

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2015 or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016

2015

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

SCANNED JUN 02 2017

Department of the Treasury Internal Revenue Service

A Check box if address changed

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Name of organization SOCIETY OF ST. VINCENT DE PAUL, COUNCIL OF LOUISVILLE, INC. Number, street, and room or suite no. 1015-C SOUTH PRESTON STREET City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40203

D Employer identification number 61-0727110

E Unrelated business activity codes 531120

C Book value of all assets at end of year 11,119,432.

F Group exemption number G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. RENTAL INCOME FROM WAREHOUSE

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of THE ORGANIZATION Telephone number 502-584-2480

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), Capital loss deduction for trusts, Income (loss) from partnerships and S corporations, Rent income, Unrelated debt-financed income, Interest, annuities, royalties, and rents from controlled organizations, Investment income, Exploited exempt activity income, Advertising income, Other income, Total. Total: 20,331. 77,217. -56,886.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Less depreciation claimed on Schedule A and elsewhere on return; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; Unrelated business taxable income. Total: 0. -56,886. -56,886. 1,000. -56,886.

MAY 22 2017

SEE STATEMENT 1

666

**SOCIETY OF ST. VINCENT DE PAUL, COUNCIL  
OF LOUISVILLE, INC.**

Form 990-T (2015)

61-0727110

Page 2

**Part III Tax Computation**

**35 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) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 ▶ 35c 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) ▶ 36  
**37 Proxy tax.** See instructions ▶ 37  
**38 Alternative minimum tax** ▶ 38  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0.

**Part IV Tax and Payments**

**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) 40a  
**b Other credits** (see instructions) 40b  
**c General business credit.** Attach Form 3800 40c  
**d Credit for prior year minimum tax** (attach Form 8801 or 8827) 40d  
**e 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 (attach schedule) 42  
**43 Total tax.** Add lines 41 and 42 43 0.  
**44 a Payments:** A 2014 overpayment credited to 2015 44a  
**b 2015 estimated tax payments** 44b  
**c Tax deposited with Form 8868** 44c  
**d Foreign organizations: Tax paid or withheld at source** (see instructions) 44d  
**e Backup withholding** (see instructions) 44e  
**f Credit for small employer health insurance premiums** (Attach Form 8941) 44f  
**g Other credits and payments:**  Form 2439  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 Enter the amount of line 48 you want:** Credited to 2016 estimated tax  Refunded  ▶ 49

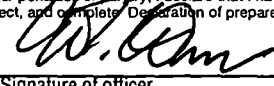
**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**1** At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority 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 here ▶ Yes No  
**2** 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 ▶ X  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ ▶ X

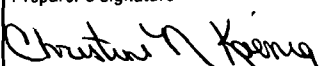
**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ▶ N/A

<p><b>1</b> Inventory at beginning of year <span style="float:right">1</span></p> <p><b>2</b> Purchases <span style="float:right">2</span></p> <p><b>3</b> Cost of labor <span style="float:right">3</span></p> <p><b>4a</b> Additional section 263A costs (att schedule) <span style="float:right">4a</span></p> <p><b>b</b> Other costs (attach schedule) <span style="float:right">4b</span></p> <p><b>5</b> Total. Add lines 1 through 4b <span style="float:right">5</span></p>	<p><b>6</b> Inventory at end of year <span style="float:right">6</span></p> <p><b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <span style="float:right">7</span></p> <p><b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float:right">Yes No</span></p>
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Under penalty 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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶  ▶ **05-15-2015** ▶ **EXECUTIVE DIRECTOR** ▶  Yes  No  
 Signature of officer Date Title

**Paid Preparer Use Only**

Print/Type preparer's name <b>CHRISTINE N KOENIG</b>	Preparer's signature 	Date <b>5.15.17</b>	Check <input type="checkbox"/> if self-employed <span style="float:right">PTIN <b>P01022180</b></span>
Firm's name ▶ <b>DEMING MALONE LIVESAY &amp; OSTROFF PSC</b>		Firm's EIN ▶ <b>61-1064249</b>	
Firm's address ▶ <b>9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187</b>		Phone no. <b>(502) 426-9660</b>	

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Form 990-T (2015)

SOCIETY OF ST. VINCENT DE PAUL, COUNCIL

Form 990-T (2015) OF LOUISVILLE, INC.

61-0727110

Page 3

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
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) **0.**

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

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) <b>STATEMENT 2</b>	(b) Other deductions (attach schedule) <b>STATEMENT 3</b>
(1) WAREHOUSE	20,331.	32,767.	44,450.
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 820,642.	816,435.	100.00%	20,331.	77,217.
(2)		%		
(3)		%		
(4)		%		

Totals **20,331.** **77,217.**

Total dividends-received deductions included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
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 connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals **0.** **0.**

SOCIETY OF ST. VINCENT DE PAUL, COUNCIL

Form 990-T (2015) OF LOUISVILLE, INC.

61-0727110

Page 4

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

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

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

FORM 990-T		SCHEDULE E - DEPRECIATION DEDUCTION		STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL		
DEPRECIATION EXPENSE		32,767.			
- SUBTOTAL -	1		32,767.		
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A)			32,767.		

FORM 990-T		SCHEDULE E - OTHER DEDUCTIONS		STATEMENT	3
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL		
INTEREST EXPENSE		44,450.			
- SUBTOTAL -	1		44,450.		
TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B)			44,450.		