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DAA For Paperwork Reduction Act Notice, see instructions.

•	To Determ						Lº	OMB No. 1545-0047		
Form 990-T Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						2019				
Depart	For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20 epartment of the Treasury For calendar year 2019 or other tax year beginning 07/01/19, and ending 06/30/20.						Open	to Public Inspection for]		
	Revenue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).						501(c)	(3) Organizations Only		
ΑC	Check box if address changed	Name of organization (Check box if name changed and see instructions) D Employer Idea								
	empt under section	rept under section AFFILIATED BLIND OF LOUISIANA (Employees in						STUCIONS.)		
X	501(C)(_3) Print TRAINING CENTER, INC.						• •			
Ļ	408(e) 220(e)	or	Number, street, and room or suite no. If a P.O. box, see instruction	is.		72-13		_		
Ļ	408A 530(a) Type 409 WEST ST. MARY BLVD			E Unrelated business activity code (See instructions.)						
	529(a) ,	(a) City of town, state or province, country, and ZIP or toreign postal code				-				
	ok value of all assets	LAFAYETTE LA 70506 71320								
et	at end of year F Group exemption number (See instructions.) 3,290,435 G Check organization type X 501(c) corporation 501(c) trust 401(a) trust							Other trust		
	3,290,435	G C	ation's unrelated trades or businesses.	1000	501(c) trust					
	PULL TAB			— '	besame the only for ma			one, complete		
P.	ode I V If mem there	SENTITE	cribe the first in the blank space at the end of the	onevi	rus sentence complete					
			trade or business, then complete Parts III-V.	, picti	oud dankende, danipiete	1 410 1 410 11, 4	J			
I D	N V(V No.									
JT			YNN BLANCHARD			Telephone number ▶				
Pa			e or Business Income		(A) Income	(B) Expenses		(C) Net		
1a	Gross receipts or sale	S	495,250		405 050	, .		{		
ь			c Balance	1c 2	495,250		-+			
2	Cost of goods sold (S	chedule	A, line 7)	3	495,250			495,250		
3	Gross profit. Subtract	line 2 tro	om line 1c	4a	493,230			433,230		
4a	Capital gain net incom	ne (attac	h Schedule D)	48 4b				• • • • • • • • • • • • • • • • • • • •		
b	Net gain (loss) (Form 4/5	//, Part II,	line 17) (attach Form 4797)	4c				•		
C E	Capital loss deduction	rtoombir	ts ond S corporation (attach	40		24.7	\neg			
5	· · · · · · · · · · · · · · · · · · ·	•	-	5	1		i			
6	*	ie (C)		6	<u> </u>		-			
7	I Intelleted debt-finance	ed incom	ne (Schedule E)	7						
8	Interest, annuities, royaltic	es, and re	ents from controlled organization (Schedule F)	8		-				
9			1(c)(7), (9), or (17) organization (Schedule G)	9						
10			me (Schedule I)	10						
11			J)	11						
12	Other income (See in	struction	s; attach schedule)	12			<u>-</u> -l			
13	Total. Combine lines	3 throug	h 12 ,	13	495,250			495,250		
Pa	rt II Deductio	ns No	t Taken Elsewhere (See instructions for	or lim	itations on deduction	ns.) (Deducti	ons n	nust be directly		
	Connecte	a with	the unrelated business income.)		RECEIVE	- 1	14			
14 15	Salaries and usage	ALO, UITE	and dusices (outening ny		······IRS		15	···		
16	Repairs and mainten	ance		•••••		SUHES	16			
17	Bad debts	and debts				·<	17			
18	Interest (attach sched	(se	e instructions)	••••	6 2021		18			
19	Taxes and licenses	• •			.Oo		19			
20	Depreciation (attach	Form 45	62)		OGDEN 20					
21	Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion						21b	0		
22	Depletion		.,,,,,,				22			
23										
24	Employee benefit programs									
25	5 Excess exempt expenses (Schedule I)									
26	Excess readership co	26 27	<u> </u>							
27	7 ,,, , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							504,840		
28	***************************************							504,840 -9,590		
29								-9,590		
30	-	_		-			30			
24	Linelated business to		come. Subtract line 30 from line 29	• • • • • •			31	-9,590		
31 DAA			Act Notice, see instructions.				4.]	Form 990-T (2019)		

<u>Form</u>	n 990-T (2019) AFFILIATED BLIND OF LOUISIANA	/2-1394319		Page 2
<u>Pa</u>	art III : Total Unrelated Business Taxable income			
32	Total of unrelated business taxable income computed from all unrelated trades or busi	nesses (see		
	instructions)		32	
33	Amounts paid for disallowed fringes		l' 1	
34	Chantable contributions (see instructions for limitation rules)		34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction	s. Subtract line		
	34 from the sum of lines 32 and 33	35		
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018	(see		
-			36	
37	instructions) Total of unrelated business taxable income before specific deduction. Subtract line 36	from line 35	37	
				1,000
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		. 30	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greate		امدا	0
-	enter the smaller of zero or line 37 .		. 39	0
	art IV Tax Computation		<u> </u>	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		▶ 40	
41	the appoint on the 20 feet. The traces are substituted as The Control of the Cont	1044)		
	the amount on line 39 from: Tax rate schedule or Schedule D (Form	***************************************		
42	Proxy tax. See instructions		42	
43	Alternative minimum tax (trusts only)		43	
44	Tax on Noncompliant Facility Income. See instructions			
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0
Pa	art V Tax and Payments	, 		
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a		
b	Other credits (see instructions)	46b	:	
C	General business credit. Attach Form 3800 (see instructions)	46c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d		
θ			46e	
47	Subtract line 46e from line 45			
48	Other taxes Check if from: Form 4255 Form 8811 Form 8697 Form 8866 Other (att. s	zh)	48	
49	Total tax. Add lines 47 and 48 (see instructions)		49	0
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line		50	<u> </u>
51a			1.55	
	Payments: A 2018 overpayment credited to 2019	51b		
Ь	2019 estimated tax payments		 	
C	Tax deposited with Form 8868	51d	 	
đ	Foreign organizations: Tax paid or withheld at source (see instructions)			
8	Backup withholding (see instructions)	51e	─ ┤	
f	Credit for small employer health insurance premiums (attach Form 8941)	51f		
g			- 1 -1	
	Form 4136 Other Total ▶	51g		
52	Total payments. Add lines 51a through 51g	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached		53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		▶ 54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount o	verpaid	▶ 55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax ▶	Refunded	▶ 56	
Pa	art VI Statements Regarding Certain Activities and Other Inform	nation (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a	signature or other authority	,	Yes No
	At any time during the 2019 calendar year, did the organization have an interest in or a 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	y	X
	here			$\frac{\lambda}{x}$
58	During the tax year, did the organization receive a distribution from, of was, it the grant	or of, or transferor to, a fore	ign trust?	····· · · - ^ - -
59	If "YES," see instructions for other forms the organization may have to file (). Enter the amount of tax-exempt interest received or accrued during the tax exempt interest received or accrued during the tax exempt.	_		
	Under penalties of perjuly, I declare that I have examined this return, including accompanying supporting safety	us and to the best of my knowledge a	nd belief, it is	May the IDC does no this and
Sig	Under penalties of perjuty, I declare that I have examined this return, including accompanying statedules/and stationed true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer) is based on all information of preparer (other than taxpayer).	vnas any knowledge.		May the IRS discuss this return with the preparer shown below (see instructions)?
Hei	SECRETARY/OF	RESURER		(see instructions)?
	Signature of officer Date Title Supplies	Ch Och		
	Print/Type preparer's name Preparer's signature	CCO, NO AR Date	Check	A PLIN
Paid	d CHRISTINE DUNN, CPA CHRISTINE DUNN, CPA	S60 7/2 OA 1 01/1	1/21 self-emple	
Prep	parer Firm's name WRIGHT, MOORE, DEHART, DUPUIS & P	HOST CHINSON	Firm's EtN	72-1108576
Use	Only PO BOX 80569			
	Firm's address LAFAYETTE, LA 70598		Phone no.	337-232-3637
				Form 990-T (2019)
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