

Form 990-T

Department of the Treasury  
Internal Revenue Service

EXTENDED TO MAY 15, 2018

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

OMB No. 1545-0687

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

► Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)Open to Public Inspection for  
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)		D Employer identification number (Employees' trust, see instructions)
Print or Type <b>LOUISIANA CENTER FOR THE BLIND, INC.</b>		72-1111052	
B Exempt under section	Number, street, and room or suite no. If a P.O. box, see instructions.		E Unrelated business activity codes (See instructions)
<input checked="" type="checkbox"/> 501(c)(3)	101 SOUTH TRENTON STREET		
<input type="checkbox"/> 408(e) <input checked="" type="checkbox"/> 220(e)			
<input type="checkbox"/> 408A <input type="checkbox"/> 530(a)			
<input type="checkbox"/> 529(a)	City or town, state or province, country, and ZIP or foreign postal code		713200
RUSTON, LA 71270			

C Book value of all assets at end of year	F Group exemption number (See instructions.)
5,322,026.	<b>►</b>
G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. ► **PULLTABS AND VIDEO BINGO**I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ►  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ►J The books are in care of ► **NEITA GHRIGSBY, OFFICE MANAGER** Telephone number ► **318-251-2891**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances	c Balance		
2	Cost of goods sold (Schedule A, line 7)	1c		
3	Gross profit. Subtract line 2 from line 1c	2		
4a	Capital gain net income (attach Schedule D)	3		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4a		
c	Capital loss deduction for trusts	4b		
5	Income (loss) from partnerships and S corporations (attach statement)	4c		
6	Rent income (Schedule C)	5		
7	Unrelated debt-financed income (Schedule E)	6		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	7		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	8		
10	Exploited exempt activity income (Schedule I)	9		
11	Advertising income (Schedule J)	10		
12	Other income (See instructions; attach schedule) <b>STATEMENT 1</b>	11		
13	<b>Total. Combine lines 3 through 12</b>	12	<b>283,676.</b>	<b>283,676.</b>
		13	<b>283,676.</b>	<b>283,676.</b>

## Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	<b>56,867.</b>
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	<b>7,407.</b>
20	Charitable contributions (See instructions for limitation rules) <b>STATEMENT 4 SEE STATEMENT 2</b>	20	<b>3,153.</b>
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return. <b>RECEIVED</b> JAN 24 2018 OGDEN, UT	22a	22b
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule)	28	<b>186,876.</b>
29	<b>Total deductions. Add lines 14 through 28</b>	29	<b>254,303.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<b>29,373.</b>
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	<b>29,373.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	<b>1,000.</b>
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<b>28,373.</b>

G 1

**Part III Tax Computation**

35	Organizations Taxable as Corporations	See instructions for tax computation.			
	Controlled group members (sections 1561 and 1563) check here ►	<input type="checkbox"/>	See instructions and:		
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):				
(1)	\$	(2)	\$	(3)	\$
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$			
	(2) Additional 3% tax (not more than \$100,000)	\$			
c	Income tax on the amount on line 34		► 35c	4,256.	
36	Trusts Taxable at Trust Rates.	See instructions for tax computation. Income tax on the amount on line 34 from:			
	<input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		► 36		
37	Proxy tax	See instructions	► 37		
38	Alternative minimum tax		► 38		
39	Tax on Non-Compliant Facility Income	See instructions	► 39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		► 40	4,256.	

**Part IV Tax and Payments**

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		
b	Other credits (see instructions)	41b		
c	General business credit. Attach Form 3800	41c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		
e	Total credits. Add lines 41a through 41d	41e		
42	Subtract line 41e from line 40	42	4,256.	
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43		
44	Total tax. Add lines 42 and 43	44	4,256.	
45a	Payments: A 2015 overpayment credited to 2016	45a		
b	2016 estimated tax payments	45b	12,800.	
c	Tax deposited with Form 8866	45c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d		
e	Backup withholding (see instructions)	45e		
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Other _____	45g		
	<input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____	Total ►		
46	Total payments. Add lines 45a through 45g	46	12,800.	
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached ► <input type="checkbox"/>	47		
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	8,544.	
50	Enter the amount of line 49 you want: Credited to 2017 estimated tax ► 8,544. Refunded ► 0.	50	0.	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

51	At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here ►	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.	Yes	No
53	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>TIMMY R. LANGSTON, CPA</b>	Preparer's signature 	Date 01/15/18	Date 01/15/18
	Firm's name ► <b>GARDNER LANGSTON &amp; BRYAN</b>		Check <input type="checkbox"/> if self-employed	PTIN <b>P00699541</b>
	P.O. BOX 4550		Firm's EIN ►	72-0926725
	Firm's address ► <b>MONROE, LA 71211-4550</b>		Phone no.	<b>318-323-4481</b>

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2		
3 Cost of labor	3		
4a Additional section 263A costs (attach schedule)	4a	7 Cost of goods sold Subtract line 6 from line 5. Enter here and in Part I, line 2	7
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1 Description of property

(1)	
(2)	
(3)	
(4)	

## 2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		

Total 0. Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter  
here and on page 1, Part I, line 6, column (A) ► 0.(b) Total deductions  
Enter here and on page 1,  
Part I, line 6, column (B) ► 0.**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt- financed property	3. Deductions directly connected with or allocable to debt-financed property		
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)					
(2)					
(3)					
(4)					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)		%			
(2)		%			
(3)		%			
(4)		%			
Enter here and on page 1, Part I, line 7, column (A)			Enter here and on page 1, Part I, line 7, column (B)		
Totals ►			0. ► 0.		
Total dividends-received deductions included in column 8			0. ► 0.		

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations		
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income
					6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
<b>Nonexempt Controlled Organizations</b>					
7. Taxable Income		8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)					
(2)					
(3)					
(4)					
Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A)					
Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)					
<b>Totals</b> ► 0. 0.					

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income		2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)					
(2)					
(3)					
(4)					
		Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1, Part I, line 9, column (B)
<b>Totals</b> ► 0. 0.					

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26
<b>Totals</b> ► 0. 0.						0.

**Schedule J - Advertising Income** (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> ►		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I ►</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5) ►</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) <b>SEE STATEMENT 5</b>		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>	<b>►</b>		<b>0.</b>

LOUISIANA CENTER FOR THE BLIND, INC.

72-1111052

FORM 990-T	OTHER INCOME	STATEMENT 1
------------	--------------	-------------

DESCRIPTION	AMOUNT
NET INCOME FROM SPECIAL EVENTS & ACTIVITIES - SEE ATTACHED STATEMENT 7	283,676.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	283,676.

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
------------	---------------	-------------

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
NATIONAL FEDERATION FOR THE BLIND OF LA, INC - SEE SCHEDULE 6	N/A	843.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		843.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
------------	------------------	-------------

DESCRIPTION	AMOUNT
VARIOUS - SEE STATEMENT 6	186,876.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	186,876.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011	13,808
FOR TAX YEAR 2012	3,623
FOR TAX YEAR 2013	34,650
FOR TAX YEAR 2014	15,758
FOR TAX YEAR 2015	14,839

TOTAL CARRYOVER	82,678
-----------------	--------

TOTAL CURRENT YEAR 10% CONTRIBUTIONS	843
--------------------------------------	-----

TOTAL CONTRIBUTIONS AVAILABLE	83,521
-------------------------------	--------

TAXABLE INCOME LIMITATION AS ADJUSTED	3,153
---------------------------------------	-------

EXCESS 10% CONTRIBUTIONS	80,368
--------------------------	--------

EXCESS 100% CONTRIBUTIONS	0
---------------------------	---

TOTAL EXCESS CONTRIBUTIONS	80,368
----------------------------	--------

ALLOWABLE CONTRIBUTIONS DEDUCTION	3,153
-----------------------------------	-------

TOTAL CONTRIBUTION DEDUCTION	3,153
------------------------------	-------

FORM 990-T

SCHEDULE K - COMPENSATION OF OFFICERS,  
DIRECTORS AND TRUSTEES

STATEMENT 5

NAME	TITLE	PERCENT	COMPENSATION
PAMELA ALLEN	EXECUTIVE DIRECTOR	100.00%	0.
TOM LEY	CHAIRMAN & DIRECTOR	5.00%	0.
DAPHNE MITCHELL	SECRETARY & DIRECTOR	5.00%	0.
EVERLEE HAIRSTON	DIRECTOR	5.00%	0.
KARL SMITH	VICE PRES & DIRECTOR	5.00%	0.
NOEL NIGHTENGALE	DIRECTOR	5.00%	0.

TOTAL TO FORM 990-T, SCHEDULE K

STATEMENT 6

LOUISIANA CENTER FOR THE BLIND  
EIN # 72-1111052  
RUSTON, LOUISIANA  
FISCAL YEAR ENDING JUNE 30,2016

FORM 990 - T, PAGE 1, PART II

ALLOCATION SCHEDULE FOR UNRELATED BUSINESS INCOME EXPENSES

DESCRIPTION	100% EXPENSES	UBI (100%) EXPENSES	FORM 990-T PART II - LINE #
UBI EXCISE TAXES & LICENSES			
FORM 730 - WAGERING TAXES	\$ 2,804	\$ 2,804	
2015 UBI TAXES			
UBIT LICENSE RENEWAL			
TOTAL UBI DIRECT TAXES & LICENSES	\$ 2,804	\$ 2,804	LINE 19

DESCRIPTION	100% EXPENSES	UBI (84 31%) EXPENSES	FORM 990-T PART II - LINE #
SALARIES AND WAGES	\$ 67,450	\$ 56,867	LINE 15
PAYROLL TAXES*	5,160	4,350	LINE 19
REGULATORY LICENSES	300	253	LINE 19
PROGRAM SERVICES - CONTRIBUTIONS			
LA CENTER FOR THE BLIND	49,000	-	
NATIONAL FEDERATION OF THE BLIND	1,000	843	
TOTAL CONTRIBUTIONS	\$ 50,000	\$ 843	LINE 20

DESCRIPTION	100% EXPENSES	UBI (84 31%) EXPENSES	FORM 990-T PART II - LINE #
OTHER DEDUCTIONS			
BUILDING RENTAL	\$ 97,800	\$ 82,455	
LEGAL & ACCOUNTING FEES*			
FUNDRAISING SUPPLIES	122,531	103,306	
OTHER SUPPLIES / EXPENSES*	296	250	
BANK CHARGES*	259	218	
MISCELLANEOUS EXPENSE	201	169	
NSF CHECKS	-	-	
SHORTAGES	567	478	
TOTAL OTHER DEDUCTIONS	\$ 221,654	\$ 186,876	LINE 28

	Gross Receipts	Direct Expenses	Net	Percentage
TOTAL BINGO & DAUBERS RECEIPTS	\$ 676,797	\$ (624,019)	\$ 52,778	15.69%
TOTAL PULLTAB & OTHER RECEIPTS	1,012,520	(728,844)	283,676	84.31%
TOTAL FUNDRAISING EVENTS RECEIPTS	\$ 1,689,317	\$ (1,352,863)	\$ 336,454	100.00%

PRO RATA UBI PERCENTAGE 84 31%

STATEMENT 7

LOUISIANA CENTER FOR THE BLIND  
EIN # 72-1111052  
RUSTON, LOUISIANA  
FISCAL YEAR ENDING JUNE 30,2017

FORM 990 - T, PAGE 1, LINE 12

OTHER INCOME

GROSS RECEIPTS - PULLTABS	\$ 1,012,520
GROSS RECEIPTS - VIDEO BINGO	
GROSS RECEIPTS - OTHER - GLUE	
TOTAL PULLTABS & OTHER RECEIPTS	<hr/> \$ 1,012,520
TOTAL PULLTABS DIRECT EXPENSES	<hr/> \$ 728,844
TOTAL OTHER INCOME FROM SPECIAL EVENTS & ACTIVITIES	<hr/> \$ 283,676