IRS NOT	ICE 2018-100			293931	E 0	09811
	EXTENDED TO M	AY 15	, 2019 _		9.7	00041
form 990-T	Exempt Organization Bus				L	OMB No 1545-0687
	(and proxy tax und	ler secti	on 6033(e))	30, 2018 SO	\leq	0047
=	For calendar year 2017 or other tax year beginning JUL 1, 20	017	, and ending JUN	30, 2018	2	ZU1/
epartment of the Treasury	► Go to www irs.gov/Form990T for in ► Do not enter SSN numbers on this form as it may	ion actions i	una inc iaiooi iiioiiii	411011	0	pen to Public Inspection fo 1(c)(3) Organizations Only
A Check box if address changed	Name of organization (changed and	see instructions.)		D Employ (Employ instruct	rer identification number yees' trust, see tions)
8 Exempt under section	Print CATHOLIC CHARITIES OF LOS ANGELES	S INC				5-1690973
x 501(c Q 3)	or Number, street, and room or suite no. If a P.O. bo.		intions			ed business activity codes
408(e) 220(e)	Type 1531 JAMES M WOOD BLVD				(See ins	tructions)
408A 530(a) 529(a)	City or town, state or province, country, and ZIP o	or foreign po	estal code			
C Book value of all assets at end of year	F Group exemption number (See instructions)	▶ 092	28			
77,150,	814. G Check organization type X 501(c) corp	poration	501(c) trust	401(a) 1	trust	Other trust
H Describe the organization	n's primary unrelated business activity.					
During the tax year, was	the corporation a subsidiary in an affiliated group or a parer	nt-subsidiar	y controlled group?	▶ □	Yes	X No
	and identifying number of the parent corporation.			·		
J The books are in care of		 		one number 🕨 21	3-251	
Part I Unrelated	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	·			, , , ,		
b Less returns and allow		1c			}-	
2 Cost of goods sold (S	• •	2				
3 Gross profit Subtract		3		3.33		
24a Capital gain net incom	·	4a			. 1	
>	4797, Part II, line 17) (attach Form 4797)	4b		.,	-	
c Capital loss deduction 5 Income (loss) from pa	artnerships and S corporations (attach statement)	4c 5		.0 + 2	; 	
6 Rent income (Schedu		6		*		
. ·	ed income (Schedule E)	7				
	yalties, and rents from controlled organizations (Sch. F)	8				
	a section 501(c)(7), (9), or (17) organization (Schedule G)		-			
	vity income (Schedule I)	10				
I11 Advertising income (S		11				
12 Other income (See ins	structions; attach schedule) STATEMENT 1	12	12,075.	7 m g 4	•	12,075.
13 Total. Combine lines	3 through 12	13	12,075.			12,075.
Part II Deduction	ns Not Taken Elsewhere (See instructions for	or limitation	ns on deductions)			
(Except for c	contributions, deductions must be directly connected		inrelated business	income)		
14 Compensation of offi	icers, directors, and trustees (Schedule K) RECE	VED	729	1	14	
15 Salaries and wages	\	010	 		15	
16 Repairs and mainten	ance SIN 0	3 Shia	IRS-OS		16	
17 Bad debts	ance dule) OGDI				17	
18 Interest (attach sche	dule)	ENLL	لسسا		18	
19 Taxes and licenses	(Con matrications for limitation rules)			-	19	
	ons (See instructions for infiniation rules)		21	F	20	
Depreciation (attachLess depreciation cla	nmed on Schedule A and elsewhere on return		22a		22b	
23 Depletion	limed on Schedule A and eisewhere on return		[228]		23	
	erred compensation plans			-	24	
25 Employee benefit pro				F	25	
26 Excess exempt exper	-			F	26	
27 Excess readership co					27	
28 Other deductions (att					28	
·	dd lines 14 through 28			<u> </u>	29	0.
	axable income before net operating loss deduction. Subtract	t line 29 fror	m line 13	ľ	30	12,075.
	eduction (limited to the amount on line 30)				31	
-	axable income before specific deduction. Subtract line 31 fro	om line 30			32	12,075.

1,000.

Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

Specific deduction (Generally \$1,000, out see line 33 instructions to subspace).

Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or 30 instructions.

32

3**3**

34

line_32

Part I	II Tax Computation					
35	Organizations Taxable as Corporations See instructions for tax computation	on		÷		
	Controlled group members (sections 1561 and 1563) check here ▶	See instructions and:				
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income br			2 1		
	. 1	(3) \\$				
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)			-		
	(2) Additional 3% tax (not more than \$100,000)	[\$				
c	Income tax on the amount on line 34	SEE STATEMENT 2	>	35c	1,	990.
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income	tax on the amount on line 34 from:	:			
	Tax rate schedule or Schedule D (Form 1041)		•	36		
37	Proxy tax See instructions			37		
38	Alternative minimum tax		•	38		
39	Tax on Non-Compliant Facility Income See instructions			39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		44	40	1.	990.
Part I				1_40		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a				
	Other credits (see instructions)	41b				
C	General business credit. Attach Form 3800	41c		•		
		41d		1		
	Total credits Add lines 41a through 41d	1 410 1		41e		
42	Subtract line 41e from line 40		46	42	1	990.
43	Other taxes. Check if from: Form 4255 Form 8611 Form 8	697 Form 8866 Other	(attach schedule)	43		
44	Total tax Add lines 42 and 43	10111 0000 Other	(attach schedule)	44	1	990.
	Payments: A 2016 overpayment credited to 2017	45a	V O	40		
		45b				
	2017 estimated tax payments	45c		,		
	Tax deposited with Form 8868	45d		<u> </u>		
	Foreign organizations: Tax paid or withheld at source (see instructions)					
	Backup withholding (see instructions)	45e	<u></u>	•		
	Credit for small employer health insurance premiums (Attach Form 8941)	45f				
9	Other credits and payments: Form 2439	Total ► 45g		, ,		
40	Form 4136 Other	Total ▶ <u>45g</u>				
46	Total payments. Add lines 45a through 45g	[]		46		
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due If line 46 is less than the total of lines 44 and 47, enter amount owe		53 ▶	47	1	990.
48			27			JJ0.
49 50	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount of line 49 you want: Credited to 2018 estimated tax		Sundad .	49		
50 Part V			efunded	50		
					Van	No.
51	At any time during the 2017 calendar year, did the organization have an interesting of calendar year, a foreign country of the				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If YE FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, ent					
		et the hame of the foreign country			\vdash	х
50	here >	the greater of an transferor to a fo			\vdash	X
52	During the tax year, did the organization receive a distribution from, or was it	the grantor of, or transferor to, a fo	reigii trustz		 	Ĥ
EO	If YES, see instructions for other forms the organization may have to file	or ► ¢				
53	Enter the amount of tax-exempt interest received or accrued during the tax ye Under penalties of perjury, I declare that I have examined this return, including accompar		hest of my knowled	ge and helief it is true	<u>لــــــل</u>	لــــــا
Sign	correct, and complete Declaration of preparer (other than taxpayer) is based on all inform	nation of which preparer has any knowledg	e	go ano benen, who have	-,	
Here	1 19 Jan Jelinhan	EXECUTIVE DIRECTOR		y the IRS discuss this		/ith
	Signature of officer Date	Title		preparer shown belo tructions)? X Ye		7 No.
	olynature de omocie				es	No
	Print/Type preparer's name Preparer's signature	Date	Check If	PTIN		
Paid	THOMAC COMILITE		self- employed	P00637812		
Prepa	BARNANTAYO IID		Cumia Cist .	94-62148		
Use C	Only Firm's name ► ARMANINO LLP		Firm's EIN			
	11766 WILSHIRE BLVD 9TH FLOOR		Dhone as 31	0 470 4140		
	Firm's address ► LOS ANGELES, CA 90025		Phone no 31	0-478-4148		

Schedule A - Cost of Goods	Cold E				The state of the s	
	Sold. Ente	r method of inver				
1 Inventory at beginning of year	1 1		6 Inventory at end of year		 -	6 12 * 3
2 Purchases (2		7 Cost of goods sold S		e 0	الم الم
3 Cost of labor	3		from line 5 Enter here	and in i	Part I,	
4a Additional section 263A costs			line 2	. 000 4 /	L	Yes No
(attach schedule)	4a		8 Do the rules of section			
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to	(A. 17) (A. 18)
5 Total. Add lines 1 through 4b Schedule C - Rent Income (I	5 Erom Book	Dronorty one	the organization?		d With Dool Drope	
(see instructions)	rioin Real	Property and	a Personal Property L	.ease	a with Real Prope	er ty)
Description of property						
(1)						
(2)		•				
(3)						
(4)						
	2. Rent recei	ved or accrued				
(a) From personal property (if the percorent for personal property is more to 10% but not more than 50%)	entage of han	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge		connected with the income in i 2(b) (attach schedule)
(1)		1				
(2)						
(3)						
(4)						
Total	0.	Total		0.		
c) Total income Add totals of columns 2 nere and on page 1, Part I, line 6, column		nter		0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Debt		Income (see	instructions)			<u></u>
		(000	<u> </u>		3. Deductions directly conne	
			Gross income from or allocable to debt-	(1)	to debt-finance	
Description of debt-fina	anced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fin	e adjusted basis allocable to anced property th schedule)	6. Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
· · · · · · · · · · · · · · · · · · ·		. 5. 1			nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			▶		0.	0.
Total dividends-reserved deductions (DC	dudad in calum	n Q				0.

Schedule F - Interest,	Annuitie	s, Royal	ues, an		Controlled C			ition	s (see in:	struction	ns)
1 Name of controlled organization	ion	2 Em identifi num	cation	3 Net un	related income e instructions)	4 To	otal of specified Iments made	inclu	art of column 4 ded in the cont zation's gross	trolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)						<u> </u>		ļ			
(4)		<u> </u>				<u> </u>				į	<u>.</u>
Nonexempt Controlled Organi	zations										
7. Taxable Income		unrelated incom see instructions		9 Total	of specified pay made	ments	10 Part of colur in the controlli gross		nization's		eductions directly connected h income in column 10
(1)	-			 					·	 	
(2)											
(3)											
(4)							1				
							Add colum Enter here and line 8, c	on pag	e 1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
<u>Totals</u>									0.	<u> </u>	0,
Schedule G - Investme		me of a S	ection	501(c)(7	7), (9), or (17) Org	ganization				
(see insti	ructions)				т		, —— <u> </u>				
1. Desc	ription of inc	ome			2 Amount of	income	3 Deduction directly connect (attach schedi	cted	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)									L		
(3)									ļ		<u> </u>
(4)									<u> </u>		
Totalo					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru	_	Activity	Income	e, Other	Than Adv		ng Income	. S. Aur	in the sace over 18 declar	/ .ce. 1 .	35
	10113)				4 Net incom		 		1		T
1 Description of exploited activity	unrelate: incor	Gross d business ne from business	directly of with pro of uni	penses connected oduction elated s income	from unrelated business (co minus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	5 Gross inco- from activity the is not unrelated business incor	nat ed	6 Exp attribut colur		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	page	ere and on 1, Part I col (A)	Enter her page 1 line 10,	Part I col (B)					非一位 "	145	Enter here and on page 1, Part II line 26
Totals		0.		0.	[14] () () () () ()		Control of the Contro	essis.	49 N. W. W	16	0.
Schedule J - Advertisir			struction		ام ما ما ما	Basia					
Rart I i Income From I	-erioaid	eais Repo	ntea or	a Cons	solidated	basis					
1 Name of periodical		2 Gross advertising income		3 Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, comput	5. Circulati e income	on	6 Reade cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					130 - 150	5 743	î				THE WEST
(2)					一类或性 。	1	<i>(</i>				
(3)							۲				THE PROPERTY OF
(4)					July State	13 . T. S. S.	,				TO THE COURT
Fotals (carry to Part II, line (5))		_	0.	0).						0.

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)

. 1 ^	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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)		* *-	• -	·				
Totals from Par	t I	•	0.	0.	被把某种的			0.
Totals, Part II (lines 1-5)	•	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, line 27

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 (2017)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
DISALLOWED FRINGE BENEFITS		12,075.
TOTAL TO FORM 990-T, PAGE 1, LII	NE 12	12,075.

FORM	990-T LINE 35C TAX COMPUTATION		STATEMENT 2
1.	TAXABLE INCOME	11,075	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT	11,075	
3.	LINE 1 LESS LINE 2	0	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT	0	
5.	LINE 3 LESS LINE 4	0	
6.	INCOME SUBJECT TO 34% TAX RATE	0	
7.	INCOME SUBJECT TO 35% TAX RATE	0	
8.	15 PERCENT OF LINE 2	1,661	
9.	25 PERCENT OF LINE 4	0	
10.	34 PERCENT OF LINE 6	0	
11.	35 PERCENT OF LINE 7	0	
12.	ADDITIONAL 5% SURTAX	0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX		1,661
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	2,326	
	DAYS		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 184 TAX PRORATED FOR NUMBER OF DAYS IN 2018 181	837 1,153	
18.	TOTAL TAX PRORATED 365	<u> </u>	1,990