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•••					29393	06	533918
Form 990-T	l F	Exempt Organization Bus	sine	ess Income T	ax Return	, (	OMB No 1545-0687
rorm OOO I		(and proxy tax und			161	<del>)</del> 4	
	For ca	lendar year 2018 or other tax year beginning OCT 1			P 30, 201	١و	<i>2</i> 018
Department of the Treasury Internal Revenue Service	<b>│</b> ▶	► Go to www.irs.gov/Form990T for i Do not enter SSN numbers on this form as it ma			1 11 15	<del>-</del>	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization ( Check box if name					loyer identification number
address changed		SOCIETY OF ST. VINCENT	DE	PAUL, COUNC	CIL	instr	uctions)
B Exempt under section	Print	OF LOUISVILLE, INC.				_	1-0727110
X 501(c())(3 ) 408(e) 220(e)	Type	Number, street, and room or suite no. If a P.O. bo	x, see i	nstructions.			lated business activity code instructions )
408A 530(a)		City or town, state or province, country, and ZIP of				L .	
529(a)  Book value of all assets	LOUISVILLE, KY 40217-0126						.120
at end of year	71	F Group exemption number (See instructions.)  G Check organization type ► X 501(c) cor	noratio	n	401/6	\ <b>+-</b>	Other truet
		ition's unrelated trades or businesses.	рогано 1		401(a)	_	Other trust
	•	NTAL NOL CARRYFORWARD	<u> </u>		the only (or first) ur complete Parts I-V.		
		ice at the end of the previous sentence, complete P	arts I au				
business, then complete			u. 10 , u.	.a .i, complete a concount	in ioi oddii dddiiloii	u,u	
During the tax year, was	the corp	poration a subsidiary in an affiliated group or a pare tifying number of the parent corporation.	nt-subs	sidiary controlled group?	▶ [	Y	es X No
		STEPHEN E. SAGE, CFO/CO	0.	ST. VINC Teleph	one number 🕨 (	502	3)584-2480
		de or Business Income	<u> </u>	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	s		T -		· · · · · ·		/
<b>b</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	rom line 1c	3				
4a Capital gain net incom	ne (attac	h Schedule D)	4a				
<b>b</b> Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	for trus	sts	4c				
5 Income (loss) from a	partners	ship or an S corporation (attach statement)	5				
6 Rent income (Schedul	le C)		6				
7 Unrelated debt-finance	ed incon	ne (Schedule E)	7				
· · ·	•	nd rents from a controlled organization (Schedule F)	8				
		on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10 Exploited exempt activ	-	•	10				
11 Advertising income (S		•	11				<del> </del>
12 Other income (See ins			12/	0.			
13 Total Combine lines Part II Deduction	3 through	gn 12 ot Taken Elsewhere (See instructions fo	13				<u> </u>
/ (Except for c	contribu	utions, deductions must be directly connected	with t	the unrelated business	income.)		
14 Compensation of offi	cers. du	rectors, and trustees (Schedule K)			· · · · · · · · · · · · · · · · · · ·	14	T
15 Salaries and wages	u, uli	-BECE!	こし	i		15	
16 Repairs and mainten	ance	12	· · · · · · · · · · · · · · · · · · ·	721		16	
17 Bad debts		AUG 2 0 20	120	RS-OSC		17	
18 Interest (attach sched	dule) (se		,,,,	(8)		18	
19 Taxes and licenses		e instructions for limitation rules OGDEN,	L ANTH	<b>⊣</b> Æ		19	
20 Charitable contribution	ons (See	instructions for limitation-rules	U I			20	
21 Depreciation (attach		· <b>/</b>		21			
22 Less depreciation cla	imed on	Schedule A and elsewhere on return		22a		22b	
23 Depletion	/					23	
24 Contributions to defe		mpensation plans				24	
25 Employee benefit pro						25	
26 Excess exempt exper						26_	
27 Excess readership co					i	27	
28 Other deductions (att						28	
29 Total deductions. Ac		_	. I ^:	2 from Inc. 42		29	0.
,		ncome before net operating loss deduction. Subtrac				30	0.
31 / Deduction for net ope	erating l	oss arising in tax years beginning on or after Janua	ry 1, 20	io (see instructions)		31	

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

Form 990-T (2			61-072	7110	Page 2
Partyll	Total Unrelated Business Taxable Income				
33 \ ⊺	otal of unrelated business taxable income computed from all unrelated trades or businesses	(see instructions)		133	0.
34 \ A	mounts paid for disallowed fringes			84	
<b>35</b> D	eduction for net operating loss arising in tax years beginning before January 1, 2018 (see in	structions) S	TMT 1	85	0.
36 T	otal of unrelated business taxable income before specific deduction. Subtract line 35 from the	ne sum of			-
lı	nes 33 and 34		_	86	
<b>37</b> S	pecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		8	87	1,000.
	Inrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than	line 36.	•	T	
e	nter the smaller of zero or line 36			38	0.
IP.artijV	∬Tax Computation				
39 0	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		<b>•</b>	39	0.
40 T	rusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amo	unt on line 38 from			
	Tax rate schedule or Schedule D (Form 1041)		•	46	
41 P	roxy tax. See instructions		•	41	
	Iternative minimum tax (trusts only)		•	42	
	ax on Noncompliant Facility Income. See instructions			43	_
	otal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
	Tax and Payments			1 7.7	
	oreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
	Other credits (see instructions)	450			
	eneral business credit. Attach Form 3800	450			
_	redit for prior year minimum tax (attach Form 8801 or 8827)	450			
	otal credits. Add lines 45a through 45d	1 404 1		450	
	Subtract line 45e from line 44			456	0.
-	other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form	Sees Cothar	(attach schedule)	47	
	otal tax. Add lines 46 and 47 (see instructions)	1 0000 Other	(attach schedule)		0.
	•			48	0.
	018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	ادوا		49	<del></del>
	ayments: A 2017 overpayment credited to 2018	50a			
	018 estimated tax payments	506			
	ax deposited with Form 8868	50¢			
	oreign organizations; Tax paid or withheld at source (see instructions)	508			
	ackup withholding (see instructions)	50e		l l	
	redit for small employer health insurance premiums (attach Form 8941)	50f			
gυ	ther credits, adjustments, and payments: Form 2439				
	Form 4136 Other Total (	► <u>  50g  </u>			
	otal payments. Add lines 50a through 50g			51	
	stimated tax penalty (see instructions). Check if Form 2220 is attached			52	
	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		<b>•</b>	53	
	verpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	ì		54	
58 E	nter the amount of line 54 you want: Credited to 2019 estimated tax  Statements Regarding Certain Activities and Other Informa		efunded >	55	
			<u> </u>	<del></del> -	T T
	t any time during the 2018 calendar year, did the organization have an interest in or a signat		-		Yes No
	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organiza	•			
	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of	the foreign country			
	ere <b></b>				X
	uring the tax year, did the organization receive a distribution from, or was it the grantor of, o	r transferor to, a fo	reign trust?		<u> </u>
	"Yes," see instructions for other forms the organization may have to file.				
58 E	nter the amount of tax-exempt interest received or accrued during the tax year   Should be shoul	statements and to the	hest of my knowled	ne and heliaf it is tri	
Sign	correct, engineering Declaration of preparer (other than taxpayer) is based on all information of which preparer	parer has any knowledg	e	g- and boiler, it is ift	
Here			IVIA	y the IRS discuss th	
	Signature of officer Date Title	ror/ceo		preparer shown beli tructions)? X Y	
		5.		<u> </u>	es No
	Print/Type preparer's name Preparer's signature	Date	Check if	PTIN	
Paid	EATMU CRIDED		self- employed	1 200744	011
Prepare			le en b	P00744	
Use On	ly Firm's name ▶ DEAN DORTON ALLEN FORD, PLLC	1400	Firm's EIN	27-385	0252
	500 W. JEFFERSON STREET, STE	1400	-	00 500 1	0.00
	Firm's address ► LOUISVILLE, KY 40202-2855		Phone no. 5	<u>02-589-6</u>	
823711 01-09	-19			Form 9	90-T (2018)

## SOCIETY OF ST. VINCENT DE PAUL, COUNCIL Form 990-T (2018) OF LOUISVILLE, INC.

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Page 3

Schedule A - Cost of G	oods Sold. Enter	method of inver	ntory valuation N/F	<u> </u>		
1 Inventory at beginning of year	ar 1		6 Inventory at end of ye	ar		6
2 Purchases	2		7 Cost of goods sold. S	Subtract I	ine 6	F. (3)
3 Cost of labor	3	·	from line 5. Enter here	e and in F	Part I,	
4a Additional section 263A cost	s		line 2		, j	7
(attach schedule)	4a		8 Do the rules of section	n 263A (v	with respect to	Yes No
b Other costs (attach schedule	) 4b		property produced or	acquired	for resale) apply to	
5 Total. Add lines 1 through 4			the organization?			
Schedule C - Rent Inco (see instructions)	me (From Real	Property and	l Personal Property I	Lease	d With Real Prope	erty)
1. Description of property						
(1)						
(2)				_		<del></del>
(3)						
(4)						· · ·
	2. Rent receiv	red or accrued				
(a) From personal property (if rent for personal property 10% but not more the	is more than	of rent for p	and personal property (if the percente personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)	·		,			
(2)		<u> </u>				
(3)					_	
(4)	<u> </u>					
Total	0.	Total		0.		
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,		iter -		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	<b>.</b>
Schedule E - Unrelated	Debt-Financed	Income (see	instructions)			
			Gross income from or allocable to debt-		3. Deductions directly conne to debt-finance	
1. Description of	debt-financed property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				<del>                                     </del>		
(2)				†		
(3)		-	··	1	-	
(4)	<del> </del>			1		-
Amount of average acquisition debt on or allocable to debt-finance 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 deductions (column 6 x total of columns 3(a) and 3(b))
(1)	<u> </u>		%	<del>                                     </del>	<b></b> -	
(2)			%	1		
(3)			%	T	-	
(4)	<del></del>		%			
	·				nter 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.	0.
Total dividends-received deducti	ons uncluded in column	n 8				0.

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

	(000)				
	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)					1
(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.			0.

## Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions) 4. Net income (loss) 3. Expenses 5. Gross income from activity that is not unrelated business income 2. Gross from unrelated trade or 6. Expenses attributable to directly connected expenses (column 1. Description of unrelated business business (column 2 6 minus column 5, but not more than column 4) with production of unrelated exploited activity income from trade or business minus column 3) If a gain, compute cols 5 column 5 business income through 7 (1) (2)(3) (4) Enter here and on page 1, Part I, line 10, col (A) Enter here and on page 1, Part I, line 10, col (B) Enter here and on page 1, Part II, line 26 0 0. 0. Totals

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)						
	_	_				
Totals (carry to Part II, line (5))	0.	0.				<u> </u>

orm 990-T	(2018)	OF	LOUISVILLE,	INC.

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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-bul	ing hacie \	

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)							
Totals from Part I	<b></b>	0.	0.				0.
	-	Enter here and on page 1, Part 1, 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 - 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 (2018)

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/11 09/30/12	33,069. 47,774.	0.	33,069. 47,774.	33,069. 47,774.
09/30/13 09/30/14	41,891. 33,561.	0. 0.	41,891. 33,561.	41,891. 33,561.
NOL CARRYO	VER AVAILABLE THIS	YEAR	156,295.	156,295.