Form	990-T / CSE	Exempt Organizatio	n Bus	sines	ss Income T	ax Return	F	OMB No 1545-0687
	" [ (83)	/ (and proxy	tax und	er se	ction 6033(e))			2017
	Force	/ (and proxy alendar year 2017 or other tax year beginning O	CT 1,	20:	L7 , and ending <u>SE</u>	P 30, 2018	1	ZU 11
	tment of the Treasury	► Go to www.irs.gov/Form  Do not enter SSN numbers on this form	3301 101 11	1311 06110	iis and the ratest inititiii	allon.		Open to Public Inspection fo 501(c)(3) Organizations Only
A	Check box if	T*			and see instructions.)		Emplo	yer identification number
<i>.</i>	address changed	ST VINCENT DE PAU		•	•			oyees' trust, see ctions )
B E	xempt@nder section   Print						3 9	9-1035429
X	501(c)(3)	Number, street, and room or suite no.		x, see in	structions.	Ē	Unrela (See in	ited business activity codes istructions)
	408(e)=220(e) Type	1529 LEO FRIGO WA						
<u> </u>	<b></b>	City or town, state or province, country GREEN BAY, WI 54	, and ZIP o 302	r foreigr	postal code	_		100
	529(a) ok value of all assets	31:	120					
C Bo	and of year	F Group exemption number (See instru G Check organization type ► X		noration	501(c) trust	401(a) ti	ruct	Other trust
H De		nary unrelated business activity.   RE				40 I(a) ti	ust	Other trust
		poration a subsidiary in an affiliated grou				▶ □	Yes	s X No
		ntifying number of the parent corporation.			and y controlled group			
	e books are in care of				Telepho	one number 🕨 92	0 – 4	435-4040
Pa	rt I Unrelated Tra	de or Business Income			(A) Income	(B) Expenses		(C) Net
1 a	Gross receipts or sales							
b	Less returns and allowances			10				
2	Cost of goods sold (Schedul			2				
3	Gross profit. Subtract line 2			3				
	Capital gain net income (atta	•		4a				
		Part II, line 17) (attach Form 4797)		4b			$\rightarrow$	
С 5	Capital loss deduction for tru	ists hips and S corporations (attach statemen	+\	4c				
6	Rent income (Schedule C)	mps and 3 corporations (attach statemen	·)	6				
7	Unrelated debt-financed inco	ome (Schedule E)		7	131,350.	68,86	1.	62,489.
8	•	and rents from controlled organizations (	Sch. F)	8				<u> </u>
9	· · · · · · · · · · · · · · · · · · ·	ion 501(c)(7), (9), or (17) organization (S	•	9				
10	Exploited exempt activity inc	ome (Schedule I)		10	,			
11	Advertising income (Schedu	le J)		11				
12	Other income (See instruction	•		12				
	Total. Combine lines 3 thro			13	131,350.	68,86	1.	62,489.
Pa		ot Taken Elsewhere (See instructions, deductions must be directly			•	s income )		
14		Irrectors, and trustees (Schedule K)				T I	14	
14 15	Salaries and wages	mectors, and trustees (Schedule K)					15	<del>-</del>
16	Repairs and maintenance						16	
17	Bad debts					,	17	
18	Interest (attach schedule)					, `[	18	
19	Taxes and licenses				•	L	19	
20	· ·	ee instructions for limitation rules)				<u> </u>	20	
21	Depreciation (attach Form 4	1562) on Schedule A and elsewhere on return	=1\/r=		3 21	38,855.		_
22			TIVE		22a		22b	0.
23	Depletion	ompensation plans	0	RS-OSC		-	23	
24 25	Contributions to deferred co Employee benefit programs	ompensation plans FEB 1	9 2019	19		-	24	
26	Excess exempt expenses (S			<u> </u>		<u> </u>	25 26	
27	Excess readership costs (S		N. U7	r			27	<del></del>
28	Other deductions (attach so	•	-				28	
29	Total deductions. Add lines	•					29	0.
30		income before net operating loss deducti	on. Subtrac	t line 29	from line 13		30	62,489.
31		n (limited to the amount on line 30)					31	
32		income before specific deduction. Subtra			30		32	62,489.
33		lly \$1,000, but see line 33 instructions for					33	1,000.
34		e income. Subtract line 33 from line 32, I	f line 33 is	greater t	han line 32, enter the sm	aller of zero 65		<i>-</i> 4 40-
	line 32		<b>V</b>				34-	61,489. Form <b>990-T</b> (2017
72370	11 01-22-18 LMA <b>FOLLADS</b>	rwork Reduction Act Notice, see instruc	unne					eorm <b>systus I</b> (2017

Form 990-T (2017) COUNCIL OF GREEN BAY, INC. Part III **Tax Computation** Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order); (1) (2) \$ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) (2) Additional 3% tax (not more than \$100,000) 1\$ c Income tax on the amount on line 34 SEE STATEMENT 12,272. 35c Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 36 Proxy tax. See instructions 37 37 38 Alternative minimum tax 38 Tax on Non-Compliant Facility Income. See instructions Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies 40 Part IV Tax and Payments 41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 41a b Other credits (see instructions) 41b 41c c General business credit. Attach Form 3800 d Credit for prior year minimum tax (attach Form 8801 or 8827) e Total credits. Add lines 41a through 41d 42 Subtract line 41e from line 40 42 12,272. Other taxes. Check if from; Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 43 Total tax. Add lines 42 and 43 45 a Payments: A 2016 overpayment credited to 2017 12,520 **b** 2017 estimated tax payments c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) 45d e Backup withholding (see instructions) 45e f Credit for small employer health insurance premiums (Attach Form 8941) 45f Other credits and payments: Form 2439 Form 4136 Total Other Total payments. Add lines 45a through 45g 12,520. Estimated tax penalty (see instructions). Check if Form 2220 is attached 47 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed 48 149 Overpayment, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid Enter the amount of line 49 you want; Credited to 2018 estimated tax Refunded Statements Regarding Certain Activities and Other Information (see instructions) Part V 51 At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority Yes Nο over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If YES, enter the name of the foreign country X X During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under penalties of pergry, 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 taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this return with Here 2-14-19 PRESIDENT the preparer shown below (see Signature of officer instructions)? X Yes Print/Type preparer's name Preparer's signature Check PTIN self- employed **Paid** 2/14/19 JEFFREY DANEN P01236582 **Preparer** Firm's name ► HAWKINS ASH CPAS 39-0912608 Firm's EIN ▶ Use Only 2360 DUCK CREEK PARKWAY Firm's address ► GREEN BAY, WI 54303-3300 Phone no. 920.336.9850

# , ST VINCENT DE PAUL SOCIETY DISTRICT Form 990-T (2017) COUNCIL OF GREEN BAY, INC.

39-1035429

Page 3

Schedule	A - Cost of Goods	s Sold. Enter	method of invent	ory valuation ► N/A						
1 Inventory	at beginning of year	1		6 Inventory at end of yea		6				
2 Purchase	s	2		7 Cost of goods sold. Su	btract l	ine 6	·			
3 Cost of la	bor	3		from line 5. Enter here	and in I	Part I,				
4a Additiona	al section 263A costs			line 2			7			
(attach s	chedule)	4a		8 Do the rules of section	with respect to		Yes	No		
<b>b</b> Other cos	sts (attach schedule)	4b		property produced or a	for resale) apply to					
	dd lines 1 through 4b	5		the organization?						
(see instruc		(From Real	Property and	Personal Property I	Leas	ed With Real Pro	perty	/) 		
1. Description o	f property									
(1)			_	···						
(2)						· · · · · · · · · · · · · · · · · · ·				
(3)										
(4)					_					
		2. Rent receiv	ed or accrued							
(a) Fro	om personal property (if the per nt for personal property is more 10% but not more than 50%	than	of rent for pe	d personal property (if the percenta rsonal property exceeds 50% or if is based on profit or income)	ige	3(a) Deductions directly columns 2(a) ar	connected 2(b) (a	ted with the income attach schedule)	e iu	
(1)	· · · · · · · · · · · · · · · · · · ·									
(2)				_						
(3)							•			
(4)				•						
Total		0.	Total		0.					
• •	ne. Add totals of columns a ige 1, Part I, line 6, column		iter `		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>&gt;</b>		0.	
Schedule	E - Unrelated Deb	t-Financed	Income (see i	nstructions)						
		•		Gross income from     or allocable to debt-		3. Deductions directly con to debt-finance	nected v	with or allocable erty		
	1. Description of debt-fin	anced property		financed property	` '	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule		
(I) CO10	DOTAL DULLD	T. T. C.		155 004	<u>S'</u>	TATEMENT 2		ATEMENT	<u> </u>	
	ERCIAL BUILD	ING		155,004.		38,855	•	42,	<u>407.</u>	
(2)							_			
(3)	<del></del>					<del>.</del>	+	<del></del>	-	
4. Amoun debt on or a proper	t of average acquisition illocable to debt-financed ty (attach schedule)	of or a	adjusted basis allocable to nced property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(0	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
	TEMENT 4	STATE	MENT 5	0.4 5.4		404 050	-		0.64	
(1)	704,740.		831,678.	84.74%		131,350	•	68,8	<u>861.</u>	
(2)				%			-			
(3)				%			+			
(4)				%			+-	· · ·		
						nter here and on page 1, Part I, line 7, column (A)		nter here and on pa Part I, line 7, column	n (B)	
Totals				<b>&gt;</b>		<u>131,350</u>	.	68,8	<u>861.</u>	
Total dividend	ds-received deductions inc	cluded in columi	n 8	ι	\	•	. }		0.	

Form 990-T (2017) COUNCIL OF GREEN BAY 39-1035429 INC Page 4 Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2. Employer identification 3. Net unrelated income (loss) (see instructions) 4. Total of specified payments made 5. Part of column 4 that is included in the controlling 1. Name of controlled organization 6. Deductions directly connected with income number organization's gross income ın column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 7. Taxable Income 8. Net unrelated income (loss) 9. Total of specified payments 10. Part of column 9 that is included 11. Deductions directly connected in the controlling organization's gross income (see instructions) made with income in column 10 (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8. column (A) line 8, column (B) Totals Λ 0. Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 3. Deductions 5. Total deductions Set-asides 1. Description of income 2. Amount of income directly connected (attach schedule) and set-asides (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page 1 Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B) Totals 0. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4. Net income (loss) 3. Expenses 7. Excess exempt 2. Gross from unrelated trade or 5. Gross income directly connected Expenses expenses (column 1. Description of unrelated business business (column 2 from activity that is not unrelated attributable to column 5 6 minus column 5, but not more than with production minus column 3) If a gain, compute cols 5 exploited activity income from of unrelated trade or business business income business income column 4) through 7 (1) (2)(3) (4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) on page 1, Part II, line 26 0. Totals Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2. Gross 3. Direct 5. Circulation 6. Readership costs (column 6 minus column 5, but not more or (loss) (col 2 minus 1. Name of periodical advertising col 3) If a gain, compute cols 5 through 7 advertising costs ıncome costs income than column 4) (1) (2) (3)

0.

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

(4)

0

0

## ST VINCENT DE PAUL SOCIETY DISTRICT

Form 990-T (2017) COUNCIL OF GREEN BAY, INC.

39-1035429

Page 5

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

) 1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)	-			- <del></del>		
(4)						
Totals from Part I	` ` 0.	٠ 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.
Cabadula K. Campanasti	an of Officers	Directore one	Trustana (ass.	/\		•

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

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

Form 990-T (2017)

# Form 4626 Department of the Treasury Internal Revenue Service

### **Alternative Minimum Tax - Corporations**

Attach to the corporation's tax return.

► Go to www.irs.gov/Form4626 for instructions and the latest information.

2017

Name	ST VINCENT DE PAUL SOCIETY DISTRICT				Employer identification number
	COUNCIL OF GREEN BAY, INC.		<del></del>		39-1035429
	Note: See the instructions to find out if the corporation is a small corporation exempt				
	from the alternative minimum tax (AMT) under section 55(e).				
					61 400
1	Taxable income or (loss) before net operating loss deduction		,	_1_	61,489.
2	Adjustments and preferences:		·	_	
a	Depreciation of post-1986 property		ŀ	2a	<del>_</del>
Þ	Amortization of certified pollution control facilities		ŀ	<u>2b</u>	
C	Amortization of mining exploration and development costs		}	2c	
d	Amortization of circulation expenditures (personal holding companies only)		,	2d	
e	Adjusted gain or loss		}	2e	
f	Long-term contracts		}	2f	
9	Merchant marine capital construction funds			2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		-	2h	
	Tax shelter farm activities (personal service corporations only)		-	2i	
,	Passive activities (closely held corporations and personal service corporations only)		-	2 <u>j</u>	
k	Loss limitations Depletion		}	2k	
I 			}	21	
m	Tax-exempt interest income from specified private activity bonds Intangible drilling costs		}	2m	
n	Other adjustments and preferences		}	<u>2n</u>	
0 3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		-	20 3	61,489.
4	Adjusted current earnings (ACE) adjustment;		-		01,403.
	ACE from line 10 of the ACE worksheet in the instructions	4a	61,489.		
	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a	74	01,403.		
U	negative amount. See instructions	4b	0.		
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	40	<u></u>		
	Enter the excess, if any, of the corporation's total increases in AMTI from prior	40			
•	year ACE adjustments over its total reductions in AMTI from prior year ACE				
	adjustments. See instructions. Note; You must enter an amount on line 4d		}		
	(even if line 4b is positive)	4d			
e	ACE adjustment.				
·	If line 4b is zero or more, enter the amount from line 4c				
•	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	•		4e	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	J	The state of the s	5	61,489.
6	Alternative tax net operating loss deduction. See instructions		Ì	6	02/200
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a	residual	Ì		
	interest in a REMIC, see instructions			7	61,489.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on li	ine 8c):	Ī		
a	Subtract \$150,000 from line 7. If completing this line for a member of a controlled	,			
	group, see instructions. If zero or less, enter -0-	8a	0.		
b	Multiply line 8a by 25% (0.25)	8b	0.		
C	Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controll	led			
	group, see instructions. If zero or less, enter -0-		<u> </u>	8c	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-			9	21,489.
0	Multiply line 9 by 20% (0.20)			10	4,298.
1	Alternative minimum tax foreign tax credit (AMTFTC). See instructions			11	
2	Tentative minimum tax. Subtract line 11 from line 10 STMT 6	BLENDED	RATE	12	1,083.
3	Regular tax liability before applying all credits except the foreign tax credit			13	12,272.
4	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here	and on	ĺ		
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	1		14	0.
WA	For Paperwork Reduction Act Notice, see separate instructions.				Form 4626 (2017)

Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property

Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of

8

9

10

61,489.

**Adjusted Current Earnings (ACE) Worksheet** ► See ACE Worksheet Instructions. ✓ Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626 61,489. ACE depreciation adjustment: 38,855 a AMT depreciation b ACE depreciation: 38,855 2b(1) (1) Post-1993 property (2) Post-1989, pre-1994 property 2b(2) (3) Pre-1990 MACRS property 2b(3) (4) Pre-1990 original ACRS property 2b(4) (5) Property described in sections 168(f)(1) through (4) 2b(5) (6) Other property 2b(6) 38,855. (7) Total ACE depreciation. Add lines 2b(1) through 2b(6) 2b(7) c ACE depreciation adjustment. Subtract line 2b(7) from line 2a 2c Inclusion in ACE of items included in earnings and profits (E&P); a Tax-exempt interest income **b** Death benefits from life insurance contracts 3b c All other distributions from life insurance contracts (including surrenders) 3c d Inside buildup of undistributed income in life insurance contracts 3d e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list) 3e f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e 3f Disallowance of items not deductible from E&P: a Certain dividends received 4a b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as 4b affected by P L 113-295, Div A, section 221(a)(41)(A), Dec 19, 2014, 128 Stat 4043) c Dividends paid to an ESOP that are deductible under section 404(k) 4c d Nonpatronage dividends that are paid and deductible under section 4d e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e 4f Other adjustments based on rules for figuring E&P: a Intangible drilling costs 5a **b** Circulation expenditures 5b c Organizational expenditures 5c d LIFO inventory adjustments 5d e Installment sales 5e f Total other E&P adjustments. Combine lines 5a through 5e 5f Disallowance of loss on exchange of debt pools 6 7 Acquisition expenses of life insurance companies for qualified foreign contracts 7

Form 4626

FORM	990-T LINE 35C TAX COMPUTATION		STATEMENT 1
1.	TAXABLE INCOME	. 61,489	
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	. 50,000	
3.	LINE 1 LESS LINE 2	. 11,489	
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	. 11,489	
5.	LINE 3 LESS LINE 4	. , . 0	
6.	INCOME SUBJECT TO 34% TAX RATE	. , 0	
7.	INCOME SUBJECT TO 35% TAX RATE	. 0	
8.	15 PERCENT OF LINE 2	. 7,500	
9.	25 PERCENT OF LINE 4	. 2,872	
10.	34 PERCENT OF LINE 6	. 0	
11.	35 PERCENT OF LINE 7	. 0	
12.	ADDITIONAL 5% SURTAX	. 0	
13.	ADDITIONAL 3% SURTAX	0	
14.	TOTAL INCOME TAX	=	10,372
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017	12,913	
	DAYS		
16. 17.	TAX PRORATED FOR NUMBER OF DAYS IN 2017 92 TAX PRORATED FOR NUMBER OF DAYS IN 2018 273		
18.	TOTAL TAX PRORATED 365		12,272

FORM 990-T SCHEDULE E - DEPRECI	ATION DEDUCT:	ION	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
DEPRECIATION - SUBTOTAL	- 1	38,855.	38,8	55.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(A)		38,8	55. —
FORM 990-T SCHEDULE E - OTHE	R DEDUCTIONS		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
MORTAGE INTEREST PERSONAL PROPERTY TAXES INSURANCE WI 4T INCOME TAX WAGES	,	30,115. 1,551. 3,501. 5,206. 500.	.*	•
REPAIRS & MAINTENANCE - SUBTOTAL	- 1	1,534.	42,40	)7.
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	3(B)	,	42,40	)7.
FORM 990-T AVERAGE ACQUISITIO ALLOCABLE TO DEBT-FI		RTY	STATEMENT	4
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL	
AVERAGE PRINCIPAL DEBT OUTSTANDING DURING THE TAX YEAR	- 1	704,740.	704,74	40.
- SUBTOTAL			, , , , ,	

FORM '990-T AVERAGE ADJUSTED ALLOCABLE TO DEBT-F								
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL					
AVERAGE ADJUSTED BASIS IN PROPERTY - SUBTOTAL		831,678.	831,6	78.				
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN	5		831,6	78.				

**Depreciation and Amortization** (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No 1545-0172

Sequence No 179

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

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

Identifying number

ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL OF GREEN BAY

FORM 990 PAGE 10

Business or activity to which this form relates

39-1035429

<u> ~~</u>	ONCID OF GREEN DAI,	TIVC .		р Ог	ui J	<u> 30 F</u>	VGE IO		<u> </u>
Pá	art   Election To Expense Certain Proper	ty Under Section 1	79 Note: If yo	ou have any li	sted pr	operty, o	complete Part	V before y	rou complete Part I.
1	Maximum amount (see instructions)							1	510,000.
2	Total cost of section 179 property place	ed in service (see	instructions	)				2	
3	Threshold cost of section 179 property	before reduction	in limitation					3	2,030,000.
4	Reduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, ent	er -0-				4	
5	Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married fil	ing separately, se	e instruct	ions		5	•
6	(a) Description of pro			(b) Cost (busin			(c) Elected (	cost	
			-				· ·		
									•
7	Listed property. Enter the amount from	line 29				7			
	Total elected cost of section 179 proper		s in column (i	c), lines 6 and	i <b>7</b>			8	' <del>-</del>
	Tentative deduction. Enter the smaller			-,, u				9	
	Carryover of disallowed deduction from		016 Form 45	62				10	<del></del> .
	Business income limitation. Enter the sr	•			ro) or li	ne 5		11	
	Section 179 expense deduction. Add Irr		•		•			12	· · · · · · · · · · · · · · · · · · ·
	Carryover of disallowed deduction to 20	•				13			<del></del>
	e: Don't use Part II or Part III below for I								
Pá	art II Special Depreciation Allowar	nce and Other D	epreciation	(Don't includ	e listed	propert	v)		···
14	Special depreciation allowance for quali	<del></del>		•				T	
• •	the tax year	a proporty (or		о р.оро. (у) р		. 00. 1.00	Coming	14	
15	Property subject to section 168(f)(1) ele-	ction						15	
	Other depreciation (including ACRS)	011071						16	
	art III MACRS Depreciation (Don't	nclude listed pro	pertv.) (See	instructions.)				1 10	
	initial population (point)			ection A					· · · · · · · · · · · · · · · · · · ·
17	MACRS deductions for assets placed in	service in tax v	ears heginnir	na hefore 201				17	
	If you are electing to group any assets placed in servi	<del>-</del>	-	-		ook horo	▶ □	ן <del>''''</del>	
	Section B - Assets						eral Deprecia	tion Syste	
		(b) Month and	Γ-	r depreciation		•			
	(a) Classification of property	year placed in service	(business/ii	nvestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property		<u> </u>	<u> </u>	<del>                                     </del>		+		
13 <u>a</u>		1		<del></del> -					<del></del>
C		1			<del> </del>		+		<del></del>
d		1	_		<u> </u>		+		<del></del>
	4-	1			1		-		
<u>e</u> f	20-year property	1		<del> </del>	1				<del></del>
	05	1			2	5 yrs.		S/L	
g	20 year property	,			1		MM	S/L	<del></del>
h	Residential rental property		İ		<del>1                                    </del>	.5 yrs.	<del></del>	S/L	
		/			1	5 yrs.	MM		<del></del>
i	Nonresidential real property	/			3	9 yrs.	MM	S/L	
	Section C - Assets Pl	acad in Santiac	During 201	7 Toy Your II	oina th	a Altaum	MM Depres	S/L	
20-	· · · · · · · · · · · · · · · · · · ·	aced in Service	During 201	/ rax rear O	Sing th	e Aitern	ative Deprec		tem
20a		-					+	S/L	
b		<del> </del>			<del>†                                    </del>	2 yrs	1,41,4	S/L	
D		//		···-	40	) yrs.	MM	S/L	
	Summary (See instructions.)								
	Listed property. Enter amount from line					_		21	<u> </u>
	Total. Add amounts from line 12, lines 1	=							_
	Enter here and on the appropriate lines	-		•	tions - :	see instr	·	22	0.
	For assets shown above and placed in s		e current yea	r, enter the					
	portion of the basis attributable to section	on 263A costs				23			

Form 456	62 (2017)	COU	NCIL OF	GRE	EN E	BAY	, I	NC.					39-	-1035	429	Page 2
Part V	Listed Propert			ertain ot	her vehic	cles, d	certair	n aircr	aft, ce	rtain com	puters,	and prop				
•	recreation, or a  Note: For any  (a) through (c)	vehicle for w	hich you are i						r dedu	icting leas	e expe	nse, com	plete o	nly 24a, 2	24b, colu	ımns
			on and Other						nstruc	tions for li	mits for	passeng	er auto	mobiles	)	
<b>24a</b> Do y	ou have evidence to s	upport the bu	sıness/investm	ent use cl	laimed?		Yes		No	24b if "Y	es," is f	he evide	nce writ	ten?	] Yes [	No
	(a)	(b)	(c)		(d)			(e)		(f)	T	(g)		(h)		(i)
	e of property	Date placed in	Business/ investment	·	Cost or			or depre		Recovery		ethod/		eciation		cted on 179
(list	vehicles first)	service	use percenta		ther basis	•		ise only		period	Con	vention	ded	uction	1	ost
<b>25</b> Spec	al depreciation allo	wance for q	ualified listed	property	y placed	ın se	rvice	during	the ta	ax year an	d					_
used	more than 50% in	a qualified b	usiness use									25			<u> </u>	
26 Prop	erty used more tha	n 50% ın a q	ualified busin	ess use:	:				_	· · · · · · · · · · · · · · · · · · ·			т		,	
				%							ļ				<u> </u>	
				%												
				<u>//</u>						_						
27 Prope	erty used 50% or le	ss in a quaii		$\overline{}$						Ī	I		Τ	-		
		<u> </u>		% %							S/L -				1	
				% %							S/L -				1	
28 Add :	amounts in column	(h) lines 25		- 1	e and or	line	21 na	ane 1			3/L -	28			1	
	amounts in column		•				_ , p.	ago .				1 20		29		
20 / 120 1		(//			B - Infor		on on	Use	of Veh	nicles						
Complete	this section for ve	hicles used I	by a sole prop	rietor, p	artner, c	or oth	er "mo	ore th	an 5%	owner," o	or relate	d persor	ı If you	provided	d vehicle:	s
to your er	mployees, first ans	wer the ques	stions in Secti	on C to	see if yo	u mee	et an e	ехсер	tion to	completi	ng this	section f	or those	· vehicles	S.	
				(	a)	ł	(b)			(c)	,	(d)	[ (	(e)	(1	)
	ousiness/investment i		uring the	Vel	hicle		Vehicl	е	. V	ehicle	Ve	hicle	Ve	hicle	Veh	ıcle
year (	don't include commu	ting miles)														
	commuting miles of	_	-			ļ									ļ	
	other personal (no	ncommuting	) miles													
drive		41				-									<del> </del>	
	miles driven during	•														
	ines 30 through 32 the vehicle availabl		alusa	Yes	No	Ye	_ [	Nie	Yes	No	Yes	Ma	Yes	1 1	V.	N-
	g off-duty hours?	e tor person	ai 030	163	140	1 16	<u> </u>	No	163	No No	163	No_	165	No	Yes	No_
	the vehicle used pr	marily by a	more		1	1								<u> </u>		
	5% owner or relate															
<b>36</b> Is and	other vehicle availa	ble for perso	nal											_		
use?																
		Section C	- Questions	or Emp	loyers W	Vho P	rovid	e Veh	icles	for Use by	/ Their	Employe	es			
Answer th	nese questions to d	determine if y	ou meet an e	xception	n to com	pletin	ng Sed	ction E	3 for v	ehicles us	ed by e	mployee	s who a	ren't mo	re than 5	5%
owners o	r related persons															
•	ou maintain a writte	n policy stat	ement that pi	ohibits a	all persor	nal us	se of v	ehicle	s, incl	luding con	nmuting	, by you	r		Yes	No
	oyees?	1 4 - 4		. 1. 1. 1.												├
-	ou maintain a writte	•	•					-	•			your				
	oyees? See the insource of very contract all use of very			• •		nicers	s, aire	ctors,	or 1%	or more	owners					<del>                                     </del>
•	ou provide more that	•				ınforn	nation	from	VOUR	molovees	about					<del>                                     </del>
	se of the vehicles, a		-				.iatiOf		your t	pioyees	about					
_	ou meet the require					mons	tratio	n use'	?							
-	: If your answer to		• .							vered veh	icles				-	<u> </u>
Part V																
	(a)		Data	(b)		(c				(d)		(e)			(f)	
	Description of	CUSTS	Date	amortization begins		Amort amo	unt ount			Code section		Amorbza period or peri		Ar fo	nortization r this year	
42 Amor	tization of costs the	at begins du	ring your 201	7 tax yea	ar:											
		<del></del> -				_		_								
	tization of costs the	•	-	•									43			
44 Total	, Add amounts in c	olumn (f). Se	e the instruct	ions for	where to	repo	ort						44			

### **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

E-

1

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

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

Sequence No 179

Name(s) shown on return Business or activity to which this form relates ST VINCENT DE PAUL SOCIETY DISTRICT COUNCIL OF GREEN BAY, INC. COMMERCIAL BUILDING 39-1035429 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. 510,000 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,030,000 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 if zero or less, enter -0- if married filing separately, see instruction (a) Description of property (b) Cost (business use only) (c) Elected cost 7 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2016 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 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 2018 Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 38.855 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property.) (See instructions) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2017 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 Section B - Assets Placed in Service During 2017 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery period (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property 5-year property 7-year property C 10-year property d 15-year property 20-year property 25 yrs S/I 25-year property 9 S/L 27 5 yrs MM h Residential rental property 27 5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Class life 12-year S/L b 12 yrs 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. 38,855. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr. 22 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	m 4562 (2017)	COU	NCIL OF	GRI	EEN E	BAY	, INC	•				39	-1035	429	Page 2
Pa	art V Listed Proper		utomobiles, c	ertain ot	her vehi	icles,	certain aire	craft, ce	ertain com	puters, a	nd prop				
	recreation, or a		hich vou are i	usina the	e standa	ırd mı	leage rate	or dedi	ucting leas	e expen	se. com	plete o	niv 24a.	24b. colı	umns
	(a) through (c)	of Section A,	all of Section	n B, and	Section	C If a	pplicable.								
			on and Other			autio	_	instruc	tions for li	mits for	passeng	ger auto	mobiles.	)	
<u>24a</u>	Do you have evidence to s	1		ent use c	laimed?		Yes L	No	24b If "Y	es," is th	ne evide	nce wr	rtten?	_ Yes L	<u> No</u>
	(a)	(b) Date	(c) Business	,	(d)	- 1	(e) Basis for dep	reciation	(f)	1	g)	Don	(h)		(i) cted
	Type of property (list vehicles first)	placed in	ınvestmen	t   _	Cost or ther basis		(business/inv	estment	Recovery period		thod/ ention		reciation duction	section	on 179
		service	use percenta	<u> </u>	1		use or	<del></del>	L <u>`</u>	<u> </u>	Τ.	-		C	ost
	Special depreciation allo	•		propert	y piaced	ın se	ervice aurir	ig the t	ax year an	a	0.5				
	used more than 50% in Property used more tha	<del></del>		1000 1100		_					25	L		L	
20	Troperty asea more tha	3070 111 2 4		%	·	Ĭ	<del></del>		T	1					
				%		Ì									
		·		%		_				<u> </u>		<b>-</b>		<del> </del>	
 27	Property used 50% or le	ess in a quali								1		L		<u> </u>	
				%						S/L ·					
				%					1	S/L ·			_	1	
			· · · ·	%						S/L -				1	
28	Add amounts in column	(h), lines 25	through 27. E	Enter he	re and o	n line	21, page		•	•	28				
29	Add amounts in column	(i), line 26. E	nter here and	d on line	7, page	1							29		
	_		;	Section	B - Info	rmati	on on Use	of Vel	nicles						
Con	nplete this section for ve	hicles used l	by a sole prop	onetor, p	artner, e	or oth	er "more t	han 5%	owner,"	or related	d persor	ı. If you	provided	d vehicle	s
to y	our employees, first ans	wer the ques	tions in Sect	on C to	see if yo	ou me	et an exce	ption to	o completi	ng this s	ection f	or thos	e vehicle:	s.	
						1				·					
				(	(a)		(b)		(c)	(4	d)		(e)	(1	f)
	Total business/investment		uring the	Ve	hicle	-	Vehicle	<del>  \</del>	/ehicle	Veh	ıcle	Ve	ehicle	Veh	ncle
	year (don't include commu	• ,		ļ		+		<del> </del>		<u> </u>		-			
	Total commuting miles of	•	•	-		+		<del> </del>							
	Total other personal (no	ncommuting)	) miles	ŀ											
	driven	. 41				+		-		-		-		<del></del>	
	Total miles driven during Add lines 30 through 32													l	
	Was the vehicle available		aluca	Yes	No	Ye	s No	Yes	No	Yes	No	Yes	No	Yes	Na
	during off-duty hours?	o for porsone	ui 030	163	140	1	3 110	163	140	163	No	162	No	162	No.
	Was the vehicle used pr	rmarily by a r	more		<u> </u>	1				-					
	than 5% owner or relate						ŀ					1			
	Is another vehicle availa	•	nal											-	
	use?	·								[ :					
		Section C	- Questions	for Emp	loyers \	Who F	Provide Ve	hicles	for Use b	y Their E	mploye	es	-		_
Ans	wer these questions to d	determine if y	ou meet an e	exception	n to com	npletir	ng Section	B for v	ehicles us	ed by er	nployee	s who a	aren't mo	re than !	5%
own	ers or related persons														
37	Do you maintain a writte	n policy state	ement that p	rohibits a	all perso	nal us	se of vehic	les, ınc	luding cor	nmuting,	by you	r		Yes	No_
	employees?														<u> </u>
	Do you maintain a writte		•	,						0, ,	our				
	employees? See the ins					fficers	s, directors	, or 1%	or more	owners					↓
	Do you treat all use of ve	•													<del> </del>
	Do you provide more tha					intorr	nation fror	n your	employees	about					
	the use of the vehicles, a							-0							<del>├</del>
	Do you meet the require Note: If your answer to :													-	1
	Irt VI Amortization	37, 36, 39, 40	J, 01 41 15 16	55, GOII	Compi	ete St	ection B io	r title Ct	overed ver	iicies.					•
	(a)		<u> </u>	(b)	T	(6	c)		(d)	[-	(e)	Т		(f)	
	Description of	costs	Date	amorbzation begins		Amort	tizable ount		Code section		Amortiza Denod or pen		Ar fo	nortization r this year	
42	Amortization of costs the	at begins dur	ring your 201		ar.						or ben			,	
		<del>-</del>						T		ï					
				<del></del>			_								
43	Amortization of costs the	at began bef	ore your 2017	7 tax yea	ar							43			-
	Total. Add amounts in c					o repo	ort					44		··	