•			Extended to								
Form 990-T	Exe		anization B				ax-Re	tunn	ı Ĺ	OMB N	0 1545-0047
r *	Ì		(and proxy tax t				70	<b>14</b>	]	21	0+0
	For calendar y	ear 2019 or other ta	x year beginning $\underline{\mathtt{JUL}}$	1, 20	19 , and en	ding JU	<u>и 30,</u>	202	<u>0</u>	21	019
Department of the Treasury	ļ	-	ww irs gov/Form990T						Ļ	non to Di	thic inspection for
Internat Revenue Service	▶ Do no	st enter SSN nun	nbers on this form as it				ation is a 50				ublic Inspection for rganizations Only
A Check box if	Nam	e of organization	( Check box if na	ime changed	and see instru	ictions )			(Emplo	yees' trus	ication number st, see
address changed	—ا ۲		HELPING FAM	ILLIES	OF GRI	EATER			ınstruc		
B Exempt under section		TON ROUG									06289
X 501(6)(3)	IIVNA		oom or suite no. If a P.0	D. box, see ir	structions.					etructions	ess activity code
408(e)220(e)	43		ILLA LANE						}		
408A530(a)	1 1 1		province, country, and a	•	n postal code						
529(a)		TON ROUG			<del></del>				7132	300	
C Book value of all assets at end of year			umber (See instructions				<del></del>	1			<del>-</del>
			type ► X 501(c	) corporation	501	(c) trust		401(a)			Other trust
H Enter the number of the	•			1			the only (or				
trade or business here					1	f only one,	, complete Pa	arts 1-V	If more I	han one	<b>!</b> ,
odescribe the first in the b	lank space at t	he end of the pre	evious sentence, comple	ete Parts I an	d II, complete	a Schedul	e M for each	addition	al trade	or	
business, then complete											<del></del>
During the tax year, was		-		parent-subs	idiary controlle	d group?		► L	Yes	LX.	□No
If "Yes," enter the name a									<del></del>		
77J The books are in care of				_	(4) (		one number				
- Tare T Officiato					(A) Inco	me	(B) F	xpenses			(C) Net
1a Gross receipts or sale		95,701			0.5	504	٠.		Ì		,
<b>b</b> Less returns and allo			<b>c</b> Balance	1c	95	<u>,701.</u>	1.				<u></u>
2 Cost of goods sold (S		•		2		001			$\longrightarrow$		
o 3 Gross profit Subtrac				3	95	701.	<del>                                     </del>				95,701.
4a Capital gain net incor	•	•		48							
b Net gain (loss) (Form		line 17) (attach F	orm 4797)	4b		/	<del></del>	4			
c Capital loss deduction		_		4c_			**				
5 Income (loss) from a	•	an S corporation	n (attach statement)	5	/_		-				
6 Rent income (Schedu	•			6	/						
7 Unrelated debt-finance	•	•		7/	14	<u>.278.</u>	ļ	3,4	24.		10,854.
	-		illed organization (Schedu				<b></b>				
			7) organization (Schedu	HE G) 9			ļ				
10 Exploited exempt acti	, ,	chedule I)		10			ļ				
11 Advertising income (	•			11							
12 Other income (See in	•	ch schedule)		12							
13 Total Combine lines			/	13		979.	<u> </u>	3,4	24.	1	<u>06,555.</u>
			<b>here</b> (See instruction d with the unrelated I			luctions)					
					come )						
14 Compensation of of	ficers, director	s, and trustees (S	Schedule K)						14		
15 Salaries and wages									15		
16 Repairs and mainter	nance	İnter	mai Da		· ·				16_		
17 Bad debts		Rece	Dat Kayanna Sen	<b>Ajūj</b> ė					17		
	edule) (see inst	ructions)	ived US Bank . L	JSB					18		
19 Taxes and licenses	/		349		1	,			19		2,530.
20 Depreciation (attack	<b>/</b> Form 4562)		TEC et a miner		r	20					
	aimed on Sche	dule A and else	Meleon terund UKU			21a			21b		
22 Depletion			•						22		
23 Contributions to def		sation plans	March inc		•				23		
24 Employee benefit pr			Ogden, Uf						24		- <del></del>
25 Excess exempt expe	•	-							25		
26 Excess readership o	· ·	· · · · ·						_	26		
27 Other deductions (a		•			See	Stat	ement	2	27		38,303.
28 Total deductions A		•							28		40,833.
/		•	ating loss deduction. Su						29		<u>65,722.</u>
/30 , Deduction for net of	perating loss ar	ising in tax years	s beginning on or after a	January 1, 20	118						
(see instructions)									30		0.
31 Unrelated business									31		65,722.
923701 01-27-20 LHA F	or Paperwork I	Reduction Act No	otice, see instructions.							Form	<b>990-T</b> (2019)

	PH (2019) FAMILIES HELPING FAMILIES OF GREATER BATON ROUGE	72-1406289 Page 2
Part	Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32  65,722.
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules)	84 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32	and 33 <b>5 3</b> 5 65,722.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	7 37 65,722.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8 38 1,000.
	Unrelated business taxable income Subtract line 38 from line 37, If line 38 is greater than line 37,	
	erger the smaller of zero or line 37	$\frac{11}{39}$ 64,722.
Part	₩ Tax Computation	1001 0477220
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	<b>▶</b> 40 13,592.
	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:	13,352.
71	Tax rate schedule or Schedule D (Form 1041)	
40		41
		43
43		44
	Tax on Noncompliant Facility Income. See instructions	
	Tox and Poursonts	<b>7</b> 45 13,592.
	Tax and Payments	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)  46a	
	Other credits (see instructions)	
	General business credit. Attach Form 3800	
	Credit for prior year minimum tax (attach Form 8801 or 8827)  Total credits Add lines 46a through 46d	<b></b>
е	Total credits Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 13,592.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so	
49	Total tax Add lines 47 and 48 (see instructions)	4 49 13,592.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
51 a	Payments: A 2018 overpayment credited to 2019	272.
b		128.
C	Tax deposited with Form 8868	
đ	Foreign organizations: Tax paid or withheld at source (see instructions) 5/1d	
е	Backup withholding (see instructions) 51e	
f	Credit for small employer health insurance premiums (attach Form 8941) 5 if	
g	Other credits, adjustments, and payments: Form 2439	
	☐ Form 4136 ☐ Other ☐ Total ► 51a	
52	Total payments. Add lines 51a through 51g	52 8,400.
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53
54	Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Statement 3	<b>▶9</b> 54 5,192.
55	Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	<b>5</b> 5
-	Enter the amount of line 55 you want: Credited to 2020 estimated tax	<b>▶</b> 56
Part		<u> </u>
<u> </u>	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
٠,	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	165 1 100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country	
	here	<u> </u>
58	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	·
	Enter the amount of tax-exempt interest received or accrued during the tax year \$	;
- 13		of my knowledge and helief it is the
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best correct, and complete Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge	жиомосув вис ренет, и за кое,
Here	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	May the IRS discuss this return with
	Diameter Director	the preparer shown below (see
	$1/\sqrt{V}$	X if PTIN
Paid		· ·
Prep	Darer Charles R. Pevey Charles R. Pevey \ 11/25/20	P00103577
	Only   Firm's name ▶ Hawthorn, Waymouth & Carroll, L.L.P.   Firm's	EIN ► 72-0464428
	8545 United Plaza Blvd No. 200	
	Firm's address ► Baton Rouge, LA 70809-9982 Phone	no 225-923-3000
		Form 990-T (2019)

72-1406289

Schedule A - Cost of Goods	Sold. Enter	method of invento	ory valu	ation ► N/A					
1 Inventory at beginning of year	1		6 In	ventory at end of year			6		
2 Purchases	2		7 Co	st of goods sold Sul	btract l	ine 6			
3 Cost of labor	3		fro	om line 5. Enter here a	ind in F	Part I,	×		
4a Additional section 263A costs			ltn	e 2			_7_	<u> </u>	
(attach schedule)	4a		<b>8</b> Do	the rules of section 2	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b		pr	operty produced or a	cquired	for resale) apply to		<u>.</u>	<b>.</b>
5 Total. Add lines 1 through 4b	5			e organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	Perso	onal Property L	_ease	ed With Real Pro	pert	ty) 	
1. Description of property									
(1)									
(2)			<u></u>						
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	v conne	acted with the incom-	e in
rent for personal property is more than of rent to 10% but not more than 50%) the r			ersonal pro	property (if the percental perty exceeds 50% or if on profit or income)		columns 2(a) a	nd 2(b)	(attach schedule)	
(1)									
(2)				<del></del>					
(3)								· · · · · · · · · · · · · · · · · · ·	
(4)						<u> </u>			
Total	0.	Total			<u>0.</u>				
(c) Total income. Add totals of columns there and on page 1, Part I, line 6, column		ter <b>&gt;</b>			0.	(b) Total deductions Enter here and on page 1, Part I line 6, column (B)	<b>&gt;</b> _		_0.
Schedule E - Unrelated Deb	t-Financed	Income (see in	nstructio	ons)		<del></del>			
			2 G	Gross income from		3 Deductions directly con to debt-finan			
Description of debt-fir	anced property			nanced property	(a) Straight line depreciation (attach schedule)			(b) Other deductions (attach schedule)	
0.651					S	tatement 8		atement	
(1) Office Building			ļ	14,400.		911	•	2,	<u>542.</u>
(2)									
(3)	<del></del>					· · · · · · · · · · · · · · · · · · ·	+-		
(4)				<del></del>		<del></del>	+		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property i schedule)		Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable dedu (column 6 x total of 6 3(a) and 3(b))	enmuloc
(1) 309,108.		311,750.		99.15%		14,278	•	3,	424.
(2)				%					
(3)				%					
(4)				%					
Statement 6	State	ement 7				nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7 column	
Totals				<b>▶</b> Ì		14,278		3.4	424.
Total dividends-received deductions in	cluded in column	8					-		0.
								Form <b>990-</b>	

923731 01-27-20

(4)

0

0

 $\blacktriangleright$ 

Totals (carry to Part II, line (5))

0.

Form **990-T** (2019)

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rm 990-T (2019)	TAOTIAGE !	<b>P</b> ∩I	TCE		

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.	La the transfer of the	* 18 m = 1-1 s = 1		0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)		از این در ایند این این داش ایند از در در این این در ایند در در ایند در ایند در ایند در ایند در در ایند در این		Enter here and     on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.	1 2 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The state of the s	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 (2019)

Form 990-T	Description o	of Organization's	Primary	Unrelated	Statement	1
		Business Activi	ty			

Bingo games Lease of office space

To Form 990-T, Page 1

Form 990-T		Other Deduct		Sta	tement	2	
Description					j	Amount	
Accounting Fees Regulatory Fees Rent Payouts on Pull Tabs						1,7 2 6,6 29,7	49. 00.
Total to Form 990	-T, Page 1, lir	ne 27				38,3	03.
Form 990-T	Intere	est and Penal	ties		Sta	tement	3
Tax from Form 990 Late payment in Late payment pe	nterest					5,1	92. 4. 26.
Total Amount Due						5,2	22.
Form 990-T	La	ate Payment I	nterest		Sta	tement	4
Description	Date	Amount	Balance	Rate	Days	Intere	st
Tax due Date filed	11/15/20 11/25/20	5,192.	5,192. 5,196.	.0300	10		4.
Total late payment	: interest						4.

Form 990-T Late Payment Penalty				Statement			
Description	Date	Amount	Balance	Months	Penalty		
Tax due Date filed	11/15/20 11/25/20	5,192.	5,192. 5,192.	1	26.		
Total late payment	penalty				26.		

						==
Form 990-T			Debt-Financed	Income	Statement	6
	Ave	erage Acquis	sition Debt			

Description of Debt-Financed Property	Activity Number	Amount of Outstanding
Office Building	1	Debt
Beginning first month Beginning second month Beginning third month Beginning fourth month Beginning sixth month Beginning seventh month Beginning eighth month Beginning ninth month Beginning tenth month Beginning tenth month Beginning twelfth month		318,056. 316,473. 314,844. 313,249. 311,607. 309,999. 308,385. 306,688. 304,990. 303,319. 301,622. 300,065.
Total of All Months Number of Months in Year		3,709,297.
Average Aquisition Debt		309,108.

Totals to Form 990-T, Schedule E, Column 4

Form 990-T	Schedule E - Unrelated De Average Adjusted		Income	Statement	7
Description of	Debt-Financed Property		Activity Number	7	
Office Buildin	.g		1	Amount	
	ed basis of property first ed basis of property last o			318,93 304,58	
Average adjust	ed basis of property for the	ne year		311,7	50.
Total to Form	990-T, Schedule E, Column !	5			
Form 990-T	Schedule E - Deprecia	tion Deducti	on	Statement	8
Description		Activity Number	Amount	Total	
Depreciation	- Subtotal -	1	911.	9:	11.
Total of Form	990-T, Schedule E, Column	3(a)		9:	11.
Form 990-T	Schedule E - Other	Deductions		Statement	9
Description		Activity Number	Amount	Total	
Occupancy, repschedule attac	•		2,542.	2.5.	12
	- Subtotal -	1		2,54	<b>44.</b>