AMENDED RETURN - SECTION 512(A)(7) REPEA 2939315800407

	Form	990-T	<u>''</u> /E	Exempt Organization	ı Busi	ne	ss Income Ta	x Return	1	OMB No 1545-0687
	4						ction 6033(e)) *	19517		0040
-		-	For calendar year 2018 or other tax year beginning			, and ending		100	<u> </u>	2018
		tment of the Treasury at 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							Open to Public Inspection for 501(c)(3) Organizations Only
	A [	Check box if address changed		Name of organization ( Check box	If name cha	anged	and see instructions )		(Emp	loyer identification number ployees' trust, see uctions)
	B E	kempt under section	Print	THE DAMIEN CENTER					3	5-1711878
		]501(c)(3)	or Type	Number, street, and room or suite no. If	a P.O. box,	see ir	structions			lated business activity code instructions )
		408(e) 220(e)		26 NORTH ARSENAL A	VENUE				] '	,
		408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46201						
	C Boo	ok value of all assets		F Group exemption number (See instructions.)						
		G Check organization type ► X 501(c) corporation 501(c) trust							) trust	Other trust
	H Ent	Enter the number of the organization's unrelated trades or businesses							nrelated	1
		de or business here 🕨						mplete Parts I-V		•
	des	scribe the first in the b	lank spa	ce at the end of the previous sentence, co	mplete Part	s I an	d II, complete a Schedule M	l for each additior	nal trade	e or
		siness, then complete								
		• •	•	oration a subsidiary in an affiliated group		subs	idiary controlled group?		Y	es No
				tifying number of the parent corporation	<u> </u>		7.1		17	622 0122
				THE ORGANIZATION le or Business Income	<del></del>		(A) Income	e number 📂 🗵 (B) Expense		632-0123 (C) Net
				le or business income			(A) Illicollie	(D) Expense	<u> </u>	(O) Net
		Gross receipts or sale		- Polones		4.				
	_	Less returns and allow Cost of goods sold (S		C Balance	┍	1c 2				<u> </u>
		Gross profit Subtract		· · · · /	-	3				
		•		1	-	4a				
		100 100 100 100 100 100 100 100 100 100								
		Capital loss deduction for trusts								
	5	Income (loss) from a	partners	ship or an S corporation (attach statement)	:) [	5				
		Rent income (Schedule C)								
	7	Unrelated debt-financed income (Schedule E)								
	8	Interest, annuities, roy	alties, a	nd rents from a controlled organization (So	ichedule F)	88		<del></del>		
S		Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)								
SCANNE	-	Exploited exempt activ	•	,	-	10				<del></del>
=		Advertising income (S		·	-	11				
m		Other income (See ins			-	12	<u> </u>			
D		Total. Combine lines 3 through 12 13 0.   art II Deductions Not Taken Elsewhere (See instructions for limitations on deductions )								
JUL				utions, deductions must be directly co				come )		
=	14	Compensation of officers, directors, and trustees (Schedule K)								
0	15	Salaries and wages	,	,					15	
9	16	Repairs and mainten	intenance				CEIVED		16	
2020	17	Bad debts			_	4.5				
2	18	Interest (attach sche	dule) (se	e instructions)	C <del>G</del> M	1AR	<b>19</b> 2020		18	
	19	Taxes and licenses					38		19	
	20									<del></del>
79Z	21	Depreciation (attach Form 4562)  OGDEN, U[721]								
7 7	22	Less depreciation claimed on Schedule A and elsewhere on return							22b 23	<del> </del>
7 7	23	Depletion								
MAN	24	Contributions to deferred compensation plans								
Σ	25 26	Employee benefit pro	-	chedule I)					25 26	
	27	Excess exempt expenses (Schedule !)  Excess readership costs (Schedule J)								
든夏	28	Other deductions (attach schedule)								
§Ğ.	۷.	Total deductions Add lines 14 through 28								0.
اناز	30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13							29 30	0.
	31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)								İ
Š	32	Unrelated business taxable income. Subtract line 31 from line 30								0.
_ ~	82370	1 01-09-19 LHA <b>Fo</b>	r Paper	work Reduction Act Notice, see instruction	ons.					Form <b>990-T</b> (2018)

Form 990-1	(2018) THE DAMIEN CENTER	35-1711878	Page 2
Part I	Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes		
35		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
•	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		2,000.
36	·	38	0.
Part I	enter the smaller of zero or line 36  V Tax Computation	<u> </u>	
	<del></del>	► I ao I	0.
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from	1'7 1	
	Tax rate schedule or Schedule D (Form 1041)		<del></del>
41	Proxy tax See instructions		
42	Alternative minimum tax (trusts only)	42	<del></del>
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		0.
Part \		<del> </del>	<del></del>
45 a	, , , , , , , , , , , , , , , , , , ,		
b	Other credits (see instructions) 45b		
C	General business credit. Attach Form 3800 45c		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits Add lines 45a through 45d	458	
46	Subtract line 45e from line 44		0.
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other tax	itach schedule) 47	
48	Total tax Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		0.
50 a	Payments A 2017 overpayment credited to 2018		
b	2018 estimated tax payments 50b		
С	Tax deposited with Form 8868	1 '	
	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 501		
	Other credits, adjustments, and payments Form 2439		
	Form 4136 X Other 1,452. Total ▶ 50g	1,452.	
51	Total payments. Add lines 50a through 50g SEE STATEMENT		1,452.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	·
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,452.
55		unded 55	1,452.
Part V			
1			Voc. No.
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	,	Yes No
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here <b>&gt;</b>		<del></del>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	eign 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	Under panalties of perjury. I declare that I have examined this return including accompanying schedules and statements, and to the correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	sezi os my knowieago and belle	i nisvue,
Here	13/02	May the IRS dis	scuss this return with
	Signature of officer Date PRESIDENT & CEC		~~
		instructions)?	X Yes No
	1 " ' '	Check If PTIN	
Paid	·   //////// 91 //////////	self- employed	
Prepa	rer CPA   03703720		573197
Use C	Iniv Firm's name ► BLUE & CO., LLC	Firm's EIN ► 35-	1178661
	500 N. MERIDIAN ST, SUITE 200		
	Firm's address ► INDIANAPOLIS, IN 46204		3-4705
823711 01-	09-19	F	orm <b>990-T</b> (2018)

	FOOTNOTES	STATEMENT 1
REPEAL OF SECTION 512(A)(7)	ADJUSTMENTS:	
OTHER INCOME - ORIGINAL RETUR	RN	7,913.
OTHER INCOME - AMENDED RETURN	N	0.

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
AMOUNT PAID ON PRIOR RETURN	1,452.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	1,452.