

Form **990-T**

EXTENDED TO MAY 15, 2018

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

OMB No. 1545-0087

For calendar year 2016 or other tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017****2016**Department of the Treasury  
Internal Revenue Service► 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 OnlyA ☐ Check box if  
address changed

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)Print  
or  
TypeName of organization ( ☐ Check box if name changed and see instructions.)**LOUISIANA CENTER FOR THE BLIND, INC.**

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

**101 SOUTH TRENTON STREET**

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

**RUSTON, LA 71270**D Employer identification number  
(Employees' trust, see  
instructions)**72-1111052**E Unrelated business activity codes  
(See instructions)**713200**C Book value of all assets  
at end of year**5,322,026.**

F Group exemption number (See instructions.)

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

1c

2 Cost of goods sold (Schedule A, line 7)

2

3 Gross profit. Subtract line 2 from line 1c

3

4a Capital gain net income (attach Schedule D)

4a

b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)

4b

c Capital loss deduction for trusts

4c

5 Income (loss) from partnerships and S corporations (attach statement)

5

6 Rent income (Schedule C)

6

7 Unrelated debt-financed income (Schedule E)

7

8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)

8

9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)

9

10 Exploited exempt activity income (Schedule I)

10

11 Advertising income (Schedule J)

11

12 Other income (See instructions; attach schedule) **STATEMENT 1**

12

**283,676.****283,676.**

13 Total. Combine lines 3 through 12

13

**283,676.****283,676.****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

**56,867.**

16 Repairs and maintenance

16

17 Bad debts

17

18 Interest (attach schedule)

18

19 Taxes and licenses

19

**7,407.**20 Charitable contributions (See instructions for limitation rules) **STATEMENT 4****SEE STATEMENT 2**

20

**3,153.**

21 Depreciation (attach Form 4562)

21

22 Less depreciation claimed on Schedule A and elsewhere on return

22a

22b

23 Depletion

23

24 Contributions to deferred compensation plans

24

25 Employee benefit programs

25

26 Excess exempt expenses (Schedule I)

26

27 Excess readership costs (Schedule J)

27

28 Other deductions (attach schedule)

28

**SEE STATEMENT 3****186,876.**

29 Total deductions. Add lines 14 through 28

29

**254,303.**

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

30

**29,373.**

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

**29,373.**

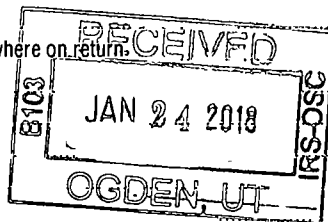
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

33

**1,000.**

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

**28,373.**RECEIVED  
JAN 24 2018

G11



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

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

**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

<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</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)	<b>3(a)</b> Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>0.</b>	<b>Total</b>

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

Enter here and on page 1, Part I, line 6, column (B)

**0.****0.****Schedule E - Unrelated Debt-Financed Income** (see instructions)

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

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

**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>		<b>0.</b>	<b>0.</b>	

**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>		<b>0.</b>	<b>0.</b>	<b>0.</b>		

**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>		<b>0.</b>	<b>0.</b>			<b>0.</b>

**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.</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

Form 990-T (2016)

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
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	843
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TOTAL CONTRIBUTIONS AVAILABLE	83,521
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TAXABLE INCOME LIMITATION AS ADJUSTED	3,153
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EXCESS 10% CONTRIBUTIONS	80,368
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	80,368
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ALLOWABLE CONTRIBUTIONS DEDUCTION	3,153
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TOTAL CONTRIBUTION DEDUCTION	3,153
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FORM 990-T	SCHEDULE K - COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES	STATEMENT	5
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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.

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TOTAL TO FORM 990-T, SCHEDULE K

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**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	-	-	
<b>TOTAL UBI DIRECT TAXES &amp; LICENSES</b>	<b>\$ 2,804</b>	<b>\$ 2,804</b>	<b>LINE 19</b>

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	
<b>TOTAL CONTRIBUTIONS</b>	<b>\$ 50,000</b>	<b>\$ 843</b>	<b>LINE 20</b>

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	
<b>TOTAL OTHER DEDUCTIONS</b>	<b>\$ 221,654</b>	<b>\$ 186,876</b>	<b>LINE 28</b>

	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	<b>84.31%</b>
<b>TOTAL FUNDRAISING EVENTS RECEIPTS</b>	<b>\$ 1,689,317</b>	<b>\$ (1,352,863)</b>	<b>\$ 336,454</b>	<b>100 00%</b>

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	\$	<u>1,012,520</u>
 TOTAL PULLTABS DIRECT EXPENSES	\$	<u>728,844</u>
 TOTAL OTHER INCOME		
FROM SPECIAL EVENTS & ACTIVITIES	\$	<u><u>283,676</u></u>