

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **2019**, and ending **20**

B Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization: **BATON ROUGE AREA FOUNDATION**
Doing business as: _____
Number and street (or P O box if mail is not delivered to street address) Room/suite: **100 NORTH STREET, SUITE 900**
City or town, state or province, country, and ZIP or foreign postal code: **BATON ROUGE, LA 70802**

D Employer identification number: **72-6030391**

E Telephone number: **(225) 387-6126**

F Name and address of principal officer: **JOHN DAVIES**
100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802

G Gross receipts \$: **35,807,661.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No" attach a list (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: **WWW.BRAF.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1964**

M State of legal domicile: **LA**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE BATON ROUGE AREA FOUNDATION UNITES HUMAN AND FINANCIAL RESOURCES TO ENHANCE THE QUALITY OF LIFE IN SOUTHERN LOUISIANA.	
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
3 Number of voting members of the governing body (Part VI, line 1a)	21.
4 Number of independent voting members of the governing body (Part VI, line 1b)	19.
5 Total number of individuals employed in calendar year 2019 (Part VII, line 1a)	30.
6 Total number of volunteers (estimate if necessary)	58.
7a Total unrelated business revenue from Part VIII, column (C), line 12	-239,436.
7b Net unrelated business taxable income from Form 990-T, line 43	0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year: 31,752,259. Current Year: 29,102,418.
9 Program service revenue (Part VIII, line 2g)	73,112. 247,094.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,982,345. 6,144,234.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	103,599. 102,737.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	44,911,315. 35,596,483.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	31,823,630. 28,249,872.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,828,184. 4,068,508.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b Total fundraising expenses (Part IX, column (D), line 25)	866,132.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,086,708. 4,106,916.
18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	40,738,522. 36,425,296.
19 Revenue less expenses - Subtract line 18 from line 12	4,172,793. -828,813.
20 Total assets (Part X, line 16)	Beginning of Current Year: 262,608,438. End of Year: 281,677,310.
21 Total liabilities (Part X, line 26)	10,150,474. 8,713,517.
22 Net assets or fund balances - Subtract line 21 from line 20	252,457,964. 272,963,793.

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.

Sign Here

Signature of officer: *[Handwritten Signature]* Date: **11/16/2020**

Type or print name and title: **John G. Davies, President**

Paid Preparer Use Only

Print/Type preparer's name: **RYAN HOOKS** Preparer's signature: *[Handwritten Signature]* Date: **11/16/2020** Check if self-employed PTIN: **P00746825**

Firm's name: **KPMG LLP** Firm's EIN: **13-5565207**

Firm's address: **301 MAIN STREET, SUITE 2150 BATON ROUGE, LA 70801** Phone no: **225-344-4000**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

SCANNED DEC 09 2021

Part III Statement of Program Service Accomplishments

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

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 \$ 30,123,491 including grants of \$ 28,249,872) (Revenue \$ 247,094)

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 \$ 1,901,195 including grants of \$ _____) (Revenue \$ _____)

ATTACHMENT 2

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

4d Other program services (Describe on Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses 32,024,686.

MABC D/G I JURT
72-6030391

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	X	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		X
25b			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
28a			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	X	
28b			
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	X	
28c			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
32			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	X	
33			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	X	
34			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
35a			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	X	
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		X
36			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37			
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	
38			

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			67
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			2
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax shelter transactions, foreign accounts, and charitable contributions.

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 on 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

Table with columns for line numbers (1a, 1b, 2-9), Yes, and No. Includes questions about voting members, family relationships, management delegation, and documentation.

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

Table with columns for line numbers (10a-16b), Yes, and No. Includes questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

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
19 Describe on 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

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

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
- See instructions for the order in which to list the persons above

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 M. SPAIN EXECUTIVE VICE PRESIDENT	40.00 1.00			X				701,152.	0.	47,606.
(2) JOHN G. DAVIES PRESIDENT & CEO	35.00 25.00	X		X				520,470.	82,083.	56,766.
(3) DEBORAH PICKELL DIRECTOR OF FINANCE	40.00 1.00				X			226,237.	0.	56,246.
(4) EDMUND J. GIERING, IV ASSISTANT SECRETARY	40.00 1.00			X				181,590.	0.	49,716.
(5) MUKUL VERMA DIRECTOR OF COMMUNICATIONS	40.00 0.					X		133,111.	0.	25,860.
(6) ELIZABETH HUTCHISON DIRECTOR OF PHILANTHROPIC SVCS	40.00 0.					X		110,735.	0.	23,677.
(7) LAUREN JUMONVILLE DIRECTOR OF CIVIC LEADERSHIP	40.00 0.					X		107,300.	0.	25,747.
(8) REBECCA SCHUTTE DIRECTOR OF DONOR SERVICES	40.00 0.					X		107,454.	0.	24,315.
(9) RAYMOND PRINCE FINANCIAL OPERATIONS MANAGER	40.00 0.					X		107,072.	0.	24,538.
(10) WILLIAM E. BALHOFF CHAIR	1.00 0.	X		X				0.	0.	0.
(11) JENNIFER EPLETT REILLY VICE-CHAIR	1.00 0.	X		X				0.	0.	0.
(12) MARY TERRELL JOSEPH DIRECTOR	1.00 0.	X						0.	0.	0.
(13) FRANCIS C. JUMONVILLE, JR. TREASURER	1.00 1.00	X		X				0.	0.	0.
(14) ANNETTE D. BARTON DIRECTOR	1.00 1.00	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) B. EUGENE "GENE" BERRY, MD ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(16) RODNEY C. BRAXTON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(17) MARK C. DRENNEN ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(18) DONNA D. FRAICHE ----- SECRETARY	1.00 0.	X		X			0.	0.	0.	
(19) PERRY J. FRANKLIN ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(20) ROSE J. HUDSON ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(21) KEVIN F. KNOBLOCH ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(22) CHARLES W. LAMAR III ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(23) TODD S. MANUEL ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
(24) JOHN B. "JAY" NOLAND, JR. ----- DIRECTOR	1.00 1.00	X					0.	0.	0.	
(25) NICKLOS S. "NICK" SPEYRER ----- DIRECTOR	1.00 0.	X					0.	0.	0.	
1b Sub-total							2,195,121.	82,083.	334,471.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,195,121.	82,083.	334,471.	

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
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)

Table with 6 columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for sub-totals and totals for compensation reporting.

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

Table with 3 columns: Question, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (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

				(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	1a						
	b	Membership dues	1b						
	c	Fundraising events	1c	153,542					
	d	Related organizations	1d	1,787,637					
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	27,161,239					
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 9,555,150					
	h	Total. Add lines 1a-1f ▶		29,102,418					
Program Service Revenue	2a			Business Code					
	CONSULTING FEES			9,075	9,075				
	b NIGHT OF CHAMPIONS PROGRAM			238,019	238,019				
	c								
	d								
	e								
	f All other program service revenue								
g	Total. Add lines 2a-2f ▶			247,094					
Other Revenue	3			4,698,778		-239,436	4,938,214		
	4			0					
	5			0					
	6a			(i) Real		(ii) Personal			
	Gross rents			6a	214,058				
	b Less rental expenses			6b	96,598				
	c Rental income or (loss)			6c	117,460				
	d			117,460			117,460		
	7a			(i) Securities		(ii) Other			
	Gross amount from sales of assets other than inventory			7a	1,445,456				
	b Less cost or other basis and sales expenses			7b					
	c Gain or (loss)			7c	1,445,456				
	d			1,445,456			1,445,456		
	8a			Gross income from fundraising events (not including \$ 153,542 of contributions reported on line 1c) See Part IV, line 18		8a	73,709		
	b Less direct expenses			8b	109,654				
c			-35,945			-35,945			
9a			Gross income from gaming activities See Part IV, line 19		9a	26,148			
b Less direct expenses			9b	4,926					
c			21,222			21,222			
10a			Gross sales of inventory, less returns and allowances		10a	0			
b Less cost of goods sold			10b	0					
c			0						
Miscellaneous Revenue	11a			Business Code					
	b								
	c								
	d All other revenue								
	e Total. Add lines 11a-11d ▶			0					
12			Total revenue. See instructions ▶			35,596,483	247,094	-239,436	6,486,407

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	26,735,644.	26,735,644.		
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,205,764.	1,205,764.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	308,464.	308,464.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,727,498.	618,677.	817,039.	291,782.
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	1,528,732.	538,528.	802,012.	188,192.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	326,000.	110,985.	169,740.	45,275.
9 Other employee benefits	307,623.	109,324.	152,955.	45,344.
10 Payroll taxes	178,655.	63,491.	88,830.	26,334.
11 Fees for services (nonemployees)				
a Management	0.			
b Legal	51,139.	29,356.	11,540.	10,243.
c Accounting	236,361.		236,361.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	629,140.		629,140.	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,301.	36,135.	12,469.	8,697.
12 Advertising and promotion	20,555.	981.		19,574.
13 Office expenses	209,328.	58,548.	60,589.	90,191.
14 Information technology	150,436.	22,660.	114,758.	13,018.
15 Royalties	0.			
16 Occupancy	377,245.	141,851.	181,567.	53,827.
17 Travel	81,637.	33,292.	41,775.	6,570.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	127,685.	35,306.	64,742.	27,637.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	94,922.	33,733.	47,197.	13,992.
23 Insurance	89,011.	31,633.	44,258.	13,120.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROJECT EXPENSES	1,901,195.	1,901,195.		
b DUES AND SUBSCRIPTIONS	21,341.	7,029.	11,397.	2,915.
c UBI TAXES	45,185.		45,185.	
d OTHER EXPENSES	14,435.	2,090.	2,924.	9,421.
e All other expenses				
25 Total functional expenses Add lines 1 through 24e	36,425,296.	32,024,686.	3,534,478.	866,132.
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	1,076,749.	1	9,680,016.
	2	Savings and temporary cash investments	23,679,915.	2	17,926,615.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net.	336,732.	4	135,086.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
	7	Notes and loans receivable, net	2,862,566.	7	2,498,987.
	8	Inventories for sale or use	0.	8	0.
	9	Prepaid expenses and deferred charges	1,580.	9	6,080.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 23,097,291.		
	b	Less accumulated depreciation.	10b 736,316.		
			21,288,345.	10c	22,360,975.
	11	Investments - publicly traded securities	120,422,090.	11	127,585,082.
	12	Investments - other securities See Part IV, line 11.	75,887,061.	12	84,440,075.
	13	Investments - program-related See Part IV, line 11.	12,255,588.	13	11,703,379.
	14	Intangible assets	0.	14	0.
15	Other assets See Part IV, line 11	4,797,812.	15	5,341,015.	
16	Total assets. Add lines 1 through 15 (must equal line 33)	262,608,438.	16	281,677,310.	
Liabilities	17	Accounts payable and accrued expenses	195,250.	17	190,150.
	18	Grants payable	4,897,657.	18	3,429,177.
	19	Deferred revenue.	2,035,439.	19	1,739,690.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	3,022,128.	25	3,354,500.
	26	Total liabilities. Add lines 17 through 25.	10,150,474.	26	8,713,517.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	153,882,637.	27	167,656,124.
	28	Net assets with donor restrictions.	98,575,327.	28	105,307,669.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31	Retained earnings, endowment, accumulated income, or other funds.		31	
32	Total net assets or fund balances	252,457,964.	32	272,963,793.	
33	Total liabilities and net assets/fund balances.	262,608,438.	33	281,677,310.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	35,596,483.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,425,296.
3	Revenue less expenses Subtract line 2 from line 1	3	-828,813.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	252,457,964.
5	Net unrealized gains (losses) on investments	5	20,311,992.
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 on Schedule O)	9	1,022,650.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	272,963,793.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c 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 on Schedule O
- 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
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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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total Add lines 1 through 3; 5 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) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc; 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

Table with 2 columns: Line number, Description and percentage. Rows include: 14 Public support percentage for 2019 (71.20%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (73.53%); 16a 33 1/3% support test - 2019; 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 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 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (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, whether or not the business is regularly carried on; 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: Description, Percentage. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2018 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests - 2019 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.
19b 33 1/3% support tests - 2018. 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

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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 0.35	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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carry over to 2020. Add lines 3j and 4c			
8	Breakdown of line 7			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

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

2019

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
---	--

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) 2019

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 (grassroots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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)		0.	0.												
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
c Total lobbying expenditures	105,840.	118,792.	316,080.		540,712.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
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 columns for description, (a) Yes/No, and (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... 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 columns for question, Yes, and 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 columns for question, 1, 2a, 2b, 2c, 3, 4, 5. 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

Blank lines for supplemental information.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

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

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 at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about conservation easements held, acreage, and monitoring expenses.

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2019

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 make 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 program
 - 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	96,266,917.	105,251,590.	105,233,528.	100,570,775.	109,510,117.
b Contributions	2,109,156.	1,281,803.	2,953,433.	13,203,329.	2,560,522.
c Net investment earnings, gains, and losses	10,538,884.	328,182.	9,042,836.	5,058,469.	182,472.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,265,719.	10,144,362.	11,516,730.	13,236,061.	11,246,859.
f Administrative expenses	382,219.	450,296.	461,477.	362,984.	435,477.
g End of year balance	100,267,019.	96,266,917.	105,251,590.	105,233,528.	100,570,775.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 33.1618 %
 - b Permanent endowment ▶ 63.6799 %
 - c Term endowment ▶ 3.1583 %
- 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 | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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	18,833,690.			18,833,690.
b Buildings	2,582,090.			2,582,090.
c Leasehold improvements		812,653.	339,540.	473,113.
d Equipment		868,858.	396,776.	472,082.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)				22,360,975.

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	26,321,673.	FMV
(B) HEDGE FUNDS	18,216,074.	FMV
(C) VENTURE CAPITAL	17,118,550.	FMV
(D) PRIVATE INV, P'SHIP & OTHER	4,811,720.	FMV
(E) REAL ESTATE & INFRASTRUCTURE	4,149,116.	FMV
(F) GS TACTICAL TILT	3,678,754.	FMV
(G) CLOSELY-HELD SECURITIES	10,036,988.	FMV
(H)		
Total (Column (b) must equal Form 990, Part X, col (B) line 12) . ▶	84,440,075.	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR DEFERRED COMP	1,309,094.
(3) LIABILITY FOR TRUST	2,045,406.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,354,500.

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 FASB 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 2015. 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, 2019 AND 2018, 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.	

**SCCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2019

**Open to Public
Inspection**

▶ 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.

Department of the Treasury
Internal Revenue Service

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		36,103,000
(2) EUROPE	0	0	INVESTMENTS		9,858,000
(3) CENTRAL AMERICA/CARIBBEAN	0	0	GRANTMAKING		72,500
(4) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		52,500
(5) EUROPE	0	0	GRANTMAKING		14,990
(6) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		250
(7) NORTH AMERICA	0	0	GRANTMAKING		50,000
(8) SOUTH AMERICA	0	0	GRANTMAKING		4,400
(9) SOUTH ASIA	0	0	GRANTMAKING		11,000
(10) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		83,711
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					46,250,351
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					46,250,351

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

Schedule F (Form 990) 2019

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)			SUB-SAHARAN AFRICA	MISSION	6,000	CHECK			
(2)			SUB-SAHARAN AFRICA	SEE PART V	35,000	CHECK			
(3)			SUB-SAHARAN AFRICA	SEE PART V	12,500	CHECK			
(4)			SUB-SAHARAN AFRICA	SEE PART V	27,011	CHECK			
(5)			SOUTH ASIA	SEE PART V	11,000	CHECK			
(6)			NORTH AMERICA	MISSION WORK	52,250	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	8,000	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	GENERAL SUPP	6,990	CHECK			
(9)			CENT AMERICA/CARIBBEAN	SEE PART V	50,000	CHECK			
(10)			CENT AMERICA/CARIBBEAN	SEE PART V	20,000	CHECK			
(11)			EAST ASIA/PACIFIC	GENERAL SUPP	50,000	CHECK			
(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 11.

3 Enter total number of other organizations or entities 11.

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) DISASTER ASSISTANCE	EAST ASIA/PACIFIC	4	11,143	WIRE			
(2) DISASTER ASSISTANCE	NORTH AMERICA	5	7,970	WIRE			
(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

THE PURPOSE OF GRANTS IN EUROPE: GENERAL SUPPORT

THE PURPOSE OF GRANTS IN MIDDLE EAST AND NORTH AFRICA: MISSION WORK

THE PURPOSE OF GRANTS IN SUB-SAHARAN AFRICA: SUPPORT FOR MISSION WORK,

THE AFRICAN RAINFOREST CONSERVANCY, THE KUDVUMISA FOUNDATION WATER

PROJECT, AND OTHER SUPPORT

THE PURPOSE OF GRANTS IN CENTRAL AMERICA AND THE CARIBBEAN: SUPPORT FOR

THE ISLAND SCHOOL SCHOLARSHIPS, AND HURRICANE RELIEF

THE PURPOSE OF GRANTS IN SOUTH ASIA: SUPPORT FOR SURGICAL CAMPS IN INDIA

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

2019

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 information

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	
		GAF GALA & AUC (event type)	MAPP GOLF TOUR (event type)	2. (total number)	(add col (a) through col (c))	
Revenue	1	Gross receipts	135,021.	43,480.	48,749.	227,250.
	2	Less Contributions	93,001.	22,550.	37,990.	153,541.
	3	Gross income (line 1 minus line 2)	42,020.	20,930.	10,759.	73,709.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	6,500.		8,779.	15,279.
	6	Rent/facility costs	50,916.	12,686.	9,122.	72,724.
	7	Food and beverages			4,954.	4,954.
	8	Entertainment	500.			500.
	9	Other direct expenses	1,424.	10,531.	4,242.	16,197.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-35,945.

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))	
		1	Gross revenue			26,148.
Direct Expenses	2	Cash prizes				
	3	Noncash prizes		4,926.	4,926.	
	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 checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)					4,926.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					21,222.

9 Enter the state(s) in which the organization conducts gaming activities. LA,
 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	100.0000 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ SAMUEL PARSONS

Address ▶ 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802

- 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**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

OMB No 1545-0047

2019

**Open to Public
Inspection**

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.

1 (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			25,750,465				
(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 292
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

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	389	218,681.			
2 DISASTER ASSISTANCE	255	631,871			
3 SCHOLARSHIPS	117	196,650			
4 AWARDS	5	145,000			
5 HARSHIP ASSISTANCE	6	13,562			
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)**

Compensation Information

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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

	Yes	No								
<p>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.</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
<p>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</p>	X									
<p>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?</p>	X									
<p>3 Indicate which, if any, of the following the 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.</p> <table style="width:100%"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	X	X								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		X								
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		X								
<p>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.</p>		X								
<p>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</p>		X								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II 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)	430,408.	0.	90,062.	35,000.	577,236.	
	(ii)	82,083.	0.	0.		82,083.	
2 JOHN M. SPAIN EXECUTIVE VICE PRESIDENT	(i)	329,187.	0.	371,965.	35,000.	748,758.	276,642.
	(ii)	0.	0.	0.			
3 EDMUND J. GIERING, IV ASSISTANT SECRETARY	(i)	176,144.	0.	5,446.	24,063.	231,306.	
	(ii)	0.	0.	0.		0.	
4 DEBORAH PICKELL DIRECTOR OF FINANCE	(i)	202,364.	0.	23,873.	46,813.	282,483.	
	(ii)	0.	0.	0.		0.	
5 MUKUL VERMA DIRECTOR OF COMMUNICATIONS	(i)	132,500.	0.	611.	16,563.	158,971.	
	(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 AND SOCIAL CLUB DUES FOR JOHN SPAIN, EDMUND GIERING, 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.

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

JOHN SPAIN AND DEBORAH PICKELL PARTICIPATE IN AN IRC SECTION 457(F) 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. JOHN SPAIN RECEIVED A DISTRIBUTION OF \$279,562 IN THE CURRENT YEAR.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2019

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
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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

(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

(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)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ Schedule L (Form 990 or 990-EZ) 2019

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	110,000	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)**

Noncash Contributions

OMB No 1545-0047

2019

**Open to Public
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Department of the Treasury
Internal Revenue Service

- ▶ 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.

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

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	191.	6,337,576.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	4.	3,196,630.	FMV
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 ▶ (AUCTION ITEMS)	X	73.	16,745.	DONOR'S ESTIMATE
26 Other ▶ (RAFFLE ITEM)	X	1.	4,199.	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** 3.

		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			

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

Name of the organization

BATON ROUGE AREA FOUNDATION

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

2019

**Open to Public
Inspection**

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

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 2019 TAX YEAR.

PART XI, LINE 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCES: REVERSAL OF GRANT EXPENSES:
\$1,022,650

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, 2019. 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, 2019.

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>
EXPLORATORIUM PIER 17, SUITE 100 SAN FRANCISCO, CA 94111	LIGO CONSULTANT	154,722.
RAND CORPORATION PO BOX 2138 SANTA MONICA, CA 90407	EDUCATION CONSULTANT	150,000.
TEMBO, INC. 1639 N. HANCOCK ST. PHILADELPHIA, PA 19122	EDUCATION CONSULTANT	150,000.
PROPEL AMERICA PO BOX 990443 BOSTON, MA 02199	EDUCATION CONSULTANT	241,820.
KPMG LLP 301 MAIN STREET, SUITE 2150 BATON ROUGE, LA 70801	TAX SERVICES	108,675.

**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

▶ 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 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-GALVEZ, LLC 71-0890765 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	RENTAL	LA	75,854.	68,398.	BRAF
(2) DOUGLAS MANSHP SR. THEATER COMPLEX, LLC 33-1026428 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	THEATER INV	LA	-480,770.	11,978,807.	BRAF
(3) ALVIN & LOUISE ALBRITTON MEMORIAL FUND 04-3687759 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY RENT	LA	765,961.	18,069,039.	BRAF
(4) ALVIN & LOUISE ALBRITTON MEMORIAL FUND II 46-1500869 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY RENT	LA	144,351.	3,634,026.	BRAF
(5) BRAF LEBLANC LLC 45-3769752 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY RENT	LA	295.	175.	BRAF
(6) STOREHOUSE 28, LLC 81-4372700 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY RENT	LA	13,722.	0.	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 58-2019715 450 MAIN STREET BATON ROUGE, LA 70802	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(2) HELEN S BARNES TRUST 72-6092736 PO BOX 3038 MILWAUKEE, WI 53201	SUPPORT ORG	LA	501(C)(3)	PF	BRAF		X
(3) E J MARJORY OURSO FAMILY FOUNDATION 72-1303806 DONALDSONVILLE, LA 70346	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(4) MILFORD WAMPOLD SUPPORT FOUNDATION 72-1406374 4171 ESSEN LANE BATON ROUGE, LA 70809	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(5) COMMUNITY FOUNDATION OF SOUTHWEST LA 72-1508036 PO BOX 3125 LAKE CHARLES, LA 70602	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(6) NEWTON B THOMAS SUPPORT FOUNDATION 30-0169264 8183 W EL CAJON BATON ROUGE, LA 70815	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(7) GULF COAST RESTORATION & PROTECTION 20-4146236 100 NORTH STREET, SUITE 900 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) 2019

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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) BRAF CORNWALLIS, LLC 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LA	0.	2,500,000.	BRAF
(2) BRAF HUNT, LLC 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LA	24,604.	1,250,000.	BRAF
(3) 725 MAIN LLC 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LA	0.	1,175,000.	BRAF
(4) CORNWALLIS NC CPDC, LLC 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LA	0.	0.	BRAF CORNWAL
(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	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	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	SUPPORT ORG	LA	501(C)(3)	11, TYPE 1	BRAF		X
(4) NORTSHORE COMMUNITY FOUNDATION 807 N COLUMBIA STREET COVINGTON, LA 70433	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) 2019

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) 5401 NORTH INVESTMENTS III, LL 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	WMF	N/A								
(4) 5401 CFN I, LLC 83-1285927 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	5401 NORTH INVE	N/A								
(5) CPRT AMERICANA, LLC 47-167217 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CPRT	N/A								
(6) 5401 NORTH INVESTMENTS I 84-20 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CPRT	N/A								
(7) TRANSBIO VENTURES, LP 820 GARRET DRIVE BOSSIER CITY, INVESTMENT	INVESTMENT	DE	BRAF	N/A	184,639	5,938,439		X	0		X	60 1402

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	REAL ESTATE	LA	WMF	C CORP					
(2) COMMERCIAL PROPERTIES REALTY TRUST 450 MAIN STREET BATON ROUGE, LA 70802	REAL ESTATE	MD	WMF	C CORP					
(3) COMMERCIAL PROPERTIES MGMT CORP 450 MAIN STREET BATON ROUGE, LA 70802	REAL ESTATE MGMT	LA	WMF	C CORP					
(4) COMMERCIAL PROPERTIES DEVELOPMENT CORP 450 MAIN STREET BATON ROUGE, LA 70802	REAL ESTATE	LA	COM PROP MGT CO	C CORP					
(5) BON CARRE CPDC II, INC 450 MAIN STREET BATON ROUGE, LA 70802	HOLDING CORP	LA	CP REALTY TRUST	C CORP					
(6) CHARITABLE REMAINDER TRUSTS (8) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	TRUST					
(7) CHARITABLE REMAINDER TRUST (1) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	NC	BRAF	TRUST					

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) CANCER FOCUS FUND, LP 83-28015 2450 HOLCOMBE BLVD HOUSTON, TX	INVESTMENT	TX	BRAF	N/A	11,336	787,039		X	0		X	73 2601
(2) BCBC LAND, LLC 26-2113124 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CPDC PROPERTIES	N/A								
(3) BCBC SHOPPES, LLC 38-3993641 450 MAIN STREET BATON ROUGE, L	REAL ESTATE	LA	CPDC PROPERTIES	N/A								
(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 TRUST (3) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT		BRAF	TRUST					
(2) CHARITABLE LEAD ANNUITY TRUST (1) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	TRUST					
(3) GRAY FOX MINERAL CORPORATION 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	S CORP	2,557	11,768	100 0000	X	
(4) FRONT STREET CONDOMINIUM ASSOC, INC. 450 MAIN STREET BATON ROUGE, LA 70802	REAL ESTATE	LA	CP REALTY TRUST	C CORP					
(5)									
(6)									
(7)									

Part IV 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

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?		Yes	No
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	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NORTHSHORE COMMUNITY FOUNDATION	B	175,000.	FMV
(2)	NEWTON B. THOMAS SUPPORT FOUNDATION	C	600,000.	FMV
(3)	HELEN S. BARNES TRUST	C	262,410.	FMV
(4)	WILBUR MARVIN FOUNDATION	C	500,000.	FMV
(5)	WILBUR MARVIN FOUNDATION	K	363,579.	FMV
(6)	CREDIT BUREAU OF BATON ROUGE FOUNDATION	L	111,658.	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	

	(a) Name of related organization	(b) Transaction type (e-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NEWTON B. THOMAS SUPPORT FOUNDATION	L	58,026.	FMV
(2)	NORTHSHORE COMMUNITY FOUNDATION	L	79,931.	FMV
(3)	COMMUNITY FOUNDATION OF SOUTHWEST LOUISIANA	L	120,600.	FMV
(4)	COMMERCIAL PROPERTIES REALTY TRUST	F	444,500.	FMV
(5)	CANCER FOCUS FUND	B	1,000,000.	FMV
(6)	TRANSBIO VENTURES, LP	S	532,333.	FMV

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

Table with 16 rows and 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (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; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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