EXTENDED TO MAY 15, 2018

Department of the Treasury Internal Revenue Service

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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. 1706 OMB No 1545-0047 Open to Public Inspection

ΑI	For the	2016 calendar year, or tax year beginning J	UL 1, 2016 and ending	JUN 30, 2017	
В	Check if applicable	C Name of organization		D Employer identif	
	Address change Name change	0	UBATION ASSOCIATIO	20-2	249722
] Initial return Final return/	Number and street (or P.0. box if mail is not del 8000 INNOVATION PARK D	· · · · · · · · · · · · · · · · · · ·	ite E Telephone numbe	
	termin- ated Amend Jreturn	City or town, state or province, country, and BATON ROUGE, LA 70820	ZIP or foreign postal code	G Gross receipts \$ H(a) is this a group r	201593.
	Application pendin	F Name and address of principal officer ADR	IAN WALLACE CHARLES, LA 70605	for subordinates	s? Yes X No
		mpt status: 501(c)(3) X 501(c) (6)		If "No," attach a	list. (see instructions)
K	orm of		sociation Other > \ \ \ \ \ \ \ \	H(c) Group exemption are of formation: 2005	M State of legal domicile: LA
Pa	art I	Summary			
Activities & Governance		Briefly describe the organization's mission or most ASSOCIATION IS COMPRISED			
Ë	2	Check this box If the organization discor	ntinued its operations or disposed of m	ore than 25% of its net a	ssets.
š		Number of voting members of the governing body	, l v e	10 3	4
Ğ	1	Number of independent voting members of the gov	' i' i	10 4	4
ος O	1	Total number of individuals employed in calendar y	(C)1 hand (1	1 2 2010 10 5	0
ij	1	Total number of volunteers (estimate if necessary)			0
尝	1	Total unrelated business revenue from Part VIII, co	lump (C) line 12	TEN UT 7a	0.
₹	1	Net unrelated business taxable income from Form		7b	0.
		tot dimolated basilious taxable illocitie fight i offit	000 1, 11110 04	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	ļ	198095.	201593.
Revenue	i	Program service revenue (Part VIII, line 2g)	·	198093.	201393.
Ķ	1	-	and 7d\	0.	0.
æ	1	nvestment income (Part VIII, column (A), lines 3, 4,	· · · · · · · · · · · · · · · · · · ·	10.	0.
	l	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,	· · · · · ·	198105.	
		otal revenue - add lines 8 through 11 (must equal			201593.
	ł	Grants and similar amounts paid (Part IX, column (A	· · · · · · · · · · · · · · · · · · ·	190918.	193875.
	ı	Benefits paid to or for members (Part IX, column (A	· · · · · · · · · · · · · · · · · · ·	<u>0.</u>	0.
Expenses	1	Salaries, other compensation, employee benefits (F	· · · · · · · · · · · · · · · · · · ·	<u> </u>	0.
ë		Professional fundraising fees (Part IX, column (A), li		0.	0.
X		otal fundraising expenses (Part IX, column (D), line			
	ľ	Other expenses (Part IX, column (A), lines 11a-11d,	· F	3330.	11106.
		otal expenses Add lines 13-17 (must equal Part I)		194248.	204981.
- 0	19 F	Revenue less expenses Subtract line 18 from line		3857.	
280	SS -		-	Beginning of Current Year	End of Year
Seg	1	otal assets (Part X, line 16)	-	134446.	174331.
₹ <u>₽</u>	21 1	otal liabilities (Part X, line 26)		97669.	140942.
<u> </u>	22 N	let assets or fund balances. Subtract line 21 from Signature Block	line 20	36777.	33389.
- 1	ijt II	- 			
	>	ties of perjury, I declare that I have examined this return,		·	y knowledge and belief, it is
rue,		and complete. Declaration of preparer other than office	r) is based on all information of which prepa	irer nas any knowledge.	1) 6
	1	Signature of officer	•	Date	118
Sigi	וֹ ב	,		Date	
der	e	ADRIAN WALLACE, PRESIDI	<u> </u>		
Signary College	<u>}</u>	<u> </u>	 	I Data Tas □	DTIN
			Preparer's signature	Date Check C	PTIN
aid		CELESTE VIATOR	Celeste Viator		
	_	Firm's name CELESTE VIATOR		Firm's EIN	72-0636725
lse	Only	Firm's address 2322 TREMONT DR.	_		
		BATON ROUGE 70809)	Phone no. 22	<u>5-928-4770</u>
Иαγ	the IR	S discuss this return with the preparer shown about	ve? (see instructions)		X Yes No

	n 990 (2016) LOUISIANA BUSINESS INCUBATION ASSOCIATIO 20-2249722	2 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO SUPPORT AND STRENGTHEN BUSINESS INCUBATION (BUSINESS START-UPS)	
	LOUISIANA BY HELPING THE 20+ BUSINESS INCUBATORS IN THE STATE PROV	
	THE MOST EFFECTIVE HANDS-ON MANAGEMENT PRINCIPLES AVAILABLE TO HEI	<u> 1</u> P
	ACCELERATE THE GROWTH AND DEVELOPMENT OF NEW BUSINESSES, THEREBY	
2	Did the organization undertake any significant program services during the year which were not listed on the	es X No
	prior Form 990 or 990-EZ?Y If "Yes," describe these new services on Schedule O.	es LAJNO
3		es X No
3	If "Yes," describe these changes on Schedule O.	es Lalino
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen-	202
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	
	revenue, if any, for each program service reported.	, u
4a		95375.)
	LBIA, UNDER A COOPERATIVE AGREEMENT (CEA) WITH THE LOUISIANA DEPAR	
	OF ECONOMIC DEVELOPMENT (LED), ADMINISTERS A GRANT PROGRAM ENTITLE	
	LED/LBIA BUSINESS INCUBATOR SUPPORT PROGRAM. THE AWARDS MUST BE MA	
	BY A 20% CONTRIBUTION BY THE SELECTED GRANT RECIPIENTS. GRANTS MAY	
	BE USED FOR CAPITAL ASSETS THAT LAST AT LEAST THREE YEARS AS WELL	AS
	MEET THE FOLLOWING CRITERIA: 1) HELP THE RECIPIENT MEET STATED GOA	LS OF
	SERVING THE INCUBATORS' TENANTS/CLIENTS, 2) SAVE OR CREATE JOBS, 3	3)
	EXPAND/MODIFY/RENOVATE AN INCUBATOR FACILITY SO THAT THE INCUBATOR	CAN
	PROVIDE ADDITIONAL SERVICES TO ITS TENANTS/CLIENTS, AND 4) INCREASE	SE
	FUNDING SOURCES FOR ITS TENANTS/CLIENTS. IT IS A REIMBURSEMENT GRA	ANT,
	PAID BY LED ONLY AFTER DOCUMENTATION IS PROVIDED TO LED THAT FUNDS	HAVE
	BEEN APPROPRIATELY SPENT. A REVIEW COMMITTEE OF 3 MEMBERS REVIEWS	GRANT
4b	(Code) (Expenses \$)
	LBIA WAS A SPONSOR OF THE BI-ANNUAL MEETINGS OF LOUISIANA INDUSTRI	[AL
	DEVELOPMENT EXECUTIVES ASSOCIATION (LIDEA). LIDEA IS LOUISIANA'S	
	PREMIER ASSOCIATION OF PROFESSIONAL ECONOMIC DEVELOPERS. THE MEETI	
	ALSO ARE ATTENDED BY ELECTED AND GOVERNMENT OFFICIALS AND PROGRAMS	
	DESIGNED TO HELP ATTENDEES LEARN ABOUT ECONOMIC DEVELOPMENT PROGRA	
	THAT CAN BENEFIT THEIR COMMUNITIES THROUGH RETENTION, CREATION, AN	
	EXPANSION OF COMPANIES, LEADING TO THE CREATION OF NEW, WELL-PAYING	NG
	JOBS.	
4c	(Code) (Expenses \$including grants of \$) (Revenue \$	
70	(Code / (Expenses \$ / (Nevende \$	
		
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 195375.	
	Form	n 990 (2016)

Part IV Checklist of Required Schedules

•	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	'	_
	If "Yes," complete Schedule A	1	\ <u>-</u> -	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	 	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		1
_	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	_	1	x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		^
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-	A.	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	_x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		-
•	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	<u> </u>		
·	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		Ì
	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	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	<u> </u>		
	as applicable.	}		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	}	1	
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1		ì
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		.	}
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	100		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		^
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	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		X
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		X
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)

Form 990 (2016) Part IV Checklist of Required Schedules (continued)

•			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	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	21	X	<u> </u>
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	22		_ X_
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			ļ
	Schedule J	23		X
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			
	Schedule K If "No", go to line 25a	24a	'	X
ь	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		
	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		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		<u> </u>	ļ
	Schedule L. Part I	25b		l
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,"			l
	complete Schedule L, Part II	26		х
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		.	1
	of any of these persons? If "Yes," complete Schedule L, Part III	27	.	x
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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	Į.	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	i	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	[X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			!
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	}	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	38	Х	
		Form	990 (2016

a Enter the number reported in Dox 3 of Form 1096. Enter -0 if not applicable b. Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable c. Did the organization comply with backly withholding rules for reportable payments to vendors and reportable gaming glaembling) without some stress of the organization comply with a with the stress of the organization and the stress of the organization for Form W-2G in cluded in line 1a. Enter -0 if not applicable c. Did the organization comply with or within the year covered by this return c. Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 3a. Did the organization have unrelated businesses gross income of \$1,000 or more during the year? 3b. If 'Yes, 'nast fide a form 900 or To this year? 'No.' to fine 4b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; but a sal ansh account, securities account, or other financial accounts (FBAR). 5b. If 'Yes, 'note the name of the foreign country: but any time during the tax, year? 5c. If 'Yes, 'note the name of the foreign country: but any time during the tax, year? 5c. If 'Yes, 'note the name of the foreign country: but any time during the tax, year? 5c. If 'Yes, 'note the payment of the organization has the way or a pathy to a prohibited tax sheller transaction? 6c. If 'Yes, 'note the grain and the organization has the way or a pathy to a prohibited tax sheller transaction? 6c. If 'Yes, 'note the grain and the organization has the way or a pathy to a prohibited tax sheller transaction? 6c. If 'Yes, 'note the grain pathy to a prohibited tax sheller transaction? 6c. If 'Yes, 'note the grain and the organization has a contribution or any time during the tax, year? 6c. If 'Yes, 'note the organization necessation the form 8882 feed during yealer than \$10,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	•	¹ Check if Schedule O contains a response or note to any line in this Part V			
table Enter the number reported in Box 3 of Form 1086. Enter 0 if not applicable be Enter the number of Forms Weg (included in Inter a Enter 0 if not applicable) cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) within gambing) with most within the variety of the payments o				Yes	No
b Enter the number of Forms W-20 included in line 1a. Enter -0. In not applicable C Dd the organization comply with backup with bidding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. Lead for the calendar year ending with or within the year covered by this return 5 If I least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 Above if the sum of lines 1s and 2 as greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or nore during the year? 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sourches account or other financial account)? 5 If I 'Yes, and the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, sourches account, or other financial account)? 5 If Yes, and the man of the foreign country. 5 See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited at whelter transaction at any time during the fax year? 5 Did any taxable party norty the organization that twas or is a party to a prohibited tax sheller transaction? 6 If 'Yes, 'to line 5 or 5b, did the organization file Form 8896 T? 6 Does the organization have amusal gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions have an intax reductible contributions an express statement that such contributions or grits were not tax deductibles or a financial solicity and the organization solicity and tax deductible to the companization solicity and the organization foreign that	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to price winners? 2e. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, led of the calandary aver anding with or within the year covered by this result on the reported or line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a D4 the organization have unreaded business gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990-T for this year? If 'No, ' to file 3b, provide an explanation in Schedule O 3b If "Yes," and the dar Form 990-T for this year? If 'No, ' to file 3b, provide an explanation in Schedule O 3b If "Yes," and the dar Form 990-T for this year? If 'No, ' to file 3b, provide an explanation in Schedule O 3c If 'Yes, ' to line 3c or 5b, did the origin country. ► 5c Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly? 5c If 'Yes, ' to line 5a or 5b, did the origination that it was or is a party to a prohibited tax sheller transaction? 6c If 'Yes, ' to line 5a or 5b, did the origination that it was or is a party to a prohibited tax sheller transaction? 6c If 'Yes, ' to line 5a or 5b, did the origination that it was or is a party to a prohibited tax sheller transaction? 6c If 'Yes, ' to line 5a or 5b, did the origination that it was or is a party to a prohibited tax sheller transaction? 6c If 'Yes, ' to line 5a or 5b, did the origination file and multiple greater than \$100,000, and did the origination solicit any contributions that may receive deductible as charitable contributions of the segmentation solicit any contributions that may receive deductible contributions under section 170(c). 6d If 'Yes, ' to lithe origination that were not tax deductible contributions under section and party to goods and			1		
gambing) winnings to prize winners? 2			1		
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary year anding with or within the year covered by this return b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? About the regimination have unreading with or within the year of year of the regimination of the within the year? 3a Did the organization in the year? If year, you may be required to e-file (see instructions) 3b if Yes, "has it filed a Form 980-T for this year? If Yib.," to line 3b, provide an explanation in Schedule O 3b A At any time duming the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, "to line 5 or 5b, did the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5c Was the organization have to a prohibitod tax shelfer transaction at any time during the tax year? 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c If Yes, "to line 5 or 5b, did the organization file Form 888-T? 6d If Yes, "did the organization next work on the way of the gross statement that such contributions or grits were not tax deductible? 6d If Yes, "this of the organization to next deductible or ontributions under section 170(c), a bill the organization receive a deductible contributions under section 170(c), a bill the organization that may receive deductible contributions under section 170(c), a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8820? 6d If Yes, "indicate the number of Forms 8822 filed during the year 6d bill the organization and the pass of the year pay premiums, directly or indirectly, to pay premiums	·		10	x	
filed for the calendar year ending with or within the year covered by this return bil fat least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross is some of \$1,000 or more during the year? 3b If "Yes", has filed a Form 990.1 for this year? If "No," to line 3b, provide an explanation in Schedule O 4b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country (see his a bank account, is continued as a bank as count, or other financial account)? 4b If "Yes," enter the name of the foreign country; be see instructions for filing requirements for FinceN Form 114. Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," of line 5a or 5b, add the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," do the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 5c If "Yes," did the organization necked spamment in excess of 35 made party as contribution and party for goods and services provided to the payor? 5c If "Yes," did the organization receive apartent in excess of 35 made party as a contribution of property for which it was required to the Form 8822 filed during the year. 5c If "Yes," indicate the number of Forms 8828 filed during the year. 5c If the organization receive a sympton in excess of 35 made party as a contribution of the organization fee Form 8890 as required? 5c If the organization received any funds, directly or indi	2a		- <u>:</u> -		
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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.

•				
500	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
4.	Enter the number of voting members of the governing body at the end of the tax year	1	165	INO
Ia	If there are material differences in voting rights among members of the governing body, or if the governing	†	l	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
.		1]	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1	•	
_	officer, director, trustee, or key employee?	2		х
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	1	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		Х
6	Did the organization have members or stockholders?	6	Х	
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	L
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	L	X
Sec	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1 . '		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	_		
40	In Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	^	
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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	150		_X_
	Other officers or key employees of the organization	15a 15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		- 21
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			!
100	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶LA			
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)	availab	le	
	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)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	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 70820			
632006	11-11-16	Form	990	(2016)

Form 990 (2016)	LOUISIANA	BUSINESS	INCUBATION	ASSOCIATIO	20-2249722	Page 7
Part VII Compensation	n of Officers, Di	rectors, Truste	ees, Key Employe	es, Highest Com	pensated	

Employees, and Independent Contractors

Check if Schedule	O contains a response	or note to an	v line in this Part VII
OHECK II OCHCOOLE	O COMBINS & 163DOMS	OI HOLE LO AIT	v mio iii tilio r alt 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.

(A) Name and Title	(B) Average hours per	(do	not c	Pos heck	C) itior more		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	cer ar	nd a c	Irecto	Highest compensated employee	stee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ADRIAN WALLACE	6.00			-						
PRESIDENT	1 00	X	├	X	-	-		0.	0.	0
(2) JOHN WARE	1.00	₹.,		7.						_
VICE PRESIDENT	2.00	X	-	X			-	0.	0.	0
(3) SUSAN DUGGINS	4.00	X	1	x		1		0.	0.	0
SECRETARY (4) KENNY ANDERSON	4.00	<u>↑</u>	 	1	-		-	0.	<u></u>	
TREASURER	3.00	x		x	ŀ			0.	0.	0
		-		-						
		_								
		-								
					-	_	_			
	<u> </u>	1								
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		L	L				لـــا			Form 990 (2016

		' Check if Schedule O con	tains a response	or note to any line	e in this Part VIII	<u> </u>		
					(Å) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats ots	1 a	Federated campaigns .	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	2718.				
s, G	С	Fundraising events	10					
iift. ar /		Related organizations	1d					
s, (mil	е	Government grants (contribu		198875.				
tions r Sin	f	All other contributions, gifts, grain						
but		similar amounts not included abo						
Öğ	q	Noncash contributions included in line						·
a C		Total. Add lines 1a-1f		>	201593.			
				Business Code				
Program Service Revenue	2 a	· · · · · · · · · · · · · · · · · · ·		ļ				
	b	·		l				
n Si	С							ļ
ev Sev	d							
og .	е			ļ				
۵.	f	All other program service rev	enue	L				
								ļ
	3	Investment income (including	ı dıvıdends, intere	est, and				
		other similar amounts)						
	4	Income from investment of ta	x-exempt bond p	roceeds -				ļ
Į	5	Royalties		·				ļ
			(i) Real	(ii) Personal				
	6 a							
Ì	ь	••	<u> </u>					
	C	Rental income or (loss)	L	L				
		Net rental income or (loss)		—				ļ
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	 					
1	ь	Less: cost or other basis	1	1				Ì
		and sales expenses	———			}		}
- 1		Gain or (loss)	L	<u> </u>				
- 1		Net gain or (loss)		· _ >				
e l	ва	Gross income from fundraising]				
Other Reven		including \$]	Ì)		}
Be		contributions reported on line		1				}
je l		Part IV, line 18	а					1
ŏ		Less: direct expenses Net income or (loss) from fund	b drawing overto					Į.
Į		Gross income from gaming a						
	o d	Part IV, line 19						
)	h	Less: direct expenses	a b					1
		Net income or (loss) from gan	- 1					
ł		Gross sales of inventory, less	-					
į		and allowances	_					
l	h	Less: cost of goods sold	b					ĺ
		Net income or (loss) from sale	• •					
Ì		Miscellaneous Revenu		Business Code				
j	11 a				İ	1		
ł	b							
ļ	c						· · · · · · · · · · · · · · · · · · ·	
		All other revenue						
}		Total. Add lines 11a-11d	·	•				
		Total revenue See instructions.			201593.	0.	0.	0.
632001	9 11-11							Form 990 (2016)

Sect	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon		this Part IX	1 (0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	193875.			
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				
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)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	· · · · · · · · · · · · · · · · · · ·			
9	Other employee benefits				
10	Payroll taxes				······································
11	Fees for services (non-employees):				
a	Management .		 		
b	Legal	8700.	_ 		
c d	Accounting Lobbying	0700.			
u	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion			· · · · · · · · · · · · · · · · · · ·	
13	Office expenses				
14	Information technology	766.			
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1500.			
20	Interest				
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.)				
а	DUES & SUBSCRIPTIONS	140.			
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	204981.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	İ			
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Pa	πχ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part	X .	,	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	33980.	1	27997.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	100466.	4	146334.
	5	Loans and other receivables from current and former officers, directors,	,		
		trustees, key employees, and highest compensated employees. Compi	ete	[[
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined	under		
	ļ	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and confi	tributing	((
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ध	1	employees' beneficiary organizations (see instr). Complete Part II of Sch	1L	6_	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		88	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			_ · · · · _ · · ·
	İ	basis. Complete Part VI of Schedule D 10a		1 1	
	Ь	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	134446.	16	174331.
	17	Accounts payable and accrued expenses	97669.	17	140942.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trust	ees,		
Ė		key employees, highest compensated employees, and disqualified pers	ons.		_
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	l	parties, and other liabilities not included on lines 17-24). Complete Part 2	X of	[
		Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	97669.	26	140942.
	ļ	Organizations that follow SFAS 117 (ASC 958), check here	and	- 1	
es		complete lines 27 through 29, and lines 33 and 34.		- 1	
anc	27	Unrestricted net assets	36777.	27	33389.
Bal	28	Temporarily restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here	-∟		
٥		and complete lines 30 through 34.	1		
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	36777.	33	33389.
	34	Total liabilities and net assets/fund balances	134446.	34	<u> 174331.</u>

Form **990** (2016)

Form	990 (2016) LOUISIANA BUSINESS INCUBATION ASSOCIATIO	20-22	49722	_Pa	ge 12
Pa	rt 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	2	015	93.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	049	81.
3	Revenue less expenses. Subtract line 2 from line 1	3		-33	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		367	77.
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	•	333	89.
Pa	rt XII 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				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both.		1 1	- 1	
	X Separate basis Consolidated basis Both consolidated and separate basis				
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 separat	e basis,			
	consolidated basis, or both:		1 1		
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,		- 1	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		<u>X</u> _
	If the organization changed either its oversight process or selection process during the tax year, explain in School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits .		3b		
	•		Form	990 (2016)

632012 11-11-16

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.irs.gov/form990.

OMB No 1545-0047 2016

Open to Public Inspection

	LOUISIANA BUSINESS			<u> </u>	20-2249722	<u>-</u>
Pa			tner Similar Funds	or Accou	nts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin		-4.0-46.0-4	(I.) F	la and ather assertes	
		(a) Donor	advised funds	(b) Fund	ls and other accounts	
1	Total number at end of year		100005			_
2	Aggregate value of contributions to (during year)		198875.			
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	=		d funds		
_	are the organization's property, subject to the organization's	•			Yes X N	Ю
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	or donor advisor, o	or for any other purpose o	onterring	Yes X N	
Pa	impermissible private benefit? rt II Conservation Easements. Complete if the org	contration onewer	od "Voo" on Form 000. D	nt IV line 7	Yes X N	0
1				art iv, iiiie r.		_
•	Purpose(s) of conservation easements held by the organization. Preservation of land for public use (e.g., recreation or e.g., recreation of e.g., recreation of e.g., recreation or e.g., recreation of e.g.,		¬` ` ` ``	andly import	ant land area	
	Protection of natural habitat	education)	Preservation of a histor Preservation of a certification	-		
	Preservation of open space	<u> </u>	J Freservation of a certif	ea matone a	liucture	
2	Complete lines 2a through 2d if the organization held a qualif	ified conservation	contribution in the form o	f a consenial	uon escament on the lact	
_	day of the tax year.	illed conservation			Held at the End of the Tax Ye	27
a	Total number of conservation easements			2a	TEIG AT THE LING OF THE TAX TO	41
b	Total acreage restricted by conservation easements	•	•	2b		
c	Number of conservation easements on a certified historic stri	 ructure included in	(a)	2c	- 	_
ď	Number of conservation easements included in (c) acquired a		•			_
	listed in the National Register	a		2d		
3	Number of conservation easements modified, transferred, rel	eleased, extinguish	ed, or terminated by the		during the tax	_
	year >	, 3	,	J	3	
4	Number of states where property subject to conservation eas	sement is located	>			
5	Does the organization have a written policy regarding the per	riodic monitoring,	inspection, handling of			
	violations, and enforcement of the conservation easements if	t holds?			Yes N	0
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violati	ons, and enforcing conse	rvation ease	ments during the year	
						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations,	and enforcing conservation	on easement	s during the year	
	▶ \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requ	irements of section 170(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			-	Yes N	0
9	In Part XIII, describe how the organization reports conservation		*			
	include, if applicable, the text of the footnote to the organizat	tion's financial sta	tements that describes th	e organizatio	on's accounting for	
<u> </u>	conservation easements	4 Am Ulaharia	al Taranana an Ott	on Cincile		
rai	t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form			ier Simila	r Assets.	
4-				-41 + -1		
12	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh					
	the text of the footnote to its financial statements that describ		, or research in furtherant	e or public s	ervice, provide, in Part XIII	•
h	If the organization elected, as permitted under SFAS 116 (AS		n ita ravanua atatamant a	and halanaa (shoot works of art historia	ام
U	treasures, or other similar assets held for public exhibition, ec					
	relating to these items.		on in ignitionance of publ	o ou vice, pr	oride the following annount	·O
	(i) Revenue included on Form 990, Part VIII, line 1			▶ €		
	## Access on about all the France COO. Dood V		•	🕶 🗗		_
2	If the organization received or held works of art, historical trea	 asures or other si		nain provide		_
~	the following amounts required to be reported under SFAS 1:		· · · · · · · · · · · · · · · · · · ·	jairi, provide		
а	Payonya included on Form 000, Part VIII, line 1	•	•	. ¢		
	Assets included in Form 990, Part X		• • • • •	S \$		_
	For Paperwork Reduction Act Notice see the Instructions	e for Form 900			chedule D (Form 990) 20:	

632051 08-29-16

		NA BUSINES							49722	
Pa	rt III Organizations Maintaining (
3,	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	nat are a s	significant	use of its	collection	ıtems
	(check all that apply).									
а	Public exhibition	(a 🔲	Loan or exc	hange prog	rams				
b	Scholarly research	•	e 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c							ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or ot	her sımıla	r assets	_	-	
	to be sold to raise funds rather than to be m								Yes	No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	l "Yes" or	Form 990), Part IV,	line 9, or	
				 -						
1a	Is the organization an agent, trustee, custod	lian or other interme	Diary for	contribution	ns or otner a	issets no	included		٦.,	
	on Form 990, Part X?					•		L	」 Yes	L No
D	If "Yes," explain the arrangement in Part XIII	ала сотрете тле то	nowing	таріе:					A	
_	Danis and Italiana								Amount	
C	Beginning balance	•	•	•		•	1c			
a	Additions during the year				•	•	1d			
e	Distributions during the year		•		•		1e			
f 20	Ending balance	orm 000 Bort V line	21 for		ustadial aga	ount lich	lift of		Yes	□ No
	Did the organization include an amount on F if "Yes," explain the arrangement in Part XIII						-	L	_ res	H NO
	t V Endowment Funds. Complete									<u> </u>
L		(a) Current year		rior year	(c) Two ye			ears back	(e) Four v	ears back
1a	Beginning of year balance	(a) ourion your	107.	1101 your	(0) 1110 90	aro baok	10700	ouro buok	(0) 1 001)	Odro Daoit
b	Contributions		 						· · · · · · · · · · · · · · · · · · ·	
c	Net investment earnings, gains, and losses									
d	Grants or scholarships	<u> </u>			· · · · · · ·					
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	-	%							
b	Permanent endowment	%								
С	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 the	at are held a	nd administ	ered for t	he organiz	ation		
	by [.]								Y	es No
	(i) unrelated organizations	•							3a(i)	
	(ii) related organizations .								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	L
4	Describe in Part XIII the intended uses of the		wment f	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere					7				
	Description of property	(a) Cost or o			or other		ccumulate		(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation			
	Land	·				ļ				
	Buildings				·	 				
	Leasehold improvements					 				
	Equipment									
	Other					L	 	_ +-		
Total	. Add lines 1a through 1e (Column (d) must e	guai ⊦orm 990, Part	x, colun	nn (B), line 1	UC.)					<u> </u>

Schedule D (Form 990) 2016

'Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost	
1) Financial derivatives			
2) Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u>-</u>
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or (a) Description of investment	n Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost	ar and of year market yelve
	(b) Book value	(e) Metriod of Valuation. Cost	or end-or-year market value
(1)		·	
(2)			
(3)			
(4) (5)		 	·
(6)		<u> </u>	
(7)			
(8)			
(9)	······································		·
otal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Complete if the organization answered "Yes" or	Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) De	escription		(b) Book value
(1)			
(2)			
(3)			
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(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	(5.)		>
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities.		110 or 116 See Form 000 Port V I	D
otal. (Column (b) must equal Form 990, Part X, col. (B) line and the complete of the organization answered "Yes" or	n Form 990, Part IV, line		ne 25.
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, lı (b) Book value	ne 25.
(9) Atal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes	n Form 990, Part IV, line		ne 25.
(9) Atal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2)	n Form 990, Part IV, line		ne 25.
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line		ne 25.
(9) Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line		ne 25.
(9) Potal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line		ne 25.
otal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line		ne 25.
otal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line		ne 25.
(9) otal. (Column (b) must equal Form 990, Part X, col. (B) line : Part X Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line		ne 25.

Schedule D (Form 990) 2016

	dule D (Form 990) 2016 LOUISIANA BUSINESS INCUBAT	ION ASSOCIATIO	20-22	49722 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Return.	
	* Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		77	201593.
1 2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	201333.
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	7 1	
C	Recoveries of prior year grants	2c	7	
d	Other (Describe in Part XIII.)	2d	7	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1	•	3	201593.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	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	201502
Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Stateme	onte With Exponence no	p Peturn	201593.
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents with Expenses be	neturn.	
1	Total expenses and losses per audited financial statements		1	204981.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		- ' - -	204901.
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	7	
c	Other losses	2c	7	
d	Other (Describe in Part XIII.)	2d]	
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	204981.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIII.)	4b	4	
	Add lines 4a and 4b		4c	0.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.		5	204981.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV lines 1h and 2h Part V line	At Bort V. Iv	no 2: Port VI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addi	•	74, Fail A, III	10 2, Fait Ai,
	and the provide any age.	nortal information.		
		·····		
PAR	T_X, LINE 2:			
THE	ASSOCIATION OPERATES AS A NOT-FOR-PROFIT	ORGANIZATION A	ND HAS	RECEIVED
EXE	MPT STATUS UNDER CODE SECTION 501(C)(6) OF	THE INTERNAL	REVENU	E CODE.
3.00	ODDINGLY NO LIBRITMY OD EVDENGE HAG DED	I DECORDED IN M	VID 3.00	011D 1 101T 110
ACC	ORDINGLY, NO LIABILITY OR EXPENSE HAS BEEN	N RECORDED IN T	HE ACCO	JMPANYING _
FTN	ANCIAL STATEMENTS.			
<u> </u>	MCIAD DIAIDMINIO.			
				
ACC	OUNTING PRINCIPLES GENERALLY ACCEPTED IN T	THE UNITED STATE	ES OF A	AMERICA _
REC	UIRE MANAGEMENT TO EVALUATE TAX POSITIONS	TAKEN BY THE AS	SSOCIA	TION AND
REC	OGNIZE A TAX LIABILITY (OR ASSET) IF THE A	ASSOCIATION HAS	TAKEN	AN
UNC	ERTAIN TAX POSITION THAT WOULD MORE LIKELY	THAN NOT BE ST	UBSTAN'	L'IATED
רמוז	N BUNKTNAMTON WANACEWENIM IIAO ANATUGES MIII	T MAY DOCTOTOR	M 2 17 13 2 7	DV MUD
OPO	N EXAMINATION. MANAGEMENT HAS ANALYZED THE	A POSTTIONS	IAKEN	DI TRE
ACC	OCIATION AND HAS CONCLUDED THAT AS OF JUNE	र 30, 2017 ग मना	RE ARE	NO
	OCTATION AND HAS CONCLODED THAT AS OF DONE			D (Form 990) 2016

20 11390214 781090 005411.TAX 2016.05050 LOUISIANA BUSINESS INCUBATI 005411_2

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 2013. 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.

SCHEDULE

(Form 990)

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.

OMB No 1545₆0047

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. ▶ Attach to Form 990.

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

LOUISIANA BUSINESS INCUBATION ASSOCIATIO

General Information on Grants and Assistance

Part

Name of the organization

Department of the Treasury Internal Revenue Service

Open to Public Inspection Employer identification number

20-2249722

2 REATING, DEVELOPING AND REATING, DEVELOPING AND REATING, DEVELOPING AND PREATING, DEVELOPING AND REATING, DEVELOPING AND REATING, DEVELOPING AND Z Z Z SUPPORT INCUBATORS IN (h) Purpose of grant or assistance SUPPORT INCUBATORS SUPPORT INCUBATORS UPPORT INCUBATORS SUPPORT INCUBATORS SUPPORT INCUBATORS HEIR MISSION OF THEIR MISSION OF THEIR MISSION OF HEIR MISSION OF THEIR MISSION OF THEIR MISSION OF X Yes MENTORING SMALL FENTORING SMALL ENTORING SMALL ENTORING SMALL MENTORING SMALL TENTORING SMALL 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) o o 0, ö Ö o (e) Amount of assistance : non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 14815. (d) Amount of 25000, 25000 25000 25000 24060 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 72-6000848 72-1216797 72-1315684 72-6000792 72-6000817 72-1015934 (p) EIN cntena used to award the grants or assistance? PARK, BLDG 3000 - BATON ROUGE, LA 1 (a) Name and address of organization SEED-SOUTHWEST LA ENTREPRENEURIAL DIXIE BUSINESS DEVELOPMENT CENTER SOUTHERN UNIVERSITY AT N.O. SMALL 4310 RYAN STREET - LAKE CHARLES, BUSINESS INCUBATOR - 6801 PRESS DIRVE - NEW ORLEANS LA 70126 ENTERPRISE CENTER AT LA TECH U E ECONOMIC DEVELOPMENT CENTER CENTER, LSU - 8000 INNOVATION 53671 I-49 SOUTH SERVICE ROAD LBTC-LA BUSINESS & TECHNOLOGY CAJUN ACCELERATION STATION DENHAM SPRINGS, LA 70726 or government 1819 SOUTH RANGE AVENUE OPELOUSAS, LA 70570 RUSTON LA 71270 509 W ALABAMA LA 70605 Part II 70820 N

Schedule I (Form 990) (2016)

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20-224	
	d States (Schedule I (Form 990), Part II)
USINESS INCUBATION ASSOCIATIO	nizations in the United States (Sched
INCUBATION	vernments and Orga
m	Assistance to Go
LOUISIANA	of Grants and Other
Schedule I (Form 990)	Part II Continuation of

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERTECH 1 TECHNOLOGY BUSINESS CENTER (BIOMED) - 2031 KINGS HIGHWAY - SHREVEPORT, LA 71103	58-1711612		25000.	0			SUPPORT INCUBATORS IN THEIR MISSION OF CREATING, DEVELOPING AND MENTORING SMALL
IA TECHNOLOGY PA PRIDA BLVD PUGE, LA 70806	58-2087281		25000,	0			SUPPORT INCUBATORS IN THEIR MISSION OF CREATING, DEVELOPING AND MENTORING SMALL
	Ī						Schedule I (Form 990)

Page 2 (f) Description of noncash assistance 20-2249722 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b), and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCUBATORS IN THEIR MISSION THEIR MISSION NAME OF ORGANIZATION OR GOVERNMENT: DIXIE BUSINESS DEVELOPMENT CENTER NAME OF ORGANIZATION OR GOVERNMENT: CAJUN ACCELERATION STATION (d) Amount of non-cash assistance LOUISIANA BUSINESS INCUBATION ASSOCIATIO (H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCUBATORS IN OF CREATING, DEVELOPING AND MENTORING SMALL BUSINESSES. DEVELOPING AND MENTORING SMALL BUSINESSES (c) Amount of cash grant (b) Number of recipients PART II, LINE 1, COLUMN (H): (a) Type of grant or assistance Schedule I (Form 990) (2016) OF CREATING, Part III

Schedule I (Form 990) (2016)

24

632102 11-01-16

Schedule I (Form 990) LOUISIANA BUSINESS INCUBATION ASSOCIATIO 20-2249722 Page 2 Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: ENTERPRISE CENTER AT LA TECH U
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCUBATORS IN THEIR MISSION
OF CREATING, DEVELOPING AND MENTORING SMALL BUSINESSES.
NAME OF ORGANIZATION OR GOVERNMENT:
SOUTHERN UNIVERSITY AT N.O. SMALL BUSINESS INCUBATOR
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCUBATORS IN THEIR MISSION
OF CREATING, DEVELOPING AND MENTORING SMALL BUSINESSES.
NAME OF ORGANIZATION OR GOVERNMENT:
SEED-SOUTHWEST LA ENTREPRENEURIAL & ECONOMIC DEVELOPMENT CENTER
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCUBATORS IN THEIR MISSION
OF CREATING, DEVELOPING AND MENTORING SMALL BUSINESSES.
NAME OF ORGANIZATION OR GOVERNMENT:
LBTC-LA BUSINESS & TECHNOLOGY CENTER, LSU
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCUBATORS IN THEIR MISSION
OF CREATING, DEVELOPING AND MENTORING SMALL BUSINESSES.
NAME OF ORGANIZATION OR GOVERNMENT:
INTERTECH 1 TECHNOLOGY BUSINESS CENTER (BIOMED)
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCUBATORS IN THEIR MISSION
OF CREATING, DEVELOPING AND MENTORING SMALL BUSINESSES.
NAME OF ORGANIZATION OR GOVERNMENT: LOUISIANA TECHNOLOGY PARK
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT INCUBATORS IN THEIR MISSION
OF CREATING, DEVELOPING AND MENTORING SMALL BUSINESSES.

Schedule I (Form 990) LOUISIANA BUSINESS INCUBATION ASSOCIATIO 20 - 2249722 Page 2 Part IV Supplemental Information
PART I, LINE 2:
IN ACCORDANCE WITH THE COOPERATIVE ENDEAVOR AGREEMENT (CEA) WITH
LOUISIANA ECONOMIC DEVELOPMENT (LED), LBIA REQUIRES EACH OF THE GRANT
RECIPIENTS TO PROVIDE A QUARTERLY PROGRESS REPORT (DECEMBER 31 AND
MARCH 31) AND A FINAL PROGRESS REPORT (JUNE 30) OF HOW THE FUNDS WERE
SPENT AND THE NUMBER OF NEW JOBS CREATED AND THE ANNUAL WAGES AND
BENEFITS PAID TO THE NEW EMPLOYEES, IF APPLICABLE. THE INDIVIDUAL
PROGRESS REPORTS ARE THEN COMPILED INTO THE REQUIRED QUARTERLY AND
FINAL PROGRESS REPORTS AND SUBMITTED TO THE LED CONTRACTING OFFICER WHO
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)

Department of the Treasury

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.

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

LOUISIANA BUSINESS INCUBATION ASSOCIATIO 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)

Name of the organization	Employer identification number
LOUISIANA BUSINESS INCUBATION ASSOCIATIO	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	ESTED IN LBIA
ACTIVITIES.	
	