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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

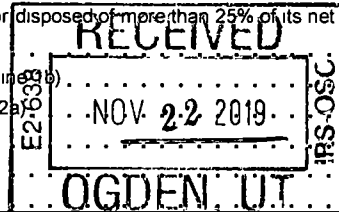
Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

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Form 990 header section A through K, including organization name (Baton Rouge Area Foundation), EIN (72-6030391), and principal officer (John G. Davies).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue breakdown, and expenses.



Part II Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Signature of officer: John G. Davies, President & CEO, dated 11-15-2019.

Preparer information: RYAN HOOKS, KPMG LLP, dated 11/15/2019.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission
ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ 33,798,829 including grants of \$ 31,823,630) (Revenue \$ 73,112)
SERVING THE BATON ROUGE AND SOUTH LOUISIANA AREA BY FUNDING
VARIOUS NONPROFITS, PROGRAMS, AND PROJECTS BENEFITTING THE NEEDY
AND THE COMMUNITY AS A WHOLE.

4b (Code _____) (Expenses \$ 2,418,959 including grants of \$ _____) (Revenue \$ _____)
ATTACHMENT 2

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ▶ 36,217,788.

ROMLJIG ABCD1 F
72-6030891

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with 'X' marks in Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and organizational transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V. []

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form with 16 main sections (2a-16) and sub-sections (a, b, c, etc.) regarding employee reports, tax shelter transactions, contributions, and other IRS filings. Includes Yes/No columns and input fields for amounts and dates.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . .		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 DEBORAH PICKELL 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802 225-387-6126

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII X

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN G. DAVIES PRESIDENT & CEO	35.00 25.00	X		X				515,638.	200,000.	55,150.
(2) WILLIAM E. BALHOFF CHAIR	1.00 0.	X		X				0.	0.	0.
(3) JENNIFER EPLETT REILLY VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(4) MARY TERRELL JOSEPH SECRETARY	1.00 0.	X		X				0.	0.	0.
(5) FRANCIS C. JUMONVILLE, JR. TREASURER	1.00 1.00	X		X				0.	0.	0.
(6) S. DENNIS BLUNT DIRECTOR	1.00 1.00	X						0.	0.	0.
(7) ANNETTE D. BARTON DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) B. EUGENE "GENE" BERRY, MD DIRECTOR	1.00 0.	X						0.	0.	0.
(9) RODNEY C. BRAXTON DIRECTOR	1.00 0.	X						0.	0.	0.
(10) MARK C. DRENNEN DIRECTOR	1.00 0.	X						0.	0.	0.
(11) DONNA D. FRAICHE DIRECTOR	1.00 0.	X						0.	0.	0.
(12) PERRY J. FRANKLIN DIRECTOR	1.00 0.	X						0.	0.	0.
(13) ROSE J. HUDSON DIRECTOR	1.00 0.	X						0.	0.	0.
(14) KEVIN F. KNOBLOCH DIRECTOR	1.00 0.	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) CHARLES W. LAMAR III ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(16) TODD S. MANUEL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) JOHN B. "JAY" NOLAND, JR. ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
(18) NICKLOS S. "NICK" SPEYRER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) JEFFREY S. ZEHNDER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) C. KRIS KIRKPATRICK ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) R. RYLAND PERCY III ----- DIRECTOR	1.00 ----- 1.00	X						0.	0.	0.
(22) JOHN M. SPAIN ----- EXECUTIVE VICE PRESIDENT	40.00 ----- 1.00			X				367,231.	0.	103,207.
(23) EDMUND J. GIERING, IV ----- ASSISTANT SECRETARY	40.00 ----- 1.00			X				197,326.	0.	51,530.
(24) DEBORAH PICKELL ----- DIRECTOR OF FINANCE	40.00 ----- 1.00				X			250,529.	0.	58,345.
(25) MUKUL VERMA ----- DIRECTOR OF COMMUNICATIONS	40.00 ----- 1.00				X			130,599.	0.	25,067.
1b Sub-total								515,638.	200,000.	55,150.
c Total from continuation sheets to Part VII, Section A								1,476,610.	0.	368,645.
d Total (add lines 1b and 1c)								1,992,248.	200,000.	423,795.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) COURTNEY GUSTIN CONTROLLER	40.00 0.					X		93,565.	0.	34,982.
(27) RAYMOND PRINCE FINANCIAL OPERATIONS MANAGER	40.00 0.					X		115,222.	0.	24,711.
(28) REBECCA SCHUTTE DIRECTOR OF DONOR SERVICES	40.00 0.					X		109,325.	0.	22,696.
(29) PATRICIA CALFEE DIRECTOR OF STRATEGIC CONSULT.	40.00 0.					X		105,542.	0.	25,374.
(30) ELIZABETH HUTCHISON DIRECTOR OF PHILANTHROPIC SVCS	40.00 0.					X		107,271.	0.	22,733.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 14**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII X

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns					
		1b					
		1c	126,801				
		1d	1,209,809				
		1e					
		1f	30,415,649				
		g	Noncash contributions included in lines 1a-1f \$ 5,487,468				
		h	Total. Add lines 1a-1f	31,752,259			
Program Service Revenue			Business Code				
	2a	CONSULTING FEES		6,406	6,406		
	b	WATER SUMMIT CONFERENCE		66,706	66,706		
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		73,112				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).		5,665,140		199,008	5,466,132
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	234,666				
	b	Less rental expenses	81,646				
	c	Rental income or (loss)	153,020				
	d	Net rental income or (loss)		153,020			153,020
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			7,317,205				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)	7,317,205				
	d	Net gain or (loss)		7,317,205			7,317,205
	8a	Gross income from fundraising events (not including \$ 126,801 of contributions reported on line 1c) See Part IV, line 18	a	67,235			
	b	Less direct expenses	b	108,212			
	c	Net income or (loss) from fundraising events			-40,977		-40,977
	9a	Gross income from gaming activities See Part IV, line 19	a	3,560			
b	Less direct expenses	b	12,004				
c	Net income or (loss) from gaming activities			-8,444		-8,444	
10a	Gross sales of inventory, less returns and allowances	a	0				
b	Less cost of goods sold	b	0				
c	Net income or (loss) from sales of inventory			0		0	
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			0			
12	Total revenue. See instructions			44,911,315	73,112	199,008	12,886,936

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	29,635,501.	29,635,501.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,636,129.	1,636,129.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	552,000.	552,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,417,404.	528,099.	676,209.	213,096.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,640,207.	569,582.	872,550.	198,075.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	314,099.	116,854.	156,863.	40,382.
9 Other employee benefits	275,644.	98,956.	139,621.	37,067.
10 Payroll taxes	180,830.	64,918.	91,595.	24,317.
11 Fees for services (non-employees)	0.			
a Management	15,199.	4,649.	3,450.	7,100.
b Legal	165,450.	1,635.	163,202.	613.
c Accounting	316,080.	316,080.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	847,886.		847,886.	
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	123,562.	108,644.	10,093.	4,825.
12 Advertising and promotion	0.			
13 Office expenses	282,953.	91,889.	104,159.	86,905.
14 Information technology	135,101.	20,210.	100,041.	14,850.
15 Royalties	0.			
16 Occupancy	427,293.	167,836.	208,949.	50,508.
17 Travel	98,226.	44,189.	47,211.	6,826.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	184,396.	69,900.	72,412.	42,084.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	132,381.	47,524.	67,055.	17,802.
23 Insurance	86,259.	30,967.	43,692.	11,600.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROJECT EXPENSES	2,102,881.	2,102,881.		
b DUES AND SUBSCRIPTIONS	27,746.	8,762.	13,483.	5,501.
c UBI TAXES	83,108.		83,108.	
d OTHER EXPENSES	58,187.	583.	15,797.	41,807.
e All other expenses _____				
25 Total functional expenses Add lines 1 through 24e	40,738,522.	36,217,788.	3,717,376.	803,358.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	8,147,981.	1	1,076,749.
	2	Savings and temporary cash investments	22,965,287.	2	23,679,915.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	129,567.	4	336,732.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	6,750,063.	7	2,862,566.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	16,580.	9	1,580.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 21,943,470.		
	b	Less accumulated depreciation	10b 655,125.	10c	21,288,345.
	11	Investments - publicly traded securities	136,243,589.	11	120,422,090.
	12	Investments - other securities See Part IV, line 11	61,486,478.	12	75,887,061.
	13	Investments - program-related See Part IV, line 11	12,781,502.	13	12,255,588.
	14	Intangible assets	0.	14	0.
	15	Other assets See Part IV, line 11	5,088,797.	15	4,797,812.
16	Total assets. Add lines 1 through 15 (must equal line 34)	275,366,687.	16	262,608,438.	
Liabilities	17	Accounts payable and accrued expenses	203,332.	17	195,250.
	18	Grants payable	4,122,534.	18	4,897,657.
	19	Deferred revenue	346,142.	19	2,035,439.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,219,114.	25	3,022,128.
	26	Total liabilities. Add lines 17 through 25	7,891,122.	26	10,150,474.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	164,675,268.	27	153,882,637.
	28	Temporarily restricted net assets	13,620,035.	28	8,020,186.
	29	Permanently restricted net assets	89,180,262.	29	90,555,141.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	267,475,565.	33	252,457,964.
	34	Total liabilities and net assets/fund balances	275,366,687.	34	262,608,438.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI. X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,911,315.
2	Total expenses (must equal Part IX, column (A), line 25)	2	40,738,522.
3	Revenue less expenses Subtract line 2 from line 1	3	4,172,793.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	267,475,565.
5	Net unrealized gains (losses) on investments	5	-19,360,856.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	170,462.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	252,457,964.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information

Department of the Treasury
Internal Revenue Service

Name of the organization: **BATON ROUGE AREA FOUNDATION**
Employer identification number: **72-6030391**

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
- 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc (see instructions) 12
13 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)). 14 73.53%
15 Public support percentage from 2017 Schedule A, Part II, line 14 15 74.14%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. X
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 6 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6).

Section B. Total Support

Table with 6 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI); 13 Total support. (Add lines 9, 10c, 11, and 12); 14 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1-10b detailing supporting organization requirements.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test Answer (a) and (b) below. Sub-rows a, b. Row 3: Parent of Supported Organizations Answer (a) and (b) below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2018

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		316,080.													
c Total lobbying expenditures (add lines 1a and 1b)		316,080.													
d Other exempt purpose expenditures		35,961,902.													
e Total exempt purpose expenditures (add lines 1c and 1d)		36,277,982.													
f Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000.													
h Subtract line 1g from line 1a If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No															

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,500,000.
c Total lobbying expenditures		105,840.	118,792.	316,080.	540,712.
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912. c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members. 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year. b Carryover from last year. c Total. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions).

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

SEE PAGE 4

Blank lines for supplemental information.

Part IV Supplemental Information *(continued)*

PART II-A QUESTION 2

BATON ROUGE AREA FOUNDATION MADE LOBBYING EXPENDITURES FOR THE BENEFIT OF THE LOUISIANA DISASTER RECOVERY FUNDS, WHICH ARE GOVERNMENT FUNDS USED TO ASSIST LOUISIANA RESIDENTS IN RECOVERING FROM NATURAL DISASTERS SUCH AS HURRICANES KATRINA, RITA, GUSTAV, IKE, ISAAC, AND THE GREAT FLOODS OF 2016.

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: BATON ROUGE AREA FOUNDATION; Employer identification number: 72-6030391

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Form for Part II with multiple sections: Purpose(s) of conservation easements, Conservation contribution information, Monitoring and enforcement details, and Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III with sections for reporting on collections of art, historical treasures, and other similar assets, including revenue and asset values.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	105,251,590.	105,233,528.	100,570,775.	109,510,117.	107,000,498.
b Contributions	1,281,803.	2,953,433.	13,203,329.	2,560,522.	5,449,683.
c Net investment earnings, gains, and losses	328,182.	9,042,836.	5,058,469.	182,472.	4,980,118.
d Grants or scholarships					
e Other expenditures for facilities and programs	10,144,362.	11,516,730.	13,236,061.	11,246,859.	7,442,460.
f Administrative expenses	450,296.	461,477.	362,984.	435,477.	477,722.
g End of year balance	96,266,917.	105,251,590.	105,233,528.	100,570,775.	109,510,117.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 32.3100 %
 - b Permanent endowment ▶ 64.6200 %
 - c Temporarily restricted endowment ▶ 3.0700 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	18,844,081.			18,844,081.
b Buildings	1,410,000.			1,410,000.
c Leasehold improvements		812,530.	319,466.	493,064.
d Equipment		876,859.	335,659.	541,200.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				21,288,345.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	107,200.	ATTACHMENT 1
(3) Other		
(A) PRIVATE EQUITY	20,705,377.	FMV
(B) HEDGE FUNDS	17,861,287.	FMV
(C) VENTURE CAPITAL	16,515,689.	FMV
(D) PRIVATE INV, P'SHIP & OTHER	3,241,404.	FMV
(E) REAL ESTATE & INFRASTRUCTURE	3,789,510.	FMV
(F) GS TACTICAL TILT	3,629,606.	FMV
(G) CLOSELY-HELD SECURITIES	10,036,988.	FMV
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	75,887,061.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 15). ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR DEFERRED COMP	1,268,374.
(3) LIABILITY FOR TRUST	1,753,754.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,022,128.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIII Supplemental Information (continued)

PART III, LINE 4

THE SOUTH LOUISIANA ART FUND WAS DESIGNATED TO DEVELOP A COMMUNITY COLLECTION OF PUBLIC ART SO THE PEOPLE OF BATON ROUGE CAN APPRECIATE LOUISIANA ART AND ARTISTS. ALL ART WORK IS OIL ON CANVAS AND CREATED BY LOUISIANA ARTISTS.

PART V, LINE 4

DISTRIBUTIONS UP TO THE APPROVED DISTRIBUTION PERCENTAGE SHALL BE MADE AT SUCH TIMES, IN SUCH AMOUNTS, IN SUCH WAYS AND FOR SUCH CHARITABLE, EDUCATIONAL, SCIENTIFIC, LITERARY, OR RELIGIOUS PURPOSES (OR ANY COMBINATION OF SUCH PURPOSES) AND FOR ADMINISTRATIVE PURPOSES. ALL DISTRIBUTIONS ARE MADE IN FURTHERANCE OF THE PURPOSE OF THE FOUNDATION. DISTRIBUTIONS MAY BE MADE DIRECTLY TO THE FOUNDATION FOR THESE PURPOSES OR BY CONTRIBUTION TO OTHER TAX EXEMPT ORGANIZATIONS FOR SUCH PURPOSES.

ASC 740 (FIN 48) FOOTNOTE

BRAF FILES INCOME TAXES IN THE U.S. FEDERAL JURISDICTION. WITH FEW EXCEPTIONS, BRAF IS NO LONGER SUBJECT TO FEDERAL INCOME TAX EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2014. ANY INTEREST AND PENALTIES ASSESSED BY INCOME TAXING AUTHORITIES ARE NOT SIGNIFICANT AND ARE INCLUDED IN UNRELATED BUSINESS INCOME TAX EXPENSES IN THE FINANCIAL STATEMENTS. BRAF EVALUATES ALL SIGNIFICANT TAX POSITIONS AS REQUIRED BY ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA. AS OF DECEMBER 31, 2018 AND 2017, BRAF DOES NOT BELIEVE THAT IT HAS TAKEN ANY POSITION THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT BELIEVE THAT THERE ARE ANY UNRECOGNIZED TAX BENEFITS THAT WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT YEAR.

Part XIII Supplemental Information (continued)

ATTACHMENT 1

SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

DESCRIPTION	BOOK VALUE	COST OR FMV
CLOSELY-HELD EQUITY INTERESTS	107,200.	FMV
TOTALS	107,200.	

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **BATON ROUGE AREA FOUNDATION**
Employer identification number: **72-6030391**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0	0	INVESTMENTS		32,314,793
(2) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		413,500
(3) CENTRAL AMERICA/CARIBBEAN	0	0	GRANTMAKING		1,500
(4) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		102,000
(5) EUROPE	0	0	INVESTMENTS		7,155,331
(6) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		10,000
(7) SOUTH AMERICA	0	0	GRANTMAKING		2,000
(8) EUROPE	0	0	GRANTMAKING		23,000
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					40,022,124
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					40,022,124

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2018

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	SEE PART V	102,000	CHECK			
(2)			EUROPE	SEE PART V	23,000	CHECK			
(3)			MIDDLE EAST/N AFRICA	SYRIAN REFUG	10,000	CHECK			
(4)			SUB-SAHARAN AFRICA	SEE PART V	410,000	CHECK			
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 9.

3 Enter total number of other organizations or entities 9.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

THE FOUNDATION HAS ADOPTED A WRITTEN EXPENDITURE RESPONSIBILITY POLICY AND EXERCISES ITS EXPENDITURE RESPONSIBILITY WHEN MAKING GRANTS TO FOREIGN ORGANIZATIONS UNLESS THE GRANTEE HAS RECEIVED A RULING ON ITS PUBLIC CHARITY STATUS FROM THE IRS, OR THE FOUNDATION MAKES A GOOD FAITH EQUIVALENCY DETERMINATION IN ACCORDANCE WITH APPLICABLE IRS REGULATIONS THAT THE GRANTEE IS THE EQUIVALENT OF A U.S. PUBLIC CHARITY, BY (1) RELYING ON A REASONED WRITTEN LEGAL OPINION, OR (2) RELYING ON AN AFFIDAVIT FROM THE GRANTEE DEMONSTRATING THAT IT IS EQUIVALENT TO A PUBLIC CHARITY, IN ACCORDANCE WITH APPLICABLE IRS REVENUE PROCEDURES. THE FOUNDATION INITIATES A PRE-GRANT INQUIRY IN ORDER TO DETERMINE THAT THE INTENDED GRANTEE IS CAPABLE OF FULFILLING THE CHARITABLE PURPOSES OF THE GRANT, WHICH INCLUDES REQUESTING AND REVIEWING THE GRANTEE'S EVIDENCE OF LEGAL STATUS, GOVERNING DOCUMENTS, ANNUAL REPORTS, AUDITED FINANCIAL STATEMENTS, AND BOARD ROSTER. THE GRANTEE IS THEN REQUIRED TO ENTER INTO A GRANT AGREEMENT THAT INCLUDES SPENDING AND REPORTING RESPONSIBILITIES AND COMMITS THE GRANTEE TO SPEND THE GRANT FUNDS ONLY FOR THE SPECIFIED CHARITABLE PURPOSES. A FINAL REPORT FROM THE GRANTEE IS DUE WITHIN 60 DAYS OF THE COMPLETION OF THE PROJECT OR GRANT TERM DETAILING HOW THE GRANT FUNDS HAVE BEEN SPENT AND THE IMPACT THAT THE GRANT MAY HAVE HAD ON THE COMMUNITY IT SERVES. IF THE PROJECT OR GRANT TERM IS NOT COMPLETED WITHIN ONE YEAR, INTERIM REPORT(S) ARE REQUIRED.

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), Part II, line 1 (accounting method), Part III (accounting method), and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART II, LINE 1

LINE 1-

THE PURPOSE OF GRANTS IN EAST ASIA AND THE PACIFIC: GENERAL SUPPORT AND
THE GIVING WITH ANONYMITY FUND

THE PURPOSE OF GRANTS IN EUROPE: CITY YEAR LONDON OPERATIONS AND GENERAL
SUPPORT

THE PURPOSE OF GRANTS IN MIDDLE EAST AND NORTH AFRICA: ASSISTANCE FOR
SYRIAN REFUGEES

THE PURPOSE OF GRANTS IN SUB-SAHARAN AFRICA: SUPPORT FOR KLIPTOWN YOUTH
PROGRAM, G-T GLOBAL CENTER, TANZANIA CONSERVATION, AND OTHER SUPPORT

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest instructions

Name of the organization
BATON ROUGE AREA FOUNDATION

Employer identification number
72-6030391

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MAPP GOLF TOURN (event type)	GAF GALA & AUC (event type)	2. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	44,425.	117,819.	31,792.	194,036.
	2 Less Contributions	25,271.	78,179.	23,351.	126,801.
	3 Gross income (line 1 minus line 2)	19,154.	39,640.	8,441.	67,235.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		35,800.		35,800.
	6 Rent/facility costs	8,704.	850.	4,070.	13,624.
	7 Food and beverages	4,814.	39,560.	880.	45,254.
	8 Entertainment				
	9 Other direct expenses	9,790.	349.	3,395.	13,534.
	10 Direct expense summary Add lines 4 through 9 in column (d)				108,212.
11 Net income summary Subtract line 10 from line 3, column (d)				-40,977.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

**Open to Public
Inspection**

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
BATON ROUGE AREA FOUNDATION

Employer identification number
72-6030391

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SEE ATTACHED SCHEDULE			28,358,093				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 298.
- 3** Enter total number of other organizations listed in the line 1 table 11.

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 ASSISTANCE 1ST	87	47,810			
2 DISASTER ASSISTANCE	617	1,216,179			
3 SCHOLARSHIPS	114	180,550			
4 AWARDS	4	5,975			
5 HARDSHIP ASSISTANCE	18	185,615			
6					
7					

Part IV Supplemental information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

SCHEDULE I, PART I, LINE 2

THE GRANT AGREEMENT AND/OR GRANT AWARD LETTER ESTABLISHES REPORTING GUIDELINES FOR THE GRANT RECIPIENT. UPON COMPLETION OF THE GRANT PROJECT, THE RECIPIENT MUST SUBMIT A FISCAL ACCOUNTING ALONG WITH A NARRATIVE REPORT ON THE USE OF THE GRANT AND THE IMPACT THAT THE GRANT MAY HAVE HAD ON THE COMMUNITY THAT THE RECIPIENT SERVES AS OUTLINED IN THE GRANT AWARD. THE ACCOUNTING AND REPORT ARE DUE WITHIN 60 DAYS OF THE COMPLETION OF THE GRANT. IF THE GRANT PROJECT IS NOT COMPLETED WITHIN ONE YEAR, AN INTERIM REPORT IS REQUIRED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	X	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?		X
b Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		X
b Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.		X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2018

Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN G. DAVIES PRESIDENT & CEO	(i)	421,533.	0.	94,105.	34,375.	20,775.	570,788.
	(ii)	200,000.	0.	0.			200,000.
2 JOHN M. SPAIN EXECUTIVE VICE PRESIDENT	(i)	328,689.	0.	38,542.	90,573.	12,634.	470,438.
	(ii)	0.	0.	0.			0.
3 EDMUND J. GIERING, IV ASSISTANT SECRETARY	(i)	173,413.	0.	23,913.	26,125.	25,405.	248,856.
	(ii)	0.	0.	0.			0.
4 DEBORAH PICKELL DIRECTOR OF FINANCE	(i)	197,363.	0.	53,166.	49,391.	8,954.	308,874.
	(ii)	0.	0.	0.			0.
5 MUKUL VERMA DIRECTOR OF COMMUNICATIONS	(i)	130,000.	0.	599.	16,250.	8,817.	155,666.
	(ii)	0.	0.	0.			0.
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

PART I, LINE 1A

HEALTH CLUB DUES FOR JOHN SPAIN AND EDMUND GIERING, AND SOCIAL CLUB DUES FOR JOHN SPAIN AND DEBORAH PICKELL WERE PAID BY THE ORGANIZATION AND INCLUDED ON FORM W-2 AS COMPENSATION.

PART I, LINE 4B

JOHN DAVIES PARTICIPATES IN TWO IRC SECTION 457(F) DEFERRED COMPENSATION PLANS AS A RESULT OF HIS EMPLOYMENT WITH BATON ROUGE AREA FOUNDATION AND A RELATED ORGANIZATION. THE PLANS ARE DESIGNED TO PROVIDE A RETIREMENT SUPPLEMENT FOR EXECUTIVE PARTICIPANTS. UNDER ONE OF THE PLANS, JOHN DAVIES EARNS BETWEEN 10% AND 25% OF GROSS SALARY PER YEAR. THE APPLIED PERCENTAGE DEPENDS UPON THE FAIR MARKET VALUE OF BATON ROUGE AREA FOUNDATION'S NET ASSETS. THE BALANCE ACCUMULATED IN THE PLAN IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE.

JOHN DAVIES ALSO PARTICIPATES IN A RELATED ORGANIZATION'S IRC SECTION 457(F) NON-QUALIFIED DEFERRED COMPENSATION PLAN. ALL AMOUNTS RELATED TO THE IRC SECTION 457(F) PLAN ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE.

JOHN SPAIN AND DEBORAH PICKELL PARTICIPATE IN AN IRC SECTION 457(F)

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DEFERRED COMPENSATION PLAN AS A RESULT OF HIS/HER EMPLOYMENT WITH BATON ROUGE AREA FOUNDATION. THE PLAN IS DESIGNED TO PROVIDE A RETIREMENT SUPPLEMENT FOR EXECUTIVE PARTICIPANTS. THEY EARN 20% GROSS SALARY PER YEAR. THE BALANCE ACCUMULATED IN THE PLAN IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
--	---

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) LAUREN C JUMONVILLE	FAMILY MEMBER OF DIRECTOR	100,200	EMPLOYEE OF BRAF		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	72.	5,339,709.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	2.	135,509.	FAIR MARKET VALUE
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>USE OF CAR</u>)	X	1.	12,250.	LEASE VALUE
26 Other ▶ (<u>AUCTION ITEMS</u>)	X	76.	36,000.	DONOR'S ESTIMATE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Schedule M (Form 990) 2018

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Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, COLUMN (B)

THE FIGURES REPORTED IN PART I, COLUMN (B) REPRESENT THE NUMBER OF
DONATION OCCURANCES.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

PART VI, SECTION A, LINE 6

THE FOUNDATION HAS ONE CLASS OF MEMBERS. ANYONE WHO GIVES A MINIMUM
DONATION OF \$100 TO BRAF CAN BE A MEMBER.

PART VI, SECTION A, LINE 7A

BRAF HAS ONE CLASS OF MEMBERS. AT THE ANNUAL MEETING, EACH MEMBER PRESENT
IS ALLOWED TO VOTE DURING THE ELECTION OF THE BOARD OF DIRECTORS FOR THE
NEXT YEAR.

PART VI, SECTION B, LINE 11

AFTER COMPLETION OF IRS FORM 990, DRAFT COPIES ARE PROVIDED TO THE ENTIRE
BOARD OF DIRECTORS AND THE TREASURER OF THE FOUNDATION. THE TREASURER
REVIEWS THE DRAFT FORM 990 WITH THE ENTIRE BOARD. ANY NECESSARY CHANGES
ARE MADE ON THE FORM. ONCE ALL NECESSARY CHANGES ARE MADE AND THE
TREASURER IS IN AGREEMENT WITH THE ENTIRE BOARD AS TO THE VERACITY OF THE
INFORMATION PRESENTED IN THE FORM, IT WILL BE RECOMMENDED FOR APPROVAL.
UPON APPROVAL BY THE BOARD OF DIRECTORS, THE FORM WILL BE SIGNED BY THE
PRESIDENT AND CEO (OR OTHER APPROPRIATE REPRESENTATIVE OF THE
FOUNDATION), DATED AND SUBMITTED TO THE IRS BY THE FILING DEADLINE.

PART VI, SECTION B, LINE 12C

DIRECTORS ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT ANNUALLY. THE
DISCLOSURE OBLIGATION IS CONTINUING AND DIRECTORS ARE REQUIRED TO UPDATE
THEIR RESPECTIVE DISCLOSURE IF A CONFLICT OR THE APPEARANCE OF A CONFLICT

Name of the organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
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ARISES PRIOR TO THE NEXT REPORTING PERIOD. DISCLOSURES (AND SUBSEQUENT DISCLOSURES) ARE INITIALLY REVIEWED BY BRAF'S GENERAL COUNSEL; IF POTENTIAL CONFLICTS ARE PRESENT, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON.

PART VI, SECTION B, LINE 15

CEO - THE FOUNDATION'S BOARD CHAIR PREPARES AND DISTRIBUTES A CEO SURVEY TO ALL OF THE CURRENT BOARD MEMBERS. THE CHAIR COLLECTS THE COMPLETED SURVEYS AND PREPARES AN ANONYMOUS SUMMARY OF THE RESULTS. THE INDEPENDENT COMPENSATION COMMITTEE REVIEWS THE RESULTS AND USES THEIR KNOWLEDGE OF COMPARABLE DATA FROM COMMUNITY FOUNDATION PEERS AND STANDARDS FROM SIMILAR POSITIONS WITHIN THE BATON ROUGE COMMUNITY TO DETERMINE THE CEO SALARY FOR THE NEXT YEAR. THE COMPENSATION COMMITTEE MAKES A RECOMMENDATION TO THE BOARD FOR THE CEO'S SALARY. THE BOARD APPROVES THE CEO'S SALARY.

KEY EMPLOYEES - THE CEO SETS THE SALARIES OF THE OFFICERS OF THE FOUNDATION. HE USES COMPARABLE DATA FROM SIMILARLY SITUATED COMMUNITY FOUNDATIONS WITHIN THE UNITED STATES, THE SALARY BENEFIT REPORT PREPARED ANNUALLY BY THE COUNCIL ON FOUNDATIONS, AND THE SALARY RESULTS FROM A SURVEY OF LARGE COMMUNITY FOUNDATIONS TO DETERMINE THE OFFICER'S SALARY FOR THE NEXT YEAR. THE INDEPENDENT COMPENSATION COMMITTEE THEN APPROVES THE SALARIES FOR KEY EMPLOYEES.

PART VI, SECTION C, LINE 19

THE GOVERNING DOCUMENTS AND THE FINANCIAL STATEMENTS ARE POSTED ON THE

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

FOUNDATION'S WEBSITE. IF SOMEONE DOES NOT HAVE ACCESS TO THE INTERNET, WE WOULD PROVIDE A COPY TO THEM. THE CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.

PART XII, LINE 2B

AT THE TIME OF FILING, THE AUDITED FINANCIAL STATEMENTS HAD NOT YET BEEN ISSUED. HOWEVER, THE AUDIT WAS SUBSTANTIALLY COMPLETE AND WILL BE ISSUED FOR THE 2018 TAX YEAR.

PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES: REVERSAL OF GRANT EXPENSES:
\$170,462

SECTION 1.263(A)-1(F) - DE MINIMIS SAFE HARBOR ELECTION

BATON ROUGE AREA FOUNDATION HEREBY MAKES THE DE MINIMIS SAFE HARBOR ELECTION UNDER SECTION 1.263(A)-1(F) OF THE TREASURY REGULATIONS, EFFECTIVE ONLY FOR THE TAX YEAR ENDING DECEMBER 31, 2018. TAXPAYER HAS AN APPLICABLE FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION. THIS ELECTION PERMITS THE TAXPAYER TO DEDUCT FOR TAX PURPOSES ANY ITEM DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED \$5,000 PER INVOICE (OR PER ITEM, AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAVING AN ECONOMIC USEFUL LIFE OF TWELVE MONTHS OR LESS AS DESCRIBED IN SECTION 1.263(A)-1(F)(1)(I).

SECTION 1.263(A)-3(N) ELECTION - BOOK CONFORMITY ELECTION

BATON ROUGE AREA FOUNDATION IS MAKING THE ELECTION UNDER TREAS. REG. § 1.263(A)-3(N) TO CAPITALIZE THOSE REPAIR AND MAINTENANCE COSTS THAT IT

Name of the organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
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TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FOR THE TAX YEAR

ENDED DECEMBER 31, 2018.

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

BRAF UNITES HUMAN AND FINANCIAL RESOURCES TO ENHANCE THE QUALITY OF LIFE IN SOUTHERN LOUISIANA. TO ACHIEVE OUR MISSION, WE: SERVE DONORS TO BUILD THE ASSETS THAT DRIVE INITIATIVES AND SOLUTIONS; ENGAGE COMMUNITY LEADERS TO DEVELOP APPROPRIATE RESPONSES TO EMERGING OPPORTUNITIES AND CHALLENGES; PARTNER WITH ENTITIES FROM ALL SEGMENTS OF OUR SERVICE AREA, AS WELL AS WITH OTHER COMMUNITY FOUNDATIONS, IN ORDER TO LEVERAGE OUR COLLECTIVE RESOURCES AND CREATE THE CAPACITY TO BE A STIMULUS OF POSITIVE REGIONAL CHANGE; AND EVALUATE OUR WORK AND SHARE THE RESULTS WITH OUR STAKEHOLDERS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

SPONSORING AND ADMINISTERING A NUMBER OF PROGRAMS AND PROJECTS THAT ARE DEDICATED TO PROVIDING THE APPROPRIATE RESPONSE TO EMERGING COMMUNITY NEEDS SUCH AS COORDINATING PROCESSES TO IMPROVE THE EDUCATION OF STUDENTS IN EAST BATON ROUGE PARISH; HOSTING THE 10X WATER SUMMIT THAT GATHERED SCIENTISTS, POLICYMAKERS, AND ENGINEERS TO DISCUSS HOW TO LIVE WITH TOO LITTLE AND TOO MUCH WATER AND TO SHARE THIS KNOWLEDGE AROUND THE WORLD; PLANNING AND DEVELOPING A MENTAL HEALTH AND SUBSTANCE ABUSE CRISIS CENTER TO HELP FOLKS WHO SUFFER FROM MENTAL ILLNESS AND/OR ADDICTIONS TO AVOID JAIL; SUPPORTING LIGO-LIVINGSTON (LASER INTERFEROMETER GRAVITATIONAL-WAVE OBSERVATORY) WHICH STUDIES AND DETECTS

Name of the organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
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ATTACHMENT 2 (CONT'D)

GRAVITATIONAL WAVES BY MEASURING DISTORTIONS IN SPACE AND TIME;
AND THE ONGOING ACTIVITIES OF THE WATER INSTITUTE OF THE GULF.

ATTACHMENT 3FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CT,
DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,
MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEW MERIDIAN CORPORATION 5800 TRAILRIDGE DRIVE AUSTIN, TX 78731	EDUCATION CONSULTANT	200,000.
KPMG LLP 301 MAIN STREET, SUITE 2150 BATON ROUGE, LA 70801	TAX SERVICES	119,529.
EXPLORATORIUM PIER 17, SUITE 100 SAN FRANCISCO, CA 94111	LIGO CONSULTANT	183,588.
RAND CORPORATION PO BOX 2138 SANTA MONICA, CA 90407	EDUCATION CONSULTANT	340,000.
JOHNS HOPKINS UNIVERSITY CENTER 3910 KENSWICK ROAD BALTIMORE, MD 21211	EDUCATION CONSULTANT	225,000.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) LASALLE-GALVES, LLC 450 MAIN STREET BATON ROUGE, LA 70802	RENTAL	LA	61,290.	46,688.	BRAF
(2) DOUGLAS MANSHP SR. THEATER COMPLEX, LLC 450 MAIN STREET BATON ROUGE, LA 70802	THEATER INV	LA	-481,851.	12,485,961.	BRAF
(3) ALVIN & LOUISE ALBRITTON MEMORIAL FUND 450 MAIN STREET BATON ROUGE, LA 70802	PROPERTY RENT	LA	467,547.	18,470,261.	BRAF
(4) DOWNTOWN REDEVELOPMENT, LLC 450 MAIN STREET BATON ROUGE, LA 70802	PROPERTY OWN	LA	0.	12,126.	BRAF
(5) ALVIN & LOUISE ALBRITTON MEMORIAL FUND II 450 MAIN STREET BATON ROUGE, LA 70802	PROPERTY RENT	LA	43,718.	3,718,532.	BRAF
(6) BRAF LEBLANC LLC 450 MAIN STREET BATON ROUGE, LA 70802	PROPERTY RENT	LA	651.	314.	BRAF

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) WILBUR MARVIN FOUNDATION 450 MAIN STREET BATON ROUGE, LA 70802	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(2) HELEN S BARNES TRUST PO BOX 3038 MILWAUKEE, WI 53201	SUPPORT ORG	LA	501(C)(3)	PF	BRAF	X	
(3) E J MARGORY OURSO FAMILY FOUNDATION PO BOX 690 DONALDSONVILLE, LA 70346	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(4) MILFORD WAMFOLD SUPPORT FOUNDATION 4171 ESSEN LANE BATON ROUGE, LA 70809	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(5) COMMUNITY FOUNDATION OF SOUTHWEST LA PO BOX 3125 LAKE CHARLES, LA 70602	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(6) NEWTON B THOMAS SUPPORT FOUNDATION 8183 W EL CAJON BATON ROUGE, LA 70815	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(7) GULF COAST RESTORATION & PROTECTION 450 MAIN STREET BATON ROUGE, LA 70802	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) STOREHOUSE 28, LLC 450 MAIN STREET BATON ROUGE, LA 70802 81-4372700	PROPERTY RENT	LA	65,000.	716,467.	CFR
(2) BRAF CORNWALLIS, LLC 450 MAIN STREET BATON ROUGE, LA 70802 82-3255417	PROPERTY OWN	LA	-27,344.	2,500,000.	BRAF
(3) BRAF HUNT, LLC 450 MAIN STREET BATON ROUGE, LA 70802 82-2629140	PROPERTY OWN	LA	1,334.	50,000.	BRAF
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) THE CREDIT BUREAU OF BR FOUNDATION PO BOX 82724 BATON ROUGE, LA 70884 20-0665987	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(2) COMMUNITY FOUNDATION REALTY, INC 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802 20-4265927	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(3) THE JOHN W BARTON FAMILY FOUNDATION PO BOX 1806 BATON ROUGE, LA 70821 72-1494869	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(4) NORTHSORE COMMUNITY FOUNDATION 807 N COLUMBIA STREET COVINGTON, LA 70433 61-1517784	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF	X	
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) CPDC PROPERTIES, LP 72-1553510 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CP REALTY TRUST	N/A								
(2) 5401 NORTH, LLC 20-8307307 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	WMF	N/A								
(3) CPRT AMERICANA, LLC 47-1677217 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CP REALTY TRUST	N/A								
(4) BON CARRE' BUSINESS CENTER II, 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CPDC PROPERTIES	N/A								
(5) BCBC LAND, LLC 26-2113124 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CPDC PROPERTIES	N/A								
(6) BCBC SHOPPES, LLC 38-3993641 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CPDC PROPERTIES	N/A								
(7) 5401 NORTH INVESTMENTS I, LLC 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CP REALTY TRUST	N/A								

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CAPITOL HOUSE HOTEL, LLC 450 MAIN STREET BATON ROUGE, LA 70802 32-0105872	REAL ESTATE	LA	WMF	C CORP					
(2) COMMERCIAL PROPERTIES REALTY TRUST 450 MAIN STREET BATON ROUGE, LA 70802 86-1086905	REAL ESTATE	MD	WMF	C CORP					
(3) BON CARRE MANAGEMENT CORP 450 MAIN STREET BATON ROUGE, LA 70802 82-0583961	REAL ESTATE	LA	WMF	C CORP					
(4) COMMERCIAL PROPERTIES MGMT CORP 450 MAIN STREET BATON ROUGE, LA 70802 72-0594389	REAL ESTATE MGMT	LA	WMF	C CORP					
(5) HATO REY CPDC PR CORPORATION 450 MAIN STREET BATON ROUGE, LA 70802 66-0659744	REAL ESTATE	PR	WMF	C CORP					
(6) LADERAS CPDC PR CORPORATION 450 MAIN STREET BATON ROUGE, LA 70802 66-0659745	REAL ESTATE	PR	WMF	C CORP					
(7) BON CARRE CPDC II, INC 450 MAIN STREET BATON ROUGE, LA 70802 20-8661741	HOLDING CORP	LA	CP REALTY TRUST	C CORP					

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TRANSBIO VENTURES, LP 81-28795 820 GARRETT DRIVE BOSSIER CITY	INVESTMENT	DE	BRAF	N/A	155,421	0		X	0		X	60 1402
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (8) 450 MAIN STREET BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	TRUST					
(2) CHARITABLE REMAINDER TRUST (1) 450 MAIN STREET BATON ROUGE, LA 70802	INVESTMENT	NC	BRAF	TRUST					
(3) CHARITABLE REMAINDER TRUST (3) 450 MAIN STREET BATON ROUGE, LA 70802	INVESTMENT		BRAF	TRUST					
(4) CHARITABLE LEAD ANNUITY TRUST (1) 450 MAIN STREET BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	TRUST					
(5) GRAY FOX MINERAL CORPORATION 72-0779122 450 MAIN STREET BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	S CORP	3,482	11,857	100 0000	X	
(6) FRONT STREET CONDOMINIUM ASSOC, INC 450 MAIN STREET BATON ROUGE, LA 70802	CONDO ASSN	LA	CP REALTY TRUST	C CORP					
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)	X	
g Sale of assets to related organization(s)	X	
h Purchase of assets from related organization(s)	X	
i Exchange of assets with related organization(s)	X	
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)	X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMERCIAL PROPERTIES MANAGEMENT CORPORATION	A	99,600.	FMV
(2)	NORTHSHORE COMMUNITY FOUNDATION	B	175,000.	FMV
(3)	NEWTON B. THOMAS SUPPORT FOUNDATION	C	450,000.	FMV
(4)	HELEN S. BARNES TRUST	C	198,291.	FMV
(5)	COMMERCIAL PROPERTIES REALTY TRUST	D	10,000,000.	FMV
(6)	WILBUR MARVIN FOUNDATION	K	344,910.	FMV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b	Gift, grant, or capital contribution to related organization(s)	1b	
c	Gift, grant, or capital contribution from related organization(s)	1c	
d	Loans or loan guarantees to or for related organization(s)	1d	
e	Loans or loan guarantees by related organization(s)	1e	
f	Dividends from related organization(s)	1f	
g	Sale of assets to related organization(s)	1g	
h	Purchase of assets from related organization(s)	1h	
i	Exchange of assets with related organization(s)	1i	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o	Sharing of paid employees with related organization(s)	1o	
p	Reimbursement paid to related organization(s) for expenses	1p	
q	Reimbursement paid by related organization(s) for expenses	1q	
r	Other transfer of cash or property to related organization(s)	1r	
s	Other transfer of cash or property from related organization(s)	1s	

2	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CREDIT BUREAU OF BATON ROUGE FOUNDATION	L	11,902.	FMV
(2)	NEWTON B. THOMAS SUPPORT FOUNDATION	L	49,539.	FMV
(3)	NORTHSHORE COMMUNITY FOUNDATION	L	78,312.	FMV
(4)	COMMUNITY FOUNDATION OF SOUTHWEST LOUISIANA	L	98,512.	FMV
(5)	E.J. & MARJORY CORSO FAMILY FOUNDATION	L	16,699.	FMV
(6)	COMMERCIAL PROPERTIES MANAGEMENT CORPORATION	M	12,000.	FMV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entry is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COMMERCIAL PROPERTIES REALTY TRUST	F	621,444.	FMV
(2)	TRANSBIO VENTURES, LP	R	1,300,000.	FMV
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.
