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OMB No 1545-0047

Form **990-T**

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

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning Oct 1, 2018, and ending Sep 30, 2019.

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** ☒ Check box if address changed
B Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a)

Print
or
Type

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

Bayou-Gulf States Chapter (Paralyzed Veterans of America)

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

400 Veterans Ave., Bldg 1, 1B114

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

Biloxi, MS 39531

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

72-1030827

E Unrelated business activity code
(See instructions)

531120

C Book value of all assets
at end of year
316,452.

F Group exemption number (See instructions.) 1317

G Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust

H Enter the number of the organization's unrelated trades or businesses 2 Describe the only (or first) unrelated trade or business here RENTAL OF PART OF BUILDING FOR WEDDINGS, RECEPTIONS & SIMILAR EVENTS 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-subsidiary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of Cheryl Lewis-President

Telephone number (228) 206-1515

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

(C) Net

1a	Gross receipts or sales			1c				
b	Less returns and allowances		c Balance	2				
2	Cost of goods sold (Schedule A, line 7)			3				
3	Gross profit. Subtract line 2 from line 1c			4a				
4a	Capital gain net income (attach Schedule D)			4b				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			4c				
c	Capital loss deduction for trusts			5				
5	Income (loss) from a partnership or an S corporation (attach statement)			6				
6	Rent income (Schedule C)			7	6,382	11,509		-5,127
7	Unrelated debt-financed income (Schedule E)			8				
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)			9				
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			10				
10	Exploited exempt activity income (Schedule I)			11				
11	Advertising income (Schedule J)			12				
12	Other income (See instructions; attach schedule)			13	6,382	11,509		-5,127
13	Total. Combine lines 3 through 12							

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 J)			14			
15	Salaries and wages			15			
16	Repairs and maintenance			16			
17	Bad debts			17			
18	Interest (attach schedule) (see instructions)			18			
19	Taxes and licenses			19			
20	Charitable contributions (See instructions for limitation rules)			20			
21	Depreciation (attach Form 4562)			21			
22	Less depreciation claimed on Schedule A and elsewhere on return			22a			
23	Depletion			23			
24	Contributions to deferred compensation plans			24			
25	Employee benefit programs			25			
26	Excess exempt expenses (Schedule I)			26			
27	Excess readership costs (Schedule J)			27			
28	Other deductions (attach schedule)			28			
29	Total deductions. Add lines 14 through 28			29			
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30			-5,127
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31			
32	Unrelated business taxable income. Subtract line 31 from line 30			32			-5,127

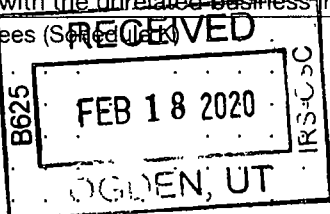
For Paperwork Reduction Act Notice, see instructions. BAA

REV 01/11/19 PRO

Form **990-T** (2018)

ENVELOPE
POSTMARK DATE FEB 13 2020

SCANNED JUL 09 2020



Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0
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	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
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	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0
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	0

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 (see instructions)	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	0
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	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50a	Payments. A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
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 <input type="checkbox"/> Total	50g	
51	Total payments. Add lines 50a through 50g	51	
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	0
55	Enter the amount of line 54 you want Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	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.		
58	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.

Signature of officer: Penny Conky Date: 02/13/20 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: Barry L. Delery CPA Preparer's signature: [Signature] Date: 02/12/2020 Check ☐ if self-employed PTIN: P01356539

Firm's name: Barry L. Delery CPA, P.C. Firm's EIN: 72-1433372

Firm's address: 110 Veterans Blvd., Suite 520, Metairie, LA 70005 Phone no: (504) 242-0169

Schedule A—Cost of Goods Sold. Enter method of inventory valuation ►

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	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ►
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ►		

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) BUILDING-15489 DEFAUX RD, GULFPORT, MS 39503		7,315.	1,359.	11,833.
(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 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1) 226,571.	259,700.	87.2434 %	6,382.	11,509.
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 6,382.	Enter here and on page 1, Part I, line 7, column (B) 11,509.
Total dividends-received deductions included in column 8				

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 ▶**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 ▶**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 ▶**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)) ▶

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						
Totals, Part II (lines 1–5)	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

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			

SCHEDULE M
(Form 990-T)

Unrelated Business Taxable Income for
Unrelated Trade or Business

OMB No 1545-0687

2018

Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning 10/1, 2018, and ending Sep 30, 2019.

► 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

Name of the organization

Employer identification number

Bayou-Gulf States Chapter (Paralyzed Veterans of America)

72-1030827

Unrelated business activity code (see instructions) ► **541800**

Describe the unrelated trade or business ► **Advertising income**

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	1,000		1,000
12 Other income (See instructions; attach schedule)	12			
13 Total. Combine lines 3 through 12	13	1,000		1,000

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		
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) (see instructions)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		-1,000
28 Other deductions (attach schedule)	28		
29 Total deductions. Add lines 14 through 28	29		1,000
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		0
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31		
32 Unrelated business taxable income. Subtract line 31 from line 30	32		0

Bayou-Gulf States Chapter (Paralyzed Veterans of America)

72-1030827

Form 990-T (2018)

Schedule M – Advertising Income

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 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) BAYOU GAZETTE	1,000.	0.	1,000.	0.	24,064.	1,000.
(2)						
(3)						
(4)						
Totals from Part I ▶						
	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) ▶	1,000.	0.				1,000.

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 ▶			

Form **990-T** (2018)

Supplemental Statements

Bayou-Gulf States Chapter (Paralyzed Veterans of America)
Form 990-T (Rental of Building)

2018

72-1030827
Page 1

Statement 1

Schedule E, Column 3a - Depreciation

ASSET CATEGORY	DATE ACQUIRED	METH	LIFE	COST @ 9/30/19	CURRENT DEPREC.	ALLOCATED TO DEBT- FINANCED
Furniture & fixtures	FYE 9/2006	S/L	7	3,929	-	-
Furniture & fixtures	FYE 9/2008	S/L	7	5,901	-	-
Furniture & fixtures	FYE 9/2011	MACRS	7	214	-	-
Furniture & fixtures	FYE 9/2013	MACRS	7	496	44	44
Furniture & fixtures	FYE 9/2014	MACRS	7	469	57	17
Furniture & fixtures	FYE 9/2016	MACRS	7	738	91	91
Furniture & fixtures	FYE 9/2018	MACRS	7	-	147	147
Office equipment	FYE 9/2006	S/L	5	10,718	-	-
Office equipment	FYE 9/2019	MACRS	5&7	1,637	231	-
Office equipment	FYE 9/2008	S/L	5	260	-	-
Office equipment	FYE 9/2011	MACRS	5	2,921	-	-
Office equipment	FYE 9/2014	MACRS	5	1,019	98	-
Office equipment	FYE 9/2014	MACRS	7	271	24	-
Office equipment	FYE 9/2015	MACRS	5	514	59	-
Office equipment	FYE 9/2017	MACRS	5	398	82	-
Office equipment	FYE 9/2018	MACRS	5	485	155	-
Building	FYE 9/2007	S/L	40	-	9,660	869
Building Improvements	FYE 9/2008	S/L	40	-	241	143
Building Improvements	FYE 9/2009	S/L	39	-	109	-
Fencing	FYE 9/2008	S/L	10	-	68	-
Automotive equipment	FYE 9/2019	MACRS	5	22,486	1,124	-
Other equipment	FYE 9/2014	MACRS	7	-	48	48
				52,456	12,238	1,359

Statement 2

Schedule E, Column 3b - Other deductions

Compensation to current officers/directors	2,312
Other salaries	221
Insurance	52
Occupancy	928
Office expenses	969
Payroll taxes	173
Repairs & maintenance	7,092
Travel	86
	11,833

Supplemental Statements**Bayou-Gulf States Chapter (Paralyzed Veterans of America)**

2018

Form 990-T (Rental of Building)

72-1030827

Page 2

Statement 3**Schedule E, Column 4 - Average Acquisition Debt****Debt on first day of**

10/01/18	\$ 229,619
11/1/2018	228,759
12/1/2018	228,123
1/1/2019	227,459
2/1/2019	226,618
3/1/2019	225,948
4/1/2019	225,152
5/1/2019	224,106
6/1/2019	223,353
7/1/2019	-
8/1/2019	-
9/1/2019	-
	<u>\$ 2,039,137</u>

divided by 9 months \$ 226,571

Schedule E, Column 5 - Average Adjusted Basis

Adjusted basis 10/1/18	\$ 519,400
Adjusted basis 9/30/19	-
	<u>\$ 519,400</u>

divided by 2 \$ 259,700

Statement 4**Net Operating Loss**

Carryforward from - 2008	\$ 5,157
Carryforward from - 2009	9,090
Carryforward from - 2010	3,046
Carryforward from - 2011	<u>2,324</u>
	19,617
Amount used - 2012	<u>(6,749)</u>
Carryforward to 2013	12,868
Net operating loss - 2013	<u>1,436</u>
Carryforward to 2014	14,304
Net operating loss - 2014	<u>2,649</u>
Carryforward to 2015	16,953
Net operating loss - 2015	<u>2,031</u>
Carryforward to 2016	18,984
Net operating loss - 2016	<u>2,415</u>
Carryforward to 2017	21,399
Net operating loss - 2017	<u>3,192</u>
Carryforward to 2018	24,591
Net operating loss - 2018	<u>5,127</u>
Carryforward to 2019	<u>\$ 29,718</u>