•							29393	22	103232		
			ended to	_		•			OMB No 1545-0687		
Form 990-T -	m 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))										
3	١	104	2012								
~	For cal	lendar year 2018 or other tax ye	<u> </u>	20 10							
Department of the Treasury Internal 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)(3)								Open to Public Inspection f 501(c)(3) Organizations Only		
A Check box if address changed		Name of organization (Check box if name changed and see instructions)						(Emp	loyer identification number ployees' trust, see uctions)		
B Exempt under section	Print	<u>Cath</u> olic Charities Maine							01-0280225		
X 501(c)23) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 10660							lated business activity code instructions)		
408A 530(a) 529(a)		City or town, state or province, country, and ZIP or foreign postal code Portland, ME 04104									
C Book value of all assets		F Group exemption num	<u>. I </u>								
at end of year	C Book value of all assets at end of year F Group exemption number (See instructions.) ▶ 0928 G Check organization type ▶ X 501(c) corporation								Other trust		
H Enter the number of the	organiza	tion's unrelated trades or l	businesses.			Describe	the only (or first) ur	related			
trade or business here	-					If only one,	complete Parts I-V	If more	e than one,		
describe the first in the b	lank spa	ce at the end of the previo	us sentence, comple	te Parts I a	ind II, com	plete a Schedul	e M for each additioi	nal trad	e or		
business, then complete	Parts III	-V									
•		oration a subsidiary in an		arent-sub	sidiary con	trolled group?	▶ 1	Y(es No		
		ifying number of the parer			·				0.5		
J The books are in care of					T /A		one number > 2				
<u> </u>		de or Business Inc	ome		IA.) Income	(B) Expense	s 	(C) Net		
1a Gross receipts or sale			a Balanaa	_ 10							
b Less returns and allow		A line 7)	c Balance	1c 2	 -						
2 Cost of goods sold (S3 Gross profit. Subtract				3	┼──		<u> </u>				
4a Capital gain net incom				4a	 						
		art II, line 17) (attach Form	1 4797)	4b	 -		 		<u> </u>		
c Capital loss deduction			~	4c	 				 		
		thip or an S corporation (a	trach statement)	5	 				<u> </u>		
6 Rent income (Schedu	le C)	imp or all o corporation (a	KECE	VED	—						
7 Unrelated debt-finance		ne (Schedule E)	8	7	1.1			-			
8 Interest, annuities, roy		181	-								
9 Investment income of	on 501(c)(7), (9), or (17) o	$_{e}$ $\mathcal{U}_{F}U_{9}^{-}$	191	,							
10 Exploited exempt activ		U 711	121								
11 Advertising income (S	(J)	U711		ï							
12 Other income (See ins	truction	s; attach schedule)		12-	7						
13 Total. Combine lines		<u> </u>		13		0.					
		t Taken Elsewhei									
		itions, deductions must		ctea with	the unre	lated busines	s income)	1			
	cers, dir	rectors, and trustees (Sche	edule K)					14			
15 Salaries and wages			•					15			
Repairs and mainten Bad debts	ance							16 17			
_	dula) (ca	no inetriletione)	•					18			
· ·	Interest (attach schedule) (see instructions) Taxon and learness							19			
•	 Taxes and licenses Charitable contributions (See instructions for limitation rules) 							20			
21 Depreciation (attach	-		. 4.55/			21	_	<u> </u>			
		•	e on return			22a	 -	22b			
 Less depreciation claimed on Schedule A and elsewhere on return Depletion 								23			
24 Contributions to deferred compensation plans								24			
25 Employee benefit programs								25			
	Excess exempt expenses (Schedule I)										
27 Excess readership co	Excess readership costs (Schedule J)							27			
28 Other deductions (att	her deductions (attach schedule)							28			
29 Total deductions, Ac	ld lines 1	14 through 28						29	0.		

Unrelated business taxable income. Subtract line 31 from line 30 823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

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)

55 2018.05070 Catholic Charities Maine λ_{110315_1}

30

32

Form **990-T** (2018)

30

31

Part III	Total Unrelated Business Taxable Income	•							
	otal of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33		0.					
34 A	mounts paid for disallowed fringes	34							
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35							
	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
	nes 33 and 34	36	;						
	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)			000.					
	Inrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		<u> </u>						
	nter the smaller of zero or line 36	38	.	0.					
	Tax Computation	- 100							
		- 89		0.					
	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	<u> </u>	+						
40 T	rusts 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)	40							
	Proxy tax. See instructions	1 41							
42 A	liternative minimum tax (trusts only)	42							
	ax on Noncompliant Facility Income See instructions	43		0.					
44 T	44 Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies								
Part. V	Tax and Payments								
45a F	oreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a								
b 0	Other credits (see instructions)		1						
	General business credit. Attach Form 3800								
	Gredit for prior year minimum tax (attach Form 8801 or 8827)	7							
	otal credits. Add lines 45a through 45d	45e	_ e						
-	Subtract line 45e from line 44	46		0.					
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule								
	Total tax. Add lines 46 and 47 (see instructions)	48		0.					
	1018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.					
	510 1 1 044		 						
		-							
	ax deposited with Form 8868	\dashv							
	oreign organizations; Tax paid or withheld at source (see instructions)	-							
	tackup withholding (see instructions) 50e	_							
	redit for small employer health insurance premiums (attach Form 8941) 5 <mark>0f 5</mark>	_							
g <u>0</u>	Other credits, adjustments, and payments: Form 2439								
L	Form 4136 Other Total ▶ 50g			320.					
51 T	51 Total payments. Add lines 50a through 50g								
52 E	stimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 📖	52							
53 T									
54 0	[C .								
55 E									
Part VI	Statements Regarding Certain Activities and Other Information (see instructions)								
L	t any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Ye	s No					
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file								
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country								
	ere			-					
	during the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?								
	i "Yes," see instructions for other forms the organization may have to file.								
	nter 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 of my kill	nowledge	and belief, it is true.	<u></u>					
Sign	correct, and/complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge								
Here	14/6/20 CFO	•	IRS discuss this retu						
11616		arer shown below (se ons)? X Yes	ee No						
	Signature of officer Date Title			140					
	Remotiype preparer's name Preparer's signature Date Check		TIN						
Paid	Joseph R. Byrne, Joseph R. Byrne, self-employe		D0120020	1					
Prepare	er CPA CPA 04/01/20 Firm's name ▶ Berry Dunn McNeil & Parker, LLC Firm's EIN I		P0128928						
Use On	01-05232	04							
- • •	P.O. Box 1100	/ ^ ^ ·	g\	207					
	Firm's address ► Portland, ME 04104-1100 Phone no.	(20							
823711 01-09	9-19		Form 990-	T (2018)					

Footnotes

Statement

The Organization timely filed an extension for Form 990-T based on preliminary analysis conducted regarding the disallowance of certain qualified transportation fringe benefits pursuant to IRC Sec. 512(a)(7). As this provision has since been repealed in the Taxpayer Certainty and Disaster Tax Relief Act of 2019, Form 990-T is being filed to obtain a refund of tax payments.