Form 990-T	E	Exempt Organization Bus			ax Return	Ļ	OMB No 1545-0887			
(1.2	Ser en	(and proxy tax under alendar year 2015 or other tax year beginning OCT 1,			P 30 201	6	2045			
	ru ca	Information about Form 990-T and its instruct				=	2015			
Department of the Treasury Internal Revenue Service	•	Do not enter SSN numbers on this form as it may i		-		, h	Open to Public Inspection for 50 1(c)(3) Organizations Only			
A Check box if	Name of organization (Check box if name changed and see instructions.) DEmployer identification number (Employees' trust, see									
address changed		SOCIETY OF ST. VINCENT	instru	instructions)						
B Exempt under section	Print	<u> </u>		1-0727110						
≥ X 501(c)(3)	or Type	indition, succe, and room of suite no. If a r.o. box,		ated business activity codes instructions)						
408(e) 220(e)	1	1013-C SOUTH PRESTON S.								
	}	City or town, state or province, country, and ZIP or LOUISVILLE, KY 40203	toreig	n postal code	ł	531	120			
C Book value of all assets	E Grou	p exemption number (See instructions.)				331	120			
		ck organization type X 501(c) corporation	$\overline{}$	501(c) trust	401(a) trust		Other trust			
		nary unrelated business activity. RENTAL	INC							
		poration a subsidiary in an affiliated group or a parent			▶ L	Ye	s X No			
	-	ntifying number of the parent corporation.								
		THE ORGANIZATION			one number 🕨 5					
Part I Unrelate	d Tra	de or Business Income		(A) Income	(B) Expenses		(C) Net			
1 a Gross receipts or sale			_	<u> </u>						
b Less returns and allo		·	1c							
2 Cost of goods sold (S		The state of the s	2	 						
3 Gross profit, Subtrac		F	3 4a							
4 a Capital gain net incor	-	Part II, line 17) (attach Form 4797)	4a 4b							
c Capital loss deductio			4c							
·		hips and S corporations (attach statement)	5							
6 Rent income (Schedi		,	6							
7 Unrelated debt-finance	-	ome (Schedule E)	7	20,331.	77,2	17.	-56,886.			
8 Interest, annuities, ro	yaltıes, a	and rents from controlled organizations (Sch. F)	8							
9 Investment income of	f a section	ion 501(c)(7), (9), or (17) organization (Schedule G)	9							
10 Exploited exempt act	•	· · · · · · · · · · · · · · · · · · ·	10							
11 Advertising income (· ·	11				 			
12 Other income (See in		•	12	20,331.	77,2	17	-56,886.			
13 Total. Combine line: Part II Deduction		ugn 12 ot Taken Elsewhere (See instructions for			11,2	1/.	-30,880.			
		outions, deductions must be directly connected			s income)					
		lirectors, and trustees (Schedule K)				14				
15 Salaries and wages			• •	•		15				
16 Repairs and mainter			•			16				
17 Bad debts			-			17				
18 Interest (attach scho	edule)					18				
19 Taxes and licenses						19	L			
	•	ee instructions for limitation rules)				20				
21 Depreciation (attach			- *	21		005				
	iaimeo o	on Schedule A and elsewhere on return	<u>.</u>	{}		22b 23				
23 Depletion 24 Contributions to del	ferred co	omneneation plans	2067	•		24				
25 Employee benefit pr		MAI ZZ Z	2017	£		25				
26 Excess exempt expe	-			•		26				
27 Excess readership of	•					27				
28 Other deductions (a						28				
29 Total deductions	s. Add Iır	nes 14 through 28			ĺ	29	0.			
		income before net operating loss deduction. Subtract	line 2			30	-56,886.			
		in (limited to the amount on line 30)	•	SEE STAT	EMENT 1	31	EC 000			
		income before specific deduction. Subtract line 31 fro		. 30	ļ	32	-56,886.			
		lly \$1,000, but see line 33 instructions for exceptions)		than line 20 enter the	collar of zero er	33	1,000.			
34 Unrelated business line 32	s taxable	e income. Subtract line 33 from line 32. If line 33 is g	reater	uian iine 32, enter the Sfr	ianer of zero or	34	-56,886. (
	Decreve	Reduction Act Notice, see instructions.				34	-56,886. (r Form 990-T (2015) /			
01-06-16 LTIA FUI Fa	he: MAIK	, modeonon Adi Modeo, see instituctions.	2				. sim 330-1 (2013)			
09350501 75797	9 66	2015.05070		CIETY OF ST.	VINCENT	DE	P 664701_1			

Form 990-T	(2015) OF LOUISVILLE, INC.	61-072	27110		Page 2
Part II	المراجعة				
	Organizations Taxable as Corporations. See instructions for tax computation.				
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See Instructions and:		1 1		
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		1 1		
_	(1) \$ (2) \$ (3) \$		1 1		
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$		1 1		
	(2) Additional 3% tax (not more than \$100,000)		ł		
	Income tax on the amount on line 34	•	35c		0.
_	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		
27	Proxy tax. See instructions		37		
	• • • •		38		
	Alternative minimum tax				0.
	Total Add lines 37 and 38 to line 35c or 36, whichever applies		39		
	V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		-i i		
	Other credits (see instructions)		-l		
_	General business credit. Attach Form 3800		- }		
	Credit for prior year minimum tax (attach Form 8801 or 8827)		-} }		
е	Total credits. Add lines 40a through 40d		40e		
41	Subtract line 40e from line 39		41		0.
42	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (e	ittach schedule)	42		
43	Total tax. Add lines 41 and 42		43		0.
44 a	Payments: A 2014 overpayment credited to 2015		↓		
b	2015 estimated tax payments		↓		
C	Tax deposited with Form 8868		1 1		
ď	Foreign organizations: Tax paid or withheld at source (see instructions)		1 1		
е	Backup withholding (see instructions)		<u>.</u> 1		
f	Credit for small employer health insurance premiums (Attach Form 8941) 44f		1 1		
g	Other credits and payments: Form 2439		1 1		
	☐ Form 4136 ☐ Other ☐ Total ► 44g]		
45	Total payments. Add lines 44a through 44g		45		
46	Estimated tax penalty (see instructions). Check if Form 2220 is attached 🕨 🗔		46		
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed	. ▶	47		0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	. •	48		0.
49		unded 🕨	49		
Part \	Statements Regarding Certain Activities and Other Information (see instruc	tions)			
1 Ata	ny time during the 2015 calendar year, did the organization have an interest in or a signature or other authority ove	er a financial a	ccount (bank	, Yes	No
seci	irities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign	Bank and Fina	ancial		
Acc	ounts. If YES, enter the name of the foreign country here			L	X_
2 Duni	punts. If YES, enter the name of the foreign country here ig the tax year, did the organization receive a distribution from, or was it the granter or, or transferor to, a foreign trust? S, see instructions for other forms the organization may have to file		•		X
	er the amount of tax-exempt interest received or accrued during the tax year 🕨 \$				
Sched	ule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A				
1 Inve	intory at beginning of year 1 6 Inventory at end of year		6		
2 Pur	chases 2 7 Cost of goods sold. Subtract line 6				
3 Cos	t of labor 3 from line 5. Enter here and in Part I, line	2	7		
4a Add	tional section 263A costs (att. schedule) 4a 8 Do the rules of section 263A (with resp.	ect to		Yes	No
	er costs (attach schedule) 4b property produced or acquired for resal	le) apply to			abla
	al. Add lines 1 through 4b 5 the organization?			}	ļ
	Under penaltis of pactry, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	ne best of my kno	owledge and b	elief, it is true,	
Sign	correct, and complete Deseration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			cuss this return	with
Here	OS.15.2015 ► EXECUTIVE DIRE		-	own below (see	Willi
	Signature of officer Date Title		nstructions)?		□No
	Print/Type preparer's name Preparer's signature Date	Check	ıf PTIN		است
D		self- employed	. 1		
Paid	CURTOMINE N POENTO (bristing) Hamin (5.15.11)	Upiujuu		022180	J
Prepa	rer - DENTING WALCOVE LIVERAY C OCHOOPE DOC	Firm's EIN		106424	
Use C	9300 SHELBYVILLE RD STE 1100	9 EIII			
	1	Phone no.	(502)4	26-966	0
523711 01				orm 990-T	
7-0, 11 01	-v ·v		• •	····· • •	(· · ·)

	Form 990-T (2015) OF LOU								61-07			
(1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property exceeds 50% or if 10% but not more than 50%) (1) (1) (2) (3) (4) Total (a) Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from or allocable to debt-financed property 1. Description of debt-financed property 1. Description of debt-financed property (a) STATEMENT 2 (b) Total deductions. (c) Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (B) (c) Gross income from or allocable to debt-financed property (a) Straught line depreciation (attach schedule) (b) Column 4 (c) STATEMENT 2 (d) STATEMENT 3 (d) STATEMENT 3 (e) Column 4 (a) Straught line depreciation (attach schedule) (a) STATEMENT 3 (b) Column 5 (c) Total deductions. (a) Straught line depreciation (attach schedule) (b) Column 5 (c) Total deductions. (a) Straught line depreciation (attach schedule) (b) Column 5 (c) Total deductions. (a) Straught line depreciation (attach schedule) (b) Column 5 (c) Gross income from callocable to debt-financed property (a) Straught line depreciation (attach schedule) (b) Column 6 (c) Gross income from callocable to debt-financed property (a) Straught line depreciation (attach schedule) (b) Column 6 (c) Column 6 (d) Straught line depreciation (attach schedule) (d) Column 6 (e) Column 6	Schedule C - Rent Inco	me (Fr	om Real	Proper	ty and	Personal	Proper	ty Leas	sed With Real F	rope	erty)(see instructions)	
(2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent for personal property (if the percentage of rent for personal property is more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent to based on profit or income) (2) (3) (4) Total (c) Total Income, Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 1. Description of debt-financed property 1. Description of debt-financed property (a) Straight line deprecation (attach schedule) STATEMENT 2 (b) Total deductions. Enter here and on page 1, Part I, line 6, column (b) Other deductions (attach schedule) STATEMENT 2 STATEMENT 3 (c) WARREHOUSE (d) A, Amount of average acquisition debt on or allocable to debt-financed property of allocable deductions (attach schedule) (a) Straight line deprecation (attach schedule) STATEMENT 2 STATEMENT 3 (b) Other deductions (attach schedule) STATEMENT 2 STATEMENT 3 (c) WARREHOUSE (d) Allocable deductions (column 6 x total of column 6 x total o	1. Description of property											
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(3) (4) Total Total 0. Total 0. (c) Total Income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions) 2. Gross income from or allocable to debt-financed property 1. Description of debt-financed property 2. Gross income from or allocable to debt-financed property 3. Deductions directly connected with or allocable to debt-financed property (a) Straight line depreciation (attach schedule) STATEMENT 2 STATEMENT 3 (1) WAREHOUSE 20,331. 32,767. 44,450 (4) 4. Amount of average acquisition debt on or allocable to debt-financed property 5. Average adjusted basis of or allocable to by column 5 6. Column 4 divided by column 5 7. Gross income reportable (column 6 x total of column 8 x total of c	(1)											
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(attach schedule) (attach sche	1. Description of	debt-finance	ed property			or allocable	e to debt-	(2		n	(b) Other deductions	
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debt on or allocable to debt-financed of or allocable to by column 5 reportable (column (column 6 x total of column			E Average	admeted by		G Caluma	4 alud a al		7 0	-t	9. Allocable deductions	
(attach schedule)	debt on or allocable to debt-financed of or property (attach schedule) debt-fin		allocable to anced property							(column 6 x total of columns 3(a) and 3(b))		
(1) 820,642. 816,435. 100.00% 20,331. 77,217	(1) 820,6	42.		816,	435.	10	0.00	%	20,33	31.	77,217	
(2) %			-					%				
(3) %	·						-	%				
(4) %								%				
Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)				_			_					
Totals \(\bigsim \) 20,331. \(77,217	Totals			•				20,33	31.	77,217		
Total dividends-received deductions included in column 8									<u>_</u>	ightharpoonup	0	
Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)	Schedule F - Interest, /	Annuitie	es, Royal	ties, ar	nd Ren	ts From C	ontroll	ed Org	anizations (see	ınstruc	tions)	
Exempt Controlled Organizations					Exemp	t Controlled O	rganizati	ions				
1. Name of controlled organization 2. Employer identification number 3. Net unrelated income (loss) (see instructions) 1. Name of controlled organization 3. Total of specified payments made 5. Part of column 4 that is included in the controlling organization's gross income in column 5	Name of controlled organization		Employer ide	dentification Net unrelated income		Total payı	of specified	Included in the controllin		olling connected with income		
(1)	(1)		 								 	
(2)												
(3)			†									
(4)												
Nonexempt Controlled Organizations		zations			-		<u> </u>					
7. Taxable Income 8. Net unrelated income (loss) (see instructions) 9. Total of specified payments made 10. Part of column 9 that is included in the controlling organization's gross income 11. Deductions directly connecte with income in column 10	7. Taxable Income				9 . Tot			10. Part of the co	trolling organization's		11. Deductions directly connected with income in column 10	
(1)	(1)				 -					 		
(2)										1		
(3)					l							
(4)		-										
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A). Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B).					·			Enter he	re and on page 1, Part I,	Ent	ter here and on page 1, Part I,	
Totals 0	Totals						•		Ω.	.]	n	
523721 01-06-16 Form 990-T (201												

				DE I	PAUL, COUNG	CIL		c 1	072711	0 -
Form 990-T (2015) OF LOU Schedule G - Investme				01/01/7	(9) or (17) Or	naniza		<u> 61-</u>	072711	O Page
(see instr			Section)(U)(1), (9), or (17) Or	yamza	lion			
1, Desc	ription of	income			2. Amount of income	directly	tuctions connected schedule)		Set-asides lach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
			<u> </u>		Enter here and on page 1, Part I, line 9, column (A)				-	Enter here and on page Part I, line 9, column (B)
Totals				. ▶	0.					0
Schedule I - Exploited (see instru			Income	, Other	Than Advertisi	ng Inco	ome			
1. Description of exploited activity	ır	2. Gross lated business acome from le or business	3. Exper directly con with produ of unrela business in	nected iction ited	4. Net income (loss) from urrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	from act	s income tivity that inrelated s income		Expenses ttributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										1
(4)										
	l pa	er here and on age 1, Part I, e 10, col (A).	Enter here a page 1, P line 10, co	arti,						Enter here and on page 1, Part II, line 26
Totals		0.		0.						0
Schedule J - Advertisi	<u>ng In</u>	come (see	nstructions)		- Main					
Part I Income From	Perio	aicais Rep	ortea on	a Cons	solidated basis					
					 	1				7 -
1. Name of periodical	į.	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col. 2 minus col. 3) if a gain, compute cols. 5 through 7		irculation icome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			_		- 					
(2)					7					
(3)					7					
(4)										
Totals (carry to Part II, line (5))			0.	0		}				0
Part II Income From	Perio				rate Basis (For e	ach perio	odical liste	d in Pa	art II fill in	
columns 2 through	_			и осра		aon pen	ologi noto	u (21 € 11, 700 01	
1. Name of periodical		2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7		rculation	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)					 	1		<u> </u>		
(1) (2) (3)						1				
(3)										
(4)										
Totals from Part I	•		0.	0	•					0
		Enter here and of page 1, Part I, Ime 11, col (A)	page	ere and on 1, Part I, 1, col (B).						Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)			0.	0.						0
Schedule K - Compen	satio	n of Office	rs, Direct	ors, an	d Trustees (see	instructio		-,-		
1. 1	Name									ensation attributable related business
(1)								%		
(5)		-						0/		

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(3)

Form **990-T** (2015)

Total. Enter here and on page 1, Part II, line 14

FORM 990-T SCHEI	DULE E - DEPRECIATION DEDU	UCTION	STATEMENT 2
DESCRIPTION	ACTIVITY NUMBER		TOTAL
DEPRECIATION EXPENSE	- SUBTOTAL - 1	32,767.	32,767.
TOTAL OF FORM 990-T, SCH	HEDULE E, COLUMN 3(A)		32,767.
FORM 990-T SO	CHEDULE E - OTHER DEDUCTION	ONS	STATEMENT 3
DESCRIPTION	ACTIVITY NUMBER		TOTAL
INTEREST EXPENSE	- SUBTOTAL - 1	44,450.	44,450.
	- SUBTOTAL - I		•