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Exempt Organization Business Income Tax Return OMB No 1545	
(and proxy tax under section 6033(e)) For calendar year 2019 or other tax year beginning and ending	Q
	J
Department of the Treasury Internal Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	pection for ions Only
A Check box if address changed Name of organization (Check box if name changed and see instructions.) DEmployer identification (Employees' trust, see instructions.)	
B Exempt under section Print SOCAYR, INC. 61-13526	70
X 501(c@3_) or Number, street, and room or suite no. If a P.O. box, see instructions.	rity code
408(e) 220(e) Type 1244 S. FOURTH STREET	
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40203 531110	
C Book value of all assets at end of year 33, 027, 205. G Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust 0the	
33,027,205. G Check organization type X 501(c) corporation 501(c) trust 401(a) trust	r trust
H Enter the number of the organization's unrelated trades or businesses L Describe the only (or first) unrelated	
trade or business here > SEE STATEMENT 1 . If only one, complete Parts I-V. If more than one,	
describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or	
business, then complete Parts III-V.	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes X No	
If "Yes," enter the name and identifying number of the parent corporation. ► J The books are in care of ► THE ORGANIZATION Telephone number ► 502-638-960	<u></u>
Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Ne	
1a Gross receipts or sales	-
b Less returns and allowances c Balance	
2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit. Subtract line 2 from line 1c	
4a Capital gain net income (attach Schedule D) 4a	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	-
c Capital loss deduction for trusts	
5 Income (loss) from a partnership or an S corporation (attach statement) 5 -37.	-37.
6 Rent income (Schedule C)	
7 Unrelated debt-financed income (Schedule E) 7	
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8	
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9	
10 Exploited exempt activity income (Schedule I)	
11 Advertising income (Schedule J) ' 11	
12 Other Income (See Instructions, attach schedule)	
13 Total. Combine lines 3 through 12	-37.
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income.)	
14 Compensation of officers, directors, and trustees (Schedule K)	
15 Salaries and wages	
16 Repairs and maintenance	
17 Bad debts	
18 Interest (attach schedule) (see instructions) • 18	
19 Taxes and licenses '	
20 Depreciation (attach Form 4562)	
21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b	
22 Depletion 22	
23 Contributions to deferred compensation plans RECEIVED 24	
24 Employee benefit programs 24	
OF Funes grammat auraneau (Schodula I)	
26 Excess readership costs (Schedule J) 27 Other deductors (Wheel caleddle)	
27 Other deductions (attach schedule)	
28 Total deductions. Add lines 14 through 27	0.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	-37.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018	_
. (see instructions) SEE STATEMENT 2 30	0.
Unrelated business taxable income. Subtract line 30 from line 29	<u>-37.</u>

		SOCAYR, INC.	61	-13526	570	Page 2
		Total Unrelated Business Taxable Income	- k -			~=-
32		funrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32			37.
33	Amour	ts paid for disallowed fringes	33			
34		ble contributions (see instructions for limitation rules)	34			0.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33,				37.
36	Deduct	ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36			
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			37.
38	Specifi	c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1	L,0	00.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	111			^-
		ne smaller of zero or line 37	39			<u>37.</u>
Part		Tax Computation	_			
40	-	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			0.
41	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from				
		ax rate schedule or Schedule D (Form 1041)	41			
42	-	ax. See instructions	42			
43	Alterna	tive minimum tax (trusts only) '	43			
44		Noncompliant Facility Income. See instructions	44			
45		Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			0.
Part		Tax and Payments				
	•	tax credit (corporations attach Form 1118; trusts attach Form 1116)	4			
b	Other o	redits (see instructions)	4			
C	Genera	l business credit. Attach Form 3800	4			
d	Credit 1	or prior year minimum tax (attach Form 8801 or 8827)				
е	Total c	redits. Add lines 46a through 46d	46e			
47	Subtra	ct line 46e from line 45	47			0.
48	Other to	exes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48			
49		ax. Add lines 47 and 48 (see instructions)	49			0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50			0.
51 a	Payme	nts: A 2018 overpayment credited to 2019	_			
b	2019 e	stimated tax payments 51b	_			
C	Tax de	posited with Form 8868 51c	_ i			
d	Foreign	organizations: Tax paid or withheld at source (see instructions) 51d	_			
е	Backup	withholding (see instructions) 51e	」 Ⅰ			
f	Credit 1	or small employer health insurance premiums (attach Form 8941) 51f	_			
g		redits, adjustments, and payments: Form 2439				
		orm 4136 Other Total ▶ 51g	_			
52	Total p	ayments. Add lines 51a through 51g	52			
53		red tax penalty (see instructions) Check if Form 2220 is attached	53			
54		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	•	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56		ne amount of line 55 you want' Credited to 2020 estimated tax	56			
Part		Statements Regarding Certain Activities and Other Information (see instructions)	=		1	
57	-	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority		-	Yes	No
		inancial 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		-		اـــــ
	here			 		X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		Ļ		X
		see instructions for other forms the organization may have to file.				
59.		ne amount of tax-exempt interest received or accrued during the tax year > \$	ovilodao ar	d ballof ut us to	7116	
Sign	C C	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know prect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	,wieuge an	a pener, it is tr		
Here			-	discuss this r		with
		330	he preparer nstructions	r shown below)? X Yes		No
				/ [ZI] 100	<u> </u>	J 140
		Traparat a signatura	ıf PTIN	1		
Paic		DAVID LEMLER, CPA DAVID LEMLER, CPA 09/19/20 self-employed		003784	L 7 Ω	
-	oarer	·		$\frac{303784}{3-1215}$		7
Use	Only	Firm's name ► LEMLER GROUP, LLC Firm's EIN ► 5625 N POST ROAD, SUITE 104		, <u>121</u>	, , , ,	-
			(317) 449-	- N 1	21
000711	01-27-20		, , , ,	Form 99 6		
323/11	01-21-20	ullet		I OHH SS	~ . ((2013)

Page 3

Schedule A - Cost of Good	s Sold. Enter	method of inver	itory valuation N/A	<u> </u>				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. Si	ubtract lı	ne 6			
3 Cost of labor	3		from line 5. Enter here	and in P	art I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			لـــا
5 Total. Add lines 1 through 4b	5		the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	perty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
· · · · · · · · · · · · · · · · · · ·	2. Rent receiv	ed or accrued						
(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	and personal property (if the percent personal property exceeds 50% or if it is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	connecte d 2(b) (at	ed with the Income tach schedule)	ın
(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 Det	ot-Financed	Income (see	instructions)				-	
			2 Gross income from		3. Deductions directly conto debt-finance			
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductio (attach schedule)	
(1)						1		
(2)								
(3)								
(4)						T		
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		Allocable deduction 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					iter here and on page 1, art I, line 7, column (A)		ter here and on pag art I, line 7, column	•
Totals			•		0	.		0.
Total dividends-received deductions in	cluded in column	18			•			0.
· · · · · · · · · · · · · · · · · · ·			·	_			Form 990-T	(0010)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions directly connected (either schedule) (c) (3) (d) Enter hare and on page 1, Part 1, line 8, column (8) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses derectly connected with production business income from trade or business income from trad	Schedule F - Interest		-		Controlled O			-			<u>, </u>
(2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (8) (1)	1. Name of controlled organi	identi	fication					includ	led in the cont	rolling	connected with income
(2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (8) (1)	(1)							<u> </u>			
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Nonexempt Controlled Organizations							-				
8, Net unrelated income floosy (see instructions) 9, Total of specific payments in 19 Part of colours in the sine included in the controlling organisation's gross stocking (1) Part of colours in sine liveled in the controlling organisation's gross stocking (2) (3) (4) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (8) (8) (7) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8		unizations.		l				<u> </u>			
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(4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 1. Name of periodical (2) (3) (4) Totals (carry to Part II, line (5)) ■ Enter here and on page 1, Part I, line 10, col (B) O . O . O . Enter here and on page 1, Part I, line 10, col (B) O . Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 Scinculation income 6. Readership costs (column 6 minus found income solumn 6, but not more than column 4) Totals (carry to Part II, line (5)) O . O . O .		<u> </u>			<u> </u>				-		
Enter here and on page 1, Part I, line 10, col (A) Totals To			 		1				}	-	
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs income (see instructions) 2. Gross advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) • A. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7 • Circulation income costs (column 6 minus column 4) • Costs (column 6 minus column 4) • Totals (carry to Part II, line (5))	(4)	page 1, Part I, line 10, col (A)	page 1	, Part I, col (B)					<u> </u>		on page 1, Part II, line 25
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5))	Totals										1 0
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7) (1) (2) (3) (4) Totals (carry to Part II, line (5)) 2. Gross advertising costs 3. Direct advertising gain or (loss) (col 2 minus cols 5 through 7) 5. Circulation income 6. Readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 6. Readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 6. Readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4)						-					
1. Name of periodical 1. Name of periodical 2. Gross advertising sosts 3. Direct advertising costs 4. Direct advertising costs 5. Circulation income 6. Readership costs costs (column 6 minus column 4) (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	Part I Income From	n Periodicals Rep	orted o	n a Con	solidated	Basis					
(2) (3) (4) Totals (carry to Part II, line (5)) 0. 0	1. Name of periodical	advertising			or (loss) (co	ol 2 minus iin, computi					costs (column 6 minus column 5, but not more
(3) (4) Totals (carry to Part II, line (5)) ► 0 . 0 . 0											
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.											
(4) Totals (carry to Part II, line (5)) ▶ 0. 0. 0.	(3)								<u> </u>		
											_
	Totals (carry to Part II, line (5))	▶	0.	0	•				<u> </u>		0 Form 990-T (201

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)							_
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 26
Totals, Part II (lines 1-5)	<u>•</u>	0.	0.	17	-		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 (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT

SOCAYR INC IS A SHAREHOLDER IN HILLEBRAND GP LLC AND ROOSEVELT GP LLC BOTH, HAVE ELECTED NOT TO BE TREATED AS A TAX EXEMPT CONTROLLED ENTITY.

TO FORM 990-T, PAGE 1

FORM 990-T	, NET	OPERATING LOSS	DEDUCTION	STATEMENT	2
TAX YEAR	, LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	34.	0.	34.	34	•
NOL CARRYOV	VER AVAILABLE THIS	YEAR	34.	34	-
FORM 990-T	INCOME	(LOSS) FROM S C	CORPORATIONS	STATEMENT	3
FORM 990-T DESCRIPTION		(LOSS) FROM S (CORPORATIONS	STATEMENT NET INCOME OR (LOSS)	3
DESCRIPTION HILLEBRAND		TAL REAL ESTATE	INCOME	NET INCOME	