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

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Form 990-T (2018)

Form 990-T	E	Exempt Organization Bus			Tax F	Return	1,	OMB N	lo 1545-0687
		(and proxy tax und				190	(do		040
	For ca	lendar year 2018 or other tax year beginning $\ \overline{\text{JUL}}\ \ 1$ ,				201	<u>.9</u>	Z	UTB
Department of the Treasury Internal Revenue Service		■ Go to www irs gov/Form990T for in • Do not enter SSN numbers on this form as it may				501(c)(3)	ŀ	Open to Pu	ublic Inspection f
A Check box if				and see instructions.)		2 00 1(0)(0).	D Empl		fication number
address changed							instri	uctions)	
B Exempt under section	Print	CLARETIAN MISSIONARIES			RATI	. <b></b> .			67233
X 501(c)(3)	or Type	Number, street, and room or suite no If a P.O. box	k, see ir	nstructions.				lated busine instructions	ess activity code s )
408(e) 220(e)	.,,,,	205 WEST MONROE STREET					4		
408A530(a) 529(a)		City or town, state or province, country, and ZIP o CHICAGO, IL 60606	r foreig	n postal code					
C Book value of all assets at end of year		F Group exemption number (See instructions.)	<b></b>						
at end of year		G Check organization type ► X 501(c) corp	oration	1 501(c) trust		401(a)	trust		Other trust
H Enter the number of the	organiza	tion's unrelated trades or businesses.		Describ	e the only	(or first) ur		1	
trade or business here	<u> </u>	EE STATEMENT 1		If only on	e, complet	e Parts I-V.	If more	e than one	э,
describe the first in the b	ank spa	ce at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedu	le M for ea	ach addition	al trade	e or	
business, then complete	Parts III	-V							
I During the tax year, was	the corp	oration a subsidiary in an affiliated group or a parer	it-subsi	diary controlled group?	•	▶ [	Y	es 🗀	No
		ifying number of the parent corporation.				<del></del>			
		THE ORGANIZATION		i ·	hone num			T	<u>-7782</u>
		le or Business Income		(A) Income	(1	B) Expenses	<u> </u>	<u> </u>	(C) Net
1a Gross receipts or sale									
b Less returns and allow		c Balance	1c					<u> </u>	
2 Cost of goods sold (S		•	2_					<del>                                     </del>	
3 Gross profit Subtract			3					<u> </u>	
4a Capital gain net incom	•	•	4a					<u> </u>	
- , , ,	•	art II, line 17) (attach Form 4797)	_ 4b		-			<b>├</b> ──	
c Capital loss deduction			4c		<del>                                     </del>	2505	1\ /[	<del></del>	7—
		hip or an S corporation (attach statement)	5		<b> </b>	RECE	JVE		
6 Rent income (Schedul	•	(0.1.11.5)	6		2			$\Box$	2
7 Unrelated debt-finance		•	7		114-1	MAY 2	2 20		
=		nd rents from a controlled organization (Schedule F)	8		<u>8</u>			1 10	<u> </u>
		n 501(c)(7), (9), or (17) organization (Schedule G)	9		<u> </u>		NI I	<del></del>	=
10 Exploited exempt activ			10			OGDE	14, 1	ע ע	┵
11 Advertising income (S		•	11		Ŧ			├──	
12 Other income (See ins		•	12	0.				<del>                                     </del>	
13 Total. Combine lines Part II Deduction		ot Taken Elsewhere (See instructions fo						<u> </u>	
		itions, deductions must be directly connected				)			
		ectors, and trustees (Schedule K)				<u>,                                      </u>	14		
15 Salaries and wages	ocis, un	cotors, and trustees (Schedule N)					15		
16 Repairs and maintena	ance						16		
17 Bad debts	21100						17	<del>                                     </del>	
18 Interest (attach sched	fule) (se	ee instructions)					18	<u> </u>	
19 Taxes and licenses	20.07 (00						19		
	ns (See	instructions for limitation rules)					20		
21 Depreciation (attach	•	•		21					
•		Schedule A and elsewhere on return		22a			22b		
23 Depletion						-	23		
24 Contributions to defe	rred cor	npensation plans					24		
25 Employee benefit pro							25		
26 Excess exempt exper	-	hedule I)					26		
27 Excess readership co	•	•					27		
28 Other deductions (att	•	•					28		
29 Total deductions. Ac		•					29		0
30 Unrelated business ta	xable in	come before net operating loss deduction. Subtract	line 29	from line 13			30		0
		nee arieing in tay years beginning on or after Januar					31		

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Unrelated business taxable income Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-	T(2018) CLARETIAN MISSIONARIES SERVICE CORPORATI 4	<u>5-396</u>	<u> 57233</u>	Page 2			
Part	III 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		34	<u>-</u>			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		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)	.3&	37	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		38	0.			
Part	V Tax Computation		1 40 1				
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	_	39	0.			
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		H				
40	Tax rate schedule or Schedule D (Form 1041)		40				
41	Proxy tax See instructions		41				
42	Alternative minimum tax (trusts only)		42				
43	Tax on Noncompliant Facility Income. See instructions		43				
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.			
Part '			1 44	<u></u>			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  45a	-					
70a	Other credits (see instructions)		┥ ┃				
	General business credit. Attach Form 3800		1				
ď	* ***		┪ ┃				
e			45e				
46	Subtract line 45e from line 44		46	0.			
47	Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	cebodulo)	47				
48	Total tax. Add lines 46 and 47 (see instructions)	Scriedule)	48	0.			
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.			
	Payments: A 2017 overpayment credited to 2018		113	<u> </u>			
	2018 estimated tax payments		┨				
	Tax deposited with Form 8868		┨				
	Foreign organizations: Tax paid or withheld at source (see instructions)		-{				
	· · · · · · · · · · · · · · · · · ·		-				
_	Backup withholding (see instructions)  Credit for small employer health insurance premiums (attach Form 8941)  506  506		1				
f			1				
9		,301.					
51	Total payments Add lines 50a through 50g    X Other	, 301.	\$1	10,301.			
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached		52	10,301.			
52 53			53	<del></del>			
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	SS .	T X	10,301.			
55	Enter the amount of line 54 you want. Credited to 2019 estimated tax	Sol	54 55	10,301.			
Part \			1 20 1	10,301.			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	<del>"</del>		Yes No			
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			162 100			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country						
	here			<b>'</b>			
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to	truct?		— <del>                                    </del>			
37	If "Yes," see instructions for other forms the organization may have to file.	10317					
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best o	f my knowle	edge and belie	f it is true,			
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	_					
Here	Sail Metres 18/11/20 ASST TREASURER		•	scuss this return with own below (see			
	Signature of officer  Date  ASST TREASURER  Title		structions)?				
	/ Print/Type preparer's name Preparer's signature Date Checi	_	ıf PTIN				
ם בי		r employed					
Paid	TAMPO DODDO TAMPO DODDO OF /14/20	Jiipioyeu	l l	.266623			
Prepa	- CACCEMENT IIIC	ı's EIN ▶		2239746			
Use (	6611 NORTH AVENUE	J LIN					
		ne no (	(708)	386-1433			
823711 01				orm <b>990-T</b> (2018)			
			•	J.,,, (EU10)			

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FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

## PROVIDE EMPLOYEES WITH TRAVEL FRINGE BENEFITS

TO FORM 990-T, PAGE 1

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FORM 990-T	OTHER	CREDITS	AND	PAYMENTS	STATEMENT 2
DESCRIPTION					AMOUNT
SECTION 512(A)(7) TAXES	PAID				10,301.
TOTAL INCLUDED ON FORM	990-т, 1	PAGE 2, I	PART	V, LINE 50G	10,301.

## **Claretian Missionaries Service Corporation**

FEIN: 45-3967233

## A STATEMENT ATTACHED TO AND MADE A PART OF FORM 990-T, EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN, FOR THE FISCAL YEAR ENDED JUNE 30, 2019

The amended return is being filed as a result of the repeal of Section 512(a)(7) and to request a refund of the tax paid on the formerly disallowed fringes of \$10,301. As a result of the repeal of Section 512(a)(7), Form 990-T, page 2, line 34 is now changed to zero.