30

31

32

Unrelated business taxable income. Subtract line 31 from line 30

For Paperwork Reduction Act Notice, see instructions

647 6,431 13,270 11,165 31,513 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 57,877 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 57,877 Form 990-T (2018)

Pa	rt III Total Unrelated Business Taxable income				
• 33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	1			
	instructions)	L	33		57,87
34	Amounts paid for disallowed fringes		34		
35	Deductions 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	Ī			
••	of lines 33 and 34	_	36		57,87
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	ॏ	377		1,00
38	At the second se		7 -		
36	enter the smaller of zero or line 36	9	3.8		56,87
Pa	rt IV Tax Computation		1		
39		$\overline{}$	319		11,94
40	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	^	1+		
	the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)	▶	40		
41	Proxy tax See instructions	▶│	41	· ·······	
42	Alternative minimum tax (trusts only)	` <u> </u>	42		
43	Tax on Noncompliant Facility Income. See instructions	<u> </u>	48		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	K	44		11,94
	rt V Tax and Payments		<u> </u>		<u> </u>
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	<u> </u>			
45a		\dashv			
b	`	\dashv			
C	General business credit Attach Form 3800 (see instructions)	\dashv			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	\dashv			
е	Total credits. Add lines 45a through 45d	-	45e		11 04
46	Subtract line 45e from line 44 Other taxes	F	46		11,94
47	Chart 4 from 1 Form 4255 Form 8611 Form 8697 Form 8866 Other (att scn.)	1/1	47		11 04
48		19	48		11,94
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	F	49		
50a	Payments A 2017 overpayment credited to 2018		1		
b	2018 estimated tax payments 5,00				
С	Tax deposited with Form 8868 Sign 50c 21,00)0	1		
d	Foreign organizations Tax paid or withheld at source (see instructions) 50d				
е	Backup withholding (see instructions) 50e		1		
f	Credit for small employer health insurance premiums (attach Form 8941) 50f				
g	Other credits, adjustments, and payments Form 2439				
	Form 4136 Other Total ▶ 50g				
51	Total payments. Add lines 50a through 50g		s 1		26,00
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached 53 ▶ □	K) [52		4
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		58		
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ ┌	54		14,00
10 55	Enter the amount of line 54 you want Credited to 2019 estimated tax > 14,009 Refunded		55		
/	rt VI Statements Regarding Certain Activities and Other Information (see instructions)		Ť	•	
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority				Yes N
50	over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file				100
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "YES," enter the name of the foreign country				
	here ▶				1 2
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	trus	st?		3
58	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 ▶ \$				
					
٥.	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 be true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	eliel, i	Il IS	14. 15. 100	
Sig				with the prep	discuss this ret parer shown beli ions)?
Her	e d-Je-20 TREASURER	_			ions)/ Yes N
	Signature of officer Date Title				163
	Printipype preparer's name Preparer's signature CAPIPES Date	- [Check	if PTIN	
Paid	LAUREN V HEBERT, CPA/PFS LAUREN V HEBERT, CPA/PFS 02/10/	20	self-empl		326922
Prep		rm's E	IN 🕨	72-	073883
Use	•				
	Firm's address MORGAN CITY, LA 70380-3218	none n	10	<u>985-3</u>	84-626
	-			F	990. T (20

<i>,</i> Form 990-T (2018) LOUIS	SIANA WILDL	IFE	AGENTS		72-1	130460		Pa	ge 3
Schedule A – Cost of Go				ry valuation ▶	•	'			
1 Inventory at beginning of y		_	6	Inventory at end of	year		6	·	
2 Purchases	2		7	Cost of goods sold		ıct			
3 Cost of labor	3			line 6 from line 5 E	nter here	and			
4a Additional sec 263A costs				ın Part I, line 2			7		
(attach schedule)	4a		8	Do the rules of sect	ion 263A	(with respect to		Yes	No
b Other costs	4b			property produced of		•			
(attach schedule) 5 Total Add lines 1 through				to the organization?	•			1 1	
Schedule C – Rent Incom		roper	ty and Pers			With Real Proper	ty)		
(see instructions)	•	•	•						
Description of property									
1) N/A									
2)									
3)									
4)									
	2 Rent receive	d or accru	ued						
(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)									
Fotal		Total				(b) Total deductions.			
c) Total income. Add totals of onere and on page 1, Part I, line 6) Enter		Enter here and on page 1, Part I, line 6, column (B) ▶					
Schedule E – Unrelated	Debt-Financed I	ncom	e (see instruc	ctions)					
			2 Gros	s income from or		3 Deductions directly condebt-finance	nected with or allocable and property	e to	
1 Description of debt-i	плапсео ргорену		allocabii	property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
1) N/A									
2)									
3)	·								
4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted b of or allocable to debt-financed prope (attach schedule)			6 Column 4 divided y column 5		Gross income reportable column 2 x column 6)	8 Allocable di (column 6 x total 3(a) and :	of columns	,
1)				9/	4				
2)				9/	4				
3)				9/	(d				
					T				

Form **990-T** (2018)

Enter here and on page 1, Part I, line 7, column (B)

Enter here and on page 1, Part I, line 7, column (A)

▶

Totals

Total dividends-received deductions included in column 8

Schedule F - Interest, Annu	uities, Rovalt	ies, and Ren	ts Fron	n Controll	ed Org	aniz	ations	(see instruc	tions)	
				t Controlled						
Name of controlled organization	ıder	2 Employer ntification number		Net unrelated income > ss) (see instructions)		4 Total of specified payments made		5 Part of column included in the coorganization's gro	ontrolling	6 Deductions directly connected with income in column 5
(1) N/A										
(2)			_							
(3)										
(4)										
Nonexempt Controlled Organiza	itions									
7 Taxable Income	8	Net unrelated income oss) (see instructions)		9 Total of specific payments mad		l (ne	cluded in th	lumn 9 that is ne controlling gross income		Deductions directly inected with income in column 10
(1)										
(2)										
(3)		***								
(4)						L				
Totals						En	iter here ar	s 5 and 10 nd on page 1, column (A)	Ente	dd columns 6 and 11 er here and on page 1, rt I, line 8, column (B)
Schedule G – Investment Ir	ncome of a S	ection 501(c)(7), (9)	, or (17) O	rganiz	ation	ı (see ıı	nstructions)		
1 Description of income	1 Description of income		2 Amount of income		·		4 Set-asides attach schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)	
(1) N/A										
(2)										
(3)										
(4)										
Totals	•	Enter here and c Part I, line 9, co								iter here and on page 1, art I, line 9, column (B)
Schedule I – Exploited Exer	mpt Activity	Income. Oth	er Than	Advertisi	na Inc	ome	(see in	structions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	3 Exper	nses ly d with on of ed	4 Net income (from unrelated or business (co 2 minus colum / If a gain, comp	loss) trade lumn n 3)	5 Gro from a	oss income activity that unrelated ess income	6 Exp attribu colu	enses lable to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)								- -	•	
(3)										
(4)										
	Enter here and or page 1 Part I line 10, col (A)	n Enter here page 1, P line 10, co	Part !							Enter here and on page 1, Part II, line 26
Totals ► Schedule J – Advertising Ir	Come (see in	etructions)	<u>l.</u>	1.					-	1
Part I Income From F			Consc	lidated Ba	asis					•
1 Name of periodical	2 Gross advertising income	3 Dire advertising	ect	4 Advertisingain or (loss) (2 minus col 3 a gain, compicols 5 through	ig col) If ute		irculation acome		dership sts	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1) N/A								1		
(2)					Γ			1		
(3)										
(4)										
Totale (corp. to Flort II Jun (F))					7					

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	a line-by-line basis	s)			=-	
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) LOUISIANA GAME WARD	£ 335,508	246,118	89,390		13,270	13,270
(2)						
(3)						
(4)		<u> </u>				
Totals from Part I						
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col (A) 335,508	Enter here and on page 1, Part I, line 11, col (B) 246, 118				Enter here and on page 1, Part II, line 27 13,270

) 1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	,
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		>	

Form **990-T** (2018)

Form **990-T**

Schedule M Charitable Contribution and Loss Calculation

Description UNRELATED BUSINESS ACTIVITY

2018

Name

LOUISIANA WILDLIFE AGENTS

Taxpayer Identification Number

72-1130460

Unincorporated Business Income Tax Code 511120 Activity PERIODICAL PUBLISHERS (EXCEPT IN

Worksheet 1 Activity Charitable Contribution Deduction		
1 Activity Income (Schedule M, Line 13, col C)	1	89,390
2 Activity Expense (does not include amount needed for Line 20)	2	25,082
3 Net Income (Line 1 minus Line 2), If less than zero, enter -0-	3	64,308
4 Current activity contribution limit (Multiplier used is 10 %)	4	6,431
5 Current year contributions	5	10,600
6 Prior year contributions (corporations only)	6	25,774
7 Total available contributions (Add lines 5 and 6)	7	36,374
8 Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M)	8	6,431
9 Remaining contributions (subtract line 8 from line 7)	9	29,943
10 Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits),		
Enter amount here and on Form 990-T, Line 33 as a negative amount	10	
11 Remaining contributions (carried forward for corporations only, See Worksheet 3)	11	29,943

W	orksheet 2 Activity Losses and Carryforward Amounts		
1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	0
5	Total loss carried forward to 2019	5	0

Worksheet 3 Activity Charitable Contribution Carryforward

		Prior Year	Current Year	Next Year	
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 08/31/14 4th 08/31/15	7,467		7,467	6,431	1,036
3rd 08/31/16	4,431		4,431	0,101	4,431
2nd 08/31/17	7,000	1,578	5,422		5,422
1st 08/31/18 Charitable Contribution Carryover To	8 , 4 5 4 Current Year		8,454 25,774		8,454
	,600				10,600
Charitable Contribution Carryover A	vailable To Next Year				29,943

2/10/2020 3 52 PM

412537 Louisiana Wildlife Agents 72-1130460

Federal Statements

FYE 8/31/2019

Statement 1 - Form 990-T, Part II, Line 20 - Charitable Contributions

Description		Amount	
CURRENT YEAR CONTRIBUTIONS PRIOR YEAR CONTRIBUTIONS	\$	10,600 25,774	
TOTAL CONTRIBUTIONS AVAILABLE LESS: ALLOCATION TO TAXABLE FRINGE		36,374	
LESS: CONTRIBUTIONS DISALLOWED		29,943	
TOTAL DEDUCTION ALLOWED		6,431	

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

1	Description		Amoun				
ACCOUNTING BANK FEES		\$		4,075 7,090			
TOTAL		, \$		11,165			

.Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Identifying number

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form4562 for instructions and the latest information LOUISIANA WILDLIFE AGENTS

Attachment Sequence No 179

OMB No 1545-0172

Name	Name(s) shown on return LOUISIANA WILDLIFE AGENTS ASSOCIATION, INC.						Identifying number 72-1130460			
Busin	ness or activity to which this form rela-	tes								
I	NDIRECT DEPRECIA	TION								
Pa			erty Under Sectio							
	Note: If you have	any listed property	/, complete Part V t	efore you c	<u>omplete Part</u>	1				
1	Maximum amount (see instructi	ons)					1	1,000,000		
2	Total cost of section 179 proper		•				2			
3	Threshold cost of section 179 p			ictions)			3	2,500,000		
4	Reduction in limitation Subtract						4			
_5	Dollar limitation for tax year Subtract						5			
_6	(a) Descrip	tion of property	(b)	Cost (business use	only) (c)	Elected cost				
					 					
7	Listed property Enter the amou				7		T			
8	Total elected cost of section 179		• •	and 7			8			
9	Tentative deduction Enter the s						9			
10	Carryover of disallowed deducti	•			5 0		10			
11	Business income limitation Ent		•	•	5 See instructio	ns	11			
12	Section 179 expense deduction			line 11	13		12			
13 Note	Carryover of disallowed deduction on the control of				13					
	 -		nd Other Deprecia	tion (Don't	unclude lister	d proper	ty Sa	e instructions)		
14	Special depreciation allowance					proper	ly Se	e manucions j		
1-4	during the tax year. See instruct		Miler Mair listed property) placed ili sei	VICE		14			
15	Property subject to section 168(15			
16	Other depreciation (including AC						16	222		
			de listed property S	ee instructio	ne l		10			
	WAOKO BEDIECI	ation (Don't meiac	Section A	CC IIISII GCIIC	7113]					
17	MACRS deductions for assets p	placed in service in tax		2018	•		17			
18	If you are electing to group any assets pla		, ,		here	▶ □	'''			
			rvice During 2018 Tax			eciation S	ystem			
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction		
19a	3-year property		,							
b	5-year property				·					
С	7-year property									
d	10-year property									
е	15-year property									
f	20-year property									
<u>g</u>	25-year property			25 yrs		S/L				
h	Residential rental			27 5 yrs	MM	S/L				
	property			27 5 yrs	MM	S/L				
ı	Nonresidential real			39 yrs	MM	S/L				
	property	<u> </u>			MM	S/L				
		Assets Placed in Serv	ice During 2018 Tax Ye	ear Using the	Alternative Dep			<u>n</u>		
20a	Class life					S/L				
	12-year		_	12 yrs		S/L				
<u>C</u>	30-year			30 yrs	MM	S/L				
<u>d</u>			<u> </u>	40 yrs	MM	S/L	:			
	art IV Summary (See in						, ,			
21	Listed property Enter amount fr						21			
22	Total. Add amounts from line 12						22	222		
23	here and on the appropriate line For assets shown above and pla notion of the basis attributable	aced in service during t			22					