Form 990-T Exempt Organization Business Inco		Return	OMB No 1545-0047						
(and proxy tax under section 603	3(e))	α i α	2040						
For calendar year 2019 or other tax year beginning, and e		1011	2019						
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if ye		a 501(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only						
A Check box if Name of organization (Check box if name changed and see instraiddress changed	Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees' trust, see instructions)								
B Exempt under section Print THE DAMIEN CENTER	Print THE DAMIEN CENTER 35-1711878								
X 501(c)(3 Number, street, and room or suite no. If a P.O box, see instructions	Number, street, and room or suite no. If a P.O box, see instructions E Unrelated business activity code (See instructions)								
408(e) 220(e) 26 NORTH ARSENAL AVENUE	Tuna								
408A 530(a) 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)									
0 . G Check organization type ► X 501(c) corporation 50	01(c) trust	401(a) trust	Other trust						
H Enter the number of the organization's unrelated trades or businesses	-	ly (or first) unrelate							
		ete Parts I-V. If mor							
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 trad	e or						
business, then complete Parts III-V.	lad areas		'es X No						
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controll	ea group?	P Y	es X No						
If "Yes," enter the name and identifying number of the parent corporation J The books are in care of THE ORGANIZATION	Telenhone nu	mber ▶ 317-	-632-0123						
Part Unrelated Trade or Business Income (A) Inc		(B) Expenses	(C) Net						
a Gross receipts or sales		`-'							
b Less returns and allowances c Balance lc									
2 Cost of goods sold (Schedule A, line 7)			1						
3 Gross profit Subtract line 2 from line 1c 3									
4a Capital gain net income (attach Schedule D)									
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b		DFA.							
c Capital loss deduction for trusts 4c	- A $+$ A	L-1,75 O.E.	VED						
5 Income (loss) from a partnership or an S corporation (attach statement) 5	-/	51 NOV 14							
6 Rent income (Schedule C)	-+1	S NOV	2020 9						
7 Unrelated debt-financed income (Schedule E) 7			SS						
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	<u>-</u>	<u>OGDE</u>	V. UT						
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I)									
10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J)			· · · · · · · · · · · · · · · · · · ·						
12 Other income (See instructions, attach schedule)									
13 Total. Combine lines 3 through 12	0.								
Part 11 Deductions Not Taken Elsewhere (See instructions for limitations on de	ductions)		•						
(Deductions must be directly connected with the unfelated business income)									
14 Compensation of officers, directors, and trustees (Schedule K)		14							
15 Salaries and wages		15	<u> </u>						
16 Repairs and maintenance		16							
17 Bad debts		17	 						
Interest (attach schedule) (see instructions)		18	-						
19 Taxes and licenses 20 Depreciation (attach Form 4562)	20	19	 						
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	-						
22 Depletion		22							
23 Contributions to deferred compensation plans		23	<u> </u>						
24 Employee benefit programs									
25 Excess exempt expenses (Schedule I)		24 25							
26 Excess readership costs (Schedule J)		26							
27 Other deductions (attach schedule)		27							
28 Total deductions. Add lines 14 through 27		28	0.						
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	1	29	0.						
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018									
(sée instructions)		30_	0.						
Unrelated business taxable income. Subtract line 30 from line 29		31_	0. Form 990-T (2019)						

	THE DAMIEN CENTER	35-17118	378 Pago 2
	Total Unrelated Business Taxable Income		
	Total of unrelated business taxable income computed from all unrelated trades or businesses (yee instructions)	1 2	0.
	Amounts paid for disallowed fringes	3	
34	Charitable contributions (see instructions for limitation rules)	34	<u> </u>
	Total unrelated business taxable income before pre 2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	35	
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	86	
	Total of unrelated business taxable income before specific deduction. Subtract fine 36 from line 35	37	
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1	L,000.
	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		•
	enter the smaller of zero or line 37	39	0.
	Tax Computation	, I , 	
	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40	<u> </u>
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 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 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
	Tax and Payments	121	
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)		
b	Other credits (see instructions) 46b 46c		
C	General business credit. Attach Form 3800		
ď	General business credit. Attach Form 3800 46c Credit for prior year minimum tax (attach Form 8801 or 8827) 46d		
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	<u> </u>
	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (allach schedule)	48	
	Total tax Add lines 47 and 48 (see instructions)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	0.
51 a	Payments A 2018 overpayment credited to 2019 2019 estimated tax payments 5 a 1,500.		
þ	2019 estimated tax payments 1,500.		
C	Tax deposited with Form 8868 5c Foreign organizations Tax paid or withheld at source (see instructions) 5d		
		F S	
	Backup withholding (see instructions) 5 e		
	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ► 51g		E00
52	Total payments Add lines 51a through 51g	\$2	L,500.
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	1	
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55]	1,500.
	Enter the amount of line 55 you want. Credited to 2020 estimated tax		1,500.
	Mi Statements Regarding Certain Activities and Other Information (see instructions)	1 70 1	.,300.
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	- \	Yes No
-	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	ļ.	- Table
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	ļ.	150
	here	<u> </u>	х
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file		- TO 130 T
	Enter the amount of tax-exempt interest received or accrued during the tax year > \$		
	Under penalties of persury. I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowled	rige and belief it is true	
Sign	correct and complete, Declaration of preparer (other than taxpuyer) is based on all information of which preparer has any knowledge.		
Here		ay the IRS discuss this r e preparer shown below	
		structions)? X Yes	
-	Print/Type preparer's name Preparer's signature Date Check :	f PTIN	
Paid	ANCRIA N CRAWFORD	i i	
Prep	10010 41 (unu) 100 11 (10/20)	P005731	
Use	BIG STATE OF THE S	35-1178	661
J36	500 N. MERIDIAN ST, SUITE 200		
_		17-633-47	
923711 0		Form 99	0-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of inver	itory v	aluation ► N/A					
Inventory at beginning of year 1 6 Inventory at end of year				r		6			
2 Purchases	2		7 Cost of goods sold Subtract line 6						
3 Cost of labor	3			from line 5. Enter here and in Part I,					
4a Additional section 263A costs				line 2		7			
(attach schedule)	4a		8	8 Do the rules of section 263A (with respect to				Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total Add lines 1 through 4b	5		1	the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Per	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
		ed or accrued				04.10			
(a) From personal property (if the percent for personal property is more 10% but not more than 50%)	centage of than	of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	1			
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	1 (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ictions)					
			2	Gross income from		3 Deductions directly control to debt-finance			
1. Description of debt-fin	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (ettach schedule)	ns
(1)			1				1'''	-	
(2)							T		-
(3)									
(4)		_							
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			Ì	%			i		
(2)				%					
(3)				%					
(4)				%				-	
						nter here and on page 1 Part I line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in columi	ı 8				>			0.

Form 990-T (2019) THE DA									35-17	<u>1187</u>	8 Page
Schedule F - Interest, A	Annuitie	s, Royal	ties, and	Rents	From Co	ntrolle	d Organiza	tions	(see ins	struction	ıs)
Exempt Controlled Organizations											
Name of controlled organizate	1 Name of controlled organization 2 Employer identification number		cation			tal of specified ments made 5. Part of col included in the organization's		ed in the contr	olling	6 Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organizations											
7 Taxable Income 8. Net unrelated income (toss) (see instructions)		9. Total of specified payments made							eductions directly connected h income in column 10		
(1)	·		-	-							
(2)				•							
(3)											
(4)						Ì					
•	•			-			Add colum Enter here and line 8, c		1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (8)
Totals		•							0.		0.
Schedule G - Investme	nt Incon	ne of a S	Section 5	501(c)(7	'), (9), or (17) Org	anization				
(see insti				. , ,							
1 Desc	ription of inco	me			2. Amount of	income	3. Deduction directly conne (attach sched	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Fnter here and a Part I, line 9 co						- Enter here and on page 1, Part I, line 9, column (B)
Totals				>		0.					0.
Schedule I - Exploited (see instru	•	Activity	Income,	, Other	Than Adv	ertisin	g Income				
	, و	iross	3 Expe		4. Net incom		5 Gross inco	·ma			7 Excess exempt
1 Description of exploited activity	unrelated incom- trade or t	business e from	directly co with prod of unrel business	luction lated	business (co minus colum gain, compute through	nlumn 2 n 3) If a e cols 5	from activity t is not unrelat business inco	hat ed	6 Exp attribut colui		expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)					1						
(3)											
(4)	Enter her page 1 line 10,	, Part I,	Enter here page 1, I line 10, c	Part I		[Enter here and on page 1, Part II, line 25
Totals •	<u> </u>	0.		0.	<u> </u>						0.
Schedule J - Advertisir											
Part I Income From I	Periodic	als Repo	orted on	a Cons	solidated 	Basis					
1 Name of periodical		2 Gross advertising income		. Direct trsing costs			5 Circulat income		6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
			_	_]			_
Totals (carry to Part II, line (5))	<u> </u>	(0.	0	<u>• </u>	<u>_</u>	.1		<u> </u>		O . Form 990-T (2019

Form 990-T (2019) THE DAMIEN CENTER 35-17118 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)

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 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.		·		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, tine 26
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 (2019)