

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BATON ROUGE AREA FOUNDATION</b>		<b>D</b> Employer identification number <b>72-6030391</b>
	Doing business as		<b>E</b> Telephone number <b>225-387-6126</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>100 NORTH STREET, SUITE 900</b>		<b>G</b> Gross receipts \$ <b>55,859,474.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BATON ROUGE, LA 70802</b>		
<b>F</b> Name and address of principal officer: <b>CHRIS MEYER</b> <b>100 NORTH STREET, SUITE 900, BATON ROUGE, LA</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**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**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FOUNDATION UNITES HUMAN &amp; FINANCIAL RESOURCES TO ENHANCE QUALITY OF LIFE IN SOUTHERN LOUISIANA</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>21</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>20</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) ..... <b>5</b> <b>29</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>59</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>1,419,751.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>1,826,821.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>28,575,218.</b> <b>Prior Year</b> <b>41,540,278.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>6,347,236.</b> <b>14,097,001.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>108,104.</b> <b>66,518.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>35,030,558.</b> <b>55,703,797.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>26,391,126.</b> <b>27,257,106.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>3,801,271.</b> <b>4,051,686.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>689,724.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>3,910,882.</b> <b>5,905,947.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>34,103,279.</b> <b>37,214,739.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>927,279.</b> <b>18,489,058.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>293,247,071.</b> <b>Beginning of Current Year</b> <b>341,014,842.</b> <b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>7,482,116.</b> <b>9,890,880.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>285,764,955.</b> <b>331,123,962.</b>

**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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>CHRIS MEYER, CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MAXWELL BARLOW</b>	Preparer's signature <i>Max E Barlow</i>	Date <b>11/15/2022</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01959439</b>
	Firm's name ▶ <b>KPMG LLP</b>	Firm's address ▶ <b>301 MAIN STREET, SUITE 2150 BATON ROUGE, LA 70801</b>	Firm's EIN ▶ <b>13-5565207</b>	Phone no. <b>225-344-4000</b>	

May the IRS discuss this return with the preparer shown above? See instructions .....  Yes  No

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>BATON ROUGE AREA FOUNDATION</b>	Taxpayer identification number (TIN) <b>72-6030391</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>100 NORTH STREET, SUITE 900</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BATON ROUGE, LA 70802</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**DEBORAH PICKELL**

- The books are in the care of ▶ **100 NORTH STREET, SUITE 900 - BATON ROUGE, LA 70802**

Telephone No. ▶ **225-387-6126** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2021** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
BATON ROUGE AREA FOUNDATION 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

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 [X] 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 [X] 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 \$ 29,691,498. including grants of \$ 27,257,106. ) (Revenue \$ )
SERVING THE BATON ROUGE AND SOUTH LOUISIANA AREA BY FUNDING VARIOUS NONPROFITS, PROGRAMS, AND PROJECTS BENEFITTING THE NEEDY AND THE COMMUNITY AS A WHOLE.

4b (Code: ) (Expenses \$ 2,820,360. including grants of \$ ) (Revenue \$ )
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 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 GRAVITATIONAL WAVES BY MEASURING DISTORTIONS IN SPACE AND TIME; AND THE ONGOING ACTIVITIES OF THE WATER INSTITUTE OF THE GULF.

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 32,511,858.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	<b>X</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		<b>X</b>
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>X</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>X</b>	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>X</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>X</b>	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		<b>X</b>
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>X</b>	
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>X</b>	
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....		<b>X</b>
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>X</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b> X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 95	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, 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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 21		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CT, DC, FL, GA, HI, IL, KS, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 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 **DEBORAH PICKELL - 225-387-6126**  
**100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802**

**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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN G. DAVIES PRESIDENT & CEO	35.00 25.00	X		X				525,017.	3,350,000.	60,161.
(2) JOHN M. SPAIN EXECUTIVE VICE PRESIDENT	45.00 0.00			X				427,383.	0.	49,962.
(3) DEBORAH PICKELL DIRECTOR OF FINANCE	45.00 0.00				X			239,661.	0.	59,068.
(4) EDMUND J. GIERING, IV ASSISTANT SECRETARY	40.00 0.00			X				213,274.	0.	62,587.
(5) MUKUL VERMA DIRECTOR OF COMMUNICATIONS	40.00 0.00					X		143,112.	0.	27,707.
(6) LAUREN C. JUMONVILLE DIRECTOR OF CIVIC LEADERSH	40.00					X		106,997.	0.	47,704.
(7) COURTNEY GUSTIN CONTROLLER	40.00					X		104,621.	0.	40,200.
(8) RAYMOND PRINCE FINANCIAL OPERATIONS MANAG	40.00					X		118,482.	0.	25,759.
(9) WILLIAM E. BALHOFF DIRECTOR	1.00	X		X				0.	0.	0.
(10) JENNIFER EPLETT REILLY CHAIR	1.00	X		X				0.	0.	0.
(11) DONNA D. FRAICHE DIRECTOR	1.00	X						0.	0.	0.
(12) FRANCIS C. JUMONVILLE, JR. TREASURER	2.00 1.00	X		X				0.	0.	0.
(13) S. DENNIS BLUNT DIRECTOR	1.00	X						0.	0.	0.
(14) ANNETTE D. BARTON DIRECTOR	1.00	X						0.	0.	0.
(15) THOMAS J. ADAMEK DIRECTOR	1.00	X						0.	0.	0.
(16) B. EUGENE BERRY, MD DIRECTOR	1.00	X						0.	0.	0.
(17) RODNEY C. BRAXTON DIRECTOR	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) PRESTION J. CASTILLE, JR. DIRECTOR	1.00	X						0.	0.	0.
(19) HELENA R. CUNNINGHAM SECRETARY	1.00	X		X				0.	0.	0.
(20) BEVERLY M. HAYDEL DIRECTOR	1.00	X						0.	0.	0.
(21) JEFFREY W. KOONCE VICE-CHAIR	1.00	X		X				0.	0.	0.
(22) CHARLES W. LAMAR, III DIRECTOR	1.00	X						0.	0.	0.
(23) TODD S. MANUEL DIRECTOR	1.00	X						0.	0.	0.
(24) LINDA O. POSNER DIRECTOR	1.00	X						0.	0.	0.
(25) MATTHEW C. SAURAGE DIRECTOR	1.00	X						0.	0.	0.
(26) NICKLOS S. "NICK" SPEYRER, JR. DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								1,878,547.	3,350,000.	373,148.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								1,878,547.	3,350,000.	373,148.

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 **8**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, 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
ALVAREZ & MARSAL PUBLIC SECTOR SERVICES, LL 600 MADISON AVENUE 8TH FLOOR, NEW YORK, NY	GOOD JOBS CHALLENGE CONSULTANT	375,000.
NICHOLAS BOLT, 1201 SWEETBAY PLACE, SILVER SPRINGS, MD 20906	BLOOMBERG/DEPT OF EDUCATION GRANT CONS	143,000.
EXPLORATORIUM PIER 17, SUITE 100, SAN FRANCISCO, CA 94111	LIGO CONSULTANT	135,675.
BOARD WALK CONSULTING 2870 PEACHTREE ROAD NW, ATLANTA, GA 30305	EXECUTIVE SEARCH CONSULTANT	126,227.
LAMAR COMPANIES PO BOX 96030, BATON ROUGE, LA 70896	ADVERTISING	122,100.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for SCOTT N. HENSGENS and KAREN R. WILLIAMS, MD.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	<b>1a</b>			
	<b>b</b>	Membership dues	<b>1b</b>			
	<b>c</b>	Fundraising events	<b>1c</b>	47,381.		
	<b>d</b>	Related organizations	<b>1d</b>	2,153,460.		
	<b>e</b>	Government grants (contributions)	<b>1e</b>	434,510.		
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	38,904,927.		
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 12,923,137.		
	<b>h</b>	<b>Total.</b> Add lines 1a-1f		41,540,278.		
	Program Service Revenue	<b>2 a</b>		<b>Business Code</b>		
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>		All other program service revenue				
<b>g</b>		<b>Total.</b> Add lines 2a-2f				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		5,958,700.	1403751.	4554949.
	<b>4</b>	Income from investment of tax-exempt bond proceeds				
	<b>5</b>	Royalties				
	<b>6 a</b>	Gross rents	(i) Real	182,101.		
			(ii) Personal			
	<b>6 b</b>	Less: rental expenses		138,047.		
	<b>6 c</b>	Rental income or (loss)		44,054.		
	<b>d</b>	Net rental income or (loss)		44,054.		44,054.
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	8,138,301.		
			(ii) Other			
	<b>7 b</b>	Less: cost or other basis and sales expenses		0.		
<b>7 c</b>	Gain or (loss)		8,138,301.			
<b>d</b>	Net gain or (loss)		8,138,301.		8138301.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 47,381. of contributions reported on line 1c). See Part IV, line 18		24,094.			
<b>8 b</b>	Less: direct expenses		17,630.			
<b>c</b>	Net income or (loss) from fundraising events		6,464.		6,464.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19					
<b>9 b</b>	Less: direct expenses					
<b>c</b>	Net income or (loss) from gaming activities					
<b>10 a</b>	Gross sales of inventory, less returns and allowances					
<b>10 b</b>	Less: cost of goods sold					
<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>	CONSULTING INCOME	561000	16,000.	16,000.	
	<b>b</b>					
	<b>c</b>					
	<b>d</b>	All other revenue				
	<b>e</b>	<b>Total.</b> Add lines 11a-11d		16,000.		
<b>12</b>	<b>Total revenue.</b> See instructions		55,703,797.	0.	1419751.	12743768.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	26,633,105.	26,633,105.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	340,780.	340,780.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	283,221.	283,221.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,452,358.	646,101.	594,326.	211,931.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,470,514.	580,253.	824,635.	65,626.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	441,573.	185,731.	205,229.	50,613.
9 Other employee benefits	504,009.	211,468.	244,680.	47,861.
10 Payroll taxes	183,232.	76,879.	88,953.	17,400.
11 Fees for services (nonemployees):				
a Management				
b Legal	34,545.	19,779.	6,571.	8,195.
c Accounting	193,899.	13,500.	180,399.	
d Lobbying	133,594.	133,594.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,103,741.		1,103,741.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	365,980.	124,080.	159,658.	82,242.
12 Advertising and promotion	28,558.			28,558.
13 Office expenses	205,962.	60,263.	62,673.	83,026.
14 Information technology	184,364.	42,931.	126,019.	15,414.
15 Royalties				
16 Occupancy	425,962.	189,562.	197,724.	38,676.
17 Travel	55,070.	27,830.	23,645.	3,595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	121,664.	35,879.	77,923.	7,862.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,296.	34,529.	39,952.	7,815.
23 Insurance	96,419.	40,455.	46,808.	9,156.
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 <b>PROJECT EXPENSES</b>	2,820,360.	2,820,360.		
b <b>OTHER EXPENSES</b>	28,811.	3,154.	15,805.	9,852.
c <b>DUES AND SUBSCRIPTIONS</b>	21,804.	8,404.	11,498.	1,902.
d <b>UBI TAXES</b>	2,918.		2,918.	
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	37,214,739.	32,511,858.	4,013,157.	689,724.
<b>26 Joint costs.</b> 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)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	16,017,308.	<b>1</b>	6,900,574.
	<b>2</b> Savings and temporary cash investments .....	15,271,460.	<b>2</b>	27,242,410.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	265,713.	<b>4</b>	671,623.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	2,222,238.	<b>7</b>	1,820,032.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	6,080.	<b>9</b>	34,354.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 21,815,611.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 872,444.	<b>10c</b>	20,943,167.
	<b>11</b> Investments - publicly traded securities .....	143,793,899.	<b>11</b>	177,392,007.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	77,970,945.	<b>12</b>	89,272,024.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	11,144,245.	<b>13</b>	10,580,042.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,474,206.	<b>15</b>	6,158,609.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	293,247,071.	<b>16</b>	341,014,842.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	409,136.	<b>17</b>	380,067.
	<b>18</b> Grants payable .....	2,794,290.	<b>18</b>	2,068,114.
	<b>19</b> Deferred revenue .....	533,217.	<b>19</b>	3,822,798.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	434,510.	<b>23</b>	-251,172.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,310,963.	<b>25</b>	3,871,073.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	7,482,116.	<b>26</b>	9,890,880.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	174,648,666.	<b>27</b>	214,199,051.
	<b>28</b> Net assets with donor restrictions .....	111,116,289.	<b>28</b>	116,924,911.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	285,764,955.	<b>32</b>	331,123,962.
<b>33</b> Total liabilities and net assets/fund balances .....	293,247,071.	<b>33</b>	341,014,842.	

**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	55,703,797.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,214,739.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,489,058.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	285,764,955.
5	Net unrealized gains (losses) on investments	5	26,285,800.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	209,849.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	374,300.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	331,123,962.

**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 on 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
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2021)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> BATON ROUGE AREA FOUNDATION	<b>Employer identification number</b> 72-6030391
----------------------------------------------------------------	-----------------------------------------------------

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 on 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		
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	40131081.	31752259.	29102418.	28575217.	41540278.	171101253
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	40131081.	31752259.	29102418.	28575217.	41540278.	171101253
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						30116952.
<b>6 Public support.</b> Subtract line 5 from line 4.						140984301

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	40131081.	31752259.	29102418.	28575217.	41540278.	171101253
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4849720.	5899806.	4912836.	4944146.	6009218.	26615726.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					16,000.	16,000.
<b>11 Total support.</b> Add lines 7 through 10						197732979
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	71.30	%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	69.49	%
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> 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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

**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.)

Horizontal lines for supplemental information input.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**BATON ROUGE AREA FOUNDATION**

Employer identification number

**72-6030391**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization  <b>BATON ROUGE AREA FOUNDATION</b>	Employer identification number  <b>72-6030391</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>7,867,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>960,020.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>2,141,088.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>873,741.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>1,457,651.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BATON ROUGE AREA FOUNDATION</b>	Employer identification number  <b>72-6030391</b>
----------------------------------------------------------------	---------------------------------------------------------

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	 <hr/> <hr/> <hr/>	\$ <u>1,654,283.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ <u>1,995,984.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	 <hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
10	 <hr/> <hr/> <hr/>	\$ <u>3,504,255.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	 <hr/> <hr/> <hr/>	\$ <u>1,081,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
12	 <hr/> <hr/> <hr/>	\$ <u>2,094,123.</u>	Person Payroll Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BATON ROUGE AREA FOUNDATION</b>	Employer identification number  <b>72-6030391</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	11,208 SHARES VANGUARD TOTAL STOCK ADM, 523 SHARES VANGUARD 500 INDEX FUND, 1,130 SHARES VANGUARD GNMA FUND, 7,621 SHARES VANGUARD INTERMEDIATE	\$ 1,427,583.	04/16/21
8	16,600 SHARES LAMAR ADVERTISING COMPANY	\$ 1,995,984.	11/17/21
10	2,000,000 SHARES GIFTED HOLDINGS LLC	\$ 2,000,000.	10/07/21
12	172,640 SHARES EXPRESS LIEN INC.	\$ 2,094,123.	12/02/21
		\$ _____	_____
		\$ _____	_____

Name of organization <b>BATON ROUGE AREA FOUNDATION</b>	Employer identification number <b>72-6030391</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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 <b>BATON ROUGE AREA FOUNDATION</b>	Employer identification number <b>72-6030391</b>
------------------------------------------------------------	-----------------------------------------------------

**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.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	145,580.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	145,580.													
<b>d</b>	Other exempt purpose expenditures .....	32,366,278.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	32,511,858.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	316,080.		53,707.	145,580.	515,367.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> 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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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).**

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>	

**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.

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	257	213
2 Aggregate value of contributions to (during year) .....	25,285,104.	7,216,735.
3 Aggregate value of grants from (during year) .....	-17,546,428.	-3,198,560.
4 Aggregate value at end of year .....	97,481,778.	101,054,862.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ **86,400.**

**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

**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	101,347,089.	100,267,019.	96,266,917.	105,251,590.	105,233,528.
b Contributions	2,462,411.	1,722,473.	2,109,156.	1,281,803.	2,953,433.
c Net investment earnings, gains, and losses	15,853,744.	7,383,459.	10,538,884.	328,182.	9,042,836.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,379,379.	7,612,709.	8,265,719.	10,144,362.	11,516,730.
f Administrative expenses	454,303.	413,153.	382,219.	450,296.	461,477.
g End of year balance	110,829,562.	101,347,089.	100,267,019.	96,266,917.	105,251,590.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  29.0577 %
  - b Permanent endowment  67.7364 %
  - c Term endowment  3.2057 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes | No                                  |
|---------------------------------------------------------------------------------------------------------------------|-----|-------------------------------------|
| (i) Unrelated organizations                                                                                         |     | <input checked="" type="checkbox"/> |
| (ii) Related organizations                                                                                          |     | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |                                     |
- 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	17,527,065.			17,527,065.
b Buildings	2,582,090.			2,582,090.
c Leasehold improvements		828,916.	380,228.	448,688.
d Equipment		877,540.	492,216.	385,324.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,943,167.



**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.	COST
(3) Other		
(A) PRIVATE EQUITY	44,174,855.	END-OF-YEAR MARKET VALUE
(B) HEDGE FUNDS	5,722,911.	END-OF-YEAR MARKET VALUE
(C) VENTURE CAPITAL	15,624,954.	END-OF-YEAR MARKET VALUE
(D) PRIVATE INV, P'SHIP &		
(E) OTHER	6,861,323.	END-OF-YEAR MARKET VALUE
(F) REAL ESTATE &		
(G) INFRASTRUCTURE	3,556,592.	END-OF-YEAR MARKET VALUE
(H) GS TACTICAL TILT	4,508,645.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	89,272,024.	

**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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY FOR DEFERRED COMP	1,395,962.
(3) LIABILITY FOR SPLIT-INTEREST A	2,475,111.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	3,871,073.

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.

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

**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.

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

**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.

**PART X, LINE 2:**

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, 2021 AND 2020, 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

**Part XIII** Supplemental Information (continued)

WOULD EITHER INCREASE OR DECREASE WITHIN THE NEXT YEAR.

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.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

Employer identification number

**BATON ROUGE AREA FOUNDATION**

**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
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		30,530,875.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		20,466,794.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTMAKING		16,250.
EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		18,000.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING		12,031.
RUSSIA AND NEIGHBORING STATES	0	0	GRANTMAKING		250.
SOUTH AMERICA	0	0	GRANTMAKING		500.
SOUTH ASIA	0	0	GRANTMAKING		2,500.
<b>3 a Subtotal</b> .....	0	0			51,047,200.
<b>b Total from continuation sheets to Part I</b> .....	0	0			233,690.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			51,280,890.

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

Schedule F (Form 990) 2021

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING		233,690.
<b>Totals</b> .....					233,690.

**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)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI DISASTER RELIEF	10,000.	CHECK	0.		
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	10,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	7,000.	CHECK	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GENERAL SUPPORT	11,031.	WIRE	0.		
		SUB-SAHARAN AFRICA	SEE PART V	25,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MISSION	6,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MISSION, TWO WELLS	37,100.	CHECK	0.		
		SUB-SAHARAN AFRICA	SEE PART V	158,096.	WIRE	0.		

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶▶ **8**

**3** Enter total number of other organizations or entities ▶▶

**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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)



**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 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 LEGAL OPINION, OR (2) RELYING ON AN AFFIDAVIT FROM THE GRANTS 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 PURPOSE 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.

SCHEDULE F, PART II, LINE 1

PURPOSE OF GRANTS IN SUB-SAHARAN AFRICA: GENERAL SUPPORT, SUPPORT OF CITY YEAR SOUTH AFRICA, FUND COMPLETION OF INFIRMARY WARD AND FUND TUMAINI SECONDARY SCHOOL

**SCHEDULE G  
(Form 990)**

**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.

**2021**

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](http://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

**2 a** 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			
<b>Total</b> .....						

**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 (add col. (a) through col. (c))	
		MAPP GOLF TOUR. (event type)	NEIGHBORS (event type)	NONE (total number)		
Revenue	1	Gross receipts	46,725.	24,750.		71,475.
	2	Less: Contributions	25,557.	21,824.		47,381.
	3	Gross income (line 1 minus line 2)	21,168.	2,926.		24,094.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	3,010.			3,010.
	6	Rent/facility costs	14,620.			14,620.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					6,464.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a 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 explanations 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Part IV Supplemental Information (continued)

Ruled area for supplemental information with horizontal lines.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

**BATON ROUGE AREA FOUNDATION**

Employer identification number  
**72-6030391**

**Part I General Information on Grants and Assistance**

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

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

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
100 BLACK MEN OF METROPOLITAN BATON ROUGE - 2050 NORTH FOSTER DRIVE - BATON ROUGE, LA 70806	72-1235682	501 (C) (3)	71,000.	0.			SUPPORT A PROFESSIONAL FUNDRAISER AND EDUCATIONAL TRIP TO WASHINGTON, DC
ACADEMIC DISTINCTION FUND POST OFFICE BOX 2564 BATON ROUGE, LA 70821	72-1300995	501 (C) (3)	200,512.	0.			GENERAL SUPPORT
ACTS OF LOVE INC. POST OFFICE BOX 63061 LAFAYETTE, LA 70596	27-3893664	501 (C) (3)	25,500.	0.			GENERAL SUPPORT, SUPPORT OF SUMMER YOUTH CAMPS, AND CHRISTMAS TOYS FOR CHILDREN
AGENDA FOR CHILDREN INC. - NEW ORLEANS - 8300 EARHART BOULEVARD, SUITE 201 - NEW ORLEANS, LA 70118	72-1058157	501 (C) (3)	50,000.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
ALLEN CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH - POST OFFICE BOX 1826 - THIBODAUX, LA 70302	20-4376696	501 (C) (3)	15,000.	0.			REBUILDING AFTER SUSTAINING MAJOR DAMAGE IN HURRICANE IDA
ALZHEIMER'S SERVICES OF THE CAPITAL AREA - 3772 NORTH BOULEVARD - BATON ROUGE, LA 70806	72-1082047	501 (C) (3)	23,866.	0.			GENERAL SUPPORT, SPONSOR OF A WALK TO REMEMBER, AND ROSEMARY SOCIETY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **290.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **0.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
AMERICAN HEART ASSOCIATION INC. - GREATER SOUTHEAST AFFILIATE - 14241 COURSEY BOULEVARD, SUITE A-12 BOX 129 - BATON ROUGE, LA	13-5613797	501 (C) (3)	38,670.	0.			GENERAL SUPPORT - BATON ROUGE AND MISSISSIPPI
AMERICAN NATIONAL RED CROSS - HEADQUARTERS - POST OFFICE BOX 37839 - BOONE, IA 50037	53-0196605	501 (C) (3)	56,360.	0.			GENERAL SUPPORT - TEXAS FLOOD, HURRICANE IDA RESPONSE
AMIKIDS FOUNDATION INC. 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	59-3095734	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
ARTS COUNCIL OF GREATER BATON ROUGE INC. - 233 SAINT FERDINAND STREET - BATON ROUGE, LA 70802	72-0735814	501 (C) (3)	156,636.	0.			GENERAL SUPPORT
ARTS COUNCIL OF NEW ORLEANS POST OFFICE BOX 58379 NEW ORLEANS, LA 70158	72-0778258	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
ASCENSION PARISH SCHOOL BOARD 1100 WEBSTER STREET DONALDSONVILLE, LA 70346	72-6000093	170 (C) (1)	6,450.	0.			SUPPORT OF SPECIAL PROJECTS
ATTIC TRASH AND TREASURE 2923 MCCARROLL DRIVE BATON ROUGE, LA 70809	86-1490861	501 (C) (3)	30,000.	0.			GENERAL SUPPORT
BATON ROUGE AREA VIOLENCE ELIMINATION INC. / TRUCE BATON ROUGE INC. - 1120 GOVERNMENT STREET - BATON ROUGE, LA 70802	47-3309159	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
BATON ROUGE BALLET THEATRE INC. POST OFFICE BOX 82288 BATON ROUGE, LA 70884	72-0730277	501 (C) (3)	5,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BATON ROUGE CHRISTIAN EDUCATION FOUNDATION INC. - THE DUNHAM SCHOOL - 11111 ROY EMERSON DRIVE - BATON ROUGE, LA 70810	72-0921878	501 (C) (3)	292,723.	0.			GENERAL SUPPORT, SUPPORT OF QUEST CENTER UPDATE, AND SCHOLARSHIP PROGRAM
BATON ROUGE CRISIS INTERVENTION CENTER INC. - 3013 OLD FORGE AVENUE - BATON ROUGE, LA 70808	72-0768965	501 (C) (3)	31,036.	0.			GENERAL SUPPORT
BATON ROUGE GALLERY INC. 1515 DALRYMPLE DRIVE BATON ROUGE, LA 70808	72-6032632	501 (C) (3)	42,500.	0.			GENERAL SUPPORT AND SUPPORT KINETICS 2021
BATON ROUGE GREEN ASSOCIATION INC. 2241 CHRISTIAN STREET BATON ROUGE, LA 70808	72-1124182	501 (C) (3)	127,498.	0.			GENERAL SUPPORT, SUPPORT OF LIVING ROADWAYS, CITY CITRUS AND BRENTWOOD PROJECT
BATON ROUGE HIGH SCHOOL FOUNDATION POST OFFICE BOX 80454 BATON ROUGE, LA 70898	72-1308350	501 (C) (3)	7,750.	0.			GENERAL SUPPORT AND SUPPORT WRH/KBRH
BATON ROUGE OPERA GUILD 9164 OXFORD PLACE DRIVE BATON ROUGE, LA 70809	51-0178682	501 (C) (3)	9,239.	0.			GENERAL SUPPORT
BATON ROUGE REGIONAL EYE BANK INC. 7777 HENNESSY BOULEVARD, SUITE 1005 BATON ROUGE, LA 70808	72-1513169	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
BATON ROUGE SPONSORING COMMITTEE 2019 GOVERNMENT STREET BATON ROUGE, LA 70806	80-0581861	501 (C) (3)	6,250.	0.			GENERAL SUPPORT, AND SUPPORT THE FREEDOM PROJECT, SAVE OUR WATER CAMPAIGN, AND TOGETHER BR
BATON ROUGE YOUTH COALITION INC. 460 NORTH 11TH STREET BATON ROUGE, LA 70802	26-2477597	501 (C) (3)	262,751.	0.			GENERAL SUPPORT AND SUPPORT OF COLLEGE PREP PROGRAMS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
BAYOU COMMUNITY FOUNDATION POST OFFICE BOX 582 HOUMA, LA 70361	83-2205950	501 (C) (3)	298,450.	0.			SUPPORT HURRICANE IDA RELIEF
BLACK TEACHER COLLABORATIVE INCORPORATED - 2170 BOULEVARD GRANADA - ATLANTA, GA 30311	81-5155921	501 (C) (3)	166,667.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
BLUE ENGINE INC. 142 WEST 57TH STREET, 11TH FLOOR NEW YORK, NY 10019	27-1182991	501 (C) (3)	100,000.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
BOARD OF TRUSTEES OF THE ST. JOSEPH CATHOLIC CEMETARY FUND - POST OFFICE BOX 80178 - BATON ROUGE, LA 70898	80-0751046	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
BOOK HARVEST 2501 UNIVERSITY DRIVE DURHAM, NC 27707	45-2610533	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA - I-STROUMA AREA COUNCIL - 9644 BROOKLINE AVENUE - BATON ROUGE, LA 70809	22-1576300	501 (C) (3)	127,093.	0.			GENERAL SUPPORT, AND SUPPORT OF SUMMER CAMPS
BOYS & GIRLS CLUBS OF GREATER BATON ROUGE INC. - 8281 GOODWOOD BOULEVARD, SUITE A - BATON ROUGE, LA 70806	72-0928014	501 (C) (3)	121,500.	0.			GENERAL SUPPORT
BREADA - BIG RIVER ECONOMIC & AGRICULTURAL DEVELOPMENT ALLIANCE - POST OFFICE BOX 3976 - BATON ROUGE, LA 70821	72-1332566	501 (C) (3)	85,250.	0.			GENERAL SUPPORT, SUPPORT STAFF BUILDING, NEW EQUIPMENT, AND HURRICANE IDA RELIEF
BROADMOOR UNITED METHODIST CHURCH 10230 MOLLYLEA DRIVE BATON ROUGE, LA 70815	72-6015656	501 (C) (3)	90,000.	0.			BUILDING FUND

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
CALVARY BAPTIST CHURCH 5011 JACKSON STREET ALEXANDRIA, LA 71303	72-6000247	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
CAMBIAR EDUCATION 4653 CARMEL MOUNTAIN ROAD, SUITE 30 SAN DIEGO, CA 92130	81-3508420	501 (C) (3)	133,334.	0.		THE LOUISIANA EDUCATION PROJECT: 2015-2021	
CAMELBACK VENTURES INC. 612 ANDREW HIGGINS BOULEVARD, THIRD FLOOR - NEW ORLEANS, LA 70130	46-3169470	501 (C) (3)	50,000.	0.		THE LOUISIANA EDUCATION PROJECT: 2015-2021	
CANCER SERVICES INC. 550 LOBDELL AVENUE BATON ROUGE, LA 70806	82-4227871	501 (C) (3)	142,170.	0.			GENERAL SUPPORT
CAPITAL AREA ALLIANCE FOR THE HOMELESS - 153 NORTH 17TH STREET - BATON ROUGE, LA 70802	72-1392169	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
CAPITAL AREA AUTISM NETWORK 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	86-2583905	501 (C) (3)	44,235.	0.			GENERAL SUPPORT
CAPITAL AREA FAMILY VIOLENCE BATTERED WOMEN'S PROGRAM - POST OFFICE BOX 52809 - BATON ROUGE, LA 70802	72-0986008	501 (C) (3)	65,300.	0.			GENERAL SUPPORT
CAPITAL AREA UNITED WAY 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100	501 (C) (3)	576,916.	0.			GENERAL SUPPORT, SUPPORT OF WOMEN UNITED AND 225 GIVES CAMPAIGN
CATHOLIC CHARITIES ARCHDIOCESE OF NEW ORLEANS - 1000 HOWARD AVENUE, SUITE 200 - NEW ORLEANS, LA 70113	72-0408911	501 (C) (3)	30,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
CATHOLIC CHARITIES OF ACADIANA 405 ST. JOHN STREET LAFAYETTE, LA 70501	72-0977497	501 (C) (3)	30,000.	0.			SUPPORT HURRICANE IDA RELIEF
CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE INC. - 1900 SOUTH ACADIAN THRUWAY - BATON ROUGE, LA 70808	72-0590685	501 (C) (3)	100,500.	0.			PROVIDE ASSISTANCE TO REFUGEES, SUPPORT OF HURRICANE IDA RELIEF
CATHOLIC HIGH SCHOOL FOUNDATION OFFICE OF ADVANCEMENT, POST OFFICE BATON ROUGE, LA 70896	72-1180623	501 (C) (3)	41,270.	0.			GENERAL SUPPORT, SUPPORT OF CAPITAL CAMPAIGN AND SCHOLARSHIP FUNDS
CENTER FOR PLANNING EXCELLENCE INC. - 100 LAFAYETTE STREET - BATON ROUGE, LA 70801	20-3827040	501 (C) (3)	50,250.	0.			GENERAL SUPPORT AND SUPPORT FOR THE SMART GROWTH SUMMIT 2021
CENTRE FOR THE ARTS POST OFFICE BOX 440 NEW ROADS, LA 70760	90-0487110	501 (C) (3)	18,642.	0.			GENERAL SUPPORT
CEREBRAL PALSY ASSOCIATION OF GREATER BATON ROUGE INC./MCMAINS CHILDREN'S DEVELO - 1805 COLLEGE DRIVE - BATON ROUGE, LA 70808	72-0459036	501 (C) (3)	29,050.	0.			GENERAL SUPPORT
CHILDREN'S CUP POST OFFICE BOX 1930 KELLER, TX 76244	42-1385361	501 (C) (3)	6,800.	0.			SUPPORT OF MISSION WORK
CHRIST THE KING PARISH AND CATHOLIC CENTER AT LSU - POST OFFICE BOX 411 - BATON ROUGE, LA 70821	72-0410935	501 (C) (3)	53,819.	0.			GENERAL SUPPORT
CHURCH OF THE GOOD SHEPHERD POST OFFICE BOX 32 CASHIERS, NC 28117	56-1142774	501 (C) (3)	6,000.	0.			GENERAL SUPPORT

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CITY YEAR INC. GIFT PROCESSING, 287 COLUMBUS AVENUE BOSTON, MA 02116	22-2882549	501 (C) (3)	213,500.	0.			HURRICANE RELIEF, GENERAL SUPPORT
COMPANION ANIMAL ALLIANCE 2550 GOURRIER AVENUE BATON ROUGE, LA 70820	27-1204719	501 (C) (3)	107,600.	0.			GENERAL SUPPORT
CONGREGATION B'NAI ISRAEL OF BATON ROUGE - 3354 KLEINERT AVENUE - BATON ROUGE, LA 70806-6836	72-0802838	501 (C) (3)	61,735.	0.			GENERAL SUPPORT, SUPPORT FOR NEW SYNAGOGUE AND FOR ZOOM LICENSES
CONTEMPORARY ARTS CENTER 900 CAMP STREET NEW ORLEANS, LA 70130	72-0798830	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
COOL COOPERATIVE INC. 105 JARRELL DRIVE BELLE CHASSE, LA 70037	46-4909146	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
CREOLE WILD WEST INC. 2907 UPPERLINE STREET NEW ORLEANS, LA 70115	27-4095736	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
CRESTED BUTTE FILM FESTIVAL POST OFFICE BOX 1256 CRESTED BUTTE, CO 81224	84-2999875	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
CRISTO REY BATON ROUGE 4000 ST. GERARD AVENUE BATON ROUGE, LA 70805	47-2311473	501 (C) (3)	38,100.	0.			GENERAL SUPPORT AND SUPPORT OF NEEDY FAMILIES
DALLAS CHILDREN'S ADVOCACY CENTER 5351 SAMUELLE BOULEVARD DALLAS, TX 75228	75-2303404	501 (C) (3)	10,000.	0.			SUPPORT EVOLVING COMMUNITY NEEDS

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
DANCING GROUNDS 3705 ST. CLAUDE AVENUE NEW ORLEANS, LA 70117	45-5084235	501 (C) (3)	7,500.	0.			GENERAL SUPPORT AND SUPPORT OF SPECIAL PROJECTS
IALOGUE ON RACE LOUISIANA POST OFFICE BOX 1903 BATON ROUGE, LA 70821	45-3717303	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA INC. POST OFFICE BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
DOUGLAS MANSHIP SR. THEATRE COMPLEX HOLDING INC. - 100 LAFAYETTE STREET - BATON ROUGE, LA 70801	20-3999559	501 (C) (3)	74,828.	0.			GENERAL SUPPORT, SUPPORT RIVER CENTER SHELTER AND MUSICAL ENCORE SERIES
DREAM DAY FOUNDATION 11919 BRICKSOME AVENUE, SUITE E6 BATON ROUGE, LA 70816	72-1315330	501 (C) (3)	10,000.	0.			SUPPORT FOR LEUKEMIA PATIENTS
DUCKS UNLIMITED INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501 (C) (3)	11,429.	0.			GENERAL SUPPORT AND ENDOWED PROFESSORSHIP AT LSU
DUKE UNIVERSITY - SANFORD SCHOOL OF PUBLIC POLICY - SANFORD ANNUAL FUND, C/O ALUMNI & DEVELOPMENT RECORDS, DUKE UNIVERSITY, BOX -	56-0532129	501 (C) (3)	50,000.	0.			SUPPORT OF THE SANFORD SCHOOL OF PUBLIC SERVICE
EAST BATON ROUGE TRUANCY ASSESSMENT INC. - 1120 GOVERNMENT STREET - BATON ROUGE, LA 70802	72-1497832	501 (C) (3)	62,000.	0.			SUPPORT OF THE FAMILY AND YOUTH SERVICE CENTER
EAST BATON ROUGE PARISH SCHOOL SYSTEM - 1050 SOUTH FOSTER DRIVE - BATON ROUGE, LA 70806	72-6000353	170 (C) (1)	30,250.	0.			SUPPORT OF SPECIAL PROJECTS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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EDNAVIGATOR INC. 612 ANDREW HIGGINS BOULEVARD, THIRD FLOOR - NEW ORLEANS, LA 70130	47-3909778	501 (C) (3)	333,334.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
EDUCATION TRUST INC. 1250 H STREET NORTHWEST, SUITE 700 WASHINGTON, DC 20005	52-1982223	501 (C) (3)	88,890.	0.			THE LOUISIANA EDUCATION: 2015-2021 PROGRAM
ELLA PROJECT 400 ESPLANADE AVENUE NEW ORLEANS, LA 70116	81-2192048	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
EMERGE CENTER INC. 7784 INNOVATION PARK DRIVE BATON ROUGE, LA 70820	45-5434705	501 (C) (3)	94,779.	0.			GENERAL SUPPORT, SUPPORT OF PATIENT ACTIVITY, AND VIVA EMERGE
EMPOWER 225 19202 HIGHLAND ROAD BATON ROUGE, LA 70809	27-3369951	501 (C) (3)	5,100.	0.			GENERAL SUPPORT, LHG BIRTHDAY BOXES, AND CHRISTMAS TOYS
EPISCOPAL CHURCH OF THE HOLY COMMUNION - 58040 COURT STREET - PLAQUEMINE, LA 70764	72-0942208	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
EPISCOPAL HIGH SCHOOL OF BATON ROUGE - 3200 WOODLAND RIDGE BOULEVARD - BATON ROUGE, LA 70816	72-0650540	501 (C) (3)	464,331.	0.			GENERAL SUPPORT SUPPORT FOR WORK COMPLETED OUTSIDE OF THE LDOE CONTRACT AND FOR GUIDE MAINTENANCE
EXCEPTIONAL LIVES INC. 77 HEATH STREET BROOKLINE, MA 02445	46-2333038	501 (C) (3)	20,000.	0.			GENERAL SUPPORT AND FOR THE NORTH CAROLINA STATE UNIVERSITY PROGRAM
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS / FOCUS - POST OFFICE BOX 17408 - DENVER, CO 80217	84-1522811	501 (C) (3)	7,000.	0.			

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FILM FORUM INC. 209 WEST HOUSTON STREET NEW YORK, NY 10014	51-0175953	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH OF BATON ROUGE - 763 NORTH BOULEVARD - BATON ROUGE, LA 70802	72-0417279	501 (C) (3)	36,340.	0.			GENERAL SUPPORT, COUNSELING CENTER
FIRST PRESBYTERIAN CHURCH OF BATON ROUGE FOUNDATION - POST OFFICE BOX 2006 - BATON ROUGE, LA 70821	58-1605059	501 (C) (3)	9,450.	0.			GENERAL SUPPORT, SUPPORT OF THE CAMPUS FUND ENDOWMENT
FIRST UNITED METHODIST CHURCH 930 NORTH BOULEVARD BATON ROUGE, LA 70802	72-0445325	501 (C) (3)	157,365.	0.			GENERAL SUPPORT, SUPPORT OF THE CAPITAL CAMPAIGN, HURRICANE IDA RELIEF EFFORTS
FOUNDATION FOR A BETTER LOUISIANA POST OFFICE BOX 4308 BATON ROUGE, LA 70821	72-0575929	501 (C) (3)	10,200.	0.			GENERAL SUPPORT
FOUNDATION FOR EAST BATON ROUGE SCHOOL SYSTEM - 12000 GOODWOOD BOULEVARD, SUITE 108 - BATON ROUGE, LA 70815	46-1149306	501 (C) (3)	23,000.	0.			GENERAL SUPPORT, SUPPORT OF EVOLVING COMMUNITY NEED, CHRISTMAS TOY DRIVE
FOUNDATION FOR HISTORICAL LOUISIANA INC. / PRESERVE LOUISIANA - 502 NORTH BOULEVARD - BATON ROUGE, LA 70802	72-0642810	501 (C) (3)	56,790.	0.			GENERAL SUPPORT
FOUNDATION FOR WOMAN'S POST OFFICE BOX 95009 BATON ROUGE, LA 70895	47-1970335	501 (C) (3)	54,565.	0.			GENERAL, ARTHRITIS, PATIENT SUPPORT
FRIENDS OF CANTERA INC. POST OFFICE BOX 86233 BATON ROUGE, LA 70879	77-0326005	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FRIENDS OF HILLTOP ARBORETUM INC. POST OFFICE BOX 82608 BATON ROUGE, LA 70884	58-1799472	501 (C) (3)	12,550.	0.			GENERAL SUPPORT AND TO ENHANCE LEGACY PLANTINGS AND IRRIGATION WORK
FRIENDS OF LOUISIANA PUBLIC BROADCASTING INC. - 7733 PERKINS ROAD - BATON ROUGE, LA 70810	72-0794108	501 (C) (3)	40,806.	0.			GENERAL SUPPORT
GAITWAY THERAPEUTIC HORSEMANSHIP 1300 LAWRENCE PARKWAY ST. GABRIEL, LA 70776	20-3367886	501 (C) (3)	128,000.	0.			GENERAL SUPPORT
GENERAL HEALTH SYSTEM FOUNDATION 8595 PICARDY AVENUE, BOX 41 BATON ROUGE, LA 70809	74-0801335	501 (C) (3)	26,900.	0.			GENERAL SUPPORT, SUPPORT OF MEDICAL EDUCATION, CRITICAL CARE BURN UNIT, AND MEDICAL PROJECTS
GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY NORTHWEST ATLANTA, GA 30332	58-0622514	501 (C) (3)	1,000,000.	0.			GENERAL SUPPORT
GOOD SHEPHERD ROMAN CATHOLIC CHURCH - 1025 NAPOLEON AVENUE - NEW ORLEANS, LA 70115	72-0423605	501 (C) (3)	47,000.	0.			SUPPORT OF THE CAPITAL CAMPAIGN
GOULD ACADEMY ADVANCEMENT OFFICE, POST OFFICE BOX BETHEL, ME 04217	01-0211509	501 (C) (3)	200,000.	0.			SUPPORT FOR THE NORTH QUAD PROJECT
GOVERN FOR AMERICA 107 NORTH SALEM ROAD KATONAH, NY 10536	82-5444128	501 (C) (3)	50,000.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC. - 564 LAUREL STREET - BATON ROUGE, LA 70801-1812	72-1270359	501 (C) (3)	95,500.	0.			GENERAL SUPPORT

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**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
GREATER BATON ROUGE FOOD BANK INC. POST OFFICE BOX 45830 BATON ROUGE, LA 70895	72-1065318	501 (C) (3)	77,444.	0.			GENERAL SUPPORT
GROTON SCHOOL 282 FARMERS ROW, POST OFFICE BOX 99 GROTON, MA 01450	04-2104265	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
GROUNDTRUTH PROJECT INC. 10 GUEST STREET BOSTON, MA 02135	46-0908502	501 (C) (3)	25,000.	0.			REPORT FOR AMERICA SERVE FLORIDA
HABITAT FOR HUMANITY OF GREATER BATON ROUGE - 6554 FLORIDA BOULEVARD, SUITE 200 - BATON ROUGE, LA 70806	72-1141747	501 (C) (3)	10,750.	0.			GENERAL SUPPORT AND SUPPORT WOMEN BUILD
HABITAT FOR HUMANITY ST. TAMMANY WEST - 1400 NORTH LANE - MANDEVILLE, LA 70471	72-0921695	501 (C) (3)	15,000.	0.			SUPPORT HURRICANE IDA RELIEF
HARGROVE FOUNDATION 20 SOUTH ROYAL STREET MOBILE, AL 36602	45-2712738	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
HAVEN INC. POST OFFICE BOX 4279 HOUMA, LA 70361	72-1233532	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
HEALTHNETWORK FOUNDATION 3550 LANDER ROAD, SUITE 225 PEPPER PIKE, OH 44124	04-3804600	501 (C) (3)	6,000.	0.			GENERAL SUPPORT
HERITAGE RANCH 20090 TUCKER ROAD ZACHARY, LA 70791	41-2118848	501 (C) (3)	19,375.	0.			GENERAL SUPPORT

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HOLY FAMILY CATHOLIC CHURCH POST OFFICE BOX 290 PORT ALLEN, LA 70767-0290	72-6012499	501 (C) (3)	85,614.	0.			GENERAL SUPPORT AND SUPPORT OF UNDERPRIVILEGED CHILDREN
HOMES FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 02780	54-2143612	501 (C) (3)	27,000.	0.			GENERAL SUPPORT
HOPE MINISTRIES OF BATON ROUGE 4643 WINBOURNE AVENUE BATON ROUGE, LA 70805	72-1245521	501 (C) (3)	62,750.	0.			GENERAL, FOOD PANTRY, WORKFORCE DEV.
HOSPICE FOUNDATION OF GREATER BATON ROUGE - 3600 FLORIDA BOULEVARD - BATON ROUGE, LA 70806	58-1613267	501 (C) (3)	44,693.	0.			GENERAL SUPPORT
HUMANITIES AMPED POST OFFICE BOX 64653 BATON ROUGE, LA 70806	82-4794136	501 (C) (3)	21,000.	0.			GENERAL SUPPORT AND TO SUPPORT EDUCATIONAL PROGRAM
IBERVILLE FOUNDATION FOR ACADEMIC EXCELLENCE - POST OFFICE BOX 672 - PLAQUEMINE, LA 70765	72-1224000	501 (C) (3)	25,120.	0.			GENERAL SUPPORT WITH 1/5 AVAILABLE FOR OPERATIONS
IBERVILLE PARISH SCHOOL BOARD 58030 PLAQUEMINE STREET PLAQUEMINE, LA 70764	72-6000552	170 (C) (1)	10,150.	0.			SUPPORT OF SPECIAL PROJECTS
INSIDE TRACK, INC. 121 SW SALMON STREET, SUITE 800 PORTLAND, OR 97204	84-3640492	501 (C) (3)	150,000.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
INTERNATIONAL CANCER ADVOCACY NETWORK - 27 WEST MORTEN AVENUE - PHOENIX, AZ 85021-7246	86-0818253	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

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INTERNATIONAL CENTER FOR JOURNALISTS INC. - 750 17TH STREET NW, SUITE 300 - WASHINGTON, DC 20006	11-2724905	501 (C) (3)	70,000.	0.			SUPPORT OF THE "IT TAKES A JOURNALIST" PROGRAM AND GENERAL SUPPORT
INTERVARSITY CHRISTIAN FELLOWSHIP - USA - POST OFFICE BOX 7895 - MADISON, WI 53707	36-2171714	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
ISKCON OF MISSISSIPPI INC. 31492 ANNER ROAD CARRIERE, MS 39426	64-0879823	501 (C) (3)	24,000.	0.			GENERAL SUPPORT
JDRF INTERNATIONAL 3525 PIEDMONT ROAD NORTHEAST, BUILDING 5, SUITE 120 - ATLANTA, GA 30305	23-1907729	501 (C) (3)	11,000.	0.			GENERAL SUPPORT
LOUISIANA TECH UNIVERSITY POST OFFICE BOX 7925 RUSTON, LA 71272	72-6000792	501 (C) (3)	31,134.	0.			GENERAL SUPPORT
JOYCE THEATER FOUNDATION INC. 175 EIGHTH AVENUE NEW YORK, NY 10011	13-3038262	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
JUBILEE PIONEERS 18781 OLD WORLD COURT BATON ROUGE, LA 70817	46-1854823	501 (C) (3)	13,000.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GREATER BATON ROUGE AND ACADIANA - 7809 JEFFERSON HIGHWAY, SUITE E2 - BATON ROUGE, LA 70809	72-0485727	501 (C) (3)	12,250.	0.			FINANCE PARK PROGRAM, GENERAL
KEMPER AND LEILA WILLIAMS FOUNDATION - HISTORIC NEW ORLEANS COLLECTION - 533 ROYAL STREET - NEW ORLEANS, LA 70131	23-7336090	501 (C) (3)	12,000.	0.			GENERAL SUPPORT

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KNOCK KNOCK CHILDREN'S MUSEUM INC. 1900 DALRYMPLE DRIVE BATON ROUGE, LA 70808	73-1701786	501 (C) (3)	45,916.	0.			GENERAL SUPPORT AND SUPPORT OF WOMEN OF WONDER
LAUNCH 601 HATCHELL LANE DENHAM SPRINGS, LA 70726	47-3554614	501 (C) (3)	7,000.	0.			SUPPORT OF PROGRAMS
LCMC HEALTH CHILDREN'S HOSPITAL INC. - 200 HENRY CLAY AVENUE - NEW ORLEANS, LA 70118-5720	72-0467503	501 (C) (3)	60,000.	0.			GENERAL SUPPORT
LEADERSHIP ASCENSION FOUNDATION 1006 WEST HIGHWAY 30 GONZALES, LA 70737	46-3520621	501 (C) (3)	20,000.	0.			SUPPORT FOR THE CLASS OF 2021
LEMONT HIGH SCHOOL EDUCATIONAL FOUNDATION - 800 PORTER STREET - LEMONT, IL 60439-3777	20-8360083	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
LIFE OF A SINGLE MOM 12015 JUSTICE AVENUE BATON ROUGE, LA 70816	45-3478448	501 (C) (3)	13,000.	0.			SUPPORT OF FINANCIAL EDUCATION AND GENERAL SUPPORT
LIGHTHOUSE CHRISTIAN FELLOWSHIP CHURCH - 1564 NICHOLSON DRIVE - BATON ROUGE, LA 70802	46-4558967	501 (C) (3)	25,000.	0.			SUPPORT THE MID-CITY BATON ROUGE COMMUNITY PROJECT
LIVE OAK BAPTIST CHURCH 3968 HIGHWAY 665 MONTEGUT, LA 70377	72-1260995	501 (C) (3)	10,000.	0.			SUPPORT FOR UTILITIES
LOUISIANA ART AND SCIENCE MUSEUM INC. - 100 RIVER ROAD SOUTH - BATON ROUGE, LA 70802	72-0542138	501 (C) (3)	159,345.	0.			GENERAL SUPPORT

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LOUISIANA CHILDREN'S MUSEUM 15 HENRY THOMAS DRIVE NEW ORLEANS, LA 70124	72-0929068	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
LOUISIANA CONSTRUCTION EDUCATION FOUNDATION - 9270 SIEGEN LANE, BUILDING 301 - BATON ROUGE, LA 70810	26-3259656	501 (C) (3)	135,000.	0.			GENERAL SUPPORT
LOUISIANA ENDOWMENT FOR THE HUMANITIES - 938 LAFAYETTE STREET, SUITE 300 - NEW ORLEANS, LA 70113	72-0795568	501 (C) (3)	8,600.	0.			GENERAL SUPPORT AND SUPPORT OF PRE-K EDUCATIONAL PROGRAMS
LOUISIANA PAROLE PROJECT INC. POST OFFICE BOX 2029 BATON ROUGE, LA 70821	81-3399508	501 (C) (3)	8,000.	0.			GENERAL SUPPORT AND TO PROVIDE COMPUTERS IN TRANSITIONAL HOUSES
LOUISIANA PHILHARMONIC ORCHESTRA 2533 COLUMBUS STREET, SUITE 202 NEW ORLEANS, LA 70119	72-1189023	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
LOUISIANA PUBLIC HEALTH INSTITUTE 1515 POYDRAS STREET, SUITE 1200 NEW ORLEANS, LA 70112	72-1379921	501 (C) (3)	49,900.	0.			COVID-19 COMMUNITY SURVEY
LOUISIANA STATE MUSEUM FRIENDS INC. - P.O. BOX 84962 - BATON ROUGE, LA 70809	27-0946211	501 (C) (3)	11,000.	0.			GENERAL SUPPORT
LOUISIANA SUPERINTENDENT'S ACADEMY 3436 MAGAZINE STREET, SUITE 519 NEW ORLEANS, LA 70115	47-5457459	501 (C) (3)	50,000.	0.			THE LOUISIANA EDUCATION: 2015-2021 PROGRAM
LOUISIANA SYMPHONY ASSOCIATION / BATON ROUGE SYMPHONY ORCHESTRA - 9635 FENWAY AVENUE, SUITE B - BATON ROUGE, LA 70809	72-6001959	501 (C) (3)	19,190.	0.			GENERAL SUPPORT

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LOUISIANA TROOPERS CHARITIES INC./LOUISIANA STATE TROOPERS ASSOCIATION - 8120 JEFFERSON HIGHWAY - BATON ROUGE, LA 70809	20-3455646	501 (C) (3)	50,000.	0.			PROVIDE FINANCIAL ASSISTANCE
LOUISIANA UNITED METHODIST CHILDREN AND FAMILY SERVICES INC. - POST OFFICE BOX 929 - RUSTON, LA 71273	72-0435081	501 (C) (3)	26,000.	0.			SUPPORT FOR THE CAPITAL CAMPAIGN
LOUISIANA UNIVERSITIES MARINE CONSORTIUM (LUMCON) - 8124 HIGHWAY 56 - CHAUVIN, LA 70344	36-4841195	170 (C) (1)	47,965.	0.			EXPANSION, UPGRADES, EDUCATION
LOUISIANA WILDLIFE AND FISHERIES FOUNDATION - POST OFFICE BOX 80378 - BATON ROUGE, LA 70898-0378	72-1314968	501 (C) (3)	100,100.	0.			GENERAL SUPPORT, HURRICANE RELIEF
LOUISIANA YOUTH SEMINAR INC. POST OFFICE BOX 14241 BATON ROUGE, LA 70898	72-0770035	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
LIVINGSTON PARISH PUBLIC SCHOOLS 13909 FLORIDA BOULEVARD LIVINGSTON, LA 70754	72-0882480	170 (C) (1)	17,000.	0.			SUPPORT OF SPECIAL PROJECTS
LSU ALUMNI ASSOCIATION LOD COOK ALUMNI CENTER, 3838 WEST LAKESHORE DRIVE - BATON ROUGE, LA 70808	72-6027430	501 (C) (3)	11,350.	0.			GENERAL SUPPORT
LSU FOUNDATION 3796 NICHOLSON DRIVE BATON ROUGE, LA 70802	72-6020969	501 (C) (3)	434,325.	0.			GENERAL SUPPORT, SUPPORT OF SPECIAL PROJECTS AND SCHOLARSHIPS
MAISON DES AMI OF LOUISIANA INC. 1050 CONVENTION STREET BATON ROUGE, LA 70802	72-1177274	501 (C) (3)	67,000.	0.			GENERAL SUPPORT

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MAP 1040 POST OFFICE BOX 8301 CLINTON, LA 70722	72-1499143	501 (C) (3)	6,000.	0.			SUPPORT FOR MISSION WORK
MARCH OF DIMES INC. - LOUISIANA 14241 COURSEY BOULEVARD, A-12 #358 BATON ROUGE, LA 70817	13-1846366	501 (C) (3)	18,380.	0.			GENERAL SUPPORT AND THE BATON ROUGE NICU FAMILY SUPPORT PROGRAMS
MARIGNY OPERA HOUSE FOUNDATION 725 ST. FERDINAND STREET NEW ORLEANS, LA 70117	45-4231295	501 (C) (3)	20,000.	0.			GENERAL SUPPORT
MARTHA GRAHAM CENTER FOR CONTEMPORARY DANCE INC. - 55 BETHUNE STREET - NEW YORK, NY 10014	13-2571063	501 (C) (3)	10,000.	0.			GENERAL SUPPORT AND SUPPORT OF THE CONVERGENCE PROJECT
MARY BIRD PERKINS CANCER CENTER OFFICE OF DEVELOPMENT, 4950 ESSEN L BATON ROUGE, LA 70809	23-7010520	501 (C) (3)	170,323.	0.			GENERAL SUPPORT, HURRICANE RELIEF
MARY BIRD PERKINS CANCER CENTER FOUNDATION - 4950 ESSEN LANE - BATON ROUGE, LA 70809	20-2046461	501 (C) (3)	75,000.	0.			GENERAL SUPPORT
MCLINDON FAMILY FOUNDATION 8305 TOM DRIVE BATON ROUGE, LA 70815	45-2562697	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
MEMORY PROJECT PRODUCTIONS INC. POST OFFICE BOX 20171 NEW YORK, NY 10014	26-2475359	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
METANOIA INC. POST OFFICE BOX 178 ZACHARY, LA 70791	72-1179031	501 (C) (3)	6,000.	0.			GENERAL SUPPORT

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METROMORPHOSIS 4163 NORTH BOULEVARD BATON ROUGE, LA 70806	45-5102759	501 (C) (3)	285,000.	0.			GENERAL SUPPORT AND SUPPORT FOR THE LOUISIANA EDUCATION PROJECT: 2015-2021
MIAMI SUNS YOUTH DEVELOPMENT INC. 111 PARK CENTRE BOULEVARD, SUITE 40 MIAMI, FL 33169	27-2802353	501 (C) (3)	18,013.	0.			GENERAL SUPPORT
MID CITY REDEVELOPMENT ALLIANCE INC. - 419 NORTH 19TH STREET - BATON ROUGE, LA 70802 MILLSAPS COLLEGE INSTITUTIONAL ADVANCEMENT, 1701 NORTH STATE STREET - JACKSON, MS 39210	72-1196990	501 (C) (3)	5,550.	0.			SUPPORT BRINGING HOMEOWNERSHIP TO NEW FAMILIES AND GENERAL SUPPORT
MIRACLES AND HARVEST INTERNATIONAL 1110 NORTH MAIN STREET OPELOUSAS, LA 70570	64-0303084	501 (C) (3)	50,000.	0.			SUPPORT FOR PHASE 1 OF THE BASEBALL PROJECT
MUSEUM OF THE SOUTHERN JEWISH EXPERIENCE - POST OFFICE BOX 15071 - NEW ORLEANS, LA 70175	83-3024408	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
NATIONAL CENTER FOR TEACHER RESIDENCIES, INC. - 1332 N. HALSTEAD STREET, SUITE 304 - CHICAGO, IL 60642	82-3442378	501 (C) (3)	52,500.	0.			GENERAL SUPPORT
NATIONAL FEDERATION OF THE BLIND INC. - 200 EAST WELLS STREET AT JERNIGAN PLACE - BALTIMORE, MD 21230	26-0869607	501 (C) (3)	69,000.	0.			SUPPORT OF EDUCATIONAL COLLABORATIVE
NATIONAL ORGANIZATION OF BLACK LAW ENFORCEMENT EXECUTIVES BATON ROUGE CHAPTER - POST OFFICE BOX 64736 - BATON ROUGE, LA 70896	02-0259978	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
	80-0288217	501 (C) (3)	6,000.	0.			YOUTH PROGRAMS

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NATIONAL REDISTRICTING FOUNDATION 700 13TH STREET NORTHWEST, SUITE 60 WASHINGTON, DC 20005	82-0757693	501 (C) (3)	50,000.	0.			GENERAL SUPPORT
NATIONAL TRUST FOR HISTORIC PRESERVATION - 2600 VIRGINIA AVENUE NORTHWEST, SUITE 1100 - WASHINGTON, DC 20037	53-0210807	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
NATURE CONSERVANCY ATTN: TREASURY, 4245 NORTH FAIRFAX ARLINGTON, VA 22203	53-0242652	501 (C) (3)	124,115.	0.			GENERAL SUPPORT AND SPECIAL PROJECTS IN LOUISIANA
NEW ORLEANS AIRLIFT 1031 PIETY STREET NEW ORLEANS, LA 70117	27-2795334	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
NEW ORLEANS AREA HABITAT FOR HUMANITY - 2900 ELYSIAN FIELDS AVENUE - NEW ORLEANS, LA 70122	72-0973161	501 (C) (3)	17,200.	0.			SUPPORT OF HURRICANE IDA RELIEF AND A BRUSH WITH KINDNESS PROGRAM
NEW ORLEANS CAREER CENTER 1020 N. PRIEUR STREET NEW ORLEANS, LA 70116	82-2541222	501 (C) (3)	133,334.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
NEW ORLEANS FILM AND VIDEO FESTIVAL INC. - 1215 PRYATANIA STREET, SUITE 425 - NEW ORLEANS, LA 70130	72-1136068	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
NEW ORLEANS MUSEUM OF ART POST OFFICE BOX 19123 NEW ORLEANS, LA 70179	72-6000331	501 (C) (3)	35,700.	0.			GENERAL SUPPORT AND SUPPORT OF THE DAWN DEDEAUX'S EXHIBIT
NEW ORLEANS MUSICIANS ASSISTANCE FOUNDATION - 1525 LOUISIANA AVENUE - NEW ORLEANS, LA 70115	20-8139539	501 (C) (3)	10,000.	0.			GENERAL SUPPORT

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NEW SCHOOLS FOR BATON ROUGE 100 LAFAYETTE STREET, SECOND FLOOR BATON ROUGE, LA 70801	45-3843085	501 (C) (3)	460,000.	0.			GENERAL SUPPORT AND SUPPORT OF TALENT DEVELOPMENT INITIATIVES
NEW SCHOOLS FOR NEW ORLEANS INC. 1555 POYDRAS STREET, SUITE 781 NEW ORLEANS, LA 70112	02-0773717	501 (C) (3)	1,750,000.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
NICHOLLS STATE UNIVERSITY FOUNDATION - 906 EAST 1ST STREET - THIBODAUX, LA 70301	72-6031425	170 (C) (1)	270,000.	0.			SUPPORT HURRICANE IDA RELIEF PROJECTS
NORTHSHORE COMMUNITY FOUNDATION 807 NORTH COLUMBIA STREET COVINGTON, LA 70433	61-1517784	501 (C) (3)	100,000.	0.			SUPPORT CASE MANAGEMENT WORK FOR CATHOLIC CHARITIES
NWEA 121 NORTHWEST EVERETT STREET PORTLAND, OR 97209	93-0686108	501 (C) (3)	525,000.	0.			THE LOUISIANA EDUCATION: 2015-2021 PROGRAM
O'BRIEN HOUSE INC. 446 NORTH 12TH STREET BATON ROUGE, LA 70802	72-0702820	501 (C) (3)	9,000.	0.			GENERAL SUPPORT
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY, BH607 PHILANTHROPY DEPARTMENT - NEW ORLEANS, LA 7012	72-0502505	501 (C) (3)	12,000.	0.			GENERAL SUPPORT AND SUPPORT OF THE CANCER CENTER
OF MOVING COLORS PRODUCTIONS POST OFFICE BOX 14700 BATON ROUGE, LA 70898	72-1130981	501 (C) (3)	19,100.	0.			GENERAL SUPPORT AND SUPPORT OF THE BYRDE'S DANCERS SCHOLARSHIP FUND
OHIO STATE UNIVERSITY FOUNDATION POST OFFICE BOX 710811 COLUMBUS, OH 43271-0811	31-1145986	501 (C) (3)	12,500.	0.			THE FISHER COLLEGE OF BUSINESS DAVID B. WEBBER SCHOLARSHIP FUND

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OPERA LOUISIANE INC. POST OFFICE BOX 4908 BATON ROUGE, LA 70821	20-8572361	501 (C) (3)	5,750.	0.			GENERAL SUPPORT AND SUPPORT FOR THE YOUNG PEOPLE'S OPERA PROGRAM
OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	501 (C) (3)	14,000.	0.			GENERAL SUPPORT AND FOR HURRICANE IDA RELIEF
OPPORTUNITY LABS FOUNDATION, INC. 630 PARK AVENUE BRIELLE, NJ 08730	84-3894479	501 (C) (3)	50,000.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
OPTIONS INC. 19362 WEST SHELTON ROAD HAMMOND, LA 70401	72-1161001	501 (C) (3)	27,500.	0.			GENERAL SUPPORT AND TO ASSIST IN REPLACING GENERATOR LOST DURING HURRICANE IDA
OUR LADY OF MERCY CATHOLIC CHURCH 445 MARQUETTE AVENUE BATON ROUGE, LA 70806	72-0519880	501 (C) (3)	8,500.	0.			FOR THE TRADITIONS FOR TOMORROW FUND IN MEMORY OF ROBERT WIEMER, SR
OUR LADY OF MERCY CATHOLIC SCHOOL 400 MARQUETTE AVENUE BATON ROUGE, LA 70806	72-0941031	501 (C) (3)	5,500.	0.			GENERAL SUPPORT
OUR LADY OF MT. CARMEL CHURCH POST OFFICE BOX 1249 ST. FRANCISVILLE, LA 70775-1249	72-0750982	501 (C) (3)	169,126.	0.			GENERAL SUPPORT
OUR LADY OF THE LAKE FOUNDATION POST OFFICE BOX 84357 BATON ROUGE, LA 70884	72-1014324	501 (C) (3)	212,525.	0.			GENERAL SUPPORT
PAHARA INSTITUTE 340 SOUTH LEMON AVENUE, NO. 2927F WALNUT, CA 91789	45-5141625	501 (C) (3)	222,222.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021

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(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
PARTICULAR COUNCIL OF ST. VINCENT DE PAUL OF BATON ROUGE LOUISIANA - POST OFFICE BOX 127 - BATON ROUGE, LA 70821-0127	72-0646911	501 (C) (3)	115,292.	0.			GENERAL SUPPORT, SUPPORT OF THE COMMUNITY PHARMACY AND HEALTHCARE CLINIC, TOYS FOR CHRISTMAS
PASTORAL CENTER POST OFFICE BOX 129 PAULINA, LA 70763	72-0478574	501 (C) (3)	61,095.	0.			GENERAL SUPPORT
PCPSB - STEM MAGNET ACADEMY OF POINTE COUPEE - 8434 POINTE COUPEE ROAD - MORGANZA, LA 70759	72-6001102	170 (C) (1)	6,300.	0.			SUPPORT FOR THE DIGITAL MEDIA STUDIO AND STEM ACADEMIC PROGRAM
PENNINGTON BIOMEDICAL RESEARCH FOUNDATION - 6400 PERKINS ROAD - BATON ROUGE, LA 70808	58-1767810	501 (C) (3)	155,000.	0.			GENERAL SUPPORT AND SUPPORT THE BRANDING PROJECT
PILOTS FOR PATIENTS 3127 MERCEDES DRIVE MONROE, LA 71201	26-1588177	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE GULF COAST INC. - 4600 GULF FREEWAY, SECOND FLOOR - HOUSTON, TX 77023	74-1100163	501 (C) (3)	40,750.	0.			GENERAL SUPPORT FOR THE BATON ROUGE REGION
POLICY INSTITUTE FOR THE CHILDREN OF LOUISIANA INC. - POST OFFICE BOX 13552 - NEW ORLEANS, LA 70185	46-4487461	501 (C) (3)	70,000.	0.			GENERAL SUPPORT AND TO ASSIST WITH DISASTER RELIEF
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - POST OFFICE BOX 412275 - BOSTON, MA 02241	04-2103580	501 (C) (3)	30,000.	0.			SUPPOR FOR HARVARD LAW SCHOOL AND GENERAL SUPPORT
PROPEL AMERICA 1615 PRYTANIA STREET NEW ORLEANS, LA 70130	83-1867782	501 (C) (3)	500,000.	0.			THE LOUISIANA EDUCATION: 2015-2021 PROGRAM

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
QUIXOTE FOUNDATION 100 NORTH MAIN STREET SUMTER, NC 29150	85-0997197	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
REBUILDING TOGETHER BATON ROUGE INC. - POST OFFICE BOX 1109 - BATON ROUGE, LA 70821-1109	20-1459780	501 (C) (3)	60,974.	0.			GENERAL SUPPORT AND TO ASSIST WITH RESTORING FLOODED HOMES
RED SHOES INC. 2303 GOVERNMENT STREET BATON ROUGE, LA 70806	72-1495796	501 (C) (3)	51,200.	0.			GENERAL SUPPORT AND TO SUPPORT PROJECT HOPE, MEDITATION GARDENS
RELIANT MISSION INC. 11002 LAKE HART DRIVE, SUITE 100 ORLANDO, FL 32832	52-1707002	501 (C) (3)	6,000.	0.			SUPPORT OF MISSION WORK
RICE UNIVERSITY OFFICE OF DEVELOPMENT - MS 81, POST OFFICE BOX 1892 - HOUSTON, TX 77251	74-1109620	501 (C) (3)	25,000.	0.			GENERAL SUPPORT AND FOR THE RICE INVESTMENT
RIVER PARISHES COMMUNITY COLLEGE FOUNDATION - POST OFFICE BOX 550 - GONZALES, LA 70707-0550	72-1465254	501 (C) (3)	10,000.	0.			THE FIRST GENERATIONS SCHOLARSHIP
ROMAN CATHOLIC DIOCESE OF BATON ROUGE - POST OFFICE BOX 2028 - BATON ROUGE, LA 70821	72-0550127	501 (C) (3)	541,922.	0.			GENERAL SUPPORT
ROOTS OF MUSIC INC. 2624 BURGUNDY STREET NEW ORLEANS, LA 70117	26-1160255	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
ROY MAAS YOUTH ALTERNATIVES INC. 3103 WEST AVENUE SAN ANTONIO, TX 78213	74-1914638	501 (C) (3)	20,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
SAINT LUC FRENCH IMMERSION AND CULTURAL CAMPUS - POST OFFICE BOX 1324 - ARNAUDVILLE, LA 70512	81-4509388	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA - 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123	72-0956468	501 (C) (3)	106,500.	0.			SUPPORT OF HURRICANE IDA RELIEF AND GENERAL SUPPORT
SEXUAL TRAUMA AWARENESS AND RESPONSE CENTER - 5615 CORPORATE BOULEVARD, SUITE 200 - BATON ROUGE, LA 70808	45-3088168	501 (C) (3)	175,500.	0.			GENERAL SUPPORT FOR THE BATON ROUGE OFFICE
SHAW CENTER FOR THE ARTS 100 LAFAYETTE STREET BATON ROUGE, LA 70801	42-1554743	501 (C) (3)	309,830.	0.			OPERATING EXPENSES AND GENERAL SUPPORT
SIGHT SAVERS AMERICA 337 BUSINESS CIRCLE PELHAM, AL 35124	30-0188234	501 (C) (3)	10,000.	0.			SUPPORT THE LOW VISION PROGRAM.
SOCIALWORX INSTITUTE, INC. 13564 NEIL AVENUE, SUITE H BATON ROUGE, LA 70810	82-1803600	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
SON OF A SAINT 2803 ST. PHILIP STREET NEW ORLEANS, LA 70119	46-5554558	501 (C) (3)	11,000.	0.			GENERAL SUPPORT AND SUPPORT OF THE CAPITAL CAMPAIGN
SOUTHEAST LOUISIANA LEGAL SERVICES CORPORATION - POST OFFICE DRAWER 2867 - HAMMOND, LA 70404	72-0877422	501 (C) (3)	194,521.	0.			HOUSING AND DISASTER ASST
ST. ALOYSIUS CATHOLIC CHURCH 2025 STUART AVENUE BATON ROUGE, LA 70808	72-0491439	501 (C) (3)	44,400.	0.			GENERAL SUPPORT, SUPPORT OF ACTS RETREATS, CAPITAL CAMPAIGN

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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
ST. CHARLES AVENUE PRESBYTERIAN CHURCH - 1545 STATE STREET - NEW ORLEANS, LA 70118	72-0423638	501 (C) (3)	12,000.	0.			GENERAL SUPPORT
ST. GEORGE CATHOLIC CHURCH 7808 ST. GEORGE DRIVE BATON ROUGE, LA 70809	72-0535370	501 (C) (3)	10,500.	0.			GENERAL SUPPORT AND SUPPORT OF THE SVDPS
ST. HELENA CATHOLIC CHURCH 122 SOUTH FIRST STREET AMITE, LA 70422	72-0669912	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
ST. JAMES EPISCOPAL CHURCH POST OFFICE BOX 126 BATON ROUGE, LA 70821	72-0445323	501 (C) (3)	291,700.	0.			SUPPORT FOR THE CAPITAL CAMPAIGN AND GENERAL SUPPORT
ST. JAMES EPISCOPAL DAY SCHOOL 445 CONVENTION STREET BATON ROUGE, LA 70802	72-0542038	501 (C) (3)	6,750.	0.			GENERAL SUPPORT
ST. JEAN VIANNEY CATHOLIC CHURCH 16166 HARRELL'S FERRY ROAD BATON ROUGE, LA 70816	72-0779339	501 (C) (3)	15,200.	0.			GENERAL SUPPORT
ST. JOHN THE EVANGELIST CATHOLIC CHURCH - 57805 MAIN STREET - PLAQUEMINE, LA 70764	72-0431223	501 (C) (3)	19,709.	0.			BENEFIT OF UNDERPRIVILEGED CHILDREN REGARDLESS OF RACE OR COLOR
ST. JOSEPH CATHEDRAL 412 NORTH STREET BATON ROUGE, LA 70802	72-0505561	501 (C) (3)	143,164.	0.			GENERAL SUPPORT, SUPPORT OF THE BUILDING FUND AND THE MUSIC PROGRAM
ST. JOSEPH CATHOLIC CHURCH 15710 LOUISIANA HIGHWAY 16 FRENCH SETTLEMENT, LA 70753	72-0795158	501 (C) (3)	11,080.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ST. JOSEPH THE WORKER CHURCH POST OFFICE BOX 190 PIERRE PART, LA 70339-0190	72-0551978	501 (C) (3)	27,661.	0.			GENERAL SUPPORT
ST. JOSEPH'S ACADEMY 3015 BROUSSARD STREET BATON ROUGE, LA 70808	72-6001242	501 (C) (3)	13,100.	0.			GENERAL SUPPORT AND SUPPORT FOR THE CAPITAL CAMPAIGN, WOMACK WALKWAY, AND SCHOLARSHIP FUND
ST. JUDE CATHOLIC CHURCH 9150 HIGHLAND ROAD BATON ROUGE, LA 70810	72-0888559	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC. - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501 (C) (3)	6,100.	0.			GENERAL SUPPORT
ST. LUKE'S EPISCOPAL CHURCH 8833 GOODWOOD BOULEVARD BATON ROUGE, LA 70806	72-0650150	501 (C) (3)	343,748.	0.			GENERAL SUPPORT
ST. MARGARET QUEEN OF SCOTLAND CHURCH/ ST. THOMAS CHAPEL - POST OFFICE BOX 100 - ALBANY, LA 70711	72-0735584	501 (C) (3)	14,500.	0.			GENERAL SUPPORT AND SUPPORT OF THE BUILDING FUND
ST. PHILIP PARISH 1175 HIGHWAY 18 VACHERIE, LA 70090-5357	72-0491085	501 (C) (3)	8,247.	0.			GENERAL SUPPORT
ST. STEPHEN'S AND ST. AGNES SCHOOL FOUNDATION - 400 FONTAINE STREET - ALEXANDRIA, VA 22302	54-6054009	501 (C) (3)	8,000.	0.			SUPPORT OF THE LOWER SCHOOL
ST. THERESA OF AVILA MIDDLE SCHOOL 212 EAST NEW RIVER STREET GONZALES, LA 70737-2499	72-0535758	501 (C) (3)	28,904.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
ST. THOMAS AQUINAS REGIONAL CATHOLIC HIGH SCHOOL - 14520 VOSS DRIVE - HAMMOND, LA 70401	72-1015651	501 (C) (3)	64,950.	0.			GENERAL SUPPORT
STITCHES INFLUENCING PURPOSE INITIATIVE - 1765 O'NEAL LANE, SUITE 198 - BATON ROUGE, LA 70816	85-1659313	501 (C) (3)	10,500.	0.			PROVIDE CLOTHING, FOOD, AND COUNSELING TO THE HOMELESS IN BATON ROUGE
STRADA COLLABORATIVE, INC. / INSIDETRACK - 10 WEST MARKET STREET, SUITE 1100 - INDIANAPOLIS, IN 46204	86-1250084	501 (C) (3)	37,500.	0.			PROVIDE CAPACITY BUILDING OPERATIONS
TANKPROOF 15114 WOODSTONE DRIVE PRAIRIEVILLE, LA 70769	47-2705011	501 (C) (3)	8,000.	0.			GENERAL SUPPORT
TEACH FOR AMERICA INC. - SOUTH LOUISIANA - POST OFFICE BOX 65148 - BATON ROUGE, LA 70896	13-3541913	501 (C) (3)	328,000.	0.			GENERAL SUPPORT, HURRICANE RELIEF
TEN THOUSAND BEDS, INC. 2171 WEST MEADOW STREET CEDAR CITY, UT 84720	47-3609493	501 (C) (3)	100,000.	0.			SUBSTANCE USE RECOVERY
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - POST OFFICE BOX 61075 - NEW ORLEANS, LA 70161	72-0423889	501 (C) (3)	91,850.	0.			GENERAL SUPPORT
THE ASCENSTION FUND INC. POST OFFICE BOX 1420 GONZALES, LA 70707	72-1186479	501 (C) (3)	65,540.	0.			GENERAL SUPPORT WITH 1/5 AVAILABLE FOR OPERATIONS AND SUPPORT OF THE SCHOLARSHIP PROGRAM
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LANE HOUSTON, TX 77055	23-7258712	501 (C) (3)	12,000.	0.			CAPITAL CAMPAIGN

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
THE BASCOM CORPORATION 323 FRANKLIN ROAD HIGHLANDS, NC 28741	56-2093546	501 (C) (3)	7,000.	0.			GENERAL SUPPORT
THE CENTER FOR MIND-BODY MEDICINE 5225 CONNECTICUT AVENUE NW, #414 WASHINGTON, DC 20015	52-1755744	501 (C) (3)	250,507.	0.			COVID-19 STRESS AND TRAUMA RELIEF
THE FRIENDS OF THE RURAL LIFE MUSEUM INC. - POST OFFICE BOX 14852 - BATON ROUGE, LA 70898	72-1385907	501 (C) (3)	11,700.	0.			GENERAL SUPPORT
THE GATHERING AT 840 POST OFFICE BOX 682789 FRANKLIN, TN 37068	82-1491401	501 (C) (3)	13,998.	0.			SUPPORT FOR THE BUILDING FUND
THE GREATER NEW ORLEANS FOUNDATION 919 ST. CHARLES AVENUE NEW ORLEANS, LA 70130	72-0408921	501 (C) (3)	341,706.	0.			HURRICANE RELIEF, JOURNALISM & LGBTQ FUNDS
THE IDEA VILLAGE 515 GIROD STREET NEW ORLEANS, LA 70130	45-0470675	501 (C) (3)	100,000.	0.			ASSIST IN START-UP COSTS
THE MENTAL HEALTH ASSOCIATION FOR GREATER BATON ROUGE - 544 COLONIAL DRIVE - BATON ROUGE, LA 70806	72-0688911	501 (C) (3)	20,100.	0.			GENERAL SUPPORT, SUPPORT THE ALLIANCE DROP-IN CENTER AND THE RESILIENCE CONFERENCE
THE ROMAN CATHOLIC CHURCH OF THE DIOCESE OF HOUMA - THIBODAUX - POST OFFICE BOX 505 - SCHRIEVER, LA 70395	72-0812566	501 (C) (3)	67,000.	0.			HURRICANE IDA RELIEF, ST. BERNADETTE CHURCH AND OUR LADY OF PROMPT SUCCOR CHURCH
THE SALVATION ARMY - BATON ROUGE POST OFFICE BOX 15467 BATON ROUGE, LA 70895-5467	58-0660607	501 (C) (3)	75,500.	0.			GENERAL SUPPORT, HURRICANE RELIEF

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
THE WALLS PROJECT 458 AMERICA STREET BATON ROUGE, LA 70802	45-5485171	501 (C) (3)	17,300.	0.			SUPPORT OF THE BATON ROOTS PROGRAM, FUTURE FUND, AND GENERAL SUPPORT
THE WRITING REVOLUTION INC. 22 CORTLANDT STREET, 33RD FLOOR NEW YORK, NY 10007	46-4970867	501 (C) (3)	25,000.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021
THREE O'CLOCK PROJECT 804 MAIN STREET, SUITE C-322 BATON ROUGE, LA 70802	81-2133947	501 (C) (3)	53,500.	0.			SUPPORT MEAL DISTRIBUTION EFFORTS FOR THOSE AFFECTED BY HURRICANE IDA
THRIVE FOUNDATION 2585 BRIGHTSIDE DRIVE BATON ROUGE, LA 70820	46-4134463	501 (C) (3)	322,000.	0.			GENERAL SUPPORT
TIGER ATHLETIC FOUNDATION POST OFFICE BOX 711 BATON ROUGE, LA 70821	72-1004960	501 (C) (3)	26,000.	0.			GENERAL SUPPORT, WOMEN'S BASKETBALL PROGRAM AND BASEBALL BUILDING FUND
TRINITY EPISCOPAL CHURCH - BATON ROUGE - 3552 MORNING GLORY AVENUE - BATON ROUGE, LA 70808	72-0460812	501 (C) (3)	224,068.	0.			GENERAL SUPPORT, SUPPORT THE MUSIC PROGRAM, ENDOWMENT FUND, AND RECTOR'S PURSE
TRINITY EPISCOPAL CHURCH - NEW ORLEANS - 1329 JACKSON AVENUE - NEW ORLEANS, LA 70130	72-0467513	501 (C) (3)	38,000.	0.			GENERAL SUPPORT AND SUPPORT THE TRINITY EDUCATIONAL ENRICHMENT PROGRAM
UNITED WAY OF BEAUMONT AND NORTH JEFFERSON COUNTY - 700 NORTH STREET, SUITE H - BEAUMONT, TX 77701	74-1200117	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501 (C) (3)	15,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)**

(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
UNITED WAY OF LAMAR COUNTY POST OFFICE BOX 1 PARIS, TX 75461	75-0886453	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
UNITED WAY OF MORGAN COUNTY POST OFFICE BOX 1058 DECATUR, AL 35602	63-0358762	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
UNITED WAY OF SOUTHEAST LOUISIANA 2515 CANAL STREET NEW ORLEANS, LA 70119	72-0471369	501 (C) (3)	82,500.	0.			GENERAL SUPPORT AND SUPPORT HURRICANE IDA RELIEF
UNITED WAY OF SOUTHWEST LOUISIANA INC. - 815 RYAN STREET - LAKE CHARLES, LA 70601	72-0456901	501 (C) (3)	15,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE COASTAL BEND INC. - 4659 EVERHART ROAD - CORPUS CHRISTI, TX 78411	74-1207552	501 (C) (3)	7,500.	0.			GENERAL SUPPORT
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVENUE SEWANEE, TN 37383	62-0475697	501 (C) (3)	32,500.	0.			GENERAL SUPPORT
UNIVERSITY PRESBYTERIAN CHURCH 3240 DALRYMPLE DRIVE BATON ROUGE, LA 70802	72-6001426	501 (C) (3)	123,400.	0.			GENERAL SUPPORT, SUPPORT OF THE HUNGER FUND, AND PASTOR'S DISCRETIONARY FUND
URBAN LEAGUE OF LOUISIANA 4640 SOUTH CARROLLTON AVENUE, SUITE NEW ORLEANS, LA 70119	72-0423627	501 (C) (3)	53,000.	0.			THE LOUISIANA EDUCATION PROJECT: 2015-2021, RESILIENT RESTART EAST BATON ROUGE PROGRAM
US BIENNIAL INC. PROSPECT NEW ORLEANS, POST OFFICE B NEW ORLEANS, LA 70158	20-8374608	501 (C) (3)	85,000.	0.			GENERAL SUPPORT AND SUPPORT FOR PROSPECT NEW ORLEANS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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
VOLUNTEERS IN PUBLIC SCHOOLS INC. WILMA C. MONTGOMERY CENTER, 4070 TUNICA STREET, ROOM ONE - BATON ROUGE, LA 7	72-1002253	501 (C) (3)	52,700.	0.			GENERAL SUPPORT
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 02481	04-2103637	501 (C) (3)	10,000.	0.			MARY JANE COUGHLIN EPLETT ENDOWED SCHOLARSHIP FUND
WEST BATON ROUGE FOUNDATION FOR ACADEMIC EXCELLENCE - POST OFFICE BOX 41 - PORT ALLEN, LA 70767	72-1482532	501 (C) (3)	27,151.	0.			GENERAL SUPPORT WITH 1/5 AVAILABLE FOR OPERATIONS
WEST BATON ROUGE SHERIFF'S OFFICE POST OFFICE BOX 129 PORT ALLEN, LA 70767	72-6001479	170 (C) (1)	28,000.	0.			ACQUIRE AND EQUIP PATROL CARS
WHATCOM COMMUNITY FOUNDATION 1500 CORNWALL AVENUE, SUITE 202 BELLINGHAM, WA 98225	91-1726410	501 (C) (3)	25,000.	0.			DISASTER RELIEF
WOMAN'S CLUB INC. 333 LEE DRIVE, APARTMENT 371 BATON ROUGE, LA 70808	72-0434661	501 (C) (3)	11,000.	0.			GENERAL SUPPORT
WORKS AND PROCESS INC. 155 EAST 44TH STREET, SUITE, SUITE NEW YORK, NY 10017	13-3592291	501 (C) (3)	10,000.	0.			GENERAL SUPPORT
WORLD CONNECT INC. 632 BROADWAY, 12TH FLOOR NEW YORK, NY 10012	56-2525151	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
WRKF PUBLIC RADIO INC. 3050 VALLEY CREEK DRIVE BATON ROUGE, LA 70808-3170	72-0776781	501 (C) (3)	26,186.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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YMCA OF THE CAPITAL AREA 350 SOUTH FOSTER DRIVE BATON ROUGE, LA 70806	72-0408994	501 (C) (3)	29,182.	0.			GENERAL SUPPORT, CONTRIBUTION TO THE ENDOWMENT, SUPPORT OF THE SWIMMING PROGRAM
YOUNG LIFE - WEST FELICIANA POST OFFICE BOX 2294 ST. FRANCISVILLE, LA 70775	84-0385934	501 (C) (3)	25,000.	0.			GENERAL SUPPORT
YOUTH OASIS P.O. BOX 64889 BATON ROUGE, LA 70896	72-1406254	501 (C) (3)	5,300.	0.			SUPPORT DIRECT ASSISTANCE FOR YOUTH TO SUSTAIN HOUSING AND DECREASE RISK OF HOMELESSNESS
YWCA OF GREATER BATON ROUGE 11404 LAKE SHERWOOD AVENUE NORTH, S BATON ROUGE, LA 70816	72-0650993	501 (C) (3)	35,000.	0.			GENERAL SUPPORT
OKALOOSA COUNTY FLORIDA SCHOOLS 120 LOWERY PLACE FT WALTON BEACH, FL 32548	59-6000764	170 (C) (1)	6,493.	0.			SUPPORT OF SPECIAL PROJECTS

**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 noncash assistance
HARDSHIP ASSISTANCE	18	18,000.	0.		
FIRST RESPONDERS	1	75,000.	0.		
DISASTER ASSISTANCE	18	79,780.	0.		
VICTIM ASSISTANCE	1	7,500.	0.		
SCHOLARSHIPS	95	159,500.	0.		

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

**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

**2021**

Open to Public Inspection

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](http://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 Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> 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)        |

**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 .....

**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? .....

**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.

- |                                                                     |                                                                                     |
|---------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <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 |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**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 and/or 1099-NEC 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) 505,517.	0.	19,500.	36,250.	23,911.	585,178.	0.
(ii) 100,000.	0.	3,250,000.	0.	0.	0.	3,350,000.	1,997,221.
(2) JOHN M. SPAIN EXECUTIVE VICE PRESIDENT	(i) 382,010.	7,500.	37,873.	36,250.	13,712.	477,345.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(3) DEBORAH PICKELL DIRECTOR OF FINANCE	(i) 207,864.	7,500.	24,297.	49,038.	10,030.	298,729.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(4) EDMUND J. GIERING, IV ASSISTANT SECRETARY	(i) 180,345.	7,500.	25,429.	35,038.	27,549.	275,861.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(5) MUKUL VERMA DIRECTOR OF COMMUNICATIONS	(i) 135,000.	7,500.	612.	17,813.	9,894.	170,819.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(6) LAUREN C. JUMONVILLE DIRECTOR OF CIVIC LEADERSH	(i) 98,128.	8,869.	0.	15,938.	31,766.	154,701.	0.
(ii) 0.	0.	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(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:

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 W-2 AS

COMPENSATION.

PART I, LINE 4B:

PART I, LINE 4B

JOHN DAVIES PARTICIPATES IN A RELATED ORGANIZATION'S NON-QUALIFIED DEFERRED

COMPENSATION PLAN. THE PLAN IS DESIGNED TO PROVIDE A RETIREMENT SUPPLEMENT

FOR EXECUTIVE PARTICIPANTS. JOHN DAVIES RECEIVED A \$3,250,000 DISTRIBUTION

FROM THE PLAN DURING THE TAX YEAR. SCHEDULE J, PART II, COLUMN (F) PROVIDES

THE PORTION OF THE DISTRIBUTION WHICH WAS EARNED IN PRIOR YEARS AND

REPORTED ON PREVIOUSLY FILED FORMS 990 AS DEFERRED COMPENSATION; THE

REMAINING AMOUNT REFLECTS EARNINGS ON THE ACCOUNT.

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

**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.

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. NO DISTRIBUTIONS WERE RECEIVED FROM THE PLAN IN THE CURRENT  
YEAR.

SCHEDULE L  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Transactions With Interested Persons

▶ 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.

OMB No. 1545-0047

2021

Open To Public  
Inspection

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total ..... ▶ \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (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

**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
LAUREN C. JUMONVILLE	FAMILY MEMBER OF DI	128,869.	EMPLOYEE OF		X

**Part V Supplemental Information.**

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: LAUREN C. JUMONVILLE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FAMILY MEMBER OF DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 128,869.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF BRAF

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

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Open to Public Inspection

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](http://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	143	10,820,717.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests	X	8	2,102,420.	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 ( )				
26 Other ( )				
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 V, Donee Acknowledgement **29** **1**

- 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? **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? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

**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)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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**2021**

Open to Public  
Inspection

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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.

FORM 990, PART VI, SECTION A, LINE 2:

LAUREN C. JUMONVILLE IS A FAMILY MEMBER OF A BRAF DIRECTOR.  
NICK SPEYRER AND BEVERLY HAYDELL HAVE A BUSINESS RELATIONSHIP.

FORM 990, 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.

FORM 990, 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.

FORM 990, PART VI, SECTION B, LINE 11B:

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

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

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.

FORM 990, 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 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.

FORM 990, 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

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

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.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
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, AZ

FORM 990, PART VI, SECTION C, LINE 19:  
THE GOVERNING DOCUMENTS AND THE FINANCIAL STATEMENTS ARE POSTED ON THE 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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:  
REVERSAL OF GRANT EXPENSES 374,300.

FORM 990, REPAIR REGULATION ELECTIONS  
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, 2021. 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

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number

72-6030391

(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 TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FOR THE TAX YEAR ENDED DECEMBER 31, 2021.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

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
LASALLE-GALVES, LLC - 71-0890765 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	RENTAL	LOUISIANA	73,513.	77,134.	BRAF
DOUGLAS MANSHIP SR. THEATER COMPLEX, LLC - 33-1026428, 100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802	THEATER INV	LOUISIANA	-549,195.	10,907,814.	BRAF
ALVIN & LOUISE ALBRITTON MEMORIAL FUND - 04-3687759, 100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802	PROPERTY RENT	LOUISIANA	842,629.	17,245,140.	BRAF
ALVIN & LOUISE ALBRITTON MEMORIAL FUNDII - 46-1500869, 100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802	PROPERTY RENT	LOUISIANA	162,878.	3,472,257.	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
COMMUNITY FOUNDATION OF SOUTHWEST LA - 72-1508036, PO BOX 3125, LAKE CHARLES, LA 70602	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF		X
COMMUNITY FOUNDATION REALTY, INC. - 20-4265927, 100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF		X
E. J. MARGORY OURSO FAMILY FOUNDATION - 72-1303806, PO BOX 690, DONALDSONVILLE, LA 70346	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF		X
GULF COAST RESTORATION & PROTECTION - 20-4146236, 100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF		X

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

**Schedule R (Form 990) 2021**

**Part I** Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN 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
BRAF LEBLANC LLC - 45-3769752 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY RENT	LOUISIANA	48.	4,500.	BRAF
STOREHOUSE 28, LLC - 81-4372700 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY RENT	LOUISIANA	0.	0.	BRAF
BRAF CORNWALLIS, LLC - 82-3255417 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LOUISIANA	0.	2,500,000.	BRAF
BRAF HUNT, LLC - 82-2629140 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LOUISIANA	0.	50,000.	BRAF
725 MAIN LLC - 84-3690826 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LOUISIANA	0.	1,175,000.	BRAF
CORNWALLIS NC CPDC, LLC - 20-3403943 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LOUISIANA	0.	0.	BRAF CORNWAL
BRAF REEVES, LLC - 85-3223054 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LOUISIANA	0.	0.	BRAF
BRAF STEVENS, LLC - 85-4296423 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	PROPERTY OWN	LOUISIANA	0.	0.	BRAF

Part II Continuation of Identification of Related Tax-Exempt Organizations

Table with columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled organization? (Yes/No).

**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			
CPDC PROPERTIES, LP - 72-1553510, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST					X	N/A		X
5401 NORTH, LLC - 20-8307307 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	WMF					X	N/A		X
5401 NORTH INVESTMENTS III, LLC, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	WMF					X	N/A		X
5401 CFN I, LLC - 83-1285927 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	5401 NORTH INVE					X	N/A		X

**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
CAPITOL HOUSE HOTEL, LLC - 32-0105872 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	WMF	C CORP					X
COMMERCIAL PROPERTIES REALTY TRUST - 86-1086905, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	MD	WMF	C CORP					X
COMMERCIAL PROPERTIES MGMT CORP - 72-0594389 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE MGMT	LA	WMF	C CORP					X
COMMERCIAL PROPERTIES DEVELOPMENT CORP - 72-0594391, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	COM PROP MGT CO	C CORP					X
BON CARRE CPDC II, INC - 20-8661741 450 MAIN STREET BATON ROUGE, LA 70801	HOLDING CORP	LA	CP REALTY TRUST	C CORP					X



**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(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			
CPRT AMERICANA, LLC 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CPRT	N/A			X		N/A	X	
5401 NORTH INVESTMENTS I 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CPRT	N/A			X		N/A	X	
TRANSBIO VENTURES, LP 820 GARRETT DRIVE BOSSIER CITY, LA 71111	INVESTMENT	DE	BRAF	N/A	193,189.	3,264,968.	X		N/A	X	60.00%
CANCER FOCUS FUND 2450 HOLCOMBE BLVD HOUSTON, TX 77021	INVESTMENT	TX	BRAF	N/A	2,962.	547,970.	X		N/A	X	29.00%
BCBC LAND, LLC 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CPDC PROPERTIES	N/A			X		N/A	X	
BCBC SHOPPES, LLC 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CPDC PROPERTIES	N/A			X		N/A	X	
CPRT QOF I, LLC - 84-2069965 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A			X		N/A	X	
CPRT QOZB I, LLC - 84-2076325 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A			X		N/A	X	
CPRT QOZB II, LLC - 85-3162313, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A			X		N/A	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(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	
KANNAFOLIS CROSSING, LP - 84-3924118, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A				X	N/A		X	



**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.

**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
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)		
<b>s</b> Other transfer of cash or property from related organization(s)	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHSHORE COMMUNITY FOUNDATION	B	50,000.FMV	
(2) NEWTON B THOMAS SUPPORT FOUNDATION	C	564,956.FMV	
(3) HELEN S. BARNES TRUST	C	259,556.FMV	
(4) WILBUR MARVIN FOUNDATION	K	402,206.FMV	
(5) CREDIT BUREAU OF BATON ROUGE FOUNDATION	L	121,209.FMV	
(6) NEWTON B. THOMAS SUPPORT FOUNDATION	L	84,898.FMV	

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)	NORTHSHORE COMMUNITY FOUNDATION	L	95,682.	FMV
(8)	COMMUNITY FOUNDATION OF SOUTHWEST LOUISIANA	L	133,520.	FMV
(9)				
(10)				
(11)				
(12)				
(13)				
(14)				
(15)				
(16)				
(17)				
(18)				
(19)				
(20)				
(21)				
(22)				
(23)				
(24)				



**Part VII** Supplemental Information

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

Multiple horizontal lines for supplemental information.