		Ţ								
					2	9393	32	281	5901	8
SS) Form	990-T	E	EXTENDED TO NOV.	sines	s Income T	ax Ret	urn	L	OMB No 1545-0687	
		ł	(and proxy tax und	er sect	ion 6033(e))				2017	
		Forca	lendar year 2017 or other tax year beginning		, and ending		_	-	ZU 17	
	rtment of the Treasury all Revenue Service		● Go to www.irs.gov/Form990T for in Do not enter SSN numbers on this form as it may				(a)(0)	0	pen to Public Inspection	fo
	Check box if					auon is a 501			1(c)(3) Organizations On er identification number	ly
A L	address changed		Name of organization (Check box if name of CONGREGATION OF THE MI					(Employ	yees' trust, see	
σ _R	xempt under section	Print	VINCENT DE PAUL IN GER						-6266738	
	501(c <u>\(23_</u>)	or	Number, street, and room or suite no. If a P.O. bo						ed business activity code	_
~ ~ ~ □	408(e) 220(e)	Туре	500 E. CHELTEN AVENUE	x, 366 iiiSii	uctions.		1	(See ins	tructions)	
~	108(c) 1220(s) 1408A 530(a)		City or town, state or province, country, and ZIP of	r foreign n	netal code		-			
] 529(a)		PHILADELPHIA, PA 1914		ostai couc			9000	00	
Bo ے لیا	ock value of all assets		F Group exemption number (See instructions.)	<u>-</u>			1	, , , , , , , , , , , , , , , , , , , 	<u> </u>	-
LL oat	end of year 246,498,5	15.	G Check organization type ► X 501(c) cor	poration	501(c) trust		401(a)	trust	Other trust	_
Ω _{H De}			ary unrelated business activity. INVESTM				10 1(4)		Other Buck	-
罗二			oration a subsidiary in an affiliated group or a pare				▶ [Yes	X No	-
			ifying number of the parent corporation.		, g		_		(22) 110	
₹ 11			ALLEN ANDREWS		Teleph	one number	▶ (:	215)	713-2425	-
) Pa	rt I Unrelate	d Trac	le or Business Income		(A) Income	r .	penses	Ť	(C) Net	_
1a	Gross receipts or sale	s								
b	Less returns and allow	vances	c Balance ▶	10						
2	Cost of goods sold (S	chedule	A, line 7)	2						_
3	Gross profit. Subtract	line 2 fr	om line 1c	3						_
4 a	Capital gain net incon	ne (attac	h Schedule D)	4a				T		_
b	Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b	722.				722	
c	Capital loss deduction	for trus	sts	4c						_
5	Income (loss) from pa	artnersh	ips and S corporations (attach statement)	5	47,291.	STM	ſT 1		47,291	-
6	Rent income (Schedu	le C)		6						
7	Unrelated debt-financ	ed incon	ne (Schedule E)	7						
8	Interest, annuities, ro	yaltıes, a	nd rents from controlled organizations (Sch. F)	8						
9	Investment income of	a sectio	n 501(c)(7), (9), or (17) organization (Schedule G)	9						
10	Exploited exempt activities	•	•	10						
11	Advertising income (S		•	11						
12	Other income (See ins		•	12	4.5					
13	Total. Combine lines			13	48,013.				48,013	<u>.</u>
Ра	rt II Deductio	ns No	t Taken Elsewhere (See instructions for	r limitatio	ons on deductions)					
			itions, dedications minaribudirectly connected	widi tile	unrelated business	income.)	т			_
14		icers, air	ectors, and trustees (Schedule K)				}	14		_
15	Salaries and wages		% NOV 1 9 2018 C-SR				ŀ	15		_
16 47	Repairs and mainten	апсе					H	16		_
17	Bad debts	dula)			SEE STAT	EMENIO	<u>,</u> }	17	1 110	_
18 19	Interest (attach sche Taxes and licenses	ouie)	OGDEN, UT		SEE SIAI	EMENT	-	18	1,112	•
20		one /Saa	instructions for limitation rules) STATEME	ב ייתואי	SEE STAT	ידאיםאיםי	a	19 20	24	_
21	Depreciation (attach	•	•	3111 5		DMD141	~	20		÷
22	·		Schedule A and elsewhere on return		21 22a			22b		
23	Depletion	illica on	Concubic A and eisewhere on return		. [228]			23	1,037	-
24	Contributions to defe	erred cor	mpensation plans				-	24	1,037	÷
25	Employee benefit pro						ŀ	25		-
26	Excess exempt exper	-	hedule I)				ŀ	26		-
27	Excess readership co		•				 	27		-
28	Other deductions (at	•	•		SEE STAT	EMENT	4	28	4,244	_
29	Total deductions. A		•				<u> </u>	29	6,417	í

723701 01-22-18 LHA For Paperwork Reduction Act Notice, see instructions.

Net operating loss deduction (limited to the amount on line 30)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

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

Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

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

Form **990-T** (2017) 2017.05000 CONGREGATION OF THE

31

32

33

SEE STATEMENT 6

41,596.

28,355.

13,241.

12,241.

1,000.

30

31

32

33

34

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory va	luation > N/A		<u>.</u>		<u>-</u>	
1 Inventory at beginning of year	11			Inventory at end of year	r		6		
2 Purchases	2			Cost of goods sold. Su		line 6			
3 Cost of labor	3	,		from line 5. Enter here and in Part I,					
4a Additional section 263A costs			7	line 2		•	7	1	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pers	onal Property L	ease ——	d With Real Prop	perty	′) 	
1. Description of property									
(1)						_			
(2)				•				1	
(3)					_	-			
(4)									
		ed or accrued				2(a) Dadustiana dusati		ested with the vesser in	
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	` of rent for p	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	je	3(a) Deductions directl columns 2(a) a	y conne and 2(b)	(attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	ot-Financed	Income (see	ınstruc	tions)		•			
				Gross income from or allocable to debt-		3. Deductions directly co- to debt-finar		perty	
1. Description of debt-fil	nanced property			financed property	(8)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)	•	 	 				\top		
(2)		.,					+		
(3)			1						
(4)	•								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduction (column 6 x total of colum 3(a) and 3(b))	
(1)			1	%				-	
(2)	1		1	%			1		
(3)				%					
(4)				%			T		
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1 Part I, line 7, column (B)	
Totals				. ⊾		. 0			ο.
Total dividends-received deductions	nctuded in columi	n 8						_	Ō.

1. Name of periodical

2. Gross advertising and vertising costs

3. Direct advertising costs

3. Direct advertising costs

3. Direct advertising costs

3. Direct advertising costs

4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7

(1)

(2)

(3)

(4)

Form 990-T (2017)

0.

0.

Totals (carry to Part II, line (5))

CONGREGATION OF THE MISSION OF ST.

Form 990-T (2017) VINCENT DE PAUL IN GERMANTOWN 23-62667

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 7. Excess readership

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)					Ĭ	
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.
Schedule K - Compensatio	n of Officers	directors and	Tructocc form	\		

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2017)

) FROM PARTNERSHIPS CORPORATIONS	STATEMENT 1
DESCRIPTION		AMOUNT
PANTHEON EUROPE FUND VI, LP PANTHEON USA FUND VII, LP		-203 47,494
TOTAL TO FORM 990-T, PAGE 1, L	INE 5	47,291
FORM 990-T	INTEREST PAID	STATEMENT 2
DESCRIPTION		AMOUNT
INTEREST EXPENSE		1,112
TOTAL TO FORM 990-T, PAGE 1, LI	INE 18	1,112
FORM 990-T	CONTRIBUTIONS	STATEMENT 3
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS FROM K-1'S	N/A	24
TOTAL TO FORM 990-T, PAGE 1, LI	INE 20	24
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
DESCRIPTION		
PORTFOLIO DEDUCTIONS FROM K-1S		4,244

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	5
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT			
FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2012 YEAR 2013 YEAR 2014 YEAR 2015 YEAR 2016			
TOTAL CARR	YOVER ENT YEAR 10% CONTRIBUTIONS	24		
	RIBUTIONS AVAILABLE COME LIMITATION AS ADJUSTED	24 1,227	_	
EXCESS 100	CONTRIBUTIONS % CONTRIBUTIONS SS CONTRIBUTIONS	0 0 0	_	
ALLOWABLE	CONTRIBUTIONS DEDUCTION			24
TOTAL CONT	RIBUTION DEDUCTION			24

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/12	13,805.	13,805.	0.	0.
12/31/14	45,439.	18,622.	26,817.	26,817.
12/31/16	1,538.	0.	1,538.	1,538.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	28,355.	28,355.

SCHEDULE D (Form 1120) Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Name

Employer identification number

CONGREGATION OF THE MISSION OF ST. VINCENT DE PAUL IN GERMANTOWN

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

23-6266738

Part I Snort-Term Capital Ga	<u>ins and Losses - Ass</u>	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	in 19	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g	j)	combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked			ļ		-86.
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5_	
6 Unused capital loss carryover (attach computa	ation)	SEE S'	TATEMENT 7	6	(15,181.)
7 Net short-term capital gain or (loss). Combin				7_	-15,267.
Part II Long-Term Capital Gai	ns and Losses - Ass	ets Held More Than	One Year		
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	in 19,	(h) Gain or (loss) Subtract column (e) from column (d) and
round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g	9)	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					-3,609.
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked			.].		
11 Enter gain from Form 4797, line 7 or 9				11_	9,566.
12 Long-term capital gain from installment sales	•	7		12	·
13 Long-term capital gain or (loss) from like-kine	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine		n h		15	5,957.
Part III Summary of Parts I and					
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	ıl loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term	. • ,	. ,	•	17	-
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns. If t	the corporation		_
has qualified timber gain, also complete Part				18	0.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

JWA

Schedule D (Form 1120) 2017

Schedule D (Form 1120) 2017

Schedule D (Form 1120) 2017 VINCENT DE PAUL IN GERMANT	* · · · · · ·	2 <u>3-6266738 Page</u>
Part IV Alternative Tax for Corporations with Qualified	d Timber Gain. Complete Pa	t IV only if the corporation has
qualified timber gain under section 1201(b). Skip this part if you are	filing Form 1120-RIC. See instruction	ns.
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19	
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line		
of your tax return	20	
21 Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or		
(c) the amount on Part III, line 17	21	
22 Multiply line 21 by 23.8% (0.238)		22
22 Midiaply line 21 by 25.6 % (0.256)	1 1	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23	
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rat	te) appropriate for	
the return with which Schedule D (Form 1120) is being filed		24
25 Add lines 21 and 23	25	<u> </u>
26 Subtract line 25 from line 20. If zero or less, enter -0-	26	
		<u> </u>
27 Multiply line 26 by 35% (0.35)	-	27
28 Add lines 22, 24, and 27		28
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rat	e) appropriate for the	
return with which Schedule D (Form 1120) is being filed		29
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Scho	edule J, line 2, or the	
applicable line of your tax return		30

Form **8949**

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074 **2017**

Name(s) shown on return

CONGREGATION OF THE MISSION OF ST. VINCENT DE PAUL IN GERMANTOWN

Social security number or taxpayer identification no.

23-6266738

sta bn	fore you check Box A, B, or C bel atement will have the same informa oker and may even tell you which	ation as Form 10. hox to check	99-B Either will	show whether you	ır basıs (usually you	r cost) was	reported to the IF	S by your
Ľ	Short-Term. Transac Note: You may aggregate al codes are required. Enter the	ll short-term transac	ctions reported on	Form(s) 1099-B shov	ving basis was reporte	ed to the IRS	and for which no ac	justments or
If yo	u must check Box A, B, or C below. ou have more short-term transactions than with	Il fit on this page for on ported on Form(s	ne or more of the boxes s) 1099-B showin	s, complete as many for ig basis was repo	ms with the same box che rted to the IRS (see	cked as you r	eed	each applicable box.
F	(B) Short-term transactions re				eported to the IRS			
1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr.)	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If y in column	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
			(Mo , day, yr.)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
_	LOW THROUGH FROM							
<u>K</u> -	-1S	<u></u>						<86.>
_								
_		 			<u> </u>			
_								
_	- 10	 						
_								
_		1						
_					• • • • • • • • • • • • • • • • • • • •			
Ξ								
_								
_	· <u> </u>	ļ						
_		 						
_								
_		-		ļ <u></u>				
_				<u> </u>				
_		 						
_		 						
_								
_		1						
_	· · · · ·	-		· 				
_								
_								
_	 		,,,			_		
	- 							
_		<u> </u>			-			
2	Totals. Add the amounts in colu		, , ,					
	negative amounts) Enter each to		•					
	Schedule D, line 1b (if Box A ab	•	•					-0.0
_	above is checked), or line 3 (if I	Box C above is c	necked)		L			<u> </u>

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723011 11-02-17 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2017)

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on page 1
CONGREGATION OF THE MISSION OF ST.
VINCENT DE PAUL IN GERMANTOWN

Social security number or taxpayer identification no.

23-6266738

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the broker and may even tell you which box to check. Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transaction										
Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transaction	tatement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your process and may even tell you which box to check.									
Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see insection).	h no adjustments or									

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

(a)

(b)

(c)

(d)

(e)

Adjustment, if any, to gain or long.

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo., day, yr)	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e) in the instructions	loss. If y	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
<u> </u>	LOW THROUGH FROM				the instructions		adjustment	with column (g)
	-1S		-		 		_	<3,609.>
						<u>.</u>		(3,003.)
_		1						
_								
_								
_								
_					ļ			· · · · · · · · · · · · · · · · · · ·
_			_					
_								
_					_			
_		_						
_					 			
_					 			
_					<u> </u>			
_					 			
_				······································	-			
_								
_								
_	<u> </u>						_	
_								
_							 -	
_					ļ			
_		 			 			
_	-				 			
				<u> </u>	 			
_		-			+	<u> </u>		
_	Totals. Add the amounts in colu	ımns (d) (e) (d) a	nd (h) (subtract		<u> </u>			·
_	negative amounts) Enter each to							
	Schedule D, line 8b (if Box D at		-					
	above is checked), or line 10 (if							<3,609.>

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

723012 11-02-17

Form 8949 (2017)