringes 7,913.; 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions); 36 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 7,913.; 37 Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 1,000.; 38 Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 6,913.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Rows include: 39 Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) 1,452.; 40 Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from, [ ] Tax rate schedule or [ ] Schedule D (Form 1041); 41 Proxy tax. See instructions; 42 Alternative minimum tax (trusts only); 43 Tax on Noncompliant Facility Income. See instructions; 44 Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 1,452.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Rows include: 45a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116); 45b Other credits (see instructions); 45c General business credit Attach Form 3800; 45d Credit for prior year minimum tax (attach Form 8801 or 8827); 45e Total credits. Add lines 45a through 45d; 46 Subtract line 45e from line 44 1,452.; 47 Other taxes Check if from [ ] Form 4255 [ ] Form 8611 [ ] Form 8697 [ ] Form 8866 [ ] Other (attach schedule); 48 Total tax. Add lines 46 and 47 (see instructions) 1,452.; 49 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 0.; 50a Payments A 2017 overpayment credited to 2018; 50b 2018 estimated tax payments; 50c Tax deposited with Form 8868; 50d Foreign organizations' Tax paid or withheld at source (see instructions); 50e Backup withholding (see instructions); 50f Credit for small employer health insurance premiums (attach Form 8941); 50g Other credits, adjustments, and payments [ ] Form 4136 [ ] Other Total; 51 Total payments. Add lines 50a through 50g; 52 Estimated tax penalty (see instructions) Check if Form 2220 is attached [ ]; 53 Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed STATEMENT 1 1,513.; 54 Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid; 55 Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded

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

Table with 3 columns: Line number, Description, and Yes/No. Rows include: 56 At any time during the 2018 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; 57 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; 58 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. Signature of officer: Angela N. Crawford, Date: 11-14-19, Title: PRESIDENT & CEO. May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [ ] No. Paid Preparer Use Only: Print/Type preparer's name: ANGELA N. CRAWFORD, CPA; Preparer's signature: Angela N. Crawford; Date: 12/19; Check [ ] if self-employed; PTIN: P00573197; Firm's name: BLUE & CO., LLC; Firm's EIN: 35-1178661; Firm's address: 500 N. MERIDIAN ST, SUITE 200 INDIANAPOLIS, IN 46204; Phone no.: 317-633-4705

FORM 990-T

INTEREST AND PENALTIES

STATEMENT 1

TAX FROM FORM 990-T, PART IV	1,452.
UNDERPAYMENT PENALTY	61.
LATE PAYMENT PENALTY	44.
<b>TOTAL AMOUNT DUE</b>	<b>1,557.</b>

FORM 990-T

LATE PAYMENT PENALTY

STATEMENT 2

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	05/15/19	1,452.	1,452.	6	44.
DATE FILED	11/14/19		1,452.		
<b>TOTAL LATE PAYMENT PENALTY</b>					<b>44.</b>