

Form 990-T

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

OMB No. 1545-0087

2017

For calendar year 2017 or other tax year beginning 07-01, 2017, and ending 06-30 20 18.

Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury Internal Revenue Service

Check box if address changed. Exempt under section: 501(c) 3, 408(a), 408A, 529(a).

Name of organization: Youth House of Ouachita Inc. Number, street, and room or suite no: 300 Washington Street Ste 202. City or town, state or province, country, and ZIP or foreign postal code: Monroe, LA 71201.

D Employer identification number: 72-0769739. E Unrelated business activity codes.

C Book value of all assets at end of year: 98,062. F Group exemption number. G Check organization type: 501(c) corporation.

H Describe the organization's primary unrelated business activity. 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 Edna Smith. Telephone number (318) 372-3213.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (164,988), Cost of goods sold, Gross profit, and Total. Includes handwritten notes on the left margin.

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 (20,164), Taxes and licenses (1,875), and Total deductions (134,481).

RECEIVED Internal Revenue Service SB/SE COMPLIANCE FIELD MAY 31 2019 GULF STATES AREA SOUTH-EAST TERRITORY MONROE, LA 71201

SCANNED JUL 30 2019

Handwritten number 38

Handwritten number 56092

Handwritten number 980

Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Includes rows for Foreign tax credit, Other credits, General business credit, Credit for prior year minimum tax, Total credits, Subtract line 41e from line 40, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 49.

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Includes questions about interest in foreign countries, distributions to foreign trusts, and tax-exempt interest.

Sign Here section containing a signature, date (5/14/2019), and title (Secretary-Treasurer).

Paid Preparer Use Only section containing preparer name (Rosie D Harper), firm name (Rosie D Harper CPA LLP), address (300 Washington Street Ste 308 Monroe LA 71201), and phone number (318-387-8008).

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

1	Inventory at beginning of year . . . . .	1		6	Inventory at end of year . . . . .	6	
2	Purchases . . . . .	2		7	Cost of goods sold. Subtract		
3	Cost of labor . . . . .	3			line 6 from line 5. Enter here and		
4a	Additional section 263A costs				in Part I, line 2 . . . . .	7	
	(attach schedule) . . . . .	4a					
b	Other costs (attach schedule) . . . . .	4b		8	Do the rules of section 263A (with respect to		Yes
					property produced or acquired for resale) apply		No
5	Total. Add lines 1 through 4b . . . . .	5			to the organization? . . . . .		

**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		
(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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	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) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶

**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) Other deductions (attach schedule)
(1)				
(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)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B)
Total dividends-received deductions included in column 8 . . . . . ▶				

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

Table with 6 columns: 1. Name of controlled organization, 2. Employer identification number, 3. Net unrelated income (loss), 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. Includes sub-sections for Exempt and Nonexempt Controlled Organizations.

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

Table with 5 columns: 1. Description of income, 2. Amount of income, 3. Deductions directly connected, 4. Set-asides, 5. Total deductions and set-asides. Includes a Totals row.

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

Table with 7 columns: 1. Description of exploited activity, 2. Gross unrelated business income, 3. Expenses directly connected, 4. Net income (loss) from unrelated trade or business, 5. Gross income from activity that is not unrelated business income, 6. Expenses attributable to column 5, 7. Excess exempt expenses. Includes a Totals row.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

Table with 7 columns: 1. Name of periodical, 2. Gross advertising income, 3. Direct advertising costs, 4. Advertising gain or (loss), 5. Circulation income, 6. Readership costs, 7. Excess readership costs. Includes a Totals row.

**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> . . . . . ▶						
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶	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.

**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> . . . . . ▶			

EEA

Federal Supporting Statements

2017 PG01

Name(s) as shown on return

FEIN

Youth House of Ouachita Inc

72-0769739

990-T - Part II - Line 28

Statement #9

Other Deductions

<u>Description</u>	<u>Amount</u>
Cost of Prizes	\$83,924
Bingo Supplies	\$3,006
Office Supplies	\$95
Accounting & Professional Fees	\$1,000
Rent	\$38,172
Net Shortages	\$82
Contributions	\$4,750
Office Expense	\$2,250
Insurance	\$302
Automobile Expense	\$900
<b>Total</b>	<u><u>\$134,481</u></u>