

Extended to May 15, 2017

Form 990-T

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

OMB No 1545-0687

For calendar year 2015 or other tax year beginning JUL 1, 2015 and ending JUN 30, 2016

2015

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

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

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

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 Exempt under section

Print or Type

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72-1406289

X 501(c)(3)

Number, street, and room or suite no. If a P.O. box, see instructions.

E Unrelated business activity codes (See instructions)

408(e) 220(e)

2356 DRUSILLA LANE

408A 530(a)

City or town, state or province, country, and ZIP or foreign postal code

713200 531120

529(a)

BATON ROUGE, LA 70809

C Book value of all assets at end of year

F Group exemption number (See instructions.)

781,841.

G Check organization type

X 501(c) corporation

501(c) trust

401(a) trust

Other trust

H Describe the organization's primary unrelated business activity.

See Statement 1

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

Yes No X

If "Yes," enter the name and identifying number of the parent corporation.

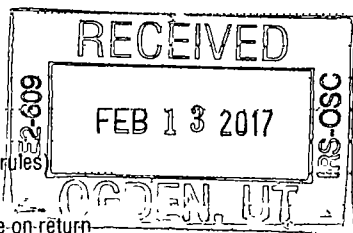
J The books are in care of Jamie Tindle

Telephone number 225-216-7474

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (63,044), Total (71,240), and other income categories.

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 4 columns: Line number, Description, Amount, Total. Rows include Compensation of officers, Charitable contributions, Depreciation, and Unrelated business taxable income (36,177).



See Statement 2

ENVELOPE POSTMARK DATE JAN 31 2017 RECORDED MAR 1 2017

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Part III Tax Computation

35 Organizations Taxable as Corporations See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 5,427.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36** _____
37 Proxy tax. See instructions **37** _____
38 Alternative minimum tax **38** _____
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 5,427.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a** _____
b Other credits (see instructions) **40b** _____
c General business credit. Attach Form 3800 **40c** _____
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** _____
e Total credits Add lines 40a through 40d **40e** _____
41 Subtract line 40e from line 39 **41** 5,427.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42** _____
43 Total tax. Add lines 41 and 42 **43** 5,427.
44 a Payments: A 2014 overpayment credited to 2015 **44a** _____
b 2015 estimated tax payments **44b** _____
c Tax deposited with Form 8868 **44c** _____
d Foreign organizations: Tax paid or withheld at source (see instructions) **44d** _____
e Backup withholding (see instructions) **44e** _____
f Credit for small employer health insurance premiums (Attach Form 8941) **44f** _____
g Other credits and payments: Form 2439 _____
 Form 4136 _____ Other _____ **Total** **44g** _____
45 Total payments. Add lines 44a through 44g **45** _____
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached **46** 158.
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 5,585.
48 Overpayment If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** _____
49 Enter the amount of line 48 you want: **Credited to 2016 estimated tax** **Refunded** **49** _____

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

1 At any time during the 2015 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 **X**
2 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 Yes No **X**
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

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
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 <input type="checkbox"/> No <input type="checkbox"/>
4a Additional section 263A costs (att schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

Sign Here

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

Jamie S. Title | 1-17-17 | **Executive Director**
 Signature of officer Date Title

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

Paid Preparer Use Only

Print/Type preparer's name: **Charles R. Pevey** Preparer's signature: *Charles R. Pevey* Date: **12/05/16** Check if self-employed PTIN: **P00103577**
 Firm's name: **Hawthorn, Waymouth & Carroll, L.L.P.** Firm's EIN: **72-0464428**
 Firm's address: **8555 United Plaza Blvd. - No. 200**
Baton Rouge, LA 70809-9982 Phone no. **225-923-3000**

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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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(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)	
(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) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 8, 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) Statement 3	(b) Other deductions (attach schedule) Statement 4	
(1) Office Building	8,196.	764.	1,445.	
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Statement 5	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) Statement 6	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) 379,875.	369,084.	100.00%	8,196.	2,209.
(2)		%		
(3)		%		
(4)		%		
Totals			8,196.	2,209.

Total dividends-received deductions included in column 8 **0.**

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

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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)				
(2)				
(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)

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)						
(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 28
Totals	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)						
		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)						
(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 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	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T Description of Organization's Primary Unrelated Business Activity Statement 1

Bingo games
Lease of office space

To Form 990-T, Page 1

Form 990-T Other Deductions Statement 2

Description	Amount
Accounting Fees	3,335.
Regulatory Fees	685.
Rent	7,921.
Payouts on Pull Tabs	18,340.
Other	1,573.
Total to Form 990-T, Page 1, line 28	31,854.

Form 990-T Schedule E - Depreciation Deduction Statement 3

Description	Activity Number	Amount	Total
Depreciation		764.	
- SubTotal -	1		764.
Total of Form 990-T, Schedule E, Column 3(a)			764.

Form 990-T Schedule E - Other Deductions Statement 4

Description	Activity Number	Amount	Total
Utility and expense allocation (see schedule attached)		1,445.	
- SubTotal -	1		1,445.
Total of Form 990-T, Schedule E, Column 3(b)			1,445.

Form 990-T Average Acquisition Debt on or Statement 5
 Allocable to Debt-Financed Property

Description	Activity Number	Amount	Total
Average acquisition debt allocable to debt-financed property			
- SubTotal -	1	379,875.	379,875.
Total of Form 990-T, Schedule E, Column 4			379,875.

Families Helping Families of Greater Baton Rouge, Inc.

Form 990T, Schedule E

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<i>Column 3(a)</i>	<u>Description</u>	<u>Yearly Cost</u>
	Lights	\$ 6,441.29
	Water	712.54
	Garbage	1,010.99
	Alarm	242.00
	Telephone	6,293.95
	Lawn	3,295.00
	Janitorial	1,430.00
	Pest Control	300.00
	Insurance- General	5,551.88
	Form 990T Prep	1,050.00
	Interest- Building	15,909.12
	Total:	<u><u>\$ 42,236.77</u></u>

	<u>Sq Ft</u>	<u>Sq Ft %</u>	<u>Mo. Leased</u>	<u>Cost Alloc</u>
Total building	4768			
Office #1	173	3.63%	2/12	\$ 255.42
Office #2	117	2.45%	6/12	518.22
Office #3	130	2.73%	7/12	671.76
				<u><u>Total Allocation to Column 3(a): \$ 1,445.39</u></u>

Column 3(b) **Depreciation for the year:** \$ 22,329.74

	<u>Sq Ft</u>	<u>Sq Ft %</u>	<u>Mo. Leased</u>	<u>Cost Alloc</u>
Total building	4768			
Office #1	173	3.63%	2/12	\$ 135.03
Office #2	117	2.45%	6/12	273.97
Office #3	130	2.73%	7/12	355.15
				<u><u>Total Allocation to Column 3(b): \$ 764.15</u></u>

Families Helping Families of Greater Baton Rouge, Inc.

Form 990T, Schedule E

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<i>Column 4</i>	<u>Month</u>	<u>Princ Debt o/s</u>
	July 2015	\$ 387,533
	August 2015	386,177
	September 2015	384,815
	October 2015	383,449
	November 2015	382,077
	December 2015	380,700
	January 2016	379,318
	February 2016	377,931
	March 2016	376,538
	April 2016	375,141
	May 2016	373,738
	June 2016	371,078
		<u>\$ 4,558,495</u>
		÷ 12
	Total to Column 4:	<u>\$ 379,875</u>

<i>Column 5</i>	NBV of building 6/30/2015	376,250
	NBV of building 6/30/2016	361,917
	Average adjusted basis to Column 5:	<u>\$ 369,084</u>