

Form 990-T

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

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning 07/01/18, and ending 06/30/19 1906

Go to www.irs.gov/Form990T for instructions and the latest information

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 Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization () Check box if name changed and see instructions
AFFILIATED BLIND OF LOUISIANA TRAINING CENTER, INC.
Number, street, and room or suite no. If a P O box, see instructions
409 WEST ST. MARY BLVD
City or town, state or province country and ZIP or foreign postal code
LAFAYETTE LA 70506

D Employer identification number (Employees' trust, see instructions)
72-1394319
E Unrelated business activity code (See instructions)
713200

C Book value of all assets at end of year
3,384,860

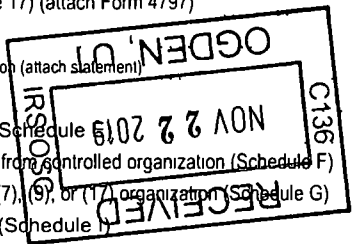
F Group exemption number (See instructions)
G Check organization type
[X] 501(c) corporation
501(c) trust
401(a) trust
Other trust

H Enter the number of the organization's unrelated trades or businesses 1 Describe the only (or first) unrelated trade or business here
PULL TAB GAMING
If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
Yes No [X]

J The books are in care of LYNN BLANCHARD Telephone number 337-234-6492

Part I Unrelated Trade or Business Income
Table with columns: (A) Income, (B) Expenses, (C) Net
Rows 1a-13: Gross receipts or sales 920,808; Total 920,808



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)
Table with columns: Line number, Description, Amount
Rows 14-32: Compensation of officers, directors, and trustees; Total deductions 937,032; Unrelated business taxable income before net operating loss deduction -16,224

SCANNED BY 20191123

SEE STATEMENT 1

23

Part II Total Unrelated Business Taxable income

| | | | |
|-----------|---|-----------|-------|
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 33 | |
| 34 | Amounts paid for disallowed fringes | 34 | |
| 35 | Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 35 | |
| 36 | Total of unrelated business taxable income before specific deduction Subtract line 35 from the sum of lines 33 and 34 | 36 | 0 |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | 1,000 |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 | 38 | 0 |

Part III Tax Computation

| | | | |
|-----------|--|-----------|---|
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21) | 39 | |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 40 | |
| 41 | Proxy tax. See instructions | 41 | |
| 42 | Alternative minimum tax (trusts only) | 42 | |
| 43 | Tax on Noncompliant Facility Income. See instructions | 43 | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | 44 | 0 |

Part IV Tax and Payments

| | | | |
|------------|---|------------|-------|
| 45a | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) | 45a | |
| b | Other credits (see instructions) | 45b | |
| c | General business credit Attach Form 3800 (see instructions) | 45c | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 45d | |
| e | Total credits. Add lines 45a through 45d | 45e | |
| 46 | Subtract line 45e from line 44 | 46 | |
| 47 | 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 (all sch) | 47 | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | 48 | 0 |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2 | 49 | |
| 50a | Payments. A 2017 overpayment credited to 2018 | 50a | |
| b | 2018 estimated tax payments | 50b | 2,900 |
| c | Tax deposited with Form 8868 | 50c | |
| d | Foreign organizations Tax paid or withheld at source (see instructions) | 50d | |
| e | Backup withholding (see instructions) | 50e | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 50f | |
| g | Other credits, adjustments, and payments <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total | 50g | |
| 51 | Total payments. Add lines 50a through 50g | 51 | 2,900 |
| 52 | Estimated tax penalty (see instructions) Check if Form 2220 is attached <input type="checkbox"/> | 52 | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | 0 |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | 2,900 |
| 55 | Enter the amount of line 54 you want Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input checked="" type="checkbox"/> | 55 | 2,900 |

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

| | | | |
|-----------|--|------------|-----------|
| 56 | At any time during the 2018 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 |
| 57 | 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 | | X |
| 58 | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$ | | X |

Sign Here

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.

[Signature] 11/18/19 **SECRETARY/TREASURER**

Signature of officer: _____ Date: _____ Title: _____

Paid Preparer Use Only

Print preparer's name: CHRISTINE DUNN, CPA Preparer's signature: *[Signature]* Date: 11/11/19 Check if self-employed PTIN: P00280397

Firm's name: **WRIGHT, MOORE, DEHART, DUPUIS & HUTCHINSON** Firm's EIN: **72-1108576**

Firm's address: **PO BOX 80569 LAFAYETTE, LA 70598** Phone no: **337-232-3637**

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Schedule A – Cost of Goods Sold. Enter method of inventory valuation ►

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

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

(see instructions)

| | | |
|--|--|--|
| 1 Description of property | | |
| (1) N/A | | |
| (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 | Total | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (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) ► | | |

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) N/A | | | | |
| (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) | | % | | |
| Totals | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Total dividends-received deductions included in column 8 | | | | |

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) N/A | | | | | |
| (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 6 and 11 Enter here and on page 1 Part I, line 8, column (B) |

Totals ▶

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) N/A | | | | |
| (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) |

Totals ▶

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) N/A | | | | | | |
| (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 |

Totals ▶

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) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals (carry to Part II, line (5)) ▶ | | | | | | |

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) N/A | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| Totals, Part II (lines 1-5) ▶ | 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 |

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) N/A | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | | ▶ |

Form **990-T****Schedule M Charitable Contribution and Loss Calculation****2018**Description **UNRELATED BUSINESS ACTIVITY**

Name

AFFILIATED BLIND OF LOUISIANA

Taxpayer Identification Number

72-1394319

Unincorporated Business Income Tax Code

713200

Activity

GAMBLING INDUSTRIES**Worksheet 1 Activity Charitable Contribution Deduction**

| | | | |
|----|--|----|---------|
| 1 | Activity Income (Schedule M, Line 13, col C) | 1 | 920,808 |
| 2 | Activity Expense (does not include amount needed for Line 20) | 2 | 937,032 |
| 3 | Net Income (Line 1 minus Line 2), If less than zero, enter -0- | 3 | 0 |
| 4 | Current activity contribution limit (Multiplier used is 10%) | 4 | |
| 5 | Current year contributions | 5 | 0 |
| 6 | Prior year contributions (corporations only) | 6 | |
| 7 | Total available contributions (Add lines 5 and 6) | 7 | |
| 8 | Take the lesser of Line 4 or 7, Enter here and on Line 20 (Form 990T or Sch M) | 8 | |
| 9 | Remaining contributions (subtract line 8 from line 7) | 9 | |
| 10 | Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits), Enter amount here and on Form 990-T, Line 33 as a negative amount | 10 | |
| 11 | Remaining contributions (carried forward for corporations only, See Worksheet 3) | 11 | 0 |

Worksheet 2 Activity Losses and Carryforward Amounts

| | | | |
|---|--|---|--------|
| 1 | Activity losses (do not include amounts before 2018) | 1 | |
| 2 | Amount of loss used in the current year | 2 | 0 |
| 3 | Prior year losses carried over to next year | 3 | |
| 4 | Losses generated by current year activity | 4 | 16,224 |
| 5 | Total loss carried forward to 2019 | 5 | 16,224 |

Worksheet 3 Activity Charitable Contribution Carryforward

| Prior Tax Years | Prior Year | | | Current Year | Next Year |
|--|---------------|------|-----------|--------------|-----------|
| | Contributions | Used | Carryover | Amount Used | Carryover |
| 5th 06/30/14 | | | | | |
| 4th 06/30/15 | | | | | |
| 3rd 06/30/16 | | | | | |
| 2nd 06/30/17 | | | | | |
| 1st 06/30/18 | | | | | |
| Charitable Contribution Carryover To Current Year | | | 0 | | |
| Current Year Amount | | | 0 | | 0 |
| Charitable Contribution Carryover Available To Next Year | | | | | 0 |

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

| <u>Description</u> | <u>Amount</u> |
|----------------------------------|-------------------|
| ADVERTISING | \$ 2,816 |
| OCCUPANCY | 19,072 |
| ACCOUNTING | 459 |
| OFFICE | 979 |
| OTHER PROFESSIONAL FEES | 2,862 |
| CASH PRIZES | 655,429 |
| OTHER DIRECT FUNDRAISING/GAMING | 173,301 |
| CONTRIBUTIONS FOR GAMING LICENSE | 47,200 |
| TOTAL | <u>\$ 902,118</u> |