

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018
Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">MOUNT CARMEL GUILD OF TRENTON, NJ</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p>73 N CLINTON AVENUE</p> City or town, state or province, country, and ZIP or foreign postal code <p>TRENTON NJ 08609-1011</p>	D Employer identification number <p style="text-align: center;">21-0675183</p> E Telephone number <p style="text-align: center;">609-392-5159</p> G Gross receipts \$ 815,655
F Name and address of principal officer: <p>MARY INKROT 73 NORTH CLINTON AVE TRENTON NJ 08609</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u 0928
J Website: u WWW.MTCARMELGUILD.ORG		L Year of formation: 1920 M State of legal domicile: NJ
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary				
Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	MOUNT CARMEL GUILD OF TRENTON PROVIDES HOPE AND PRESERVES DIGNITY AS IT FEEDS THE HUNGRY AND PROVIDES HOME HEALTH NURSING SERVICES TO THE ELDERLY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14	
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	8	
	6 Total number of volunteers (estimate if necessary)	6	50	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0
7b Net unrelated business taxable income from Form 990-T, line 38	7b		0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	610,877	643,945	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,769	8,680	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,984	11,682	
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	676,630	664,307	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	454,047	417,415	
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	16b Total fundraising expenses (Part IX, column (D), line 25) u 27,497			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	227,237	220,326		
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	681,284	637,741		
19 Revenue less expenses. Subtract line 18 from line 12	-4,654	26,566		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	553,454	571,409	
	22 Net assets or fund balances. Subtract line 21 from line 20	27,126	25,291	526,328
		526,328	546,118	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <p style="text-align: center;">MARY INKROT</p> Type or print name and title	Date <p style="text-align: center;">EXEC DIRECTOR</p>
	Signature of preparer <p style="text-align: center;">JAMES S. ALFIERI</p> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JAMES S. ALFIERI	JAMES S. ALFIERI	02/24/20	<input type="checkbox"/>	P00365757
Firm's name } HAMILTON FINANCIAL GROUP		Firm's EIN } 22-3403296			
Firm's address } 1540 KUSER ROAD, SUITE A4		Phone no. } 609-581-0300			
Firm's address } MERCERVILLE, NJ 08619-3828					

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

MOUNT CARMEL GUILD OF TRENTON PROVIDES HOPE AND PRESERVES DIGNITY AS IT FEEDS THE HUNGRY AND PROVIDES HOME HEALTH NURSING SERVICES TO THE ELDERLY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **312,968** including grants of \$) (Revenue \$)
SEE SCHEDULE O

4b (Code:) (Expenses \$ **147,154** including grants of \$) (Revenue \$)
OUR HOME HEALTH NURSING PROGRAM BECAME ACCREDITED THIS FISCAL YEAR BY THE NATIONAL INSTITUTE FOR HOME CARE ACCREDITATION, YET SERVICES REMAIN FREE TO LOW INCOME ELDERLY PATIENTS THROUGHOUT MERCER COUNTY. THERE ARE NO THIRD PARTY REIMBURSEMENTS. THIS YEAR 71 PATIENTS RECEIVED A TOTAL OF 2,424 UNITS OF SERVICE (UP TO 45 MINUTES A UNIT FOR DIRECT CARE). PATIENTS RECEIVED COMPREHENSIVE ASSESSMENTS, VITAL SIGNS MONITORING, MEDICATION MANAGEMENT, PREFILLED SYRINGES, INJECTIONS, GLUCOSE BLOOD CHECKS AND BLOOD THINNERS MONITORING. MOST PATIENTS REMAINED IN THE PROGRAM FIVE TO SIX YEARS. A TOTAL OF 62% OF PATIENTS REMAINED MEDICALLY STABLE AND LIVING IN THEIR OWN HOMES AT YEAR END, AGING WITH GRACE AND DIGNITY. ALL 100% OF PATIENTS WHO REQUIRED ADDITIONAL SOCIAL SERVICES WERE LINKED TO NEEDED SERVICES.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 460,122**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 8		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

MARY INKROT **73 NORTH CLINTON AVE** **NJ 08609** **609-392-5159**
TRENTON

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES O'BRIEN	5.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) BRIAN J. DUFF	5.00									
V. PRESIDENT	0.00	X		X			0	0	0	
(3) ARLENE JOHNSON	5.00									
SECRETARY	0.00	X		X			0	0	0	
(4) MICHAEL J. STEWART	5.00									
TREASURER	0.00	X		X			0	0	0	
(5) MICHAEL W. HERBERT	5.00									
TRUSTEE	0.00	X					0	0	0	
(6) JOHN DIBIASE	5.00									
TRUSTEE	0.00	X					0	0	0	
(7) BENEDICT J. GIOE	5.00									
TRUSTEE	0.00	X					0	0	0	
(8) HARRIET FLYNN	5.00									
TRUSTEE	0.00	X					0	0	0	
(9) LIZETTE LUGO	5.00									
TRUSTEE	0.00	X					0	0	0	
(10) JOSEPH MUTINSKY	5.00									
TRUSTEE	0.00	X					0	0	0	
(11) KAREN C RANBOM	5.00									
TRUSTEE	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JOHN TATTORY	5.00									
TRUSTEE	0.00	X					0	0	0	
(13) BRENDA RASCHER	5.00									
TRUSTEE	0.00	X					0	0	0	
(14) DANIEL O'DONNELL	5.00									
TRUSTEE	0.00	X					0	0	0	
(15) MARY INKROT	35.00									
EXEC DIRECTOR	0.00			X			63,264	0	1,200	
1b Sub-total							63,264		1,200	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							63,264		1,200	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	51,110				
	d Related organizations	1d					
	e Government grants (contributions)	1e	36,578				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	556,257				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u	643,945				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	1,632			1,632	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				120,933			
	b Less: cost or other basis & sales exps.			113,885			
	c Gain or (loss)			7,048			
	d Net gain or (loss)	u		7,048	7,048		
	8a Gross income from fundraising events (not including \$ 51,110 of contributions reported on line 1c). See Part IV, line 18	a		27,125			
		b Less: direct expenses	b	28,483			
c Net income or (loss) from fundraising events		u	-1,358				
9a Gross income from gaming activities. See Part IV, line 19	a		22,020				
	b Less: direct expenses	b	8,980				
	c Net income or (loss) from gaming activities	u	13,040	13,040			
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u						
12 Total revenue. See instructions.	u		664,307	20,088	0	1,632	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	63,679	41,213	22,466	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	294,228	230,434	63,794	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,602	3,493	1,109	
9 Other employee benefits	31,267	23,731	7,536	
10 Payroll taxes	23,639	17,942	5,697	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	11,700	8,775	2,925	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,596	1,947	649	
12 Advertising and promotion				
13 Office expenses	16,266	12,201	4,065	
14 Information technology				
15 Royalties				
16 Occupancy	53,078	39,809	13,269	
17 Travel	11,392	11,392		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	14,861	7,431	7,430	
23 Insurance	21,639	17,034	4,605	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD, SHELTER AND CLOTHIN	36,287	36,287		
b FUNDRAISING CONSULTING	26,650			26,650
c TELEPHONE	8,539	4,118	4,421	
d STRATEGIC PLAN CONSULTING	6,000		6,000	
e All other expenses	11,318	4,315	6,156	847
25 Total functional expenses. Add lines 1 through 24e	637,741	460,122	150,122	27,497
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	83,550	1 56,903
	2 Savings and temporary cash investments	3,209	2 2,877
	3 Pledges and grants receivable, net	15,099	3 16,597
	4 Accounts receivable, net		4
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6
	7 Notes and loans receivable, net		7
	8 Inventories for sale or use		8
	9 Prepaid expenses and deferred charges	2,000	9 2,345
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 683,559	
	b Less: accumulated depreciation	10b 354,848	338,872 10c 328,711
	11 Investments—publicly traded securities	83,224	11 84,351
	12 Investments—other securities. See Part IV, line 11		12
	13 Investments—program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	27,500	15 79,625
16 Total assets. Add lines 1 through 15 (must equal line 34)	553,454	16 571,409	
Liabilities	17 Accounts payable and accrued expenses	27,126	17 25,291
	18 Grants payable		18
	19 Deferred revenue		19
	20 Tax-exempt bond liabilities		20
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23 Secured mortgages and notes payable to unrelated third parties		23
	24 Unsecured notes and loans payable to unrelated third parties		24
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26 Total liabilities. Add lines 17 through 25	27,126	26 25,291
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	430,338	27 461,493
	28 Temporarily restricted net assets	90,990	28 79,625
	29 Permanently restricted net assets	5,000	29 5,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		30
	31 Paid-in or capital surplus, or land, building, or equipment fund		31
	32 Retained earnings, endowment, accumulated income, or other funds		32
33 Total net assets or fund balances	526,328	33 546,118	
34 Total liabilities and net assets/fund balances	553,454	34 571,409	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	664,307
2	Total expenses (must equal Part IX, column (A), line 25)	2	637,741
3	Revenue less expenses. Subtract line 2 from line 1	3	26,566
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	526,328
5	Net unrealized gains (losses) on investments	5	-6,776
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	546,118

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

MOUNT CARMEL GUILD OF TRENTON, NJ

Employer identification number

21-0675183

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:
 - g Provide the following information about the supported organization(s):

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	653,432	595,551	632,764	610,877	643,945	3,136,569
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	653,432	595,551	632,764	610,877	643,945	3,136,569
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						3,136,569

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	653,432	595,551	632,764	610,877	643,945	3,136,569
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,411	3,650	2,698	2,076	1,632	13,467
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						3,150,036

12 Gross receipts from related activities, etc. (see instructions) 12 153,706

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.57 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.61 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

2 Activities Test. *Answer (a) and (b) below.*

		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

MOUNT CARMEL GUILD OF TRENTON, NJ

21-0675183

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization MOUNT CARMEL GUILD OF TRENTON, NJ	Employer identification number 21-0675183
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCMASTER-CARR SUPPLY COMPANY PO BOX 680 ELMHURST IL 60126	\$ 13,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	DIOCESE OF TRENTON P.O. BOX 5147 TRENTON NJ 08638	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	UNITED WAY OF GREATER MERCER COUNTY 3131 PRINCETON PIKE LAWRENCEVILLE NJ 08648	\$ 17,499	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	MERCER COUNTY, NJ 640 SOUTH BROAD STREET PO BOX 8068 TRENTON NJ 08650	\$ 27,278	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	PRINCETON AREA COMMUNITY FOUNDATION BUNBURY FUND 15 PRINCESS ROAD LAWRENCEVILLE NJ 08648	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	JANSSEN PHARMACEUTICALS, INC. 1125 TRENTON-HARBOURTON ROAD TITUSVILLE NJ 08560	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

MOUNT CARMEL GUILD OF TRENTON, NJ

Employer identification number

21-0675183

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CHURCH & DWIGHT 469 N. HARRISON STREET PRINCETON NJ 08540	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	THE MERANCAS FOUNDATION, INC. 2820 SELWYN AVE STE 836 CHARLOTTE NC 28209	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	ESTATE OF MARY C PHELAN 3030 ATLANTIC AVENUE ATLANTIC CITY NJ 08401	\$ 54,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	CHURCH OF ST GREGORY THE GREAT 4620 NOTTINGHAM WAY HAMILTON SQUARE NJ 08690	\$ 21,583	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

MOUNT CARMEL GUILD OF TRENTON, NJ

Employer identification number

21-0675183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	82,011	105,840	138,498	173,221	
b Contributions			15,007	12,196	170,000
c Net investment earnings, gains, and losses	1,152	5,389	7,377	3,420	3,609
d Grants or scholarships					
e Other expenditures for facilities and programs		29,000	54,742	50,000	
f Administrative expenses	204	218	300	339	388
g End of year balance	82,959	82,011	105,840	138,498	173,221

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment **u 100.00 %**
- b Permanent endowment **u** %
- c Temporarily restricted endowment **u** %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		16,090		16,090
b Buildings				
c Leasehold improvements		584,118	278,030	306,088
d Equipment		66,727	60,194	6,533
e Other		16,624	16,624	

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) **u 328,711**

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BEQUESTS RECEIVABLE	79,625
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	79,625

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	694,790
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-6,776
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	37,463
e	Add lines 2a through 2d	2e	30,687
3	Subtract line 2e from line 1	3	664,103
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	204
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	204
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	664,307

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	675,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	37,463
e	Add lines 2a through 2d	2e	37,463
3	Subtract line 2e from line 1	3	637,537
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	204
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	204
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	637,741

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

TO SUPPORT THE MISSION OF THE ORGANIZATION.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAXES HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. IT REQUIRES THAT COMPUTATIONS OF CURRENT AND DEFERRED INCOME TAXES

Part XIII Supplemental Information (continued)

ONLY CONSIDER TAX POSITIONS THAT ARE MORE LIKELY THAN NOT TO BE SUSTAINED IF THE TAX AUTHORITIES EXAMINE A POSITION. THE ORGANIZATION EVALUATES STATUTES OF LIMITATIONS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS AND ACCRUES FOR LIABILITIES IF APPLICABLE. THE ORGANIZATION'S ANALYSIS FOUND NO UNCERTAIN TAX POSITIONS.

FEDERAL AND STATE TAX RETURNS ARE SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES GENERALLY FOR A PERIOD OF THREE YEARS AFTER THEY ARE FILED. ANY PENALTIES AND INTEREST ASSESSED BY TAXING AUTHORITIES ARE INCLUDED IN OPERATING EXPENSES. NO INTEREST AND PENALTIES HAVE BEEN RECORDED FOR THE YEAR ENDED JUNE 30, 2019.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES \$ 37,463

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES NET ON TAX RETURN \$ 37,463

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

U Attach to Form 990 or Form 990-EZ.

U Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MOUNT CARMEL GUILD OF TRENTON, NJ

Employer identification number

21-0675183

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Total ▶

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		ANNUAL EVENTS (event type)	(event type)	NONE (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	78,235		78,235	
	2	Less: Contributions	51,110		51,110	
	3	Gross income (line 1 minus line 2)	27,125		27,125	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	18,883		18,883	
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,600		9,600	
	10	Direct expense summary. Add lines 4 through 9 in column (d)				28,483
	11	Net income summary. Subtract line 10 from line 3, column (d)				-1,358

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue		22,020	22,020	
Direct Expenses	2	Cash prizes		8,700	8,700	
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses		280	280	
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				8,980
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				13,040

9 Enter the state(s) in which the organization conducts gaming activities: **NJ**

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

MOUNT CARMEL GUILD OF TRENTON, NJ

Employer identification number

21-0675183

FORM 990, PART I, LINE 6

VOLUNTEERS PROVIDE VARIOUS SERVICES TO THE ORGANIZATION. THESE INCLUDE SERVING ON THE BOARD OF TRUSTEES, THE COLLECTION OF FOOD FOR DISTRIBUTION TO THE NEEDY AS WELL AS THE HELP MAINTAINING THE INVENTORY OF DONATED FOOD.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

THE EMERGENCY ASSISTANCE PROGRAM WAS RENAMED THE COMMUNITY SUPPORT PROGRAM AND CONTINUES TO CARE FOR THE HOMELESS, HUNGRY AND FOOD INSECURE IN MERCER COUNTY. IN APRIL, THE FOOD PANTRY BEGAN A JOINT VENTURE WITH CATHOLIC CHARITIES OF TRENTON, AT OUR FOOD PANTRY ON NORTH CLINTON AVENUE. THE PANTRY SERVED AN AVERAGE OF 330 SINGLE HOUSEHOLDS AND 288 FAMILY HOUSEHOLDS MONTHLY, IMPACTING OVER 1,200 INDIVIDUALS EVERY MONTH, AND 14,455 DUPLICATED CARE RECEIVERS IN THE FISCAL YEAR. ADDITIONALLY, 45 SENIOR HOUSEHOLDS PARTICIPATED IN THE MONTHLY USDA COMMODITY SUPPLEMENTAL FOOD PROGRAM. OUR THANKSGIVING DINNER PACKAGE PROVIDED A COMPLETE MEAL FOR 836 FAMILIES, AND OVER 200 FAMILIES RECEIVED TOYS THROUGH OUR CHRISTMAS TOY SHOP. THESE HOLIDAY PROJECTS, AND OTHER DRIVES, WOULD NOT BE POSSIBLE WITHOUT THE EXCELLENT COMMUNITY SUPPORT OF LOCAL PARISHES, SCHOOLS, CORPORATIONS AND CIVIC ORGANIZATIONS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

990 IS REVIEWED BY THE BOARD OF TRUSTEES BEFORE FILING. THE TREASURER SENDS AN ELECTRONIC VERSION TO THE FULL BOARD AND ALLOWS A REASONABLE TIME FOR COMMENTS BEFORE THE RETURN IS FILED.

Name of the organization

Employer identification number

MOUNT CARMEL GUILD OF TRENTON, NJ

21-0675183

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ALL BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY STATEMENT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD ANNUALLY REVEIWS THE COMPENSATION FOR ALL KEY EMPLOYEES AND COMPARES THEM TO COMPARABLE EMPLOYEES IN SIMILAR SIZED ENTITIES. THE BOARD APPROVES ALL COMPENSATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION IS APPROVED BY THE BOARD OF TRUSTEES

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE ORGANIZATION MAKES ITS ARTICLES OF INCORPORATION AND BYLAWS AVAILABLE UPON REQUEST. THERE HAVE BEEN NO SUBSTANTIAL CHANGES TO ITS GOVERNING DOCUMENTS SINCE THEY WERE LAST SUBMITTED TO THE IRS.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

SPECIAL EVENT EXPENSES \$ 37,463

SPECIAL EVENT EXPENSES NET ON TAX RETURN \$ -37,463

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

MOUNT CARMEL GUILD OF TRENTON, NJ

Employer identification number

21-0675183

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) DIOCESE OF TRENTON, NJ P.O. BOX 5147 TRENTON NJ 08638	CHURCH	NJ	501C3	1	N/A		X
(2)							
(3)							
(4)							
(5)							

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) DIOCEASE OF TRENTON	C	100,000	BANK DEPOSITS
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172
2018
 Attachment Sequence No. **179**

Name(s) shown on return **MOUNT CARMEL GUILD OF TRENTON, NJ** Identifying number **21-0675183**

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	8,149

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	6,711
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>	18	

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	14,860
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Year Ended: June 30, 2019

21-0675183

MOUNT CARMEL GUILD OF TRENTON, NJ
73 N Clinton Avenue
Trenton, NJ 08609-1011

Section 1.263(a)-1(f) De Minimis Safe Harbor Election

Under Regulation 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election to all qualifying property placed in service during the tax year.

Year Ended: June 30, 2019

21-0675183

MOUNT CARMEL GUILD OF TRENTON, NJ
73 N Clinton Avenue
Trenton, NJ 08609-1011

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

MOUNT CARMEL GUILD OF TRENTON, NJ
73 N Clinton Avenue
Trenton, NJ 08609-1011

Section 1.263(a)-3(h) Safe Harbor Election for Small Taxpayers

Under Regulation 1.263(a)-3(h), the taxpayer elects the small taxpayer safe harbor election to deduct the costs of repairs, maintenance, improvements, and similar activities performed on the following eligible building(s).

Description of Property:

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
18	Rehab costs	6/25/02	4,510				4,510	39	MMS/L	1,850	116
19	Rehab - lead abatement	2/21/03	4,910				4,910	39	MMS/L	1,936	126
20	Water Heater	5/19/03	475				475	39	MMS/L	184	12
21	Architect fees	5/14/03	12,119				12,119	39	MMS/L	4,700	311
22	Dell Computer	6/30/03	1,130			X	565	5	MQ200DB	1,130	0
42	Air conditioner	7/14/08	3,191			X	1,595	5	HY 200DB	3,191	0
43	Security cameras	12/09/08	6,630			X	3,315	5	HY 200DB	6,630	0
45	Improvements - Painting	12/07/09	18,500				18,500	39	MMS/L	4,052	474
46	Improvements - walk/floor	11/04/09	1,323				1,323	39	MMS/L	293	33
50	Improvements - sidewalk	1/12/12	2,350				2,350	39	MMS/L	389	60
51	Improvements	1/26/12	1,500				1,500	39	MMS/L	248	39
52	Water heater	3/07/12	1,300				1,300	39	MMS/L	210	33
56	New Conveyor Belts	8/15/13	2,447			X	1,223	5	HY 200DB	2,377	70
57	Renovation - 79 N Clinton	9/22/14	48,373				48,373	39	MMS/L	4,703	1,240
58	Gas boiler conversion	6/27/14	38,999				38,999	39	MMS/L	4,042	1,000
59	Fence/New AC unit	7/15/14	1,420			X	710	5	HY 200DB	1,297	82
60	Baseboard Heat	12/10/14	3,196				3,196	39	MMS/L	290	82
61	New rugs	3/26/15	2,235			X	1,117	7	HY 200DB	1,537	200
62	Improvements-Painting	10/01/14	29,345				29,345	39	MMS/L	2,790	753
63	New Thermostat	1/08/15	952			X	476	5	HY 200DB	787	110
64	New Condensing Unit	3/14/16	2,341			X	1,170	5	HY 200DB	2,004	135
65	Equipment-Bathroom	7/18/15	1,171			X	585	5	HY 200DB	1,003	67
66	Freezer	10/08/15	4,850			X	2,425	5	HY 200DB	4,152	279
67	Carts	11/12/15	927			X	463	5	HY 200DB	794	53
68	Security equipment	1/25/16	589			X	294	5	HY 200DB	504	34
69	Improvements-Painting	10/13/15	8,375				8,375	39	MMS/L	582	214
70	Dell Computer	6/09/17	589			X	295	5	HY 200DB	448	56
71	Dell Computer	2/27/17	620			X	310	5	HY 200DB	471	60
72	Dell Computer	2/08/17	556			X	278	5	HY 200DB	422	54
73	Dell Computer	2/08/17	556			X	278	5	HY 200DB	422	54
74	Dell Computer	2/08/17	556			X	278	5	HY 200DB	422	54
75	Dell Computer	12/07/16	567			X	283	5	HY 200DB	431	54
76	Dell Computer	12/07/16	567			X	283	5	HY 200DB	431	54
77	Dell Computer	12/07/16	567			X	283	5	HY 200DB	431	54
78	Freezer	8/02/16	4,363			X	2,182	5	HY 200DB	3,316	418
79	Leasehold improvement-Floor	9/28/17	12,865				12,865	39	MMS/L	261	330
80	Security camera	4/25/18	1,726			X	0	5	MQ200DB	1,726	0
81	Telephone	4/20/18	2,430			X	0	7	MQ200DB	2,430	0
			<u>229,120</u>				<u>206,548</u>			<u>62,886</u>	<u>6,711</u>
Other Depreciation:											
6	Building	1/01/56	13,330				13,330	50	MO S/L	13,330	0
7	Improvements	1/01/94	1,950				1,950	20	MO S/L	1,950	0
8	improvements	6/01/94	6,310				6,310	50	MO S/L	6,310	0
9	Improvements	1/01/92	4,261				4,261	16	MO S/L	4,261	0
10	Land	1/01/56	8,170				8,170	0	-- Land	0	0
11	Building	1/01/56	6,747				6,747	50	MO S/L	6,747	0
12	Improvements	1/01/80	26,504				26,504	50	MO S/L	26,504	0
13	Roof	1/01/87	16,900				16,900	16	MO S/L	16,900	0
14	Phones	6/12/94	2,500				2,500	5	MO S/L	2,500	0
15	Improvements	1/01/98	20,941				20,941	20	MO S/L	20,941	0
16	Land	1/01/56	7,920				7,920	0	-- Land	0	0
17	Improvements	2/15/01	21,007				21,007	10	MO S/L	21,007	0
23	Rehab costs	2/01/04	189,000				189,000	40	MO S/L	68,119	4,725
24	Computer	6/30/03	3,700				3,700	5	MO S/L	3,700	0
25	Computer	12/01/03	756				756	5	MO S/L	756	0
26	Computers	1/12/04	360				360	5	MO S/L	360	0
27	Computers	5/25/04	800				800	5	MO S/L	800	0
28	Architect fees	2/01/04	4,763				4,763	40	MO S/L	1,716	120
29	Preschool	10/17/03	24,175				24,175	5	MO S/L	24,175	0
30	Improvements	2/04/04	7,500				7,500	40	MO S/L	2,703	188
31	Improvements	2/04/04	1,829				1,829	40	MO S/L	659	46
32	Parking Lot	6/17/05	21,891				21,891	20	MO S/L	14,229	1,095
33	Dishwasher	6/17/05	3,625				3,625	10	MO S/L	3,625	0
34	Dell Computer	5/13/05	2,941				2,941	5	MO S/L	2,941	0
35	Dell Computer	6/30/05	2,607				2,607	5	MO S/L	2,607	0
36	Copiers	8/02/05	1,512				1,512	5	MO S/L	1,512	0

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
37	Improvements	1/10/06	3,673				3,673	40 MO S/L	1,148	92
38	Improvements	3/09/06	5,509				5,509	40 MO S/L	1,699	137
39	Improvements	9/26/06	12,306				12,306	40 MO S/L	3,615	308
40	Improvements	1/29/07	2,700				2,700	40 MO S/L	771	67
41	2007 Chevrolet Express 1500	4/17/08	16,624				16,624	10 MO S/L	16,624	0
48	Security system	7/24/10	1,073				1,073	5 MO S/L	1,073	0
49	Sage software	7/30/10	800			X	400	3 MOAmort	800	0
54	Renovation - 79 N Clinton	6/30/13	0				0	0 -- Memo	0	0
55	New website	2/01/13	1,056			X	528	3 MOAmort	1,056	0
82	Zoho Software	9/15/17	4,000			X	2,000	3 MOAmort	2,556	666
83	Walk-in freezer repairs	10/11/18	4,700				4,700	5 MO S/L	0	705
	Total Other Depreciation		<u>454,440</u>				<u>451,512</u>		<u>277,694</u>	<u>8,149</u>
	Total ACRS and Other Depreciation		<u>454,440</u>				<u>451,512</u>		<u>277,694</u>	<u>8,149</u>
	Grand Totals		683,560				658,060		340,580	14,860
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>683,560</u>				<u>658,060</u>		<u>340,580</u>	<u>14,860</u>

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
22	Dell Computer	6/30/03	1,130		0	0	565	565
42	Air conditioner	7/14/08	3,191		0	0	1,596	1,595
43	Security cameras	12/09/08	6,630		0	0	3,315	3,315
49	Sage software	7/30/10	800		0	0	400	400
55	New website	2/01/13	1,056		0	0	528	528
56	New Conveyor Belts	8/15/13	2,447		0	0	1,224	1,223
59	Fence/New AC unit	7/15/14	1,420		0	0	710	710
61	New rugs	3/26/15	2,235		0	0	1,118	1,117
63	New Thermostat	1/08/15	952		0	0	476	476
64	New Condensing Unit	3/14/16	2,341		0	0	1,171	1,170
65	Equipment-Bathroom	7/18/15	1,171		0	0	586	585
66	Freezer	10/08/15	4,850		0	0	2,425	2,425
67	Carts	11/12/15	927		0	0	464	463
68	Security equipment	1/25/16	589		0	0	295	294
70	Dell Computer	6/09/17	589		0	0	294	295
71	Dell Computer	2/27/17	620		0	0	310	310
72	Dell Computer	2/08/17	556		0	0	278	278
73	Dell Computer	2/08/17	556		0	0	278	278
74	Dell Computer	2/08/17	556		0	0	278	278
75	Dell Computer	12/07/16	567		0	0	284	283
76	Dell Computer	12/07/16	567		0	0	284	283
77	Dell Computer	12/07/16	567		0	0	284	283
78	Freezer	8/02/16	4,363		0	0	2,181	2,182
80	Security camera	4/25/18	1,726		0	0	1,726	0
81	Telephone	4/20/18	2,430		0	0	2,430	0
82	Zoho Software	9/15/17	4,000		0	0	2,000	2,000
Grand Total			<u>46,836</u>		<u>0</u>	<u>0</u>	<u>25,500</u>	<u>21,336</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
18	Rehab costs	6/25/02	4,510	115	0
19	Rehab - lead abatement	2/21/03	4,910	126	0
20	Water Heater	5/19/03	475	13	0
21	Architect fees	5/14/03	12,119	311	0
22	Dell Computer	6/30/03	1,130	0	0
42	Air conditioner	7/14/08	3,191	0	0
43	Security cameras	12/09/08	6,630	0	0
45	Improvements - Painting	12/07/09	18,500	475	0
46	Improvements - walk/floor	11/04/09	1,323	34	0
50	Improvements - sidewalk	1/12/12	2,350	61	0
51	Improvements	1/26/12	1,500	38	0
52	Water heater	3/07/12	1,300	33	0
56	New Conveyor Belts	8/15/13	2,447	0	0
57	Renovation - 79 N Clinton	9/22/14	48,373	1,241	0
58	Gas boiler conversion	6/27/14	38,999	999	0
59	Fence/New AC unit	7/15/14	1,420	41	0
60	Baseboard Heat	12/10/14	3,196	82	0
61	New rugs	3/26/15	2,235	199	0
62	Improvements-Painting	10/01/14	29,345	752	0
63	New Thermostat	1/08/15	952	55	0
64	New Condensing Unit	3/14/16	2,341	135	0
65	Equipment-Bathroom	7/18/15	1,171	68	0
66	Freezer	10/08/15	4,850	279	0
67	Carts	11/12/15	927	54	0
68	Security equipment	1/25/16	589	34	0
69	Improvements-Painting	10/13/15	8,375	215	0
70	Dell Computer	6/09/17	589	34	0
71	Dell Computer	2/27/17	620	35	0
72	Dell Computer	2/08/17	556	32	0
73	Dell Computer	2/08/17	556	32	0
74	Dell Computer	2/08/17	556	32	0
75	Dell Computer	12/07/16	567	33	0
76	Dell Computer	12/07/16	567	33	0
77	Dell Computer	12/07/16	567	33	0
78	Freezer	8/02/16	4,363	252	0
79	Leasehold improvement-Floor	9/28/17	12,865	330	0
80	Security camera	4/25/18	1,726	0	0
81	Telephone	4/20/18	2,430	0	0
			<u>229,120</u>	<u>6,206</u>	<u>0</u>

Other Depreciation:

6	Building	1/01/56	13,330	0	0
7	Improvements	1/01/94	1,950	0	0
8	improvements	6/01/94	6,310	0	0
9	Improvements	1/01/92	4,261	0	0
10	Land	1/01/56	8,170	0	0
11	Building	1/01/56	6,747	0	0
12	Improvements	1/01/80	26,504	0	0
13	Roof	1/01/87	16,900	0	0
14	Phones	6/12/94	2,500	0	0
15	Improvements	1/01/98	20,941	0	0
16	Land	1/01/56	7,920	0	0
17	Improvements	2/15/01	21,007	0	0
23	Rehab costs	2/01/04	189,000	4,725	0
24	Computer	6/30/03	3,700	0	0
25	Computer	12/01/03	756	0	0
26	Computers	1/12/04	360	0	0
27	Computers	5/25/04	800	0	0
28	Architect fees	2/01/04	4,763	119	0
29	Preschool	10/17/03	24,175	0	0
30	Improvements	2/04/04	7,500	187	0
31	Improvements	2/04/04	1,829	46	0
32	Parking Lot	6/17/05	21,891	1,094	0
33	Dishwasher	6/17/05	3,625	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
34	Dell Computer	5/13/05	2,941	0	0
35	Dell Computer	6/30/05	2,607	0	0
36	Copiers	8/02/05	1,512	0	0
37	Improvements	1/10/06	3,673	92	0
38	Improvements	3/09/06	5,509	138	0
39	Improvements	9/26/06	12,306	307	0
40	Improvements	1/29/07	2,700	68	0
41	2007 Chevrolet Express 1500	4/17/08	16,624	0	0
48	Security system	7/24/10	1,073	0	0
49	Sage software	7/30/10	800	0	0
54	Renovation - 79 N Clinton	6/30/13	0	0	0
55	New website	2/01/13	1,056	0	0
82	Zoho Software	9/15/17	4,000	667	0
83	Walk-in freezer repairs	10/11/18	4,700	940	0
	Total Other Depreciation		<u>454,440</u>	<u>8,383</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>454,440</u>	<u>8,383</u>	<u>0</u>
	Grand Totals		<u>683,560</u>	<u>14,589</u>	<u>0</u>

Form 990	Event Income and Deduction Worksheet	2018
Description ANNUAL EVENTS		
Name MOUNT CARMEL GUILD OF TRENTON, NJ		Taxpayer Identification Number 21-0675183

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>27,125</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	<u>51,110</u>
7. Total revenue. Add lines 1 through 6	7.	<u>78,235</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>28,483</u>
15. Total expenses. Add lines 8 through 14	15.	<u>28,483</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>49,752</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	<u>18,883</u>
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>9,600</u>
Total Fundraising Expense	<u>28,483</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
Description RAFFLE		
Name MOUNT CARMEL GUILD OF TRENTON, NJ		Taxpayer Identification Number 21-0675183

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>22,020</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>22,020</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>8,980</u>
15. Total expenses. Add lines 8 through 14	15.	<u>8,980</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>13,040</u>

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	<u>8,700</u>
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>280</u>
Total Fundraising Expense	<u>8,980</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form **990****Two Year Comparison Report****2017 & 2018**For calendar year 2018, or tax year beginning **07/01/18**, ending **06/30/19**

Name

Taxpayer Identification Number

MOUNT CARMEL GUILD OF TRENTON, NJ**21-0675183**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	584,286	607,367	23,081
	2. Membership dues and assessments			
	3. Government contributions and grants	26,591	36,578	9,987
	4. Program service revenue			
	5. Investment income	2,076	1,632	-444
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	8,693	7,048	-1,645
	8. Net income or (loss) from fundraising events	38,491	-1,358	-39,849
	9. Net income or (loss) from gaming	16,493	13,040	-3,453
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	676,630	664,307	-12,323
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	55,284	63,679	8,395
	16. Salaries, other compensation, and employee benefits	398,763	353,736	-45,027
	17. Professional fundraising fees			
	18. Other professional fees	17,120	14,296	-2,824
	19. Occupancy, rent, utilities, and maintenance	46,870	53,078	6,208
	20. Depreciation and Depletion	23,142	14,861	-8,281
	21. Other expenses	140,105	138,091	-2,014
	22. Total expenses. Add lines 13 through 21	681,284	637,741	-43,543
	23. Excess or (Deficit). Subtract line 22 from line 12	-4,654	26,566	31,220
Other Information	24. Total exempt revenue	676,630	664,307	-12,323
	25. Total unrelated revenue			
	26. Total excludable revenue	27,262	21,720	-5,542
	27. Total assets	553,454	571,409	17,955
	28. Total liabilities	27,126	25,291	-1,835
	29. Retained earnings	526,328	546,118	19,790
	30. Number of voting members of governing body	14	14	
	31. Number of independent voting members of governing body	14	14	
	32. Number of employees	10	8	
	33. Number of volunteers	50	50	

Form 990	Tax Return History	2018
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Name MOUNT CARMEL GUILD OF TRENTON, NJ	Employer Identification Number 21-0675183
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	653,432	595,551	632,764	610,877	643,945	
Membership dues						
Program service revenue						
Capital gain or loss		-3,500	-5,809	8,693	7,048	
Investment income	3,411	3,650	2,698	2,076	1,632	
Fundraising revenue (income/loss)	37,643	31,061	22,826	38,491	-1,358	
Gaming revenue (income/loss)	8,713	13,960	15,041	16,493	13,040	
Other revenue						
Total revenue	703,199	640,722	667,520	676,630	664,307	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	98,928	104,401	106,060	55,284	63,679	
Other compensation	447,814	432,801	398,270	398,763	353,736	
Professional fees	14,271	15,417	19,260	17,120	14,296	
Occupancy costs	48,144	39,291	30,398	46,870	53,078	
Depreciation and depletion	26,059	26,881	22,009	23,142	14,861	
Other expenses	118,973	124,837	146,965	140,105	138,091	
Total expenses	754,189	743,628	722,962	681,284	637,741	
Excess or (Deficit)	-50,990	-102,906	-55,442	-4,654	26,566	
Total exempt revenue	703,199	640,722	667,520	676,630	664,307	
Total unrelated revenue						
Total excludable revenue	12,124	14,110	11,930	27,262	21,720	
Total Assets	720,564	608,614	563,816	553,454	571,409	
Total Liabilities	37,621	23,881	32,393	27,126	25,291	
Net Fund Balances	682,943	584,733	531,423	526,328	546,118	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT INCOME	\$ 1,632					
			25			
TOTAL	<u>\$ 1,632</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
	\$ 2,096	\$ 1,447	\$ 649	\$
	500	500		
TOTAL	\$ 2,596	\$ 1,947	\$ 649	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
NURSING COSTS	\$ 4,077	\$ 4,077	\$	\$
ADMINISTRATIVE EXPENSES	3,321		3,321	
MISCELLANEOUS	1,913	238	1,675	
LICENSES AND FEES	1,160		1,160	
ANNUAL REPORT	847			847
TOTAL	\$ 11,318	\$ 4,315	\$ 6,156	\$ 847

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
OTHER	\$ 173,997
MCMASTER-CARR SUPPLY COMPANY	
CASH CONTRIBUTION	13,500
DIOCESE OF TRENTON	
CASH CONTRIBUTION	100,000
EXTERIOR PAINTING	
COMPUTER SUPPORT	
UNITED WAY OF GREATER MERCER COUNTY	
CASH CONTRIBUTION	17,499
MERCER COUNTY, NJ	
CASH CONTRIBUTION	27,278
PRINCETON AREA COMMUNITY FOUNDATION	
CASH CONTRIBUTION	50,000
THE JAMES AND LORETTA COLOTTO FDTN	
CASH CONTRIBUTION	10,500
JANSSEN PHARMACEUTICALS, INC.	
CASH CONTRIBUTION	15,000
CHURCH & DWIGHT	
CASH CONTRIBUTION	15,000
THE FRED C. RUMMEL FOUNDATION	
CASH CONTRIBUTION	7,500
THE MERANCAS FOUNDATION, INC.	
CASH CONTRIBUTION	20,000
CATHOLIC HUMAN SERVICES FOUNDATION	
CASH CONTRIBUTION	10,000
JOAN BIRCHENALL	
CASH CONTRIBUTION	8,000
JACKSON FAMILY FUND OF THE COMMUNITY	
CASH CONTRIBUTION	5,000
FISH FOUNDATION	
CASH CONTRIBUTION	7,700
HENRY E. NILES FOUNDATION INC	
CASH CONTRIBUTION	5,000
ST. JAMES CHURCH	
CASH CONTRIBUTION	8,853
ROBERT AND JOAN DIRCKS FOUNDATION	
CASH CONTRIBUTION	7,500
PATRICIA & KEVIN MCCARTHY	

Federal Statements**Schedule A, Part II, Line 1(e) (continued)**

Description	Amount
CASH CONTRIBUTION	\$ 5,000
ESTATE OF MARY C PHELAN	
CASH CONTRIBUTION	54,625
CHURCH OF ST GREGORY THE GREAT	
CASH CONTRIBUTION	21,583
STATE OF NEW JERSEY	
CASH CONTRIBUTION	9,300
ANNUAL EVENTS	
CASH CONTRIBUTION	51,110
TOTAL	\$ <u>643,945</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT INCOME	\$ 1,632
TOTAL	\$ <u>1,632</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
ANNUAL EVENTS	\$ 27,125
RAFFLE	22,020
TOTAL	\$ <u>49,145</u>

Federal Statements

Annual Events

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
EVENT COSTS	\$ <u>9,600</u>
TOTAL	\$ <u><u>9,600</u></u>