

EXTENDED TO NOVEMBER 15, 2019

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0087

2018Department 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)(3) 03 <input type="checkbox"/> 408(e) 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.) GREATER OUACHITA CHAPTER NATIONAL FEDERATION OF THE BLIND OF LA Number, street, and room or suite no. If a P.O. box, see instructions. 101 SOUTH TRENTON STREET City or town, state or province, country, and ZIP or foreign postal code RUSTON, LA 71270	D Employer identification number (Employees' trust, see instructions) 72-1239952	
		E Unrelated business activity code (See instructions) 713200	
		C Book value of all assets at end of year 32,283.	F Group exemption number (See instructions) ▶ 8638 G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
		H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ PULLTABS . 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.	

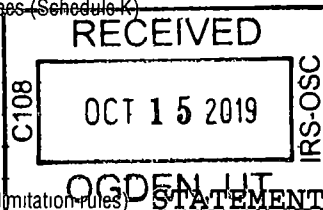
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ▶ ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation ▶

J The books are in care of ▶ **PAM ALLEN** Telephone number ▶ **318-281-2891**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
	c Balance ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	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) STATEMENT 1	12	289,257.	289,257.
13	Total. Combine lines 3 through 12	13	289,257.	289,257.

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	36,730.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	5,449.
20	Charitable contributions (See instructions for limitation rules) STATEMENT 4	20	11,456.
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
23	Depletion	22b	
24	Contributions to deferred compensation plans	23	
25	Employee benefit programs	24	
26	Excess exempt expenses (Schedule I)	25	
27	Excess readership costs (Schedule J)	26	
28	Other deductions (attach schedule) SEE STATEMENT 3	27	
29	Total deductions. Add lines 14 through 28	28	131,518.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	29	185,153.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	104,104.
32	Unrelated business taxable income Subtract line 31 from line 30	31	
		32	104,104.

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Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	104,104.
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	104,104.
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	103,104.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	21,652.
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	21,652.

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	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	21,652.
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	21,652.
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	4,824.
b	2018 estimated tax payments	50b	15,416.
c	Tax deposited with Form 8868	50c	1,412.
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	Total payments. Add lines 50a through 50g	51	21,652.
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	55	

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 _____ Date _____		Title DIRECTOR		May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name TIMMY R. LANGSTON, CPA	Preparer's signature <i>Timmy R. Langston</i>	Date 09/09/19	Check <input type="checkbox"/> if self-employed	PTIN P00699541
	Firm's name SILAS SIMMONS, LLP			Firm's EIN 64-0319291	
	Firm's address P.O. BOX 4550 MONROE, LA 71211-4550			Phone no. (318) 323-4481	

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

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72-1239952

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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 26		
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.
	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 (2018)

FORM 990-T	OTHER INCOME	STATEMENT	1
DESCRIPTION		AMOUNT	
NET INCOME FROM SPECIAL EVENTS & ACTIVITIES - SEE ATTACHED STATEMENT 4-B		289,257.	
TOTAL TO FORM 990-T, PAGE 1, LINE 12		289,257.	

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
LOUISIANA CENTER FOR THE BLIND	N/A	1,800.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		1,800.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
BUILDING RENTAL - STATEMENT 6B		59,340.	
FUNDRAISING SUPPLIES - STATEMENT 6B		69,336.	
SHORTAGES, THEFT AND NSF CHECKS - STATEMENT 6B		1,682.	
LEGAL AND ACCOUNTING - STATEMENT 6B		1,160.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		131,518.	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013

FOR TAX YEAR 2014

FOR TAX YEAR 2015

FOR TAX YEAR 2016 25,742

FOR TAX YEAR 2017

TOTAL CARRYOVER

25,742

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

1,800

TOTAL CONTRIBUTIONS AVAILABLE

27,542

TAXABLE INCOME LIMITATION AS ADJUSTED

11,456

EXCESS 10% CONTRIBUTIONS

16,086

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

16,086

ALLOWABLE CONTRIBUTIONS DEDUCTION

11,456

TOTAL CONTRIBUTION DEDUCTION

11,456

STATEMENT 4-B

**Greater Ouachita Chapter, NFBL
EIN # 72-1239952
RUSTON, LOUISIANA
FISCAL YEAR ENDING 2018**

FORM 990 - T, PAGE 1, LINE 12

OTHER INCOME

GROSS RECEIPTS - PULLTABS	\$ 1,024,700
GROSS RECEIPTS - GLUE & VIDEO BINGO	5,531
GROSS RECEIPTS - OTHER	<u>0</u>
TOTAL PULLTABS & OTHER RECEIPTS	\$ 1,030,231
 TOTAL PULLTABS DIRECT EXPENSES	 <u>\$ 740,974</u>
 TOTAL OTHER INCOME	 <u>\$ 289,257</u>
FROM SPECIAL EVENTS & ACTIVITIES	<u><u>289,257</u></u>

STATEMENT 6-B

Greater Ouachita Chapter, NFBL
EIN # 72-1239952
RUSTON, LOUISIANA
FISCAL YEAR ENDING 2018

FORM 990 - T
 ALLOCATION SCHEDULE FOR UNRELATED BUSINESS INCOME EXPENSES

DESCRIPTION	100% EXPENSES	UBI (100%) EXPENSES	FORM 990-T PART II - LINE #
UBI EXCISE TAXES & LICENSES			
FORM 730 - WAGERING TAXES	\$ 2,409	\$ 2,409	
OCCUPATIONAL LICENSES	-	-	
UBIT LICENSE RENEWAL	0	0	
TOTAL UBI DIRECT TAXES & LICENSES	<u>\$ 2,409</u>	<u>\$ 2,409</u>	LINE 19

DESCRIPTION	100% EXPENSES	UBI (60%) EXPENSES	FORM 990-T PART II - LINE #
SALARIES AND WAGES	<u>\$ 61,217</u>	<u>\$ 36,730</u>	LINE 15
PAYROLL TAXES	\$ 4,766	\$ 2,860	
TAXES AND LICENSES	300	180	
TOTAL PAYROLL TAXES & LICENSES	<u>\$ 5,066</u>	<u>\$ 3,040</u>	LINE 19
CHARITABLE CONTRIBUTIONS			
LA CENTER FOR THE BLIND	\$ 3,000	1,800	
NATIONAL FEDERATION FOR THE BLIND	15,000		
TOTAL CONTRIBUTIONS	<u>\$ 18,000</u>	<u>\$ 1,800</u>	LINE 20

DESCRIPTION	100% EXPENSES	UBI (60%) EXPENSES	FORM 990-T PART II - LINE #
OTHER DEDUCTIONS			
BUILDING RENTAL	\$ 98,900	\$ 59,340	
LEGAL & ACCOUNTING FEES	1,933	1,160	
FUNDRAISING SUPPLIES	115,560	69,336	
OTHER SUPPLIES	0	0	
BANK CHARGES	0	0	
SHORTAGES	882	529	
THEFT LOSS & ADJUSTMENTS	1,921	1,153	
NSF CHECKS AND RECOVERIES	0	0	
TOTAL OTHER DEDUCTIONS	<u>\$ 219,196</u>	<u>\$ 131,518</u>	LINE 28

TOTAL FUNDRAISING EVENTS RECEIPTS	\$1,718,307
TOTAL PULLTAB & OTHER RECEIPTS	1,030,231

PRO RATA UBI PERCENTAGE	60%
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