### CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

16 Open to Public Inspection

OMB No 1545-0047

	AF	or the	2016 calendar year, or tax year beginning JAN 1, 2016 and e	ل ending	<u>UN 30, 20</u>	016			
	B Cr	eck if plicable	C Name of organization	·	D Employer ide	entification number			
	X	Addres change	LOUISIANA BUSINESS INCUBATION ASSOCIAT	'IO					
		Name change	Doing business as		20-2249722				
		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nu				
		Final return/	8000 INNOVATION PARK DRIVE		22	<u> </u>			
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	198105.			
	<u></u>	Amend	BATON ROUGE, LA 70820		H(a) Is this a gro				
	L	Applica tion pendin		=	for subordir				
			4310 RYAN STREET, LAKE CHARLES, LA /06		H(b) Are all subordin				
			mpt status501(c)(3) _X 501(c) ( 6 ) ◀ (insert no.) 4947(a)(1) or	r 527	1	ich a list (see instructions)			
			e:	I Voor		nption number  Mostate of legal domicile: LA			
			Summary	L Year	or formation: 200	DI M State of legal domicile, LA			
		_	Briefly describe the organization's mission or most significant activities THE L	OUTST	ANA INCLIP	ATTON			
	Activities & Governance		ASSOCIATION IS COMPRISED OF THE STATES PR						
	E	-	Check this box I if the organization discontinued its operations or dispose						
	Ž		Number of voting members of the governing body (Part VI, line 1a)			3 29			
	Ğ		Number of independent voting members of the governing body (Part Villine 1b)		( )	4 29			
	es &		Total number of individuals employed in calendar year 2016 (Part V, line 2a)	R 1 3 2	1917 IC	5 0			
	Viti	6	Total number of volunteers (estimate if necessary)		(C)	6 0			
	Ç	7 a <sup>°</sup>	Total unrelated business revenue from Part VIII, column (C), line 12	DEN,	UT	7a 0.			
		b	Net unrelated business taxable income from Form 990-T, line 34	<del>- , , ,</del>	_ <u>`</u>	7b 0.			
					Prior Year	Current Year			
	ą		Contributions and grants (Part VIII, line 1h)		17518				
	Ju j		Program service revenue (Part VIII, line 2g)			0. 0.			
	Revenue	•	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-		0. 0.			
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<del>                                     </del>	17518	$ \begin{array}{c cccc} 0 & & 10 \\ \hline 30 & & 198105 \end{array} $			
			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		16719				
			Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)	<del> </del>	10/13	0.   0.   0.			
			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0. 0.			
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0. 0.			
2	beu		Total fundraising expenses (Part IX, column (D), line 25)	0.					
2017	Щ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		974	3330.			
പ			Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		17694				
0		19	Revenue less expenses Subtract line 18 from line 12		-176	3857.			
MAY	ces			Ве	ginning of Current				
Ž	sets	20	Total assets (Part X, line 16)		3292				
	Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	<u> </u>		0. 97669.			
	컕	22	Net assets or fund balances Subtract line 21 from line 20		3292	36777.			
2		rt II	Signature Block						
SCANNED			Ities of perjury, I declare that I have examined this return, including accompanying schedules						
(I)	true,	correc	t, and complete. Declaration of pressurer (other than officer) is based on all information of whi	ich preparer	r nas any knowledge.	1,01,7			
			Signature of officer		Date	112/11			
	Sig		ADRIAN WALLACE, PRESIDENT						
	Her	е	Type or print name and title						
				1	Date Che	eck PTIN			
	Paid	1	Print/Type preparer's name  CELESTE VIATOR  Preparer's signature  CLLOW VIATOR		3/8/11 If self	employed P00747065			
		arer	Firm's name CELESTE VIATOR		Firm's Ell				
	•	Only	Firm's address 2322 TREMONT DR.						
		•	BATON ROUGE 70809	Phone no	0.225-928-4770				
	May	the II	AS discuss this return with the preparer shown above? (see instructions)			X Yes No			
	6220		1.16 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2016)			

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A			v
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		<u> </u>	
Ū	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		-43
•	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	Ħ		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	ĺ		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		$\frac{x}{x}$
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	. 1 111	Λ	
120	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļļ	<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			~~
	complete Schedule G, Part III	19	000	X
		Form	990 (	2016)

LOUISIANA BUSINESS INCUBATION ASSOCIATIO Form 990 (2016) 20-2249722 Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 31 Did the organization liquidate, terminate, or dissolve and cease operations?  $X_{-}$ If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 Part V. line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 3<u>5b</u> 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	990 (2046) LOUISIANA BUSINESS INCUBATION ASSOCIA	TIO	20-2249	722	Р	age !
Part	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportabl	e gaming			
1	(gambling) winnings to prize winners?			1c		İ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
	If at least one is reported on line 2a, did the organization file all required federal employment tax retui	rns?		2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		За		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other		v over a			
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
	If "Yes," enter the name of the foreign country.	account	,·	70		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accounts	(FRAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	100007712	, (, 2, 1, 1)	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ection?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	CHOIT		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ho organ	uzation caliait	50	-	<del> </del>
		ile Olyan	nzation solicit	80		х
	any contributions that were not tax deductible as charitable contributions?	hone or	nuft o	6a		
	If "Yes," did the organization include with every solicitation an express statement that such contribut	nons or (	Jiits	Ch.		
	were not tax deductible?			6b		-
	Organizations that may receive deductible contributions under section 170(c).	r	wided to the payor?	<b>7</b> _		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	i vices pro	ovided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requi	rea	7.		
	to file Form 8282?	ابدا		7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		(	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit continuous			_7f		
-	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		a Form 1098-0?	<b>7</b> h	-	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the				
	sponsoring organization have excess business holdings at any time during the year?			8_		├-
9	Sponsoring organizations maintaining donor advised funds.			_	1	
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		├-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b	-	
10	Section 501(c)(7) organizations. Enter	1 1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	1 1			ł	
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	ļ	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b_				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
_	Enter the amount of reserves on hand	13c		l	l	1

Form **990** (2016)

14a

X

14a Did the organization receive any payments for indoor tanning services during the tax year?

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 29			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 29			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			_
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	[ '		ĺ
	ın Schedule O how this was done	12c	_X	
13	Did the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14_		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			ļ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			ļ
	exempt status with respect to such arrangements?	16b		<u> </u>
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed LA		1-	<del></del>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (	availab	Ю	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request X Other (explain in Schedule O)	ı.e.		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KENNY ANDERSON - (225)578-7555			
	8000 INNOVATION PARK DRIVE BLD. 300, BATON ROUGE, LA 70808		000	(0040)

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization n	or any related	orga	nıza	tion	cor	npei	<u>nsat</u>	ed any current officer, o	director, or trustee	
(A)	(B)			(0	<b>C</b> )			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition more	than	one	Reportable	Reportable	Estimated
	hours per	Ьoх	, unle	ss pe	rson	ıs bot	h an	compensation	compensation from related	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ADRIAN WALLACE	6.00	트	=	8	¥	포함	<u>.</u>			
	0.00	X		X			ļ	1		
PRESIDENT	1.00	^	<del> </del>	Λ	<del>                                     </del>		<del>                                     </del>	<del>  </del>		
(2) JOHN WARE	1.00	X		X	]	ļ	j	]		
VICE PRESIDENT	2 00	^	-	Λ	-			·		
(3) SUSAN DUGGINS	2.00	.,		.,		ł				
SECRETARY	1 00	X	┝	X		-				
(4) KENNY ANDERSON	4.00				ļ		Ì			
TREASURER		X	<u> </u>	X	<u> </u>	├	<u> </u>			
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822007 11 11 18	<del>'                                    </del>	-				—	<del></del>	<del></del>		Form <b>990</b> (2016)

Form **990** (2016)

\$100,000 of compensation from the organization

	`	Check if Schedule O cont	ains a response	or note to any line	n this Part VIII			
		3			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
اوغ	b	Membership dues	1b	2178.				
<b>A</b> 9.	С	Fundraising events	1c			ì		ĺ
無別	d	<b>5</b> 1 4 4	1d					
S,E	е	Government grants (contribut	ions) 1e	195917.				
PS	f	All other contributions, gifts, gran						
E €		similar amounts not included above						
들임	g	Noncash contributions included in lines	1a-1f \$					
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		<b></b>	198095.			
ļ				Business Code				
8	2 a							
ا و چ	b							ļ
교립	С							
le a	ď							ļ <u>.</u> .
Program Service Revenue	е							
ا ت	f	All other program service reve	nue	L				<del> </del>
-	g	Total. Add lines 2a-2f						
}	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		<b>P</b>			·	
	4	Income from investment of tax	x-exempt bond p	roceeds				
[	5	Royalties						
l			(i) Real	(II) Personal				
1	6 a							(
ļ	b	•						
ł	С	· · ·	L	<u> </u>				ļ
İ		Net rental income or (loss)		<u> </u>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
İ		assets other than inventory						
	b	Less. cost or other basis						
ļ		and sales expenses						
		Gain or (loss)	L	L				
		Net gain or (loss)		<del>-</del>				
e	8 a	Gross income from fundraisin	•					ļ.
Other Reven		including \$	of	1				1
æ		contributions reported on line	•	1				
ě		Part IV, line 18	a	<del>  </del>				1
5		<ul> <li>Less. direct expenses</li> <li>Net income or (loss) from fund</li> </ul>	b	L				
ļ		Gross income from gaming at		<del></del>				
	9 a	Part IV, line 19						
	<b>h</b>	Less direct expenses	a b					
		: Net income or (loss) from garr	_					
		Gross sales of inventory, less					<del></del>	
	ı v a	and allowances	a	1				
	h	Less cost of goods sold	b					
		: Net income or (loss) from sale	_					ĺ
		Miscellaneous Revenu		Business Code			<del></del>	
	11 2	MISC REVENUE		900099	10.	10.		
	b							
	C							
	d							
	е	Total. Add lines 11a-11d		<b></b>	10.			
	12	Total revenue See instructions.		<b>&gt;</b>	198105.	10.	0.	0.
63200	9 11-1							Form <b>990</b> (2016)

632009 11-11-16

Section	on 501(c)(3) and 501(c)(4) organizations must comp			omplete column (A)	
	Check if Schedule O contains a respon	(A)		(C)	(D)
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	190918.			
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			,	
4	Benefits paid to or for members		<del></del>		
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B) Other salaries and wages				
7	Pension plan accruals and contributions (include			<u> </u>	1
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		·····		
11	Fees for services (non-employees)				
	Management				
b	Legal				
c	Accounting	625.	<del>*************************************</del>		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
·	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology	150.			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2522			
19	Conferences, conventions, and meetings	2500.		<u> </u>	
20	Interest	-		<del>                                     </del>	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.)  DUES & SUBSCRIPTIONS	45.			
a	TAXES & LICENSES	10.			
D					
c d					
	All other expenses		<del>_</del>		
25	Total functional expenses Add lines 1 through 24e	194248.			
<u>25</u> 26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

134446. Form **990** (2016)

36777

31

32

33

34

32920

31

32

Total net assets or fund balances

Total liabilities and net assets/fund balances

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Form	990 (2016) LOUISIANA BUSINESS INCUBATION ASSOCIATIO	<u> 20-224</u>	<u>9722</u>	Pag	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>981</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	942	<u>48.</u>
3	Revenue less expenses Subtract line 2 from line 1	3			<u>57.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<u> 329</u>	<u> 20.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		<u> 367</u>	<u>77.</u>
Pai	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1		ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both.		1		
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,	1		1
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			l
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	Щ_
			Form	990	(2016)

#### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public

Inspection

Name of the organization

**Employer identification number** 

		INCUBATION ASSOCIATIO	Щ.	20-22497	22
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or A	4ccoi	<b>unts.</b> Complete if th	ne
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor advised funds	<b>(b)</b> Fur	nds and other accou	ints
1	Total number at end of year				
2	Aggregate value of contributions to (during year)	198095.			
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes	X No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	rring		
	impermissible private benefit?			Yes Yes	X No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7	,	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply)			
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historicall	y impo	rtant land area	
	Protection of natural habitat	Preservation of a certified h	istoric	structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onserv	ation easement on t	he last
	day of the tax year			Held at the End of th	e Tax Year
а	Total number of conservation easements		2a		<del>.</del>
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the orga	nızatıo	n during the tax	
	year >				
4	Number of states where property subject to conservation ea				
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements i			└── Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservat	ion ea	sements during the	year
	<b></b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation e	aseme	ents during the year	
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(	B)(i)		
	and section 170(h)(4)(B)(ii)?			L Yes	L No
9	In Part XIII, describe how the organization reports conservat				
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the of	rganiza	ition's accounting to	or .
ΓĎοι	conservation easements t III   Organizations Maintaining Collections o	of Art. Historical Treasures, or Other	Simi	lar Assets	
Га	Complete if the organization answered "Yes" on Form		<b>U</b>	/ 1000101	
	If the organization elected, as permitted under SFAS 116 (AS		and ha	lance sheet works o	f art
1a	historical treasures, or other similar assets held for public ex				
	the text of the footnote to its financial statements that descri		, public	o service, provide, ii	rr uit ziii,
_	If the organization elected, as permitted under SFAS 116 (AS		haland	e sheet works of art	historical
D	treasures, or other similar assets held for public exhibition, e				
		addation, or research in saturorance of public st	J. 1.00,	provide the length.	gamoumo
	relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1		•	\$	
	(ii) Assets included in Form 990, Part X			\$ \$	
^	If the organization received or held works of art, historical tre	easures, or other similar assets for financial dain	. provi	de	
2	the following amounts required to be reported under SFAS 1		, բ	<del>= =</del>	
_	Revenue included on Form 990, Part VIII, line 1		•	\$	
a h	Assets included in Form 990 Part X			\$	

Schedule D (Form 990) 2016

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

	dule D (Form 990) 2016 LOUISIA t III Organizations Maintaining C	NA BUSINES							49722		<u>e 2</u>
3	Using the organization's acquisition, accessi										
	(check all that apply)		. —								
а	Public exhibition	d	_		hange programs	S					
b	Scholarly research	е	. []	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organization'	's exemp	t purpo	ose in Par	t XIII		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or other s	sımılar as	sets	-	_		
	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "Ye	es" on Fo	rm 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other asset	ts not inc	cluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina 1	table							
	ii (00, 0xplair tilo arangomont iii) art xiii	and complete the te							Amount		
_	Beginning balance						10		7 41100111		_
4	Additions during the year						1d				
· ·	Distributions during the year						1e				—
4	Ending balance						1f				
0-	Did the organization include an amount on F	orm 990 Port V line	.21 for	ecrow or c	retodial accoun	t hability			Yes		No
2a	If "Yes," explain the arrangement in Part XIII					-	ı		ר ו∈s	⊢ '	NO
Pa											—
1 41	Elidovillotte i dilaci. Complete i				(c) Two years b		Three	ears back	(e) Four v	mare ha	
	D	(a) Current year	(6) -	rior year	(C) TWO years o	Jack (u)	Till GG 3	real S Dack	(e) rour	reals ua	IUN_
1a	Beginning of year balance								<del> </del>		—
b	Contributions		-								
С	Net investment earnings, gains, and losses	<del></del>			<del></del>			<del></del>	<del> </del>		—
ď	Grants or scholarships			<del></del>	<del> </del>				<del> </del>		<del></del>
е	Other expenditures for facilities				1						
	and programs		<u> </u>						<del> </del>		
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·	<u> </u>					··			
g	End of year balance	L	<u> </u>		1				L		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	%									
c	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are heid a	and administered	d for the	organi	zation			
	by									Yes I	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	•				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	owment	funds.							
Pa	rt VI Land, Buildings, and Equipn	nent.									
	Complete if the organization answere	d "Yes" on Form 99	0, Part 1	V, line 11a. S	See Form 990, F	art X, lin	e 10				
	Description of property	(a) Cost or o			t or other	(c) Accu		be	(d) Book	value	_
		basis (investi		basis	(other)		ciation	I .			
1a	Land			1							
	Buildings										_
	Leasehold improvements										_
	Equipment										_
	Other										
	I. Add lines 1a through 1e (Column (d) must e	egual Form 990. Part	X, colui	mn (B), line	10c)			<b>•</b>			0.

Complete if the organization answered "Yes" or a) Description of security or category (including name of security)	(b) Book value		ost or end-of-year market value
Financial derivatives	<u></u> _		···
Closely-held equity interests			
Other			
(A)			<del></del>
B)			
C)			<del></del>
D)			
E)			·····
F)			
G)			
H)			
II. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.		<del></del>	
Complete if the organization answered "Yes" or	n Form 990. Part IV. lir	ne 11c See Form 990. Part X. line	13
(a) Description of investment	(b) Book value		ost or end-of-year market valu
1)			<del></del>
2)			······································
3)			
4)			
5)	····		
6)			
7)	<del></del>		
8)		· -	
(9)			
al (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<del></del>		
art IX Other Assets.			
<del></del>	o Form 000 Boot IV Ju	on 11d Son Form 900 Bort V line	16
Complete if the organization answered "Yes" or	escription	ie 110 See Form 990, Part A, inte	(b) Book value
		·	(b) Dook value
(1)	<del></del>		
(2)	<del></del>	<del></del>	
(3)			<del></del>
(4)			
(5)			
(6)			
(7)			
/A)			
(8)			
(9)			
(9) al. (Column (b) must equal Form 990, Part X, col. (B) line	15)		<b>•</b>
(9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.			<b></b>
(9)  al. (Column (b) must equal Form 990, Part X, col (B) line  art X Other Liabilities.  Complete if the organization answered "Yes" o			X, line 25
(9) ral. (Column (b) must equal Form 990, Part X, col (B) line rart X Other Liabilities.		ne 11e or 11f See Form 990, Part (b) Book value	X, line 25
(9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability			X, line 25
(9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Ital. (Column (b) must equal			X, line 25
(9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes (2)			X, line 25
(9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes (2) (3)			X, line 25
(9)  (al. (Column (b) must equal Form 990, Part X, col (B) line  art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)			X, line 25
(9) al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2) (3) (4) (5)			X, line 25
(9)  al. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)			X, line 25
(9) tal. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7)			X, line 25
(9)  Ial. (Column (b) must equal Form 990, Part X, col (B) line art X Other Liabilities.  Complete if the organization answered "Yes" o  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6)			X, line 25

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" on Form 990, Part IV, line	ements With Rev		
Total revenue, gains, and other support per audited financial statements	124	1	198552
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII )	2d	447.	
e Add lines 2a through 2d		2e	447
3 Subtract line 2e from line 1		3	198105
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII )	4b		_
c Add lines 4a and 4b		4c	0
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	tomonto With Ev	5 Dotum	198105
Part XII Reconciliation of Expenses per Audited Financial Sta		penses per neturn.	•
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	1	198348
1 Total expenses and losses per audited financial statements			130340
<ul><li>2 Amounts included on line 1 but not on Form 990, Part IX, line 25.</li><li>a Donated services and use of facilities</li></ul>	2a		
	2b		
b Prior year adjustments c Other losses	2c		
	2d	4100.	
A Little on C. Harrowski C. L.		2e	4100
e Add lines 2a through 2d  3 Subtract line 2e from line 1		3	194248
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	0
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	)	5	194248
Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4			
PART X, LINE 2:			
THE ASSOCIATION OPERATES AS A NOT-FOR-PRO	FIT ORGANIZA	ATION AND HAS	RECEIVED
EXEMPT STATUS UNDER CODE SECTION 501(C)(6	OF THE IN	rernal revenu	E CODE.
ACCORDINGLY, NO LIABILITY OR EXPENSE HAS I	BEEN RECORD	ED IN THE ACC	OMPANYING
FINANCIAL STATEMENTS.			
	<del> </del>		
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED	IN THE UNIT	ED STATES OF	AMERICA
REQUIRE MANAGEMENT TO EVALUATE TAX POSITION	ONS TAKEN B	Y THE ASSOCIA	TION AND
RECOGNIZE A TAX LIABILITY (OR ASSET) IF T	HE ASSOCIAT	ION HAS TAKEN	I AN
UNCERTAIN TAX POSITION THAT WOULD MORE LI	KELY THAN NO	OT BE SUBSTAN	TIATED
UPON EXAMINATION. MANAGEMENT HAS ANALYZED	THE TAX PO	SITIONS TAKEN	BY THE
ASSOCIATION AND HAS CONCLUDED THAT AS OF	JUNE 30, 20		
		SANGAIII.	יא. וומדאר ענובע לון ו'ם
332054 08-29-18 2 0		Schedule	e D (Form 990) 20

Schedule D (Form 990) 2016 LOUISIANA BUSINESS INCUBATION ASSOCIATIO20-2249722 Page 5 Part XIII Supplemental Information (continued)
UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE
RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL
STATEMENTS.
THE ASSOCIATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION
AND THE STATE OF LOUISIANA. WITH FEW EXCEPTIONS, THE ASSOCIATION IS NO
LONGER SUBJECT TO FEDERAL AND STATE INCOME TAX EXAMINATIONS BY TAX
AUTHORITIES FOR YEARS BEFORE 2012. ANY INTEREST AND PENALTIES ASSESSED BY
INCOME TAXING AUTHORITIES ARE NOT SIGNIFICANT AND ARE INCLUDED IN GENERAL
AND ADMINISTRATIVE EXPENSES IN THESE FINANCIAL STATEMENTS AS APPLICABLE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN ACCOUNTING METHOD 447.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN ACCOUNTING METHOD 4100.

Schedule D (Form 990) 2016

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection Employer identification number 20-2249722 X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. LOUISIANA BUSINESS INCUBATION ASSOCIATIO General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Part II Part

**&** 

recipient that received more than \$5,000. Fart II can be uppreated if administrations apparer	5,000. Part II can	De duplicated il additi	Orial space is need	, , , , , , , , , , , , , , , , , , ,	(f) Method of	Jo Continuo of	(h) Purpose of grant
1 (a) Name and address of organization or government	( <b>p</b> )	(rf applicable)	cash grant	(e) Alliburi di non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
dominan minando terras poesarone							PURCHASE, IMPROVE, OR REPAIR A CAPITAL ASSET
DIAIE BOSINESS DEVELOFMENT CENTER 1819 SOUTH RANGE AVENUE							THAT ASSISTS IN PROMOTING
DENHAM SPRINGS LA 70726	72-1216797		23234.	0			ECONOMIC GROWTH,
DENIET STATES							PURCHASE, IMPROVE, OR
CAJUN ACCELERATION STATION							REPAIR A CAPITAL ASSET
53671 I-49 SOUTH SERVICE ROAD							THAT ASSISTS IN PROMOTING
OPELOUSAS LA 70570	72-1315684		24488.	0			ECONOMIC GROWTH,
NORTHEAST LA BUSINESS & COMMUNITY				•			
DEVELOPMENT CENTER - 700							
UNIVERSITY AVE, STUBBS 204 -							
MONROE, LA 71209	72-6001695		18638.	0			
SOUTHEAST LA BUSINESS INCUBATOR							
1514 MARTENS DRIVE							
HAMMOND LA 70401	72-6000816		24952.	0			
SEED-SOUTHWEST LA ENTREPRENEURIAL							
& ECONOMIC DEVELOPMENT CENTER -				•			
4310 RYAN STREET - LAKE CHARLES,							
LA 70605	72-1015934		25000.	0			
LBTC-LA BUSINESS & TECHNOLOGY							
CENTER, LSU - 8000 INNOVATION							
PARK, BLDG 3000 - BATON ROUGE, LA							
70820	72-6000848		25000	0			

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2016)

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Page 1

Schedule I (Form 990) LOUISIANA BUSINESS INCUBATION ASSOCIATIO

[Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

for the Commission of the Commission of the Commission of the Amount of	INI. 14	Contract Collection	(a) Amount of	(a) Amount of	(A Method of	(a) Description of	(h) Purpose of grant
(a) Name and address or organization or government	(g)	(c) inc section if applicable	cash grant	assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
COHABITAT FOUNDATION 500 CLYDE FANT PKWY, STE 200 SHREVEPENT, LA 71101	27-1566437		25000.	0			
LSU AGCENTER FOOD INCUBATOR 101 EFFERSON, 110 UNION SQUARE BATON ROUGE 1.A 70803	72-6000848		19607.	0			
	1						
							Schedule I (Form 990)

20-2249722

Schedule I (Form 990) (2016) LOUISIANA BUSINESS INCUBATION ASSOCIATIO

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV   Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	Iditional information.	
PART I, LINE 2:					
IN ACCORDANCE WITH THE COOPERATIVE	END	EAVOR AGREEMENT (CEA)	T (CEA) WITH	TH	
LOUISIANA ECONOMIC DEVELOPMENT (LED)		LBIA REQUIRES EACH OF		THE GRANT	
RECIPIENTS TO PROVIDE A QUARTERLY PROGRESS REPORT (DECEMBER 31 AND	PROGRESS	REPORT (D	ECEMBER 31	AND	
MARCH 31) AND A FINAL PROGRESS REP	REPORT (JUNE	30)	OF HOW THE FUNDS WERE	DS WERE	
SPENT AND THE NUMBER OF NEW JOBS CREATED AND THE ANNUAL WAGES	CREATED A	ND THE ANN	UAL WAGES	AND	
BENEFITS PAID TO THE NEW EMPLOYEES,	IF	APPLICABLE. T	THE INDIVIDUAL	JAL	
PROGRESS REPORTS ARE THEN COMPILED INTO THE REQUIRED QUARTERLY AND	INTO TH	E REQUIRED	QUARTERLY	AND	
FINAL PROGRESS REPORTS AND SUBMITTED	TO	THE LED CONT	CONTRACTING OFFICER WHO	FICER WHO	
632102 11-01-16		24			Schedule I (Form 990) (2016)

Schedule   (Form 990) LOUISIANA BUSINESS INCUBATION ASSOCIATIO 20-2249722 Page : Part IV Supplemental Information
rait iv Supplemental mornation
SUPERVISES LBIA'S GRANT FOR LED. ADDITIONALLY, REIMBURSEMENT REQUESTS
FROM EACH GRANTEE ARE COMPREHENSIVELY REVIEWED FOR ACCURACY PRIOR TO
BEING SENT TO LED FOR REIMBURSEMENT.

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990 OMB No 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOUISIANA BUSINESS INCUBATION ASSOCIATIO

**Employer identification number** 20-2249722

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND IS FOCUSED ON ENHANCING THE GROWTH AND DIVERSIFICATION OF
BUSINESSES AND ECONOMY IN LOUISIANA.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CREATING NEW AND BETTER PAYING JOBS FOR THE CITIZENS OF LOUISIANA.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
APPLICATIONS AND SCORE THE APPLICATIONS USING REVIEW CRITERIA APPROVED
BY LED. UNDER THE CEA, LBIA IS REQUIRED TO HAVE A STATE CERTIFIED CPA
FIRM CONDUCT AN ANNUAL REVIEW AND ATTESTATION WHICH MUST BE SUBMITTED
TO THE LOUISIANA LEGISLATIVE AUDITORS' OFFICE.
FORM 990, PART VI, SECTION A, LINE 6:
THE ASSOCIATION HAS MEMBERS. MEMBERSHIP IN THE ASSOCIATION IS AVAILABLE TO
PERSONS INVOLVED IN AND/OR ASSOCIATED WITH BUSINESS INCUBATION AND ECONOMIC
DEVELOPMENT WITHIN THE STATE OF LOUISIANA.
FORM 990, PART VI, SECTION A, LINE 7A:
VOTING MEMBERSHIP IN THE ASSOCIATION IS LIMITED TO ONE PERSON FROM EACH
ORGANIZATION THAT IS CURRENT WITH ITS DUES. THE DUES PAYING MEMBERS MAY
NAME THE INDIVIDUAL WHO WILL HAVE THE VOTING RIGHTS FOR THE ORGANIZATION.
VOTING MEMBERS MAY SERVE AS DIRECTORS AND OFFICERS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE GOVERNING BODY IS PROVIDED A DRAFT OF FORM 990 FOR APPROVAL PRIOR TO

632211 08-25-16

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization  LOUISIANA BUSINESS INCUBATION ASSOCIATIO	Employer identification number 20-2249722
FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MONITORED AT ANNUAL BOARD MEETINGS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ASSOCIATION PROVIDES COPIES OF ITS MINUTES, ACTIONS,	AND FINANCIAL
INFORMATION ON A REGULAR BASIS TO ITS MEMBERS, LOUISIANA	ECONOMIC
DEVELOPMENT, AND ANY OTHER INDIVIDUALS OR ENTITIES INTERE	STED IN LBIA
ACTIVITIES.	
CHANGE IN ACCOUNTING METHOD	
LBIA HAS CHANGED BOTH ITS ACCOUNTING PERIOD AND ACCOUNTING	G METHOD TO
CONFORM TO THAT OF THE REVIEWED FINANCIAL STATEMENTS. TH	IE ACCOUNTING
PERIOD WILL NOW BE A FISCAL YEAR ENDING 6/30 AND THE METH	IOD OF
ACCOUNTING HAS BEEN CHANGED FROM CASH TO ACCRUAL.	