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Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 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. 33 1,000		, •	•		•	act line 31 fro	m line	30				-38.877
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 -38,877							.,,, 11110	55				
enter the smaller of zero or line 32 34 -38,877		,	•				greater	than	line 32.			
	٠.				5 55 6 62	30 .0 ;	J. 22.01		 1		34	-38,877
6 1	DAA				ructions.					1	一つ	
		•								6	1	•

	990-T (2016) AFFILIATED BLIND OF LOUISIANA	<u> 72-1394319</u>)	Page 2
Pa	Tax Computation		•	
35	Organizations Taxable as Corporations. See instructions for tax computation.	Controlled group	466	
	members (sections 1561 and 1563) check here ▶ See instructions and			
a.	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income bracke	tś (in that:order):		
	(1) \$ (2) \$ (3) \$			
	Enter organization's share of (1) Additional 5% tax (not more than \$11,750)	ls		
	(2) Additional 3% tax (not more than \$100,000)	\$		
c	Income tax on the amount on line 34		▶ 35c	
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax	on		
	the amount on line 34 from . Tax rate schedule or Schedule D (Form		▶ 36	
	Proxy tax. See instructions		37	
	The second secon	en in mystra it anne	38	- Am)
	Alternative minimum tax Tax on Non-Compliant Facility Income. See instructions		39	
	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	· · · · · · · · · · · · · · · · · · ·
	Tital: Add lines 37, 36 and 39 to line 35c or 35, whichever applies	 	, , 40	
44-	Control of the Carlotte of the Carlotte of Control of the Carlotte of Control of Carlotte of Control of Carlotte o	Tabati ,	72861	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	. 41a:		
,p	Other credits (see instructions)	41b		
Č	General business credit. Attach Form 3800 (see instructions)	41c-		,
đ	Credit for prior year minimum tax (attach Form 8801 or 8827),	41d		
e ´	Total credits. Add lines 41a:through 41d		410	
42	Subtract line 41e from line 40' Other taxes. Check if from 4255 Form 8611 Form 8697. Eom 8688 Other (al		. 42	
43	Other taxes. Form 4255 Form 8611 Form 8697 Form 8686 Other (al	lysich")" . The transfer of the second	.43	
44 [.] `	Total tax. Add lines 42 and 43		44	<u>Ó</u>
45a	Payments. A 2015 overpayment credited to 2016	45a		
b	2016 estimated tax payments	45b		
C		45c 5	,000	
d	Tax deposited with Form 8868, Foreign organizations, Tax paid or withheld at source (see instructions)	46d		
0	Backup withholding (see instructions)	45e		
Ť	Credit for small employer health insurance premiums (Attach Form 8941)	45f		
g	Other credits and payments: Form 2439			
9	Form-4136 Other Total	45g		
46	Total payments. Add lines 45a through 45g	[408]	46	5,000
47.	Estimated tax penalty (see instructions). Check if Form 2220 is attached	ay, in the contract	47	7-15 42 and
	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	. ,	48	<u> </u>
			-	<u>. E. 000</u>
49	Overpayment. If line 46 is larger than the total of lines 44, and 47, enter amount of		49	5,000
50	Enter the amount of line 49 you want. Credited to 2017 estimated tax			2,479
	Statements Regarding Certain Activities and Other In			IVI N-
51	At, any time during the 2016 calendar year, did the organization have an interest in			Yes No
	over à financial account (bank, secunties, or other) in a foreign country? If YES, the	, -		· · · · · · · · · · · · · · · · · · ·
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter	the name of the foreign	country	
	here			X
52:	During the tax year, did the organization receive a distribution from, or was it the	grantor of, or transferor t	o, a foreign trus	t? X.
	If YES, see instructions for other forms the organization may have to file.	•		
<u>53</u>	Enter the amount of tax-exempt interest received or accrued during the tax year I	6 -		
^ 1	Under penaltes of perjury, I declare that I have examined this return, including accompanying schedules and true, comed, and complete/Declaration of preparer (other than taxpayer) is based on all information of which	statements, and to the best of my l preparer has any knowledge	ruomeage and peliet,	
Sig		,,		May the IRS discuss this return with the preparer shown below (see instructions)?
Her	EXECUTIVE :	DIRECTOR		
	Signature of officer Date / - Title			X Yes . No
	Print/Type preparer's name	CALL DE	ite Check	ir PTIN
Paid	CHRISTINE DUNN, CPA CHRISTINE DUNN; CPA	102 mer 102	/11/19 self-em	ployed P00280397.
Prep	arer Firm's name: WRIGHT, MOORE, DEHART, DUPUIS &	HUTCHINSON'	Fimi's EIN	72-1108576
Use		- #··	~ \	
	Firm's address LAFAYETTE, LA 70598		Phone no	337-232-3637
			1	55. 252 <u>5</u>00,

Form	1990-1 (2016) AFFILIA	LED REIN	<u> </u>	TOOT 21	ANA		12-1	394319			<u> </u>	'age 3
Sch	edule A - Cost of Goods	Sold. Enter	<u>metho</u>	d of inventor	ry valuat	ion ▶						
1	Inventory at beginning of year	1	_	6	Inventory	at end of ye	ar			6		
2	Purchases	2		7	Cost of	goods sold.	Subtrac	ct line 6 from				
3	Cost of labor	3			line 5 Er	nter here and	ın Part	I, line 2		7		
4 a	Additional sec 263A costs (attach schedule)	4a		. 8	Do the ru	les of section	n 263A	(with respect to			Yes	No
b	Other costs	4b			property	produced or	acquire	d for resale) apply				
5	(attach schedule) Total. Add lines 1 through 4b	5			to the ore	ganization?						
	edule C – Rent Income (F	rom Real P	ropert	v and Perso			sed V	Vith Real Prope	ertv)		
	ee instructions)		•	•		. ,		•		,		
	cription of property											
(1)	N/A											
(2)										•		
(3)									_			
(4)										,		
<u>. </u>		2 Rent receive	ed or accru	ied								
	(a) From personal property (if the percent	age of rent	 ,	(b) From real an	nd personal pr	onerty (if the		3(a) Deduction	s direc	cily connected with the	income	
	for personal property is more than 10%	_		percentage of rent f		-		in columns 2(a) and 2(b) (attach sch				
	more than 50%)			50% or if the rent i						•		
(1)												
(2)												
(3)												
(4)												
Total			Total			·		(1.) * - 4 - 1 - 3 4 4 4 4 4				
		2/a) and 2/b)						(b) Total deduction Enter here and on p		1		
	otal income. Add totals of columnary and on page 1, Part I, line 6, columnary	, , , , , ,	Enter					Part I, line 6, colum				
	edule E – Unrelated Debt		ncome	(see instruct	tions)				(-)	-		
<u>JCI</u>	leddie L – Officialed Debi	t-i illancea il	i com	(Sec mander	(10113)			3 Deductions directly	v conn	ected with or allocable	10	
				2 Gros	s income fron	n or				ed property	. 10	
	1 Description of debt-finance	d property		allocable	e to debt-finar property	nced	(a)	Straight line depreciation	Т	(b) Other de	ductions	
					property		(0)	(attach schedule)		(attach sch		
(1)	N/A			<u> </u>						······		
	· · · · · · · · · · · · · · · · · · ·											
(2)	 								一十			
(3)		•										
(4)	4 Amount of average	5 Average adjusted b	asis		E Column					8 Allocable d	oductions	
	acquisition debt on or	of or allocable to			6 Column 4 drvided			Gross income reportable	1	(column 6 x tota		
	allocable to debt-financed property (attach schedule)	debt-financed prope (attach schedule)	•	b	y column 5		(column 2 x column 6)		3(a) and	3(b))	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				%			一			
(1)						- %			一			
(2)						%			\dashv			
(3)				-		/ _%			\dashv			
(4)				<u> </u>		/0	Enter	here and on page 1	1	Enter here and	on nace	e 1
								line 7, column (A)	''	Part I, line 7, co		
Tete	lo.					▶		. ,			·	
Tota	IS L dividends-received deduction		ume o			- (
. 012	i mivimenne-receiven nentiction	s member in col	11111111						_		•	

Schedule F - Interest, Annu	ities, Royalt	ies, and Ren						see instructi	ions)	
1 Name of controlled		2 Employer	Exemp	t Controlled	Organ	izations	S T			
organization	ıde	identification number		related income e instructions)		4 Total of specified payments made		5 Part of column 4 that included in the controllin organization's gross inc		6 Deductions directly connected with income in column 5
(1) N/A										
(2)										
(3)										
(4)										
Nonexempt Controlled Organizat	ions									
7. Taxable Income	1	Net unrelated income loss) (see instructions)	l l	9 Total of specific payments made		ind	luded in th	lumn 9 that is e controlling gross income	L .	Deductions directly nected with income in column 10
(1)										
(2)		-								
(3)										
(4)										
Totals		•	•		•	Ente Par	er here an rt I, line 8,	s 5 and 10 d on page 1, column (A)	Ent	dd columns 6 and 11 er here and on page 1 rt I line 8, column (B)
Schedule G - Investment In	come of a S	ection 501(c)(7), (9),	or (17) Or	ganiza	ation (see ins	structions)		
1 Description of income	<u></u>	2 Amount of	income	directly	ductions connected schedule)			4 Set-asides		5 Total deductions and set-asides (col. 3 plus col. 4)
(1) N/A				-						
										
(2)										
(4)				•						
Totals	•	Enter here and o Part I, line 9, co	olumn (A)							nter here and on page 1, art I, line 9, column (B)
Schedule I - Exploited Exer	npt ∧ctivity	Income, Oth	<u>er Than</u>	Advertisir	ng Inc	ome (s	see ms	<u>tructions)</u>		
Description of exploited activity	2 Gross unrelated business incom from trade or business	3 Expe direct connecte producti unrela business i	ily ed with on of ited	4 Net income (ifrom unrelated to business (coil 2 minus column If a gain, compacols 5 through	trade lumn n 3) oute	from ac	ss income ctivity that unrelated ss income	attribu	penses Stable to Jumn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1) N/A										
(2)				-						
(3)										
(4)										
Totals •	Enter here and o page 1, Part I, line 10, col (A)	page 1, I	Part I,							Enter here and on page 1 Part II line 26
Schedule J – Advertising In	come (see in	structions)		***************************************	***********	***************************************			************	***
Part Income From P			a Conso	lidated Ba	sis					· · · · · · · · · · · · · · · · · · ·
				4 Advertisin						7 Excess readership
- , 2 Gross 1 Name of penodical advertising income		3 Direct advertising costs		gain or (loss) (2 minus col 3 a gain compi cols 5 through	(col 5 Circulation income			on 6 Readershi costs		costs (column 6 minus column 5 but not more than column 4)
(1) N/A					_					_
(2)										
(3)	<u> </u>									_
(4)										_
Totals (carry to Part II, line (5))							 ,			5 000 T (004

Totals, Part II (lines 1-5)

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) 4 Advertising 7 Excess readership 2 Gross gain or (loss) (col costs (column 6 5 Circulation 6 Readership 3 Direct advertising 2 minus col 3) If minus column 5 but 1 Name of periodical advertising costs ıncome ıncome a gain, compute not more than cols 5 through 7 column 4) (1) N/A (3) (4) Totals from Part I ▶ Enter here and on Enter here and page 1, Part I, page 1, Part I, on page 1, line 11, col (A) line 11 col (B)

Schedule	K – Compensation of	f Officers, Dire	ectors, and Tru	ustees (see instructions)

1 Name	2 Tille	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14		•	

Form 990-T (2016)

72-1394319

Federal Statements

Statement 1 - Form 990-T - Explanation for Amending

Description

THE FORM 990-T IS BEING AMENDED TO REMOVE AMOUNTS ORIGINALLY MARKED AS CHARITABLE DONATIONS, WHICH WAS BEING LIMITED, TO A FULLY DEDUCTIBLE ORDINARY EXPENSE PER SECTION 162 OF THE IRS CODE.

Statement 2 - Form 990-T, Part II, Line 28 - Other Deductions

Description	 Amount
ADVERTISING	\$ 3,050
OCCUPANCY	88,631
ACCOUNTING	1,297
OTHER PROFESSIONAL FEES	56,517
CASH PRIZES	647,815
OTHER DIRECT FUNDRAISING/GAMING	 130,356
TOTAL	\$ 927,666

Statement 3 - Form 990-T, Part IV, Line 45g - Other Credits and Payments

Description	Amount	_
REFUND SHOWN ON ORIGINAL RETURN	\$	1
TOTAL	\$ -2,52	1