

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

OMB No 1545-0687

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

2018

Department of the Treasury Internal Revenue Service

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

Form header section including: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 707,423; D Employer identification number 72-1406289; E Unrelated business activity code 713200; F Group exemption number; G Check organization type 501(c) corporation.

H Enter the number of the organization's unrelated trades or businesses. 2. Describe the only (or first) unrelated trade or business here: See Statement 1.

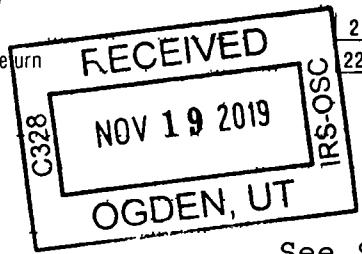
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No.

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 (68,081), Unrelated debt-financed income (14,400), and Total (82,481).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

Table with 2 columns: Description of deduction, Amount. Rows include Compensation of officers, directors, and trustees; Charitable contributions; Total deductions (37,881); and Unrelated business taxable income (39,626).



See Statement 2

SCANNED DEC 10 2019

FAMILIES HELPING FAMILIES OF GREATER

Form 990-T (2018)

BATON ROUGE

72-1406289

Page 2

**Part III Total Unrelated Business Taxable Income**

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	39,626.
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	39,626.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	38,626.

**Part IV Tax Computation**

39	<b>Organizations Taxable as Corporations</b> Multiply line 38 by 21% (0.21)	39	8,111.
40	<b>Trusts Taxable at Trust Rates</b> 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	<b>Proxy tax</b> See instructions	41	
42	<b>Alternative minimum tax</b> (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	8,111.

**Part V Tax and Payments**

45a	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	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	8,111.
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	<b>Total tax</b> Add lines 46 and 47 (see instructions)	48	8,111.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	8,400.
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	
51	<b>Total payments</b> Add lines 50a through 50g	51	8,400.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	52	17.
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	272.
55	Enter the amount of line 54 you want. <b>Credited to 2019 estimated tax</b> 272. <b>Refunded</b>	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 \$		X

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.

**Sign Here**  
 Signature of officer: *Samuel S. Little* Date: *11-8-2019* Title: **Executive Director**  
 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: 11/07/19  
 Check  if self-employed PTIN: P00103577  
 Firm's name: Hawthorn, Waymouth & Carroll, L.L.P. Firm's EIN: 72-0464428  
 Firm's address: 8545 United Plaza Blvd. - No. 200 Baton Rouge, LA 70809-9982 Phone no: 225-923-3000

FAMILIES HELPING FAMILIES OF GREATER

Form 990-T (2018) BATON ROUGE

72-1406289

Page 3

**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					
4a	Additional section 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4b	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		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)		(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)
0.		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)
			Statement 5	Statement 6
(1) Office Building		14,400.	988.	2,606.
(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) 328,225.	326,099.	100.00%	14,400.	3,594.
(2)		%		
(3)		%		
(4)		%		
Statement 3		Statement 4	Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
Totals			14,400.	3,594.
Total dividends-received deductions included in column 8				0.

Form 990-T (2018)

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

		Exempt Controlled Organizations			
1	2	3	4	5	6
Name of controlled organization	Employer identification number	Net unrelated income (loss) (see instructions)	Total of specified payments made	Part of column 4 that is included in the controlling organization's gross income	Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7	8	9	10	11	
Taxable income	Net unrelated income (loss) (see instructions)	Total of specified payments made	Part of column 9 that is included in the controlling organization's gross income	Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
<b>Totals</b>			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	2	3	4	5
Description of income	Amount of income	Deductions directly connected (attach schedule)	Set-asides (attach schedule)	Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		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	2	3	4	5	6	7
Description of exploited activity	Gross unrelated business income from trade or business	Expenses directly connected with production of unrelated business income	Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	Gross income from activity that is not unrelated business income	Expenses attributable to column 5	Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		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	2	3	4	5	6	7
Name of periodical	Gross advertising income	Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	Circulation income	Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

FAMILIES HELPING FAMILIES OF GREATER

Form 990-T (2018) **BATON ROUGE**

**72-1406289**

Page **5**

**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 cc's 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>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col (A)</small>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col (B)</small>				<b>0.</b> <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)		%	
<b>Total</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

Form 990-T (2018)

---



---

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	2,139.
Regulatory Fees	580.
Rent	5,732.
Payouts on Pull Tabs	29,430.
Total to Form 990-T, Page 1, line 28	37,881.



Form 990-T	Schedule E - Unrelated Debt-Financed Income Average Adjusted Basis	Statement	4
------------	---	-----------	---

Description of Debt-Financed Property	Activity Number		Amount
Office Building	1		
Average adjusted basis of property first day of year			333,250.
Average adjusted basis of property last day of year			318,947.
Average adjusted basis of property for the year			326,099.
Total to Form 990-T, Schedule E, Column 5			

Form 990-T	Schedule E - Depreciation Deduction	Statement	5
------------	-------------------------------------	-----------	---

Description	Activity Number	Amount	Total
Depreciation		988.	
- SubTotal -	1		988.
Total of Form 990-T, Schedule E, Column 3(a)			988.

Form 990-T	Schedule E - Other Deductions	Statement	6
------------	-------------------------------	-----------	---

Description	Activity Number	Amount	Total
Utility and expense allocation (see schedule attached)		2,606.	
- SubTotal -	1		2,606.
Total of Form 990-T, Schedule E, Column 3(b)			2,606.