Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						-	OMB No 1545-0687		<u></u>		
1 01111	* 54	For calendar year 2018 or other tax year beginning 07-01, 2018, and ending 06-30 20 19.									2018		
		► Go to www.irs.gov/Form990T for instructions and the latest information. \[\bar{Q}_0 \]											
	me#t of the Treasury I Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only											
A	Check box if address changed	Name of organization (Check box if name changed and see instructions) D Employer identification number (Employees' trust-see instructions)											
B Exe		Youth House of Ouachita Inc											
X	$\sum_{501(C)}^{\text{mpt under section}} O_{3}$	Number, street, and room or suite no. If a PO box, see instructions 72-0769739										_	
	408(e) 220(e)	Type 300 Washington Street Ste 202									siness activity code		
Ц	408A 530(a)	1300	instructi	ons)									
	529(a) Monroe, LA 71201												
	Book value of all assets at end of year F Group exemption number (See instructions)												
	4,400				orporati	on [501(c) tru)1(a) tn		Other trust	_	
			inization's unrelated trades or businesses					escribe the o		•			
	ade or business hei				-			I-V If more th			ribe the		
	· .		end of the previous sentence, complete	Parts	l and II,	comple	te a Sched	ule M for eacl	n additi	onal			
	ade or business, the						4	-11-40			ा ।		
			corporation a subsidiary in an affiliated greater than a support of the parent comparet		а раге	nt-subsi	diary contro	ollea group?		• • • •	Yes X	Νo	
	he books are in care		identifying number of the parent corporati	OH			Tolonbono	number ►	/2101	272	2012	—	
Pai			e or Business Income	_	·	/A) In	come	(B) Exp		3/2-	(C) Net	_	
1a	Gross receipts or s		203,023	Ţ		(~) !!	COME	(B) EAR	elises		(C) Net	7	
b	Less returns and a			,	1c	2	03,023					1	
2			ule A, line 7) · · · · · · · · · · · · · · ·	_ ⊢	2		03,023			-		7	
3	Gross profit Subtra	•	·		3		03,023			-	203,023		
4a	Capital gain net inc			\vdash	4a		03,023				203,023	—	
b	, -	•	, Part II, line 17) (attach Form 4797)	` ⊢	4b		1 1	CENT				_	
c			rusts · · · · · · · · · · · · · · · · · ·		4c		1_1			1		—	
5	•		nip or an S corporation (attach statement) · ·	_	5		1 <u>6</u> 1	AY 22 21	020 -	1 1		—	
6				\vdash	6		 			101		_	
7	•		come (Schedule E)		7		+	CDEN	IIT	-		_	
8				_	8		1-0	SUEN,	<u> </u>	 - 		_	
9			ents from a controlled organization (Schedule F)	-	9					_		_	
10			1(c)(7), (9), or (17) organization (Schedule G)	` ⊢	10	-					·	_	
11	Advertising income			⊢	11					-	·	_	
12	~	-	tions, attach schedule) Statement	-	12		20	 		+	20	_	
13			ough 12 · · · · · · · · · · · · · · · · · ·		13	203,043				+	203,043	_	
			t Taken Elsewhere (See instruc					eductions)	(Exc	ept fo			
			at be directly connected with the						\			-,	
14			directors, and trustees (Schedule K) · ·					<u>-</u>	. T	14		_	
15										15		_	
16	Repairs and mainti	enance								16	19,531	_	
17	Bad debts · · ·								. 7	17		_	
18	Interest (attach sch	nedúle) ((see instructions)						. 🗀	18	<u>. </u>	_	
19	Taxes and licenses								. 🗀	19	750	_	
20	Chantable contribu	itions (Se	ee instructions for limitation rules)							20		_	
21	Depreciation (attac	h Form	4562)			. 2	21]					_	
22			on Schedule A and elsewhere on return				2a i		2	2b			
23										23	·	_	
24	Contributions to de	eferred c	compensation plans							24			
25	Employee benefit p	orograms	s						. [25		_	
26			(Schedule I) · · · · · · · · · · · · · · · · · ·							26		_	
27			Schedule J)							27	-	_	
28			chedule) · · · · · · · · · · · · · · · · · · ·						_	28	173,726	_	
29			es 14 through 28							29	194,007		
30			e income before net operating loss deduct							30	9,036	_	
31			g loss arising in tax years beginning on or							31		7	
32			e income Subtract line 31 from line 30							32	9,036	_	
			Notice see instructions						11		Form 990-T (2018	_	

Form	990-T (2018) Youth House of Ouachita Inc	72-0769739	Page 2
Pai	rt'lll Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	33	9,036
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see		
•	instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
	of lines 33 and 34 · · · · · · · · · · · · · · · · · ·	36	9,036
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	8 37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	7 38_	8,036
Pai	rt IV Tax Computation		
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	4 038	1,688
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 38 from ☐ Tax rate schedule or ☐ Schedule D (Form 1041) · · · · · · · · ▶	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Non-Compliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42 and 43 to line 39 or 40, whichever applies	5 240	1,688
Pai	rt V Tax and Payments		
45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) · · · · 45a	_	
þ	Other credits (see instructions)		
C	General business credit Attach Form 3800 (see instructions) · · · · · · · · · 45c	_	
d	Credit for pnor year minimum tax (attach Form 8801 or 8827)	<u> </u>	
е	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	1,688
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	47	
48	Total tax. Add lines 46 and 47 (see instructions)	9 48	1,688
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments A 2017 overpayment credited to 2018	_	
b	2018 estimated tax payments · · · · · · · · · · · · · · · · · · ·		
С	Tax deposited with Form 8868 · · · · · · · · · · · · · · · · ·		
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d		
е	Backup withholding (see instructions)	_	
f	Credit for small employer health insurance premiums (Attach Form 8941) 50f	 	
g	Other credits, adjustments, and payments Form 2439		
	Form 4136 Other Total ▶ 50g		
51	Total payments. Add lines 50a through 50g	51	·
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached · · · · · · · · · · · ▶ L	52	
53	·	53-58-	1,688
54	• Cverpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid • • • • • • • • • • • • • • • • • • •	54	
55	Enter the amount of line 54 you want Credited to 2019 estimated tax Refunded	55	
Pai	rt VI Statements Regarding Certain Activities and Other Information (see instructions	<u>) </u>	 -
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, secunties, or other) in a foreign country? If "Yes," the organization may have to file		1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country		
	here •		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	n trust?	X
	If "Yes," see instructions for other forms the organization may have to file		. 1
58	Enter the amount of tax-exempt interest received or accrued during the tax year	outledge and hatteful it	
Sia	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kn true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	owleage and belief, it is	
Sign		May the IRS discus	ss this return
Her	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	with the preparer si (see instructions)?	hown below
	Signature of officer Date / Title		Yes X No
De:-	Print/Type preparer's name Preparer's signature Date Check	∐ if PTIN	
Paid	ROSIE D Harper ROSIE D Harper D5-15-2020	1 PULZZ	<u> 1780</u>
	parer Firm's name Nosie D Harper CPA LLP Firm's EIN		
use	Only Firm's address ► 300 Washington Street Ste 308		2000
	Monroe LA 71201	(318-387-8	
EEA		⊢orm	1 990-T (2018)

Form	990-1 (2018) Yout	th House (of Ouachita	Inc			7:	2-0769739	F	²age 3
Sch	edule A - Cost of Goo	ds Sold. E	nter method	of inventory	valuation	•				
1	Inventory at beginning of year		1 🗍		Inventory at	end of	year	6		
2	Purchases	F	2	7	7 Cost of goods sold. Subtract					
3	Cost of labor		3		=		Enter here and			
4a	Additional section 263A cost	<u></u>			ın Part I, line	2 .		7		
			a	8	Do the rules	of sec	tion 263A (with respect	to	Yes	No
b	Other costs (attach schedule	 	b				or acquired for resale)			
5	Total. Add lines 1 through 4	· -	5				2			3 00000
	edule C - Rent Incom			and Person						
	ee instructions)	o (i 10111 1 1	out topolty	4114 1 01001		-, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
<u> </u>	scription of property			-						
(1)	scription or property									
(2)										
(3)				· 						
_										
<u>(4)</u>		3 Post ros	eived or accrued				 	 		
		Z. Rent led	eived or accrued				1		,	
	From personal property (if the perc or personal property is more than more than 50%)		percentage of	eal and personal f rent for personal e rent is based or	property excee		in columns 2(a) an	y.connected with t id 2(b) (attach sch	nconי the edule)	ne
(1)			 			_				
(2)	-									
(3)										
(4)			 							
Total	 		Total				//-> -			
$\overline{}$	otal income. Add totals of col	umns 2(a) and	2(b) Enter				(b) Total deductions Enter here and on pa			
` '	and on page 1, Part I, line 6, o	• •	• •				Part I, line 6, column			
	edule E - Unrelated D			see instructi	ons)		<u> </u>	<u></u>	· ·	
				2. Gross inc	ome from or		Deductions directly con debt-finance	ed property		
Description of debt-financed property			allocable to debt-financed property		(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)			
										
(1)						<u>-</u>				
(2)										
(3)										
(4)	4 Amount of average	5 Average	adulated hasis							
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)			4 divi			Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))			
(1)					%					
(2)					%					
(3)					%					
(4)					%					
					_		r here and on page 1, t I, line 7, column (A)	Enter here and Part I, line 7,		
	s · · · · · · · · · · · · · · · · · · ·					<u> </u>				

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Schedule F - Interest, Annu				Organizations	Organ	izations	s (see	instruc	tions)	
Name of controlled organization	2. Employer Identification number	3 Net unrelated incom (loss) (see instruction		e 4 Total of spec	de ir	5. Part of column 4 that is included in the controlling organization's gross income			connected with income	
(1)										
(2)										
(3)										
(4)	<u> </u>			<u> </u>						
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)										
					Ent	Add columns 5 and 10 Enter here and on page 1 Part I, line 8, column (A)		1, Ent		
Totals					<u> </u>					
Schedule G - Investment Incor	ne of a Section !	501(c)(7)	, (9), or ((17) Organizatio Deductions				5.	Total deductions	
1. Description of income	2. Amount of inc	icome dire		ctly connected ach schedule)		4. Set-asides (attach schedule)		1	nd set-asides (col 3 plus col 4)	
(1)			_					<u> </u>		
(2)	 		<u>-</u>	 				 -		
(3)					-			 -		
(4)	Enter here and on				<u> </u>			Enter h	ere and on page 1,	
Totals · · · · · · · ▶	Part I, line 9, colu	ımn (A)			, -				line 9, column (B)	
Schedule I - Exploited Exempt 1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with		4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gros from act	5. Gross income 6 Expression activity that attribution is not unrelated.		xpenses utable to lumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	-	 					·	.=-	 	
(2)					 					
(3)										
(4)								<u> </u>		
Totals	Enter here and on page 1, Part I, line 10, col (A)	tl, page 1, Pa						_	Enter here and on page,1 Part II, line 26	
Schedule J - Advertising Incom		nc)		<u> </u>						
Part I Income From Perio			onsolidat	ted Basis						
1 Name of periodical	2. Gross advertising	3.	Direct	4. Advertising gain or (loss) (col 2 minus col 3) If	1	culation	l	eadership	7. Excess readership costs (column 6 minus column 5, but	
	income advertis		ising costs	a gain, compute cols 5 through 7		income		costs 	not more than column 4)	
(1)		_]					_	
(2)		<u> </u>		1	<u> </u>		<u> </u>		_	
(3)				4			<u> </u>		_	
(4)		-			ļ					
Totals (carry to Part II, line (5)) . ▶					L					
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Part'll Income From Period	licals Reported	on a Separate I	Basis (For each	periodical listed in	Part II. fill in o	columns
2 through 7 on a line-	-	оп. и обрания на			, , , , , , , , , , , , , , , , , , , ,	
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 ▶				,		
	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
Totals, Part II (lines 1-5) · · · · ►	Officers Discote	no and Turates	a (aga inatrijatio			
Schedule K - Compensation of C	onicers, Directo	ors, and Trustee	s (see instruction	· 1		·
1. Name			2 Title	3. Percent of time devoted to business		tion attributable to ed business
(1)			· · · · · · · · · · · · · · · · · · ·	· %	,	***
(2)				%	,	
(3)		•		%	,	
(4)				%		
Total. Enter here and on page 1, Part II	, line 14 · · · ·					
EEA						Form 990-T (2018)