

Extended to May 15, 2018

Form 990-T

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016 and ending JUN 30, 2017

2016

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990. 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 Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions)

FAMILIES HELPING FAMILIES OF GREATER

72-1406289

B Exempt under section 501(c)(3) 408(e) 408A 529(a)

Print or Type

BATON ROUGE

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

2356 DRUSILLA LANE

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

BATON ROUGE, LA 70809

E Unrelated business activity codes (See instructions)

713200 531120

C Book value of all assets at end of year 738,581.

F Group exemption number (See instructions.)

G Check organization type 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

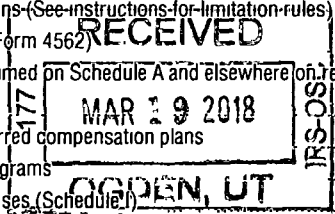
If "Yes," enter the name and identifying number of the parent corporation.

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 (65,935), Total (78,685), and Net (73,017).

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 of deduction, Amount. Rows include Compensation of officers, directors, and trustees (Schedule K) through Total deductions (31,835), and Unrelated business taxable income before net operating loss deduction (41,182).



See Statement 2

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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 <input type="checkbox"/> 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	6,027.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	6,027.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	6,027.
43 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)	43	
44 Total tax. Add lines 42 and 43	44	6,027.
45a Payments: A 2015 overpayment credited to 2016	45a	
b 2016 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	168.
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed Statement 3	48	6,195.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax _____ Refunded _____	50	

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

51 At any time during the 2016 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
52 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
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

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.

Samie S. Indle | 1-5-2018 | **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 | Preparer's signature | Date | Check if self-employed | PTIN

Charles R. Pevey | Charles R. Pevey | 11/17/17 | P00103577

Firm's name | Firm's EIN

Hawthorn, Weymouth & Carroll, L.L.P. | 72-0464428

Firm's address | Phone no.

Baton Rouge, LA 70809-9982 | 225-923-3000

Form 990-T (2016)

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 No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

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) Statement 5	(b) Other deductions (attach schedule) Statement 6	
(1) Office Building	12,750.	1,606.	4,062.	
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) Statement 7	5. Average adjusted basis of or allocable to debt-financed property (attach schedule) Statement 8	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) 362,447.	354,750.	100.00%	12,750.	5,668.
(2)		%		
(3)		%		
(4)		%		
Totals		►	Enter here and on page 1, Part I, line 7, column (A) 12,750.	Enter here and on page 1, Part I, line 7, column (B) 5,668.
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)					
			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)	
Totals			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)				
(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)						
Totals (carry to Part II, line (5))	0.	0.				0.

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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.
Totals, Part II (lines 1-5)	0. <small>Enter here and on page 1, Part I, line 11, col (A)</small>	0. <small>Enter here and on page 1, Part I, line 11, col (B)</small>				0. <small>Enter here and on page 1, Part II, line 27</small>

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 (2016)

Alternative Minimum Tax - Corporations

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626

2016

Name FAMILIES HELPING FAMILIES OF GREATER BATON ROUGE		Employer identification number 72-1406289
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
1	Taxable income or (loss) before net operating loss deduction	40,182.
2	Adjustments and preferences:	
a	Depreciation of post-1986 property	
b	Amortization of certified pollution control facilities	
c	Amortization of mining exploration and development costs	
d	Amortization of circulation expenditures (personal holding companies only)	
e	Adjusted gain or loss	
f	Long-term contracts	
g	Merchant marine capital construction funds	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
i	Tax shelter farm activities (personal service corporations only)	
j	Passive activities (closely held corporations and personal service corporations only)	
k	Loss limitations	
l	Depletion	
m	Tax-exempt interest income from specified private activity bonds	
n	Intangible drilling costs	
o	Other adjustments and preferences	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	40,182.
4	Adjusted current earnings (ACE) adjustment:	
a	ACE from line 10 of the ACE worksheet in the instructions	40,182.
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	0.
c	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)	
e	ACE adjustment. <ul style="list-style-type: none"> If line 4b is zero or more, enter the amount from line 4c If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount 	0.
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	40,182.
6	Alternative tax net operating loss deduction. See instructions	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	40,182.
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	0.
b	Multiply line 8a by 25% (0.25)	0.
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	40,000.
9	Subtract line 8c from line 7. If zero or less, enter -0-	182.
10	Multiply line 9 by 20% (0.20)	36.
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
12	Tentative minimum tax. Subtract line 11 from line 10	36.
13	Regular tax liability before applying all credits except the foreign tax credit	6,027.
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	0.

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1	Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	40,182.
2	ACE depreciation adjustment:			
	a AMT depreciation	2a		
	b ACE depreciation:			
	(1) Post-1993 property	2b(1)		
	(2) Post-1989, pre-1994 property	2b(2)		
	(3) Pre-1990 MACRS property	2b(3)		
	(4) Pre-1990 original ACRS property	2b(4)		
	(5) Property described in sections 168(f)(1) through (4)	2b(5)		
	(6) Other property	2b(6)		
	(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
	c ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3	Inclusion in ACE of items included in earnings and profits (E&P):			
	a Tax-exempt interest income	3a		
	b Death benefits from life insurance contracts	3b		
	c All other distributions from life insurance contracts (including surrenders)	3c		
	d Inside buildup of undistributed income in life insurance contracts	3d		
	e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)	3e		
	f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4	Disallowance of items not deductible from E&P:			
	a Certain dividends received	4a		
	b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(4)(A), Dec. 19, 2014, 128 Stat. 4043)	4b		
	c Dividends paid to an ESOP that are deductible under section 404(k)	4c		
	d Nonpatronage dividends that are paid and deductible under section 1382(c)	4d		
	e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)	4e		
	f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5	Other adjustments based on rules for figuring E&P:			
	a Intangible drilling costs	5a		
	b Circulation expenditures	5b		
	c Organizational expenditures	5c		
	d LIFO inventory adjustments	5d		
	e Installment sales	5e		
	f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6	Disallowance of loss on exchange of debt pools		6	
7	Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8	Depletion		8	
9	Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10	Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	40,182.

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	2,733.
Regulatory Fees	628.
Rent	9,544.
Payouts on Pull Tabs	18,930.
Total to Form 990-T, Page 1, line 28	31,835.

Form 990-T Interest and Penalties Statement 3

Tax from Form 990-T, Part IV	6,027.
Underpayment penalty	168.
Late payment penalty	30.
Total Amount Due	6,225.

Form 990-T Late Payment Penalty Statement 4

Description	Date	Amount	Balance	Months	Penalty
Tax due	11/15/17	6,027.	6,027.	1	30.
Date filed	11/17/17		6,027.		
Total late payment penalty					30.

Form 990-T Schedule E - Depreciation Deduction Statement 5

Description	Activity Number	Amount	Total
Depreciation		1,606.	
- SubTotal -	1		1,606.
Total of Form 990-T, Schedule E, Column 3(a)			1,606.

Form 990-T Schedule E - Other Deductions Statement 6

Description	Activity Number	Amount	Total
Utility and expense allocation (see schedule attached)		4,062.	
- SubTotal -	1		4,062.
Total of Form 990-T, Schedule E, Column 3(b)			4,062.

Form 990-T Average Acquisition Debt on or Allocable to Debt-Financed Property Statement 7

Description	Activity Number	Amount	Total
Average acquisition debt allocable to debt-financed property		362,447.	
- SubTotal -	1		362,447.
Total of Form 990-T, Schedule E, Column 4			362,447.

Form 990-T Average Adjusted Basis of or Statement 8
 Allocable to Debt-Financed Property

Description	Activity Number	Amount	Total
Average adjusted basis allocable to debt-financed property		354,750.	
- SubTotal -	1		354,750.
Total of Form 990-T, Schedule E, Column 5			354,750.

Families Helping Families of Greater Baton Rouge, Inc.

Form 990T, Schedule E

72-1406289

<i>Column 3(a)</i>	Description	Yearly Cost
	Lights	\$ 6,079
	Water	727
	Garbage	1,253
	Alarm	242
	Telephone	11,870
	Lawn	3,310
	Janitorial	3,249
	Pest Control	300
	Insurance- General	3,749
	Form 990T Prep	1,075
	Interest- Building	18,910
	Total:	\$ 50,764

	Sq Ft	Sq Ft %	Mo. Leased	Cost Alloc
Total building	4768			
Office #1	173	3.63%	10/12	\$ 1,536
Office #2	117	2.45%	11/12	1,140
Office #3	130	2.73%	12/12	1,386
	Total Allocation to Column 3(a):			\$ 4,062

<i>Column 3(b)</i>	Depreciation for the year:	\$ 20,076
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	Sq Ft	Sq Ft %	Mo. Leased	Cost Alloc
Total building	4768			
Office #1	173	3.63%	10/12	\$ 607
Office #2	117	2.45%	11/12	451
Office #3	130	2.73%	12/12	548
	Total Allocation to Column 3(b):			\$ 1,606

Families Helping Families of Greater Baton Rouge, Inc.

Form 990T, Schedule E

72-1406289

<i>Column 4</i>	Month	Princ Debt o/s
	July 2016	\$ 369,661
	August 2016	368,237
	September 2016	366,809
	October 2016	365,375
	November 2016	363,935
	December 2016	362,490
	January 2017	361,040
	February 2017	360,584
	March 2017	359,123
	April 2017	358,656
	May 2017	357,184
	June 2017	356,266
		<u>\$ 4,349,360</u>
		÷ 12
	Total to Column 4:	<u>\$ 362,447</u>

<i>Column 5</i>	NBV of building 6/30/2016	361,917
	NBV of building 6/30/2017	347,583
	Average adjusted basis to Column 5:	<u>\$ 354,750</u>