

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

29393187020029
OMB No 1545-0087

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning _____, and ending _____
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)

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501 (C) (03) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) <u>Gretna Economic Development Assn , Ltd</u>	D Employer identification number (Employees' trust, see instructions) 72-1231534
		Number, street, and room or suite no. If a P.O. box, see instructions 327 Huey P Long Avenue City or town State ZIP code Gretna LA 70053 Foreign country name Foreign province/state/county Foreign postal code	E Unrelated business activity code (See instructions) 713200

C Book value of all assets at end of year 124,809

F Group exemption number (See instructions) _____

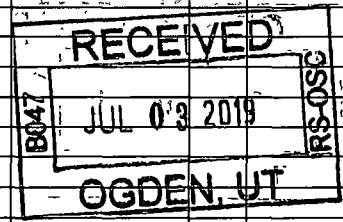
G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses _____ Describe the only (or first) unrelated trade or business here _____
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

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If "Yes," enter the name and identifying number of the parent corporation _____

J The books are in care of Uzee, Butler, Arceneaux & Bowes CPAs Telephone number (504) 347-0441

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales <u>481,748</u>			
b	Less returns and allowances _____			
c Balance ▶		1c 481,748		
2	Cost of goods sold (Schedule A, line 7)	2 426,051		
3	Gross profit Subtract line 2 from line 1c	3 55,697		55,697
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from a partnership or an S corporation (attach statement)	5		
6	Rent income (Schedule C)	6		
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)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions, attach schedule)	12		
13	Total. Combine lines 3 through 12	13 55,697	0	55,697



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)

14	Compensation of officers, directors, and trustees (Schedule K)	14		
15	Salaries and wages	15		
16	Repairs and maintenance	16		
17	Bad debts	17		
18	Interest (attach schedule) (see instructions)	18		
19	Taxes and licenses	19		2,171
20	Charitable contributions (See instructions for limitation rules)	20		1,575
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		
23	Depletion	23		
24	Contributions to deferred compensation plans	24		
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess leadership costs (Schedule J)	27		
28	Other deductions (attach schedule)	28		37,779
29	Total deductions. Add lines 14 through 28	29		41,525
30	Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13	30		14,172
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32	Unrelated business taxable income Subtract line 31 from line 30	32		14,172

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	14,172
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	0
36	Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34	36	14,172
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	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	38	13,172

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	2,766
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	2,766

Part V Tax and Payments

45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	0
46	Subtract line 45e from line 44	46	2,766
47	Other taxes. Check if from <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	2,766
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	50a	
b	2018 estimated tax payments	50b	3,600
c	Tax deposited with Form 8868	50c	
d	Foreign organizations. Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	50g	0
51	Total payments. Add lines 50a through 50g	51	3,600
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	96
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	738
55	Enter the amount of line 54 you want credited to 2019 estimated tax <input type="checkbox"/> 738 <input checked="" type="checkbox"/> Refunded	55	0

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

56	At any time during the 2018 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
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$		

Under penalties 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.

Signature of officer: Monica Date: 6-25-19 Title: President - GEDA

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Patrick J Bowes	<u>Patrick J Bowes CPA</u>	6/18/2019		P01297732
	Firm's name	Firm's address		Firm's EIN	Phone no
	Uzee, Butler, Arceneaux & Bowes, CPAs	2067 Paxton Street, Harvey, LA 70058		62-1369398	504-347-0441

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 line 6 from line 5. Enter here and in Part I, line 2	7	426,051
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4 a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b	426,051				
5	Total. Add lines 1 through 4b	5	426,051				

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	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) ▶		(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) 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 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)		%	0	0
(2)		%	0	0
(3)		%	0	0
(4)		%	0	0
Totals			Enter here and on page 1, Part I, line 7, column (A) ▶ 0	Enter here and on page 1, Part I, line 7, column (B) ▶ 0
Total dividends-received deductions included in column 8 ▶				

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			Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
			0	0

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)				0
(2)				0
(3)				0
(4)				0
Totals		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (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)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals		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

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	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)			0			0
(2)			0			0
(3)			0			0
(4)			0			0
Totals from Part I	0	0				0
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0	Enter here and on page 1, Part I, line 11, col (B) 0				Enter here and on page 1, Part II, line 27 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)		%	
Total. Enter here and on page 1, Part II, line 14			0

Line 20 (990-T) - Charitable Contributions

Check ("X") box Corporations Cash _____
 Trusts 50% Non Cash under \$5000 _____
 Trusts (combined) Non Cash over \$5000 _____

1 Contributions for current year Enter the contributions by type		Amount	Deduction Allowed in Current Year	Adjustment under Section 170(d)(2)(B)	New Carryover
Corporations	10% limitation	0	0		0
Trusts	170(b)(1)(A) 50% limitation		0		0
	30% limitation		0		0
2 Carryover from:					
a 5th preceding period	2a				
Corporations	10% limitation	0	0		0
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
b 4th preceding period	2b				
Corporations	10% limitation	0	0		0
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
c 3rd preceding period	2c				
Corporations	10% limitation	0	0		0
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
d 2nd preceding period	2d				
Corporations	10% limitation	10,882	1,575		9,307
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
e 1st preceding period	2e				
Corporations	10% limitation	0	0		0
Trusts	170(b)(1)(A) 50% limitation	0	0		0
	30% limitation	0	0		0
3 Totals	3	10,882	1,575	0	9,307
4 Carryover to expire next year due to 5 year limitation				4	0
5 Total contribution carryover to next year				5	9,307

Computation of Section 179 Deduction for Estimated Charitable Contribution

6 Taxable Income computed without contribution deduction or Section 179	6	15,747
7 Section 179 deduction for purposes of contribution limitation	7	0
8 Taxable income less Section 179 deduction Subtract line 7 from line 6	8	15,747
9 Maximum contribution limitation Enter 10 percent of line 8	9	1,575
10 Contribution deduction considering Section 179 limitation Smaller of line 3, column A or line 9	10	1,575

Computation of Actual Charitable Contribution

11 Actual Section 179 deduction	11	0
12 Taxable income less actual Section 179 deduction Subtract line 11 from line 6	12	15,747
13 Net operating loss deductions limited by line 12	13	0
14 Taxable income for purposes of contribution deduction Subtract line 13 from line 12	14	15,747
15 Maximum contribution limitation Enter 10 percent of line 14	15	1,575
16 Actual contribution deduction Smaller of line 3, col A, or line 15	16	1,575

Line 28 (990-T) - Other Deductions

1 Security	1	9,712
2 Rental	2	20,240
3 Shortages	3	298
4 Advertising	4	429
5 Accounting & tax prep	5	7,100
6 Total other deductions	6	37,779
7 Total deductions less expenses for offsetting credits	7	37,779

Line 4b, Sch A (990-T) - Other Costs for Cost of Goods Sold

1	Travel, Meals and Entertainment		
a	Travel		1a _____
b	Total meals and entertainment	1b _____	
c	50% of line b	1c _____	0
d	Subtract line c from line b		1d _____ 0
2	Depreciation		2 _____
3	Compensation of officers		3 _____
4	Salesperson wages and commissions		4 _____
5	Indirect labor		5 _____
6	Rent		6 _____
7	Amortization		7 _____
8	Freight-in		8 _____
9	Supplies		9 _____ 46,091
10	Taxes		10 _____
11	Utilities		11 _____
12	Winnings Paid		12 _____ 345,106
13	Wages & taxes		13 _____ 30,861
14	User fee		14 _____ 3,093
15	Section 162 contributions		15 _____ 900
16	Total other costs		16 _____ 426,051
17	Reduction of expenses for offsetting credits (see attached statement)		17 _____ 0
18	Total other costs less expenses for offsetting credits		18 _____ 426,051