Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	e 2022 calendar year, or tax year beginning and	ending					
	Check if applicable	C Name of organization		D Employer identification number				
	Addres	BATON ROUGE AREA FOUNDATION						
	Name change			72-60303	91			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe					
	Final return/	100 NORTH STREET SILTER 900		225-387-				
	termin- ated			G Gross receipts \$	36,859,352.			
	Ameno return	BAION ROUGE, LA 70802		H(a) Is this a group re	eturn			
	Applic tion	Finame and address of principal officer: CHKIS METER		for subordinates	? Yes X No			
_	pendir	TIOU NORTH STREET, SUITE 900, BATON ROUG	E, LA	H(b) Are all subordinates in	ncluded? Yes No			
	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	⊣ ′	list. See instructions			
	Websit			H(c) Group exemption				
	Form of art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1964	M State of legal domicile: LA			
_	1	Briefly describe the organization's mission or most significant activities: FOUN	DATION	UNITES HUM	AN &			
Activities & Governance		FINANCIAL RESOURCES TO ENHANCE QUALITY OF	LIFE	IN SOUTHERN	LOUISIANA			
7	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as:				
a v	3			3	21			
رن ع	4	Number of independent voting members of the governing body (Part VI, line 1b)			20			
ď	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			34			
į	6	Total number of volunteers (estimate if necessary)			59			
Δ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			646,991.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>	Prior Year	413,885. Current Year			
Revenue		Contributions and grants (Part VIII, line 1h)		41,540,278.	24,091,095.			
	8 9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.			
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,097,001.	12,473,219.			
В	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,518.	-3,753.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		55,703,797.	36,560,561.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		27,257,106.	30,486,413.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
u	4-	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,051,686.	3,930,080.			
Fynansas	2 16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
9	<u>}</u> b	Total fundraising expenses (Part IX, column (D), line 25) 691,5	<u>43.</u>					
ú	i 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,905,947.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		37,214,739.	40,794,024.			
_	19	Revenue less expenses. Subtract line 18 from line 12		18,489,058.	-4,233,463.			
Net Assets or	Sec			ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)	<u> 3</u>	341,014,842.	309,005,513.			
A Ag	21	Total liabilities (Part X, line 26)		9,890,880.	11,473,740.			
Ž	22 0rt II	Net assets or fund balances. Subtract line 21 from line 20	3	331,123,962.	297,531,773.			
_	art II	Signature Block	1 1 1		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			/ knowleage and belief, it is			
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	non preparer	nas any knowledge.				
e:-		Signature of officer		I Date				
Siç He		CHRIS MEYER, CEO						
116	16	Type or print name and title						
_		Print/Type preparer's name Preparer's Signature Decks		Date Check	PTIN			
Pai	d	RYAN HOOKS		11/12/2023 if self-employ	P00746825			
	parer	Firm's name KPMG LLP	Į.		3-5565207			
	Only	Firm's address 301 MAIN STREET, SUITE 2150						
		BATON ROUGE, LA 70801		Phone no. 22	5-344-4000			
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

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 filling of this form, visit 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. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print BATON ROUGE AREA FOUNDATION 72-6030391 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 100 NORTH STREET, SUITE 900 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. BATON ROUGE, LA 70802 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 80 03 09 Form 4720 (individual) Form 4720 (other than individual) Form 990-PF Form 5227 04 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 06 Form 990-T (corporation) 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 \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions 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. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

MAIL TO: DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0045

223841 04-01-22

4d	Other program services (Describe on Schedule O.)

including grants of \$

e Total program service expenses 34,876,990.

Form **990** (2022)

) (Revenue \$

3

Form 990 (2022) BATON ROUGE AREA FOUNDATION Part IV Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			х
_1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ı ie	21	
	the organization's separate of consolidated financial statements for the tax year include a footifice that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		٠,	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	

Part IV	Checklist of Required Schedules	(continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	Zoa		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		37	
	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		Х
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> । </u>		
0Z	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- OZ		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	_	37	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
· u	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule O contains a response of note to any line in this Fart v		V00	Na
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 87		Yes	No
	Enter the number reported in box 3 or Form 1090. Enter 40 in not applicable 1a 57 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
232004	l 12-13-22		990	(2022)

Form 990 (2022) BATON ROUGE AREA FOUNDATION

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

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	34							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action 114, Report of Financia	cour	its (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		_ <u>X</u> _				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?		-	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service.	vices _l	provided to the payor?	7a	Х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s req	uired							
	to file Form 8282?			7c	Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntrac	t?	7e		<u> </u>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		_X_				
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 88	399 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fi	le a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	e							
	sponsoring organization have excess business holdings at any time during the year?			8		<u> </u>				
9	Sponsoring organizations maintaining donor advised funds.									
				9a		_ <u>X</u> _				
				9b		<u> </u>				
10	Section 501(c)(7) organizations. Enter:	١	1							
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	١	1							
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441								
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b		10-						
		1041 12b		12a						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı∠IJ	L							
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
a	Note: See the instructions for additional information the organization must report on Schedule O.			IOa						
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
				14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivitie	s							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.	-								

232005 12-13-22

Form **990** (2022)

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.

						X				
<u>Sec</u>	tion A. Governing Body and Management									
			. (Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21							
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	20							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?			2	X					
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision							
				3		$\frac{x}{x}$				
4										
5										
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	-								
	more members of the governing body?			7a	<u> </u>					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		•							
	persons other than the governing body?			7b		_X_				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-		7.7					
a	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					37				
C	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		<u>X</u>				
Sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		1					
			ſ		Yes	No_				
	Did the organization have local chapters, branches, or affiliates?			10a	-	<u> </u>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
				10b 11a	Х					
11a										
b 10-	. The state of the									
12a										
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,		40-	x					
10	on Schedule O how this was done			12c 13	X					
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X					
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			14	-25					
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	ependent							
2	The organization's CEO, Executive Director, or top management official			15a	х					
	Other officers or key employees of the organization			15b	X					
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a							
.oa	taxable entity during the year?			16a	х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			.54						
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•							
	exempt status with respect to such arrangements?			16b	х					
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, CA, C	T,DO	C,FL,GA,HI,	IL,	KS,	KY				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar									
	for public inspection. Indicate how you made these available. Check all that apply.		,							
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)							
19										
	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 boo	ks and	records							
	DEBORAH PICKELL - 225-387-6126									
	100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802	2								
22200	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2022)				

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than				nne	Reportab l e	Reportab l e	Estimated	
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	amount of
	week	officer and		luau	recto	ii us	(66)	from	from related	other
	(list any hours for	director						the organization	organizations (W-2/1099-M I SC/	compensation from the
	related	5	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	Individual trustee	Institutional trustee	le.	Key employee	Highest compensated employee	Jer.	,		organizations
	line)	Indiv	Insti	Officer (Key	High	Former			
(1) JOHN G. DAVIES	35.00									
PRESIDENT & CEO THROUGH MAR 2022	25.00	Х		Х				139,471.	550,428.	36,622.
(2) JOHN M. SPAIN	45.00									
EXECUTIVE VICE PRESIDENT	0.00			Х				418,395.	0.	51,225.
(3) CHRISTOPHER J. MEYER	45.00									
PRESIDENT & CEO	1.00	Х		Х				434,790.	0.	25,208.
(4) DEBORAH D. PICKELL	45.00									
CHIEF FINANCIAL OFFICER.	0.00				Х			238,440.	0.	59,978.
(5) EDMUND J. GIERING, IV	40.00									
ASSISTANT SECRETARY	0.00			Х				211,328.	0.	74,771.
(6) MUKUL VERMA	40.00									
DIRECTOR OF COMMUNICATIONS	0.00					Х		149,424.	0.	29,648.
(7) BRENNA BENSON	45.00									
CHIEF OPERATING OFFICER	0.00					Х		128,428.	0.	22,883.
(8) RAYMOND PRINCE	40.00									
FINANCIAL OPERATIONS MANAGER	0.00					Х		113,431.	0.	25,522.
(9) LAUREN C. JUMONVILLE	40.00									
VICE PRESIDENT OF ENTERPRISE STRATEG	0.00					Х		112,027.	0.	44,340.
(10) LAUREN CRUMP	40.00									
VICE PRESIDENT OF NONPROFIT EXCELLEN	0.00					Х		104,531.	0.	24,648.
(11) JENNIFER EPLETT REILLY	2.00									
CHAIR	0.00	Х		X				0.	0.	0.
(12) JEFFREY W. KOONCE	1.00									
VICE-CHAIR	0.00	Х		Х				0.	0.	0.
(13) HELENA R. CUNNINGHAM	2.00									
SECRETARY	1.00	Х		Х				0.	0.	0.
(14) DANIEL A. GARDINER JR.	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(15) WILLIAM E. BALHOFF	1.00									
DIRECTOR	1.00	Х		Х				0.	0.	0.
(16) ANNETTE D. BARTON	1.00									
DIRECTOR	0.00	Х		L	L		L	0.	0.	0.
(17) THOMAS J. ADAMEK	1.00									
DIRECTOR	0.00	Х			L			0.	0.	0.
232007 12-13-22								<u> </u>		Form 990 (2022)

232007 12-13-22

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Form 990 (2022) BATON ROUGE AREA FOUNDATION 72-6030391 Page 8												
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)		(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				nne.	Reportable	Reportab l e	Estimated		
	hours per	box	box, unless person is both an officer and a director/trustee)			is both	n an	compensation	compensation	amount of		
	week	-	cer an	ia a a	director/trustee)			from	from related	other		
	(list any hours for	director						the	organizations	compensation		
	related	5	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-M I SC/ 1099-NEC)	from the organization		
	organizations	ndividual trustee	Institutional trustee		ee ee	npen		1099-NEC)	1099-1420)	and related		
	below	dualt	riona	_	nploy	st col	10	10001120)		organizations		
	line)	ndivi	Institu	Officer	Key employee	Highest compensated employee	Former					
(18) RODNEY C. BRAXTON	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(19) PRESTON J. CASTILLE, JR.	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(20) BEVERLY M. HAYDEL	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(21) SCOTT N. HENSGENS	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(22) CHARLES W. LAMAR III	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(23) TODD S. MANUEL	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(24) TATIANA SAAVEDRA PATEL, MD	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(25) LINDA O. POSNER	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(26) MATTHEW C. SAURAGE	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
1b Subtotal								2,050,265.	550,428. 0.	394,845.		
c Total from continuation sheets to Part	c Total from continuation sheets to Part VII, Section A									0.		
d Total (add lines 1b and 1c)								2,050,265.	550,428.	394,845.		
Total number of individuals (including but	not limited to th	ose	liste	d at	ove	e) wh	o re	ceived more than \$100	000 of reportable			

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

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 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
•	GOOD JOBS CHALLENGE CONSULTANT	1,125,000.
WATERSHED ADVISORS LLC, 3436 MAGAZINE STREET, #158, NEW ORLEANS, LA 70115	GOOD JOB CHALLENGE / INNOVATION FOR CHIE	254,117.
NICHOLAS BOLT, 1201 SWEETBAY PLACE, SILVER	BLOOMBERG/DEPT OF EDUCATION GRANT CONS	153,000.
STELLAR TECHNOLOGY SOLUTIONS, LLC PO BOX 825411, PHILADELPHIA, PA 19182-5441	IT SOFTWARE PROVIDER	125,927.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

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12

\$100,000 of compensation from the organization

Name and title Av h (iis hou re orgar b (27) NICKLOS S. SPEYRER DIRECTOR (28) KAREN R. WILLIAMS, MD DIRECTOR (29) FRANCIS C. JUMONVILLE, JR. DIRECTOR (30) B. EUGENE BERRY, MD	s, Key En (B) verage hours per week st any urs for elated nizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00	stee or director		Posi all t	;) tion			Compensated Employe (D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(A) Name and title Av h (Iis hou re orgar b (27) NICKLOS S. SPEYRER DIRECTOR (28) KAREN R. WILLIAMS, MD DIRECTOR (29) FRANCIS C. JUMONVILLE, JR. DIRECTOR (30) B. EUGENE BERRY, MD	verage nours per week st any urs for elated nizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00	X X (cc)	neck	Posi all t	tion hat	appl	ly)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(27) NICKLOS S. SPEYRER (27) NICKLOS S. SPEYRER DIRECTOR (28) KAREN R. WILLIAMS, MD DIRECTOR (29) FRANCIS C. JUMONVILLE, JR. DIRECTOR (30) B. EUGENE BERRY, MD	week st any urs for elated nizations below line) 1.00 0.00 1.00 0.00 1.00 0.00 1.00	x x	Institutional trustee	Officer Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
DIRECTOR (28) KAREN R. WILLIAMS, MD DIRECTOR (29) FRANCIS C. JUMONVILLE, JR. DIRECTOR (30) B. EUGENE BERRY, MD	0.00 1.00 0.00 1.00 0.00	x						0.	0.	0.
DIRECTOR ((29) FRANCIS C. JUMONVILLE, JR. DIRECTOR ((30) B. EUGENE BERRY, MD	0.00 1.00 0.00 1.00	х								
DIRECTOR ((30) B. EUGENE BERRY, MD	0.00							0.	0.	0.
		х			_			0.	0.	0.
								0.	0.	0.
			Ш							
										1
					\exists					
		H								
				-	+					

Form 990 (2022) BATON R
Part VIII Statement of Revenue

			Check if Schedu l e O c	ontains a	response (or note to any lin	e in this Part VIII			
			eriodit il Coriodalo e o	oritairio a	тооропоо (or moto to arry in	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
					T. 1					30000013 312 314
nts	1		Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts					1b	145 027				
ts, An			Fundraising events		1c	145,837.				
igi			Related organizations		1d	2,405,791.				
ns,			Government grants (contri	•	1e					
tio S S		f	All other contributions, gifts, g							
lbu H			similar amounts not included	above	1f	21,539,467.				
at O		g	Noncash contributions included in li	ines 1a-1f	1g \$	2,276,713.				
<u>ဒို မ</u>		h	Total. Add lines 1a-1f				24,091,095.			
						Business Code				
ġ.	2	а								
ξ		b								
Se		С								
am		d								
Program Service Revenue		е								
Pr		f	All other program service r	evenue						
			Total. Add lines 2a-2f							
	3		Investment income (includ							
	_						9,730,340.		630,991.	9099349.
	4		Income from investment of	f tax-exen	not bond p	roceeds	, ,		,	
	5		Royalties		-					
	٥		noyarics		(i) Real	(ii) Persona l				
	6	2	Gross rents		191,456.	(4)				
			Less: rental expenses		221,243.					
			Rental income or (loss)		-29,787.					
			Net rental income or (loss)				-29,787.			-29,787.
			Gross amount from sales of		Securities	(ii) Other	23,707;			23,707.
	′	а			742,879.	(ii) Oti ioi				
		L	assets other than inventory Less: cost or other basis	7a 2,	742,075.					
a)		D			0.					
Revenue			and sales expenses		742,879.					
eve			Gain or (loss)				2,742,879.			2742879.
r R			Net gain or (loss)				2,742,073.			2/420/9.
ther	8	а	Gross income from fundraisin							
ŏ			including \$1		_					
			contributions reported on I			07 500				
			Part IV, line 18			87,582.				
			Less: direct expenses			77,548.	10.034			10.024
			Net income or (loss) from f				10,034.			10,034.
	9	а	Gross income from gaming	_	I					
			Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from (-						
	10	а	Gross sales of inventory, le							
			and allowances		<u>10a</u>					
		b	Less: cost of goods sold		10b					
		С	Net income or (loss) from s	sales of in	ventory					
ر س						Business Code				
ë ë	11	а	CONSULTING INCOME			561000	16,000.		16,000.	
ane		b								
e Ke		С								
Miscellaneous Revenue		d	All other revenue							
_			Total. Add lines 11a-11d				16,000.			
	12		Total revenue. See instruction	ns			36,560,561.	0.	646,991.	11822475.

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 (B) Program service expenses (C) Management and general expenses **(D)** Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 29,755,602. 29,755,602. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 294,491. 294,491. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 436,320. 436,320. Benefits paid to or for members Compensation of current officers, directors, 1,692,041. 681,632. 796,528. 213,881. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,587,262. 418,720. 1,051,112. 117,430. Other salaries and wages 7 Pension plan accruals and contributions (include 409,203. 137,550. 222,293. 49,360. section 401(k) and 403(b) employer contributions) 39,546. 13,270. 22,281. Other employee benefits 3,995. 9 202,028. 67,789. 113,828. 20,411. 10 Payroll taxes Fees for services (nonemployees): Management 19,444. 14,100. 4,854. 490. Legal 123,753. 22,844. 100,909. Accounting 80,000. 80,000. Lobbying Professional fundraising services. See Part IV, line 17 1,014,729. 1,014,729. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, 214,177. 275,213. 83,793. column (A), amount, list line 11g expenses on Sch O.) 573,183. 21,413. 21,413. Advertising and promotion 12 188,869. 47,198. 69,160. 72,511. Office expenses 13 <u>15</u>,718. 209,601. 56,336. 137,547. Information technology 14 Royalties 15 467,076. 175,726. 247,050. 44,300. 16 Occupancy 60,350. 39,418. 17,604. 3,328. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 157,486. 34,965. 112,162. 10,359. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 83,008. 27,853. 46,769. 8,386. Depreciation, depletion, and amortization 22 102,079. 34,252. 57,514. 10,313. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 2,252,218. 2,252,218. PROJECT EXPENSES 974,888. UBI TAXES 974,888. 33,093. 18,842.DUES AND SUBSCRIPTIONS 281. 2,970. 16,341.3,244. OTHER EXPENSES 212. 12,885. All other expenses 40,794,024. 34,876,990. 5,225,491. 691,543. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

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Part X | Balance Sheet

Pa	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	
	1	Cash - non-interest-bearing	6,900,574.	1	5,036,753.		
	2	Savings and temporary cash investments	27,242,410.	2	24,705,712.		
	3	Pledges and grants receivable, net		0.	3	500.	
	4	Accounts receivable, net		671,623.	4	931,779.	
	5	Loans and other receivables from any current or former or					
		trustee, key employee, creator or founder, substantial cor	ntributor, or 35%				
		controlled entity or family member of any of these person	s		5		
	6	Loans and other receivables from other disqualified person	ns (as defined				
		under section 4958(f)(1)), and persons described in section			6		
ţ	7	Notes and loans receivable, net		1,820,032.	7	3,631,095.	
Assets	8	Inventories for sale or use			8		
Ä	9	Prepaid expenses and deferred charges		34,354.	9	1,580.	
	10 a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10b	21,309,347.				
	b			20,943,167.	10c	20,354,033.	
	11	Investments - publicly traded securities		177,392,007.	11	149,215,858.	
	12	Investments - other securities. See Part IV, line 11		89,272,024.	12	89,824,310.	
	13			10,580,042.	13	10,006,339.	
	14	Intangible assets		6 150 600	14	5 005 554	
	15	Other assets. See Part IV, line 11	6,158,609.	15	5,297,554.		
	16	Total assets. Add lines 1 through 15 (must equal line 33)		341,014,842.	16	309,005,513.	
	17	Accounts payable and accrued expenses		380,067.	17	338,547.	
	18	Grants payable	2,068,114.	18	3,184,902.		
	19	Deferred revenue		3,822,798.	19	4,720,749.	
	20	Tax-exempt bond liabilities	0 1 1 1 5		20		
	21	Escrow or custodial account liability. Complete Part IV of			21		
Liabilities	22	Loans and other payables to any current or former officer					
ij		trustee, key employee, creator or founder, substantial cor			00		
Lia	00	controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third		-251,172.	22 23	0.	
	23 24	Unsecured notes and loans payable to unrelated third par		231,112.	24	<u> </u>	
	25	Other liabilities (including federal income tax, payables to			24		
	20	parties, and other liabilities not included on lines 17-24). C					
		of Schedule D		3,871,073.	25	3,229,542.	
	26	Total liabilities. Add lines 17 through 25		9,890,880.	26	11,473,740.	
		Organizations that follow FASB ASC 958, check here	X				
es		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions		214,199,051.	27	192,009,467.	
Bal	28	Net assets with donor restrictions		116,924,911.	28	105,522,306.	
5		Organizations that do not follow FASB ASC 958, check					
Ē		and complete lines 29 through 33.					
s or	29	Capital stock or trust principal, or current funds			29		
sets	30	Paid-in or capital surplus, or land, building, or equipment			30		
As	31	Retained earnings, endowment, accumulated income, or			31		
Net Assets or Fund Balances	32	Total net assets or fund balances		331,123,962.	32	297,531,773.	
	33			341,014,842.	33	309,005,513.	
				-		Form 990 (202	

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Pai	T XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8 9	36 40	, 56 , 79 , 23 , 12	0,50 4,03 3,40	24. 63. 62.
9 10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9				.
10	column (B))	10	297	, 53	1,7	73.
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		X
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:				2b	Х	
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			2c	x	
	review, or compilation of its financial statements and selection of an independent accountant?			2C		
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						
oa	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b		ed audit	·····			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b		
		_		Form	990	(2022)

232012 12-13-22

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	BATO	N ROUGE ARI	EA FOUNDATION	1			7	2-603039	91
Part I	Reason for Public (Charity Status. ((All organizations must c	omplete th	nis part.) S	ee instruction	s.		
The orga	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)								
1									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	A hospital or a cooperative		· · · · · · · · · · · · · · · · · · ·)(b)(1)(A)(ii	i).			
4 =	A medical research organiz						(iii). Enter	the hospital's r	name
-	city, and state:	anon operated in co.	garrotion mar a ricopita	4000004	000110	(5)(.)(.)	(,1 =	ino noophal o	,
5	An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental u	nit describe	ad in	
J	section 170(b)(1)(A)(iv). (0		lege of arriversity owned	or operat	ca by a go	verminental di	iii dosonbo	7 4 111	
e [A federal, state, or local go		antal unit described in	ocation 1	70/b\/4\/A\	6.0			
7 X							o accercl	aublia dagariba	din
7 <u>X</u>	- 9		iliai part of its support if	om a gove	emmeman	unit or non ti	e general p	Jublic describe	u III
	section 170(b)(1)(A)(vi). (C		(4)(A)(!) (O	. 11. \					
8	A community trust describe			•					
9	An agricultural research org				-		_	-	
	or university or a non-land-o	grant college of agrici	ulture (see instructions).	Enter the	name, city	, and state of	the college	· or	
	university:								
10	An organization that norma	• , ,	• •				•		
	activities related to its exen	•	•					-	
	income and unrelated busin		(less section 511 tax) fro	m busines	sses acquii	red by the org	anization a	itter June 30, 19	975.
	See section 509(a)(2). (Co	•							
11	An organization organized	•	-	-					
12	An organization organized	•	•	•			•		
	more publicly supported or	_	` , , ,					sheck the box of	on
	lines 12a through 12d that						-		
a L	Type I. A supporting orga	· ·			-				
	the supported organization			majority c	of the direc	tors or trustee	s of the su	ipporting	
	organization. You must o	- ·							
b _	Type II. A supporting org	·				-		_	
	control or management of			ame perso	ns that coi	ntrol or manag	je the supp	orted	
	organization(s). You mus								
С	Type III functionally integrated	-					y integrate	a with,	
	its supported organizatio							+:(-)	
d L	Type III non-functionally	-					_		
	that is not functionally int	•	• •	•		•	an attentiv	/eness	
	requirement (see instruct	•	· ·				U T UI		
e L	Check this box if the orga					rype i, rype i	ı, туре ш		
4 Fn	functionally integrated, of ter the number of supported of		ally integrated supporting	ig organiz	ation.				
	ovide the following information		d organization(s)						
y Fi	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) I s the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount o	of other
	organization		(described on lines 1-10	Yes	No	support (see in	structions)	support (see ins	tructions)
			above (see instructions))	100	110				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Gifts, grants, contributions, and	` ,	, ,	,				
	membership fees received. (Do not							
	include any "unusual grants.")	31752259.	29102418.	28575217.	41540278.	24091095.	155061267	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
-	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	31752259.	29102418.	28575217.	41540278.	24091095.	155061267	
	The portion of total contributions							
Ū	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,							
							27220824.	
6	Public support. Subtract line 5 from line 4.						127840443	
	ction B. Total Support						12/010113	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4		29102418				155061267	
	Gross income from interest.	317322334	231021100	20373217	113102700	210310330	133001207	
0	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	5899806.	4912836.	4944146.	6009218	9921796	31687802.	
9	Net income from unrelated business	3033000.	49120300	4511110.	00032101	33217300	310070021	
9	activities, whether or not the							
				6,377.	22,464.	26,034.	54,875.	
10	business is regularly carried on Other income. Do not include gain			0,3776	22,404.	20,054.	34,073.	
10	•							
	or loss from the sale of capital							
44	assets (Explain in Part VI.)						186803944	
	Total support. Add lines 7 through 10	ata (ann innturetion				12	H00002244	
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth tow				
13	organization, check this box and sto							
Sec	ction C. Computation of Publ							
	Public support percentage for 2022 (column (fl)		14	68.44 %	
	Public support percentage from 2021		•	.,,		15	71.30 %	
	33 1/3% support test - 2022. If the							
104	stop here. The organization qualifies	_						
h	33 1/3% support test - 2021. If the							
	and stop here. The organization qua	•						
173								
17 a	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances to			-		•		
L		•				 17a. and line 15 is		
i)	10% -facts-and-circumstances test	-					1070 UI	
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
10	Private foundation. If the organization							
10	rivate iounuation. It the organization	on did flot check a	DOX OF HIRE 13, 16	a, 100, 17a, 01 171	o, oneck this box a		(Form 990) 2022	

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.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	<u> </u>	T	T		Т	1
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	247.77	<u> </u>
14	First 5 years. If the Form 990 is for the	•			•	.,.,	
Sec	check this box and stop here ction C. Computation of Publi	c Support Per	rentage				
	Public support percentage for 2022 (I			column (fl)		15	%
	Public support percentage for 2022 (i					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20			ne 13. column (fl)		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization			•		•	

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes." provide detail in Part VI.
- c 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
3b		
35		
20		
3c		
4		
4a		
4b		
4c		
5a		
5b		
5c		
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7		
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9a		
٥.		
9b		
9c		
10a		
10b		

Sche	dule A (Form 990) 2022 BATON ROUGE AREA FOUNDATION 72-60	3039	1 P:	age 5
Par	t IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	112		
Ü	detail in Part VI.	11c		
Seci	ion B. Type I Supporting Organizations	110		
	Ton Di Typo i oupporting organizationo		Vaa	N _a
	Did the management has been accomplished a second and self-constant in their efficiel constitution as accomplished and a		Yes	No
1	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? 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.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? 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.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? 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).	1		
Sec	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the examination provide to each of its supported examinations, by the last day of the fifth month of the		res	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	etruction	ic)	
2	Activities Test. Answer lines 2a and 2b below.	Suucuon	Yes	No
			162	140
а	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? 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.	2 a		
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? f "Yes," explain in			

Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

a 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? If "Yes" or "No" provide details in Part VI.

Part VI the reasons for the organization's position that its supported organization(s) would have engaged in

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2022

2b

За

Schedule A (Form 990) 2022

instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2022

** Do Not File **

*** Not Open to Public Inspection ***

Total Contributions	Excess Contributions
30,956,903.	27,220,824
	Contributions

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

BATON ROUGE AREA FOUNDATION

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

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Organization type (check one):						
Filers of:		Section:				
Form 990	or 990-EZ	X 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				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General F	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special F	Rules					
9	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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.					
: i	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\$					
answer "N	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990).				

Page 2

Name of organization

Employer identification number

BATON ROUGE AREA FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,400,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$510,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-	5 	\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2022)

Page 2

Name of organization Employer identification number

BATON ROUGE AREA FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ <u>498,580.</u>	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$510,704.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$925,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BATON ROUGE AREA FOUNDATION

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	775 SHARES OF JPMORGAN CHASE & CO.	\$ <u>87,536.</u>	07/15/22
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	Cabadida D (Faura 200) (2000)

Page 4

Schedule B (Form 990) (2022) Name of organization Employer identification number BATON ROUGE AREA FOUNDATION 72-6030391 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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

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) organization	tions: Complete Part III.		1 -						
Nam	ne of organization	Employer identification num	ıber							
_		OUGE AREA FOUNDA			72-6030391					
Pa	rt I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527	7 organization.					
2	Provide a description of the organize Political campaign activity expenditively Volunteer hours for political campains	ures								
Pa	rt I-B Complete if the org	janization is exempt und	ler section 501(c)(3).						
1	Enter the amount of any excise tax	incurred by the organization un	der section 4955		\$					
	Enter the amount of any excise tax									
	If the organization incurred a section					No				
	Was a correction made?					No				
	If "Yes," describe in Part IV.									
Pa	Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).									
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt funct	ion activities	\$					
2	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	J J									
5	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 fr filing organization funds. If none, enter	n's contributions received	and ly ate				

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

Schedule C (Form 990) 2022

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Schedule C (Form 990) 2022	BATON F	ROUGE	AREA FOUND	ATION	72-6	030391 Page 2		
Part II-A Complete if the org	ganization	is exen	npt under section	n 501(c)(3) and file	ed Form 5768 (ele	ction under		
section 501(h)).								
A Check X if the filing organization	ation belongs	to an affi l	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,		
expenses, and sha			• •					
B Check if the filing organization	ation checked	box A an	nd "limited control" pro	visions apply.				
Lim	its on Lobbyi	ng Exper	nditures		(a) Filing	(b) Affiliated group		
	_		nts paid or incurred.)		organization's tota l s	tota l s		
1a Total lobbying expenditures to infl	•				91,032.			
b Total lobbying expenditures to infl	•		, , , , , , , , , , , , , , , , , , , ,		91,032.			
c Total lobbying expenditures (add l					34,785,958.			
d Other exempt purpose expendituree Total exempt purpose expenditure					34,876,990.			
e Total exempt purpose expendituref Lobbying nontaxable amount. Ent					1,000,000.			
If the amount on line 1e, column (a)			bying nontaxable am		1,000,000			
Not over \$500,000	01 (b) 15.		the amount on line 1e.	ount is.				
Over \$500,000 but not over \$1,00	0000		0 plus 15% of the exce	ass over \$500 000				
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce					
Over \$1,500,000 but not over \$17			0 plus 5% of the exces					
Over \$17,000,000	,000,000	\$1,000,0		σο στοι φτησοσήσσοι				
	•	+ 1,000,						
g Grassroots nontaxable amount (er	nter 25% of l in	e 1f)			250,000.			
h Subtract line 1g from line 1a. If ze		,			0.			
i Subtract line 1f from line 1c. If zer	o or less, ente	r-0-			0.			
j If there is an amount other than ze	ero on either l i	ne 1h or I	ine 1i, did the organiza	ation file Form 4720				
reporting section 4911 tax for this	year?					Yes 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.)								
	Lobbyi	ng Exper	nditures During 4-Yea	ar Averaging Period				
Calendar year	() 000	10	# > 0000	() 0004	/ N 0000	() T-1-1		
(or fiscal year beginning in)	(a) 20°	19	(b) 2020	(c) 2021	(d) 2022	(e) Total		
O - I abbying partovable arrayet	1 000	000	1 000 000	1,000,000.	1 000 000	4,000,000.		
2a Lobbying nontaxable amount	1,000,	. 000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						6,000,000.		
(100% of Into Za, objanni(o))						0,000,000		
c Total lobbying expenditures			53,707.	145,580.	91,032.	290,319.		
5 Total lobbying experiences			23,.374		22,0020			
d Grassroots nontaxable amount	250.	000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount					,	, , , , , , , , , , , , , , , , , , , ,		
(150% of line 2d, column (e))						1,500,000.		
						-		

Schedule C (Form 990) 2022

f Grassroots lobbying expenditures

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

501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year lill-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF	(5), or			ount
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF	(5), or	sect	tion	
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Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF		3		
answered "Yes." 1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year	<u>L</u> :	2a		
b Carryover from last year	<u>L</u> :	2b		
c Total	<u> </u>	2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political				
expenditures next year?	L	4		
Taxable amount of lobbying and political expenditures. See instructions		5		
Part IV Supplemental Information				

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 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

BATON ROUGE AREA FOUNDATION

Employer identification number 72-6030391

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, Iir	ne 6.						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year	266	208					
2	Aggregate value of contributions to (during year)	2,401,795.						
3	Aggregate value of grants from (during year)	20,091,395.	6,525,275.					
4	Aggregate value at end of year	84,880,530.	87,529,995.					
5	Did the organization inform all donors and donor advisors in		funds					
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No					
6	Did the organization inform all grantees, donors, and donor a							
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring					
	impermissible private benefit? No							
Pa	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Par	t IV, line 7.					
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).						
	Preservation of land for public use (for example, recrea	ation 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 quali	fied conservation contribution in the form of a	a conservation easement on the last					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2 a					
b	Total acreage restricted by conservation easements		2b					
С	c Number of conservation easements on a certified historic structure included in (a) 2c							
d	Number of conservation easements included in (c) acquired $$	after July 25,2006, and not on a						
	historic structure listed in the National Register							
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 pe	riodic monitoring, inspection, handling of						
	violations, and enforcement of the conservation easements it holds?							
6								
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year					
_			4) (D) (C)					
8	Does each conservation easement reported on line 2(d) above							
_	and section 170(h)(4)(B)(ii)?							
9	In Part XIII, describe how the organization reports conservati							
	balance sheet, and include, if applicable, the text of the footi	note to the organization's illiancial statement	s that describes the					
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or Othe	er Similar Assets					
·	Complete if the organization answered "Yes" on Form							
12	If the organization elected, as permitted under FASB ASC 95		halanca sheet works					
Ia	of art, historical treasures, or other similar assets held for pu	· ·						
	service, provide in Part XIII the text of the footnote to its fina		iorance or public					
h	If the organization elected, as permitted under FASB ASC 95		ance sheet works of					
b	art, historical treasures, or other similar assets held for public	, · · ·						
	provide the following amounts relating to these items:	exhibition, education, or research in farther	ance of public service,					
			¢					
2	If the organization received or held works of art, historical tre	easures or other similar assets for financial or						
2	the following amounts required to be reported under FASB A	_	an, provide					
а	Revenue included on Form 990, Part VIII, line 1	•	\$					
	Assets included in Form 990, Part X							
	moladod iii i diiii dod, i dit /							

232051 09-01-22

Schedule D (Form 990) 2022

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	16,807,908.			16,807,908.
b Buildings	2,582,090.			2,582,090.
c Leasehold improvements		833,181.	400,096.	433,085.
d Equipment		1,086,168.	555,218.	530,950.
e Other				
Total Add lines 1a through 1e. (Column (d) must save	L Farm OOO Port V aglum	n (D) line 10e)	_	20.354.033.

Schedule D (Form 990) 2022

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	45,464,268.	END-OF-YEAR MARKET VALUE					
(B) HEDGE FUNDS	9,633,046.	END-OF-YEAR MARKET VALUE					
(C) VENTURE CAPITAL	17,700,405.	END-OF-YEAR MARKET VALUE					
(D) PRIVATE INV, P'SHIP &							
(E) OTHER	2,545,749.	END-OF-YEAR MARKET VALUE					
(F) REAL ESTATE &							
(G) INFRASTRUCTURE	3,585,614.	END-OF-YEAR MARKET VALUE					
(H) GS TACTICAL TILT	4,294,984.	END-OF-YEAR MARKET VALUE					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	89,824,310.						
Part VIII Investments - Program Related.							
		14. O. F 000 D. I.V. F 40					

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total, (Column (h) must equal Form 990, Part X, col. (R) line 15.)	

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		1,263,684.
(3) LIABILITY FOR SPLIT-INTERES	ST A	1,965,858.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990. Part X. col. (B) line 25	5.)	3,229,542.

^{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

Schedule D (Form 990) 2022

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 2016. 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, 2022 AND 2021, 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

Schedule D (Form 990) 2022

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.

Part VII Investments - Other Securities. See Form 990, Part X, line 12		T
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
REIT	6,493,044.	FMV
KEII	0,493,044.	FMV

SCHEDULE F (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identi	fication number
BATON ROUGE ARE	A FOUNDA'	LION			72-60303	91
			side the United States. Comple	ete if the organ		
Form 990, Part IV			·			
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	nts and other a	assistance,	
the grantees' eligibility fo	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	stance?	Yes X No
	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and ot	her assistance out	side the
United States.	aa fallawina Dart	L line 2 table on	n he duplicated if additional appear is n	andad)		
3 Activities per Region. (If	(b) Number of		n be duplicated if additional space is n (d) Activities conducted in the region		vity listed in (d)	(f) Total
(-,)	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN	0	0	INVESTMENTS			30,576,000.
EUROPE (INCLUDING ICELAND AND						
GREENLAND)	0	0	INVESTMENTS			46,392,000.
JILLINE ,	Ĭ					10,032,000.
EAST ASIA AND THE						
PACIFIC	0	0	GRANTMAKING			119,000.
EUROPE (INCLUDING						
ICELAND AND						10.000
GREENLAND)	0	0	GRANTMAKING			10,000.
RUSSIA AND						
NEIGHBORING STATES	0	0	GRANTMAKING			176,320.
SUB-SAHARAN AFRICA	0	0	GRANTMAKING			108,500.
3 a Subtotal	0	0				77,381,820.
b Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a	_	_				77 201 000
and 3b)	0	0				77,381,820.

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

Schedule F (Form 990) 2022

72-6030391

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. Part II

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	GENERAL SUPPORT	.000,011	WIRE	.0		
		EUROPE	COST OF LIVING SURVIVING WINTER CAMPAIGN	10,000.WIRE	VIRE	0		
		RUSSIA AND NEIGHBORING STATES	UKRAINE RELIEF	7,000, СНЕСК	ЭНЕСК	0		
		RUSSIA AND NEIGHBORING STATES	UKRAINE RELIEF	50,000	CHECK	0.		
		RUSSIA AND NEIGHBORING STATES	UKRAINE REFUGEE RELIEF	19,000.	СНЕСК	0.		
		RUSSIA AND NEIGHBORING STATES	UKRAINE REFUGEE RELIEF	10,000. CHECK	энеск	0.		
		RUSSIA AND NEIGHBORING STATES	UKRAINE WAR RELIEF	25,000, CHECK	ЭНБСК	0		
		RUSSIA AND NEIGHBORING STATES	PROVIDE MEDICAL SUPPLIES TO THOSE IMPACTED BY THE WAR IN UKRAINE	24,410. CHECK	ЭНЕСК	•0		
			: : : :			•		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2022

ارہ		ا دم	Ī			ı			1	l				l			1	l			1	ı			1	ı
Page 2		(i) Method of valuation (book, FMV, appraisal, other)																								
		(h) Description of non-cash assistance																								
72-6030391	90), Part II, line 1)	(g) Amount of non-cash assistance			0				0.				0				0.				0.				0.	
72-60	(Schedule F (Form 990), Part II, line 1)	(f) Manner of cash disbursement			CHECK				СНЕСК				CHECK				WIRE				CHECK				WIRE	
		(e) Amount of cash grant			24,410.				16,500.				7,000, CHECK				7,500. WIRE				88,000.				6,000.	
FOUNDATION	Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.	(d) Purpose of grant	OH SHUINHES HUINONG	- 2	THE WAR IN UKRAINE			UKRAINIAN REFUGEE	RELIEF			SUPPORT UTHANDO SOUTH	AFRICA			SUPPORT UTHANDO SOUTH	AFRICA	SUPPORT THE HOSPITAL,	GIRLS SCHOOL, AND	CHILDREN'S DAYCARE IN	TANZANIA				GENERAL SUPPORT	
BATON ROUGE AREA FOUNDATION	Assistance to Organiza	(c) Region	USETA AND	NEIGHBORING	STATES		RUSSIA AND	NEIGHBORING	STATES	SUB-SAHARAN	AFRICA - ANGOLA,	BENIN, BOTSWANA,	BURKINA FASO,	SUB-SAHARAN	AFRICA - ANGOLA,	BENIN, BOTSWANA,	BURKINA FASO,	SUB-SAHARAN	AFRICA - ANGOLA,	BENIN, BOTSWANA,	BURKINA FASO,	SUB-SAHARAN	AFRICA - ANGOLA,	BENIN, BOTSWANA,	BURKINA FASO,	
BATON	Grants and Other	(b) IRS code section and EIN (if applicable)																								
Schedule F (Form 990)	Part II Continuation of	1 (a) Name of organization																								

Schedule F (Form 990) 2022 BATON ROUGE AREA FOUNDATION 72–6030391

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.

BATON ROUGE AREA FOUNDATION

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(g) Description of noncash assistance					Sched
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					•
(c) Number of recipients					
(a) Region					
(a) Type of grant or assistance					

Part I	V	Fore	ign l	Form	ıs	
	١٨/			_4:		4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see <i>Instructions for Form</i> 926)	X 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	X 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)	X 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)	X 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)	X 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	X No

Schedule F (Form 990) 2022

Supplemental Information Part V

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. 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 (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

Go to	o www.irs.gov/Form990 for instruc	tions	and th	ne latest informatioi	n <u>. </u>		mapecuom
Name of the organization BATON Reference of the organization	OUGE AREA FOUNDATION	NC				Employer ide 72-6030	ntification number 391
	Complete if the organization answe		es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	ed funds through any of the following e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (inc l ud	non-govern govern ising of ing of ona l fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	Did aiser ustody tro l of utions?	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total 3 List all states in which the organizatio	n is registered or licensed to solicit o			or has been notified	it is a	evemnt from red	gistration
or licensing.	This registered of licensed to solicit c	OHLHDI		or has been notined	11 15 1	evembr nom re	

232081 10-27-22

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

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			MAPP GOLF	GONZALES		` '
			TOUR.	AREA FOUNDAT	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue						
er Sver	1	Gross receipts	42,000.	167,195.	24,224.	233,419.
æ	•	Greed recorpte				
	2	Less: Contributions	25,000.	98,575.	22,262.	145,837.
	_	2000. Commoditions		20,0.00		
	3	Gross income (line 1 minus line 2)	17,000.	68,620.	1,962.	87,582.
		Circle into into (into 1 minute into 2)	= 7,0000	00,0200		0.,0020
	4	Cash prizes				
	_	Cuon prizos				
	5	Noncash prizes	8,142.			8,142.
S	٦	110/1046/1 ph/200	3,222			3,2121
nse	6	Rent/facility costs	15,458.	51,113.		66,571.
Direct Expenses	0	Tienth actinity costs	13,430.	31,113.		00,371.
Ë	7	Food and beverages				
irec	′	rood and beverages				
		Entortainment		2,500.		2,500.
	8	Entertainment Other direct expenses		335.		335.
	10	Direct expense summary. Add lines 4 through				77,548.
	11	Net income summary. Subtract line 10 from li				10,034.
Pa	rt l			990 Part IV line 19 or r	enorted more than	10,034.
		\$15,000 on Form 990-EZ, line 6a.	answered res on rom	1000, 1 art [v, [inc 15, 011	oported more triair	
		projects on Fermi doe LL, line da.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue				a mga programa a mga		(a) (a)
Be		Cross revenue				
	-	Gross revenue				
	2	Cash prizes				
ses	_	Casii piizes				
Expenses	3	Noncash prizes				
Ä	3	Νοποαστή μπ265				
Direct	4	Rent/facility costs				
ä	4	Tient/lacinty costs				
	_	Other direct expenses				
	<u> </u>	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	☐ No	
	0	Volunteer labor	L NO]	NO	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	′	bliedt experise summary. Add inles 2 tillougi	13 III column (a)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary, oubtract line r	nomine i, column (a)			
9	En:	ter the state(s) in which the organization condu	icte damina activities:			
-		the organization licensed to conduct gaming ac				Yes No
						res NO
i.		No," explain:				
	_					
10-2	\/\	ere any of the organization's gaming licenses re	avoked suspended orte	erminated during the tay w	ear?	Yes No
		Yes," explain:	·			163 NO
N		. 35, Одрин 1				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 BATON ROUGE AREA FOUNDATION 7.	<u>2-60</u>	<u> 30</u>	<u> 391</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes	☐ No
	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?	Γ		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	.	13a	1	%
	o An outside facility		13b		// %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	∟	100		
14	Lines the flame and address of the person who prepares the organization's gaming/special events books and records.				
	News				
	Name				
	Address				
		г	_		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amour	it			
	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 \$				
	daming manager compensation — — — — — — — — — — — — — — — — — — —				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	г	_		
	retain the state gaming license?	L		Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	е			
_	organization's own exempt activities during the tax year \$				
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	ll traP t	II, I in	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G	(Form 990)	BATON ROUG	GE AREA	FOUNDATION	72-6030391	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
	• •	(continued)	,			
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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.

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Open to Public ソソロン

Inspection

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

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Name of the organization BATON ROUGE AREA FOUNDAT:	GE AREA FO	OUNDATION					Employer identification number $72-6030391$
Part General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the	o substantiate the		or assistance, the	grantees' eligibility	for the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	tance?						X Yes No
SC	cedures for monit	oring the use of grant f	of grant funds in the United States.	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Con recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Jomestic Organiz 55,000. Part II can	tations and Domestic be duplicated if addition	Governments. Conal space is neede	omplete if the orga ed.	nization answered "Y.	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any d if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACADEMY OF THE SACRED HEART NEW ORLEANS FOUNDATION INC 4521 ST. CHARLES AVENUE - NEW ORLEANS, LA 70115	27-0896786	501(C)(3)	10,000	°			CAPITAL CAMPAIGN
ACTS OF LOVE INC. POST OFFICE BOX 63061 LAFAYETTE, LA 70596	27-3893664	501(C)(3)	17,500.	.0			SUPPORT OF SPECIAL PROJECTS/PROGRAMS
AGENDA FOR CHILDREN INC NEW ORLEANS - 8300 EARHART BOULEVARD, SUITE 201 - NEW ORLEANS, LA 70118	72-1058157	501(C)(3)	116,667.	.0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
ALABAMA-FLORIDA COUNCIL, BOY SCOUTS OF AMERICA - 6801 WEST MAIN STREET - DOTHAN, AL 36305	63-0307944	501(C)(3)	23,200.	.0			GENERAL SUPPORT
ALS ASSOCIATION LOUISIANA-MISSISSIPPI CHAPTER - 14241 COURSEY BOULEVARD, SUITE A12, #374 - BATON ROUGE, LA 70817	20-1742120	501(C)(3)	7,500.	.0			SUPPORT "QUALITY OF LIFE GRANTS"
ALZHEIMER'S SERVICES OF THE CAPITAL AREA - 3772 NORTH							GENERAL SUPPORT, CAREGIVERS RESPITE SERVICES PROGRAM,
BOULEVARD - BATON ROUGE, LA 70806	72-1082047 501(C)(3)	501(C)(3)	47,660.	0.			ROSEMARY SOCIETY, WALK TO
	nd government org	ganizations listed in the	line 1 table				377.
3 Enter total number of other organizations listed in the line 1 table	listed in the line	table					2000 (200 L) I -I -I -O

Schedule I (Form 990) 2022

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Schedule	le I (Form 990)	BATON ROUGE	ROUGE	AREA FO	JUND 2	ATION							72	-603
Part II	Continuation o	of Grants and (Other Ass	istance to	Domestic Orga	nizations	and Domestic	: Governr	nents (So	chedule 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 noncash 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)	36,841.	0.			GENERAL SUPPORT
AMERICAN NATIONAL RED CROSS POST OFFICE BOX 37839 BOONE, IA 50037	53-0196605	501(C)(3)	5,124.	.0			GENERAL SUPPORT, HURRICANE IAN RELIEF
AMIKIDS INC. 5915 BENJAMIN CENTER DRIVE TAMPA, FL 33634	23-7440836	501(C)(3)	10,000.	°°			GENERAL SUPPORT
ARETE SCHOLARS LOUISIANA INC 3617 BRASELTON HIGHWAY, SUITE 101 DACULA, GA 30019	61-1709239	501(C)(3)	45,200.	.0			LOUISIANA STO SCHOLARSHIP
ARS LYRICA HOUSTON 4807 SAN FELIPE, SUITE 202 HOUSTON, TX 77056	30-0194631 501(C)(3)	501(C)(3)	13,000.	0.			GENERAL SUPPORT
ARTS COUNCIL OF GREATER BATON ROUGE INC 233 SAINT FERDINAND STREET - BATON ROUGE, LA 70802	72-0735814	501(c)(3)	. 99,095.	.0			GENERAL SUPPORT, 2022-2023 RIVER CITY JAZZ MASTERS SERIES, SUPPORT EBB & FLOW, CAPITAL
ARTS COUNCIL OF NEW ORLEANS POST OFFICE BOX 58379 NEW ORLEANS, LA 70158	72-0778258	501(C)(3)	25,000.	o			SUPPORT LUNA FETE
ASCEND ACADEMY 117 WEST ASCENSION STREET GONZALES, LA 70737	85-4277889	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ASCENSION PARISH SCHOOL BOARD 1100 WEBSTER STREET DONALDSONVILLE, LA 70346	72-6000093	GOVT	16,246.	.0			SUPPORT OF SPECIAL PROJECTS/PROGRAMS, PURCHASE OF BOWLING EQUIPMENT
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATTIC TRASH AND TREASURE 2923 MCCARROLL DRIVE BATON ROUGE, LA 70809	86-1490861	501(C)(3)	36,440.	.0			IMPROVE THE QUALITY OF LIFE IN THE GREATER BATON ROUGE AREA
BATON ROUGE CHILD ADVOCACY CENTER 626 EAST BOULEVARD BATON ROUGE, LA 70802	26-0028918	501(C)(3)	22,500.	•0			SUPPORT THE 2022 ANNUAL CELEBRITY WAITER EVENT AND THE POINTE COUPEE PROGRAM
BATON ROUGE CHRISTIAN EDUCATION FOUNDATION INC THE DUNHAM SCHOOL - 11111 ROY EMERSON DRIVE - BATON ROUGE, LA 70810	72-0921878	501(C)(3)	22,473.	0.			GENERAL SUPPORT AND THE SCHOLARSHIP PROGRAM
BATON ROUGE COMMUNITY COLLEGE FOUNDATION - POST OFFICE BOX 66745 - BATON ROUGE, LA 70896	72-1415610	501(C)(3)	15,000.	.0			GENERAL SUPPORT AND THE DALE BROWN SCHOLARSHIP
BATON ROUGE CRISIS INTERVENTION CENTER INC 3013 OLD FORGE DRIVE - BATON ROUGE, LA 70808	72-0768965 501(C)(3)	501(C)(3)	16,216.	0			GENERAL SUPPORT
BATON ROUGE GALLERY INC. 1515 DALRYMPLE DRIVE BATON ROUGE, LA 70808	72-6032632	501(C)(3)	29,000.	0.			GENERAL SUPPORT, SUPPORT THE REAL-LIFE EXPERIENCE HIGH SCHOOL EXHIBITION, AND KINETICS 2022
BATON ROUGE GREEN ASSOCIATION INC. 2241 CHRISTIAN STREET BATON ROUGE, LA 70808	72-1124182	501(C)(3)	109,336.	0.			GENERAL SUPPORT, 1000 TREES PROGRAM, CITY CITRUS, BRENTWOOD BEAUTIFICATION PROJECT,
BATON ROUGE OPERA GUILD 9164 OXFORD PLACE DRIVE BATON ROUGE, LA 70809	51-0178682	501(C)(3)	10,986.	.0			GENERAL SUPPORT
BATON ROUGE YOUTH COALITION INC. 460 NORTH 11TH STREET BATON ROUGE, LA 70802	26-2477597	501(C)(3)	567,083.	0			GENERAL SUPPORT, COLLEGE PREP SUPPORT Schodule Form 600)
							Schedule I (Form 990)

(a) Name and address of (b) EIN (c) IRC sec organization or government	(b) EIN		tion (d) Amount of (e) Amous ble cash grant assistan	# # # O	of (f) Method of (f) valuation no (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYOU COMMUNITY FOUNDATION 101 WILSON AVENUE HOUMA, LA 70364	83-2205950	501(C)(3)	332,594.	0.			SUPPORT FOR HOUSING INITIATIVES IN DULAC AND GRAND ISLE
BENOLA / BLACK EDUCATION FOR NEW ORLEANS - 9511 CHEF MENTEUR HIGHWAY, SUITE 109, NO. 208 - NEW ORLEANS, LA 70127	82-1126823	501(C)(3)	50,000.	.0			LOUISIANA EDUCATION PROJECT: 2015-2025
BIG BUDDY PROGRAM 1415 MAIN STREET BATON ROUGE, LA 70802	72-0904506 501(C)(3)	501(C)(3)	5,500.	.0			GENERAL SUPPORT, SUPPORT FOR EDUCATORS ARE ESSENTIAL
BLACK TEACHER COLLABORATIVE INCORPORATED - 2170 BOULEVARD GRANADA SW - ATLANTA, GA 30311	81-5155921	501(C)(3)	389,166.	.0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
BLUE ENGINE INC. 142 WEST 57TH STREET, 11TH FLOOR NEW YORK, NY 10019	27-1182991	501(C)(3)	278,000.	•0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
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
BOY SCOUTS OF AMERICA - ISTROUMA AREA COUNCIL - 9644 BROOKLINE AVENUE - BATON ROUGE, LA 70809	72-0411324	501(C)(3)	569,184.	.0			GENERAL SUPPORT, SUPPORT SUMMER CAMPS, SWIMMING LESSONS, SUPPORT FEEDING CHILDREN & YOUTH
BOYS & GIRLS CLUBS OF METRO LOUISIANA INC 8281 GOODWOOD BOULEVARD, SUITE A - BATON ROUGE, LA 70806	72-0928014	501(C)(3)	,000,8	.0			GENERAL SUPPORT, CHRISTMAS TOYS FOR CHILDREN
BREADA - BIG RIVER ECONOMIC & AGRICULTURAL DEVELOPMENT ALLIANCE - POST OFFICE BOX 3976 - BATON ROUGE, LA 70821	72-1332566	501(C)(3)	35,600.	.0			GENERAL SUPPORT, SUPPORT FARM FETE 2022
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Schedu	le I (Form 990)	BATON ROUGE	ROUGE	AREA	AREA FOUNDATION		
Part II	Continuation o	f Grants and	Other Assis	tance to [Domestic Organizations and Domestic Governments (Sch	chedule I (Form 990), Part	II.)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE CENTER FOR HOPE 728 NORTH BOULEVARD BATON ROUGE, LA 70802	81-2252719	501(C)(3)	14,186.	0			GENERAL SUPPORT
CALVARY BAPTIST CHURCH 5011 JACKSON STREET ALEXANDRIA, LA 71303	72-6000247	501(C)(3)	.000,03	0.			GENERAL SUPPORT
CAMBIAR EDUCATION 4653 CARMEL MOUNTAIN ROAD, SUITE 30 SAN DIEGO, CA 92130	81-3508420	501(C)(3)	311,333.	0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
CAMELBACK VENTURES INC. 612 ANDREW HIGGINS BOULEVARD, THIRD FLOOR - NEW ORLEANS, LA	46-3169470	501(C)(3)	166,667.	0.			LOUISIANA EDUCATION: 2015-2021 PROGRAM
CANCER SERVICES INC. 550 LOBDELL AVENUE BATON ROUGE, LA 70806	82-4227871	501(C)(3)	81,341.	0			GENERAL SUPPORT AND FOR CAMP CARE
CAPITAL AREA ALLIANCE FOR THE HOMELESS - 153 NORTH 17TH STREET - BATON ROUGE, LA 70802	72-1392169 501(C)(3)	501(C)(3)	.000,8	.0			GENERAL SUPPORT AND SUPPORT ONE STOP
CAPITAL AREA CASA ASSOCIATION 848 LOUISIANA AVENUE BATON ROUGE, LA 70802	72-1197395	501(C)(3)	31,300.	.0			GENERAL SUPPORT, SUPPORT RECRUITING & TRAINING NEW VOLUNTEERS, ASSIST W/TRANSITION TO A NEW
CAPITAL AREA FAMILY VIOLENCE BATTERED WOMEN'S PROGRAM - POST OFFICE BOX 52809 - BATON ROUGE, LA 70892	72-0986008	501(C)(3)	31,300.	0.			GENERAL SUPPORT, DREAMS COME TRUE DISNEY, SYLVIA DUKE WING
CAPITAL AREA UNITED WAY 700 LAUREL STREET BATON ROUGE, LA 70802	72-0447100 501(C)(3)	501(C)(3)	218,584.	.0		Ĭ	GENERAL SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) BATON ROUGE AREA FOUNDATION

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

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(a) Name and address of c) EIN (b) EIN (c) IRC sec organization or government	(b) EIN		tion (d) Amount of (e) Amou oble cash grant noncas assistan	I ₹ 5 0	of (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF THE DIOCESE OF BATON ROUGE INC 1900 SOUTH ACADIAN THRUWAY - BATON ROUGE, LA 70808	72-0590685	501(C)(3)	15,000.	.0			GENERAL SUPPORT, SUPPORT IMMIGRATION SERVICES
CATHOLIC HIGH SCHOOL FOUNDATION POST OFFICE BOX 65004 BATON ROUGE, LA 70896	72-1180623	501(C)(3)	26,070.	0.			GENERAL SUPPORT, CLASS OF 1982 SCHOLARSHIP, BEN BROWN SCHOLARSHIP
CENTER FOR PLANNING EXCELLENCE INC 757 MAIN STREET - BATON ROUGE, LA 70802	20-3827040 501(C)(3)	501(C)(3)	.009	0.			GENERAL SUPPORT, SMARTH GROWTH SUMMIT
CENTRE FOR THE ARTS POST OFFICE BOX 440 NEW ROADS, LA 70760	90-0487110 501(C)(3)	501(C)(3)	30,433.	0			GENERAL SUPPORT, LARRY MACIASZ KITCHEN PROJECT, STUDENT SCHOLARSHIPS
CEREBRAL PALSY ASSOCIATION OF GREATER BATON ROUGE INC./MCMAINS CHILDREN'S DEVELO - 1805 COLLEGE DRIVE - BATON ROUGE, LA 70808	72-0459036 501(C)(3)	501(C)(3)	7,000.	0.			GENERAL SUPPORT, SUPPORT OF THE CALA EVENT
CHILDREN'S CUP POST OFFICE BOX 1930 KELLER, TX 76244	42-1385361	501(C)(3)	64,200.	0.			GENERAL SUPPORT, MISSION WORK
CHILDRENS MERCY HOSPITAL FOUNDATION - 2401 GILLHAM ROAD - KANSAS CITY, MO 64108	43-1564302	501(C)(3)	15,000.	0.			SUPPORT THE RED HOT NIGHT GALA
CHOATE ROSEMARY HALL FOUNDATION INCORPORATED - 333 CHRISTIAN STREET - WALLINGFORD, CT 64921	06-0910420	501(C)(3)	50,000.	0.			SUPPORT THE GRANT DARNELL HALL OF FAME
CHRIST THE KING PARISH AND CATHOLIC CENTER AT LSU - POST OFFICE BOX 411 - BATON ROUGE, LA 70821	72-0410935	501(c)(3)	56,719.	.0			GENERAL SUPPORT
							Schedule I (Form 990)

Schedu	le I (Form 990)	BATON ROUGE	ROUGE	AREA	AREA FOUNDATION		
Part II	Continuation o	f Grants and	Other Assis	tance to [Domestic Organizations and Domestic Governments (Sch	chedule 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF THE GOOD SHEPHERD POST OFFICE BOX 32 CASHIERS, NC 28717	56-1142774	501(C)(3)	6,000.	0			GENERAL SUPPORT
CHURCH UNITED FOR COMMUNITY DEVELOPMENT - P. O. BOX 837 - GONZALES, LA 70707	72-1481992	501(C)(3)	10,000.	.0			SUPPORT FOR THE LIFE HOUSE VOCATIONAL TRAINING FACILITY
CITY OF HAMMOND POST OFFICE BOX 2788 HAMMOND, LA 70404	72-2573539	GOVT	5,800.	.0			SUPPORT SWIMMING LESSONS FOR CHILDREN AND YOUTH, SUPPORT FEEING CHILDREN AT SUMMAR CAMPS, FOR THE
CITY OF LAKE CHARLES POST OFFICE BOX 3706 LAKE CHARLES, LA 70602	72-6000641	GOVT	.000,000	.0			SUPPORT THE PORT WONDER PROJECT
CITY YEAR INC. 287 COLUMBUS AVENUE BOSTON, MA 02116	22-2882549	501(C)(3)	209,100.	.0			GENERAL SUPPORT, SCHOOL HOUSE ROCK FEST, SUPPORT SOUTH AFRICA PROGRAM
COMMISSION MANKIND 12412 OLD MILL DRIVE GEISMAR, LA 70734	83-4415894	501(C)(3)	30,000	0			GENERAL SUPPORT
COMMONWEALTH OF KENTUCKY - TEAM EASTERN KENTUCKY FLOOD RELIEF FUND - 500 MERO STREET, 218 NC - FRANKFORT, KY 40601	61-0600439	GOVT	20,000.	0			SUPPORT THE TEAM EASTERN KENTUCKY FLOOD RELIEF FUND
COMMUNITY BIBLE CHURCH 8354 JEFFERSON HIGHWAY BATON ROUGE, LA 70809	72-0804136	501(C)(3)	7,925.	.0			SUPPORT SEMINARY SCHOLARSHIPS
COMMUNITY FOUNDATION OF SOUTHWEST LOUISIANA - POST OFFICE BOX 3125 - LAKE CHARLES, LA 70602	72-1508036	501(C)(3)	6,000.	.0			GENERAL SUPPORT, LOUISIANA HURRICANE RELIEF AND RECOVERY FUND Schodule Form 900)
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Schedule I (Form 990) BATON ROU	BATON ROUGE AREA FOUNDATION	DUNDATION				7	72-6030391 Page 1
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Don	nestic Organizations	and Domestic Go	vernments (Sche	dule I (Form 990), Parl	t II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPANION ANIMAL ALLIANCE 2550 GOURRIER AVENUE BATON ROUGE, LA 70820	27-1204719 501(C)(3)	501(C)(3)	.005,95	.0			GENERAL SUPPORT, SUPPORT FURBALL, CAP CITY BEER FEST
CONGREGATION B'NAI ISRAEL OF BATON ROUGE - 3354 KLEINERT AVENUE - BATON ROUGE, LA 70806	72-0802838 501(C)(3)	501(C)(3)	7,000.	0.			GENERAL SUPPORT
CONTEMPORARY ARTS CENTER 900 CAMP STREET NEW ORLEANS, LA 70130	72-0798830	501(C)(3)	10,000.	0.			GENERAL SUPPORT
COOL COOPERATIVE INC.							

PURCHASE OF A NEW ATV FOR

GENERAL SUPPORT

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SUPPORT OF THE 10TH

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47-2311473 501(C)(3)

DALLAS CHILDREN'S ADVOCACY CENTER

5351 SAMUELL BOULEVARD

DALLAS, TX 75228

232241 04-01-22

AVENUE - BATON ROUGE, LA 70805

HIGH SCHOOL - 4000 ST. GERARD

GENERAL SUPPORT, SUPPORT FAITH FORMATION" OF THE REY OF HOPE CAMPAIGN, AP

SENERAL SUPPORT

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83-3345765 501(C)(3)

ROOM B248 - BATON ROUGE, LA 70801

COUNCIL - 100 LAFAYETTE STREET,

CRIMINAL JUSTICE COORDINATING

2907 UPPERLINE STREET NEW ORLEANS, LA 70115

CREOLE WILD WEST INC.

NEW ORLEANS, LA 70130

334 ROYAL STREET COPS 8, INC.

CRISTO REY BATON ROUGE/FRANCISCAN

GENERAL SUPPORT

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27-4095736 501(C)(3)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANCE TO UNITE INC. 222 WEST 14TH STREET, SUITE 8G NEW YORK, NY 10011	45-1860153	501(C)(3)	25,000.	.0			GENERAL SUPPORT
DANCING GROUNDS 3705 ST. CLAUDE AVENUE NEW ORLEANS, LA 70117	45-5084235	501(C)(3)	10,250.	0			GENERAL SUPPORT, FOR MASTER CLASSES, SUPPORT DANCE FOR SOCIAL CHANGE
DIALOGUE ON RACE LOUISIANA POST OFFICE BOX 1903 BATON ROUGE, LA 70821	45-3717303 501(C)(3)	501(C)(3)	10,000.	0			GENERAL SUPPORT
DIGITAL HARBOR FOUNDATION 1045 LIGHT ST. BALTIMORE, MD 21230	45-2536579 501(C)(3)	501(C)(3)	10,000.	0			SUPPORT THE LAST MILE EDUCATION FUND
DOCTORS WITHOUT BORDERS USA INC. POST OFFICE BOX 5030 HAGERSTOWN, MD 21741	13-3433452 501(C)(3)	501(C)(3)	.005,5	.0			GENERAL SUPPORT
DOUGLAS MANSHIP SR, THEATRE COMPLEX HOLDING INC 100 LAFAYETTE STREET - BATON ROUGE, LA 70801	20-3999559	501(C)(3)	84,780.	.0			GENERAL SUPPORT, TO UNDERWRITE THE NATIONAL GEOGRAPHIC SPEAKERS PROGRAM, 2022 GALA, ELVIS
DUCKS UNLIMITED INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799	501(C)(3)	15,374.	•0			GENERAL SUPPORT
DUKE UNIVERSITY SANFORD ANNUAL FUND, C/O ALUMNI & DEVELOPMENT RECORDS, DUKE UNIVERSITY, BOX	56-0532129	501(C)(3)	76,848.	.0			GENERAL SUPPORT, THE PARENTS ANNUAL FUND OF THE SANFORD SCHOOL OF PUBLIC SERVICE, DEPT OF
EAST BATON ROUGE PARISH SCHOOL SYSTEM - 1050 SOUTH FOSTER DRIVE - BATON ROUGE, LA 70806	72-6000353	GOVT	76,442.	0			GENERAL SUPPORT, SUPPORT OF SPECIAL PROJECTS AND PURCHASES OF SUPPLIES AND EQUIPMENT
							Schedule I (Form 990)

: AREA FOUNDATION	Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)
BATON ROUGE AREA	f Grants and Other Assistance to
Schedule I (Form 990)	Part II Continuation o

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST BATON ROUGE TRUANCY ASSESSMENT INC, - 1120 GOVERNMENT STREET - BATON ROUGE, LA 70802	72-1497832	501(C)(3)	16,000.	.0			GENERAL SUPPORT, SUPPORT THE FAMILY & YOUTH SERVICE CENTER
EDNAVIGATOR INC. 612 ANDREW HIGGINS BOULEVARD, THIRD FLOOR - NEW ORLEANS, LA 70130	47-3909778	501(C)(3)	778,333.	0.			LOUISIANA EDUCATION: 2015-2021 PROGRAM
EDUCATION TRUST INC. 1501 K STREET NORTHWEST, SUITE 200 WASHINGTON, DC 20005	52-1982223	501(C)(3)	133,444.	.0			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)	70,001.	.0			GENERAL SUPPORT, VOLUNTEER ACTIVIST AWARD, BLOOM PROGRAM, SUPPORT OF GALA & GIVING SOCIETY, TO
EMPOWER 225 8733 SIEGEN LANE, PMB 365 BATON ROUGE, LA 70810	27-3369951	501(C)(3)	21,500.	0.			GENERAL SUPPORT, THE DREAM HIGHER PROJECT
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)	603,504.	.0			GENERAL SUPPORT, CAPITAL CAMPAIGN, MUSIC DEPARTMENT, SUPPORT OF QUEST CENTER, SPIRIT,
ESCAMBIA SCHOOL DISTRICT 75 NORTH PACE BOULEVARD PENSACOLA, FL 32505	59-6000597	GOVT	5,450.	.0			SUPPORT OF SPECIAL PROJECTS, PROGRAMS

Schedule I (Form 990)

Schedu	le I (Form 990)	BATON ROUGE	ROUGE	AREA	AREA FOUNDATION		
Part II	Continuation o	f Grants and	Other Assis	tance to [Domestic Organizations and Domestic Governments (Sch	chedule 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE OF GREATER BATON ROUGE - 4727 REVERE AVENUE - BATON ROUGE, LA 70808	72-0491100	501(C)(3)	.000,6	0.			THE SAFE PLACE PROGRAM
FELLOWSHIP OF CATHOLIC UNIVERSITY STUDENTS / FOCUS - POST OFFICE BOX 17408 - DENVER, CO 80217	84-1522811	501(C)(3)	.000,8	o			GENERAL SUPPORT, THE NORTH CAROLINA STATE UNIVERSITY PROGRAM
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 LEEDS ROAD KANSAS CITY, MO 64129	44-0610626	501(C)(3)	6,200.	0.			SUPPORT DISCIPLESHIP PROGRAM, TO SUPPORT GREATER BATON ROUGE FCA SOCCER CAMP
FILM FORUM INC. 209 WEST HOUSTON STREET NEW YORK, NY 10014	51-0175953	501(C)(3)	25,000.	0.			GENERAL SUPPORT
FILM MAKERS COLLABORATIVE, INC. 6 EASTMAN PLACE, SUITE 202 MELROSE, MA 21761	22-2778829	501(C)(3)	150,000.	0.			SUPPORT UNLOCKING RNA
FIRST ASSEMBLY OF GOD OF RACELAND 101 ST. ANN STREET RACELAND, LA 70394	72-0953409	501(C)(3)	6,541.	0			RECOVERY AND RELIEF FROM HURRICANE IDA
FIRST PRESBYTERIAN CHURCH OF BATON ROUGE - 763 NORTH BOULEVARD - BATON ROUGE, LA 70802	72-0417279 501(C)(3)	501(C)(3)	12,510.	.0			GENERAL SUPPORT, BATON ROUGE CHRISTIAN COUNSELING CENTER, BUILDING UP CAMPAIGN,
FIRST UNITED METHODIST CHURCH 930 NORTH BOULEVARD BATON ROUGE, LA 70802	72-0445325	501(C)(3)	174,350.	.0			GENERAL SUPPORT, SUPPORT CHILDREN'S HOME, SANCTUARY POINTSETTIAS, REVIVE225/SEPTEMBER 6
FLETCHER TECHNICAL COMMUNITY COLLEGE FOUNDATION INC 1407 HIGHWAY 311 - SCHRIEVER, LA 70395	20-4415988 501(C)(3)	501(C)(3)	127,451.	0.			GENERAL SUPPORT

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOSTERING HOPE LOUISIANA POST OFFICE BOX 2126 PRAIRIEVILLE, LA 70769	85-2886657	501(C)(3)	12,372.	0			GENERAL SUPPORT, SUPPORT THE ORTHODONTIC AND MENTAL HEALTH NEEDS OF CHILDREN IN FOSTER CARE
FOUNDATION FOR A BETTER LOUISIANA POST OFFICE BOX 4308 BATON ROUGE, LA 70821	72-0575929	501(C)(3)	11,200.	.0			GENERAL SUPPORT, THE NORMAN SAURAGE III SCHOLARSHIP
FOUNDATION FOR EAST BATON ROUGE SCHOOL SYSTEM - 12000 GOODWOOD BOULEVARD, SUITE 108 - BATON ROUGE, LA 70815	46-1149306	501(C)(3)	91,411.	0.			GENERAL SUPPORT, SUPPORT OF SPECIAL PROJECTS AND PURCHASES OF SUPPLIES
FOUNDATION FOR EXCELLENCE IN LOUISIANA PUBLIC BROADCASTING - 7733 PERKINS ROAD - BATON ROUGE, LA 70810	72-1233347	501(C)(3)	5,250.	0.			ENDOWMENT FUND, SUPPORT WLPB, SUPPORT DOCUMENTARY "WHY LOUISIANA AIN'T MISSISSIPPIOR ANYPLACE
FOUNDATION FOR WOMAN'S POST OFFICE BOX 95009 BATON ROUGE, LA 70895	47-1970335 501(C)(3)	501(C)(3)	50,572.	0			GENERAL SUPPORT, THE 2022 WOMAN'S IMPACT LUNCHEON, DIRECT ASSISTANCE TO BATON ROUGE RESIDENTS
FRANCISCAN MISSIONARIES OF OUR LADY UNIVERSITY - 5414 BRITTANY DRIVE - BATON ROUGE, LA 70808	72-1173156	501(C)(3)	11,000.	.0			GENERAL SUPPORT
FRIENDS OF LOUISIANA PUBLIC BROADCASTING INC 7733 PERKINS ROAD - BATON ROUGE, LA 70810	72-0794108	501(C)(3)	41,648.	.0			GENERAL SUPPORT, SUPPORT THE LEGENDS GALA
FRIENDS OF THE BATON ROUGE ZOO 3601 THOMAS ROAD BATON ROUGE, LA 70807	72-1094494	501(C)(3)	12,200.	.0			GENERAL SUPPORT
FRIENDS OF THE HIGH LINE INC. 820 WASHINGTON STREET NEW YORK, NY 10014	31-1734086	501(C)(3)	15,000.	.0			GENERAL SUPPORT
							Schedule I (Form 990)

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Schedul	e I (Form 990)	BATON ROUGE	AREA	AREA FOUNDATION		
Part II	Continuation or	f Grants and Other Ass	istance to	Domestic Organizations and Domestic Governments	(Schedule I (Form 990), Part	(:)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRONT YARD BIKES 413 STEELE BOULEVARD BATON ROUGE, LA 70806	46-1149453	501(C)(3)	112,000.	.0			GENERAL SUPPORT, SUPPORT YOUTH CITY LAB
GAITWAY THERAPEUTIC HORSEMANSHIP 1300 LAWRENCE PARKWAY ST. GABRIEL, LA 70776	20-3367886	501(C)(3)	144,200.	.0			GENERAL SUPPORT
GARDERE COMMUNITY CHRISTIAN SCHOOL 8538 GSRI AVENUE BATON ROUGE, LA 70810	61-1614861	501(C)(3)	5,500.	.0			GENERAL SUPPORT, SUPPORT FOR THE 2022 SCHOOL SUPPLIES WISH LIST
GARDERE INITIATIVE INC. 8435 NED AVENUE, APARTMENT A BATON ROUGE, LA 70820	47-1391639	501(C)(3)	13,321.	0			PURCHASE OF VAN AND VAN MAINTENANCE
GENERAL HEALTH SYSTEM FOUNDATION 8595 PICARDY AVENUE BATON ROUGE, LA 70809	74-0801335 501(C)(3)	501(C)(3)	191,750.	.0			GENERAL SUPPORT, SUPPORT RAISE THE BARN, CRITICAL CARE BURN UNIT, PENNINGTON CANCER CENTER,
GIRLS ON THE RUN SOUTH LOUISIANA 2041 PERKINS ROAD BATON ROUGE, LA 70808	27-0832549	501(C)(3)	6,500.	0.			GENERAL SUPPORT
GOLDMAN SACHS PHILANTHROPY FUND 100 COLISEUM DRIVE COHOES, NY 12047	31-1774905	501(C)(3)	1,778,230.	0.			GENERAL SUPPORT
GOVERN FOR AMERICA 1629 K ST NW, SUITE 300 WASHINGTON, DC 20006	82-5444128	501(C)(3)	66,667.	.0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
GRACE LIFE FELLOWSHIP 10210 BARRINGER FOREMAN ROAD BATON ROUGE, LA 70809	72-1205826	501(c)(3)	7,500.	.0			GENERAL SUPPORT
							Schedule I (Form 990)

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Schedule I (Form 990) BATON ROUGE AREA FOUNDATION

SENERAL SUPPORT, EXTERNAL GENERAL SUPPORT, SUPPORT SENERAL SUPPORT, PIGGIES IMAGE 2021, YEA ACADEMY (h) Purpose of grant DISASTER RELIEF FUND SUPPORT WOMEN BUILD FOR THE CAUSE EVENT GENERAL SUPPORT AND or assistance PROJECTS/PROGRAMS, GENERAL SUPPORT GENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT OF BATON ROUGE OF SPECIAL (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 0 (e) Amount of noncash assistance Ö Ö Ö (d) Amount of cash grant 93,810, 23,034. 20,000 20,000. 250. 11,250, 71,050, 000 8 21, (c) IRC section if applicable 72-1270359 501(C)(3) 72-1065318 501(C)(3) 72-1141747 501(C)(3) 501(C)(3) 27-4616218 501(C)(3) 72-1247744 501(C)(3) 41-2118848 501(C)(3) 32-0273586 501(C)(3) 45-2712738 (p) EIN GREATER BATON ROUGE FOOD BANK INC. HABITAT FOR HUMANITY OF GREATER STREET - BATON ROUGE, LA 70801 PARTNERSHIP INC. - 564 LAUREL GREATER BATON ROUGE ECONOMIC BOULEVARD, SUITE 200 - BATON (a) Name and address of organization or government BATON ROUGE - 5500 FLORIDA HEALING CARE MINISTRIES POST OFFICE BOX 792300 POST OFFICE BOX 45830 BATON ROUGE, LA 70895 20 SOUTH ROYAL STREET NEW ORLEANS, LA 70179 BATON ROUGE, LA 70809 WEST SALEM, OH 44287 HEALING PLACE CHURCH 19202 HIGHLAND ROAD HARGROVE FOUNDATION HOGS FOR THE CAUSE 20090 TUCKER ROAD ZACHARY, LA 70791 MOBILE, AL 36602 ROUGE, LA 70806 HERITAGE RANCH 83 SR-42

Schedule I (Form 990)

UNDERPRIVILEGED CHILDREN

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72-6012499 501(C)(3)

HOLY FAMILY CATHOLIC CHURCH

PORT ALLEN, LA 70761

POST OFFICE BOX 290

GRANT TO BE USED FOR THE

BENEFIT OF

GENERAL SUPPORT, ANNUAL

Schedule	I (Form 990)	BATON	ROUGE A	AREA	BATON ROUGE AREA FOUNDATION			
Part II	Continuation o	of Grants and	Other Assis	stance to I	Omestic Organizations an	d Domestic Governments	(Schedule I (Form 990), Part	(:)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMES FOR OUR TROOPS 6 MAIN STREET TAUNTON, MA 27801	54-2143612	501(C)(3)	.000,23	.0			GENERAL SUPPORT
HOPE CHAPEL OF MONTEGUT 1305 HIGHWAY 55 MONTEGUT, LA 70377	85-1154751	501(C)(3)	10,000.	0			REBUILDING THE CHURCH AFTER SUSTAINING MAJOR DAMAGE DURING HURRICANE IDA
HOPE COMMUNITY CHURCH 437 GRAND CAILLOU ROAD HOUMA, LA 70363	38-3887440	501(C)(3)	10,000.	0			ASSIST THE LATINO COMMUNITY WITH DISASTER RELIEF AND THEIR AFTER SCHOOL TUTORING PROGRAMS,
HOPE MINISTRIES OF BATON ROUGE 4643 WINBOURNE AVENUE BATON ROUGE, LA 70805	72-1245521	501(C)(3)	20,000.	0			GENERAL SUPPORT, SUPPORT FOR THE WAY TO WORK PROGRAM
HOSFICE FOUNDATION OF GREATER BATON ROUGE - 3600 FLORIDA BOULEVARD - BATON ROUGE, LA 70806	58-1613267	501(C)(3)	129,186.	.0			GENERAL SUPPORT, CAPITAL CAMPAIGN, HOPE FOR THE HEALING CAPITAL CAMPAIGN
HUMANITIES AMPED POST OFFICE BOX 64653 BATON ROUGE, LA 70806	82-4794136	501(C)(3)	19,500.	0			GENERAL SUPPORT
HUNTSMAN CANCER FOUNDATION 500 HUNTSMAN WAY SALT LAKE CITY, UT 84108	87-0541293	501(C)(3)	13,076.	0.			GENERAL SUPPORT
IBERIA PARISH SCHOOL SYSTEM 1500 JANE STREET NEW IBERIA, LA 70563	72-6000543	TVOB	5,500.	0			PURCHASE SCHOOL SUPPLIES AND EQUIPMENT, SUPPORT SUMMER YOUTH PROGRAMS
IBERVILLE FOUNDATION FOR ACADEMIC EXCELLENCE - POST OFFICE BOX 672 - PLAQUEMINE, LA 70765	72-1224000	501(C)(3)	24,729.	0			GENERAL SUPPORT Schedule I (Form 990)
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(a) Name and address of organization or government	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IDEAS IN ACTION INC. 74 HOLLAND ROAD BROOKLINE, MA 24451	45-5569914	501(C)(3)	25,000.	.0			SUPPORT THE 2022 TEDXBOSTON PLANETARY STEWARDSHIP EVENT
INTERNATIONAL CANCER ADVOCACY NETWORK - 27 WEST MORTEN AVENUE - PHOENIX, AZ 85021	86-0818253	501(C)(3)	10,000.	°			GENERAL SUPPORT, ARIZONA GIVES DAY 2022
INTERNATIONAL CENTER FOR JOURNALISTS INC 750 17TH STREET NW, SUITE 300 - WASHINGTON, DC 20006	11-2724905 501(C)(3)	501(C)(3)	265,000.	.0			ANNUAL SUPPORT, SUPPORT THE DEEDEE REILLY FUND, SUPPORT THE ENGLISH DEPARTMENT FUND FOR
INTERNATIONAL SOCIETY FOR KRISHNA CONSCIOUSNESS OF NEW ORLEANS - 2936 ESPLANADE AVENUE - NEW ORLEANS, LA 70119	72-0880485 501(C)(3)	501(C)(3)	12,000.	0.			GENERAL SUPPORT
INTERVARSITY CHRISTIAN FELLOWSHIP - USA - POST OFFICE BOX 7895 - MADISON, WI 53707	36-2171714 501(C)(3)	501(C)(3)	25,000.	.0			GENERAL SUPPORT - LOUISIANA
ISKCON OF MISSISSIPPI INC. 31492 ANNER ROAD CARRIERE, MS 39426	64-0879823 501(C)(3)	501(C)(3)	12,750.	°			GENERAL SUPPORT
JEFFERSON PARISH PUBLIC SCHOOL SYSTEM - 501 MANHATTAN BOULEVARD - HARVEY, LA 70058	72-6000592	GOVT	7,350.	0.			BOOGIE BOARD BLACKBOARD REUSEABLE NOTBOOKS, STEM & DIVERSITY IN THE LIBRARY, WOODMERE GARDEN
JESUIT HIGH SCHOOL OF NEW ORLEANS 4133 BANKS STREET NEW ORLEANS, LA 70119	72-0467510	501(C)(3)	10,000.	.0			GENERAL SUPPORT
JOYCE THEATER FOUNDATION INC. 175 EIGHTH AVENUE NEW YORK, NY 10011	13-3038262 501(C)(3)	501(c)(3)	55,000.	0		<u> </u>	GENERAL SUPPORT, SUPPORT OPERATIONS, PNB PRESENTATION
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUBILEE PIONEERS 12648 PATIN DYKE ROAD VENTRESS, LA 70783	46-1854823	501(C)(3)	31,100.	•0		J	GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF GREATER BATON ROUGE AND ACADIANA - POST OFFICE BOX 77576 - BATON ROUGE, LA 70879	72-0485727	501(C)(3)	5,250.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF BATON ROUGE INC. 9523 FENWAY AVENUE BATON ROUGE, LA 70809	72-0471493	501(C)(3)	58,000.	0.			GENERAL SUPPORT, SUPPORT THE HOLLYDAYS HOST COMMITTEE
JUNIPER TABLE POST OFFICE BOX 14502 BATON ROUGE, LA 70898	81-5415927 501(C)(3)	501(C)(3)	7,000.	.0			GENERAL SUPPORT
KIDS' ORCHESTRA INC. 619 JEFFERSON HIGHWAY, SUITE 1A BATON ROUGE, LA 70806	27-4098793	501(C)(3)	25,829.	.0			GENERAL SUPPORT, SUPPORT THE TICKET PURCHASE/SCHOLARSHIPS, KIDS' ORCHESTRA
KNOCK KNOCK CHILDREN'S MUSEUM INC. 1900 DALRYMPLE DRIVE BATON ROUGE, LA 70808	73-1701786	501(C)(3)	88,631.	0.			GENERAL SUPPORT, STORYBOOK SOIREE EVENT, ACCESS FUND
KREWE OF RED BEANS 3300 ROYAL STREET NEW ORLEANS, LA 70117	82-0667168	501(C)(3)	25,000.	0.			SUPPORT BEANLANDIA
LEADERSHIP ASCENSION FOUNDATION 1006 WEST HIGHWAY 30 GONZALES, LA 70737	46-3520621	501(C)(3)	15,000.	.0			SUPPORT THE YAK PAK REALIZE THEIR PROJECT
LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUNITY CENTER - 208 WEST 13TH STREET - NEW YORK, NY 10011	13-3217805 501(C)(3)	501(C)(3)	.000,03	.0			SUPPORT PLANNING EFFORTS FOR THE MENTAL HEALTH CLINIC
							Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEUKEMIA AND LYMPHOMA SOCIETY INC. POST OFFICE BOX 22324 NEW YORK, NY 10087	13-5644916	501(C)(3)	10,100.	.0			HELP WITH PEOPLE WHO HAVE LEUKEMIA, SUPPORT LIGHT THE NIGHT (LIN)
LIFE 4 PAWS POST OFFICE BOX 39 NAPOLEONVILLE, LA 70390	95-4827495	501(C)(3)	20,000.	0.			GENERAL SUPPORT
LIFE OF A SINGLE MOM 12015 JUSTICE AVENUE BATON ROUGE, LA 70816	45-3478448	501(C)(3)	22,000.	0			GENERAL SUPPORT, SUPPORT OF SINGLE MOM UNIVERSITY (SMU)
LIFE OUTREACH INTERNATIONAL ASSOCIATION OF CHURCHES INC POST OFFICE BOX 982000 - FORT WORTH, TX 76182	75-2684727	501(C)(3)	62,800.	.0			SUPPORT WATER FOR LIFE, MISSION FEEDING, RESCUE FOR LIFE
LINE 4 LINE 449 NORTH ACADIAN THRUWAY BATON ROUGE, LA 70805	81-4426216	501(C)(3)	10,000.	0			LITERACY PROGRAM FOR ONGOING WEEKLY INSTRUCTION IN AFTER SCHOOL PROGRAMMING
LIVINGSTON PARISH PUBLIC SCHOOLS 13909 FLORIDA BOULEVARD DENHAM SPRINGS, LA 70754	72-0882480 GOVT	GOVT	13,311.	.0			SUPPORT OF SPECIAL PROJECTS/PROGRAMS, PURCHASE OF SCHOOL SUPPLIES
LOCKFORT VOLUNTEER FIRE COMPANY POST OFFICE BOX 277 LOCKFORT, LA 70374	72-0983245	501(C)(3)	23,786.	.0			SUPPORT COMMUNITY CRUSADERS OF LAFOURCHE
LOUISIANA ART & SCIENCE MUSEUM INC 100 RIVER ROAD SOUTH - BATON ROUGE, LA 70802	72-0542138	501(C)(3)	155,404.	0			GENERAL SUPPORT, PURCHASE LIGHTING SYSTEM, PANDEMIC RELIEF, FREE FIRST SUNDAY PROGRAM, BRANDI'S BOOK
LOUISIANA BUDGET PROJECT 619 JEFFERSON HIGHWAY, SUITE 1-D BATON ROUGE, LA 70806	46-3872778 501(C)(3)	501(C)(3)	22,500.	.0			SUPPORT OF THE COALITION FOR LOUISIANA PROGRESS'S 10,000 WOMEN LOUISIANA
							Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA ENDOWMENT FOR THE HUMANITIES - 938 LAFAYETTE STREET, SUITE 300 - NEW ORLEANS, LA 70113	72-0795568	501(C)(3)	7,000	.0			GENERAL SUPPORT, PRIME TIME PROGRAM SUPPORT FOR IBERIA AND LAFAYETTE
LOUISIANA FOOD BANK ASSOCIATION / FEEDING LOUISIANA - 7909 WRENWOOD BOULEVARD, SUITE C - BATON ROUGE, LA 70809	27-0667900	501(C)(3)	25,000.	0.			ASSIST WITH MOVING, FURNISHINGS AND LEASE EXPENSES
LOUISIANA KEY ACADEMY 3172 GOVERNMENT STREET BATON ROUGE, LA 70806	45-5616292 501(C)(3)	501(C)(3)	106,000.	.0			GENERAL SUPPORT, SUPPORT OF THE UNMASKING DYSLEXIA GALA, DEBT REDUCTION
LOUISIANA LIONS EYE FOUNDATION INC 2020 GRAVIER STREET SUITE B - NEW ORLEANS, LA 70112	23-7384897	501(C)(3)	6,165.	.0			PURCHASE EQUIPMENT TO SUPPORT THE CUBSIGHT PROGRAM
LOUISIANA MENTAL HEALTH ASSOCIATION - 544 COLONIAL DRIVE - BATON ROUGE, LA 70806	72-0688911	501(C)(3)	17,000.	0			GENERAL SUPPORT, SUPPORT OF THE MHA 5TH ANNUAL CONFERENCE
LOUISIANA PAROLE PROJECT INC. POST OFFICE BOX 2029 BATON ROUGE, LA 70821	81-3399508	501(C)(3)	.000,67	.0			GENERAL SUPPORT, SUPPORT OF THE 2022 REDEMPTION LUNCHEON
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 400 POYDRAS STREET, SUITE 1250 NEW ORLEANS, LA 70130	72-1379921	501(C)(3)	130,000.	.0			THE SHA/SHIP IMPLEMENTATION INITIATIVE
LOUISIANA PURCHASE COUNCIL, BOY SCOUTS OF AMERICA - 2405 OLIVER ROAD - MONROE, LA 71201	72-0423632	501(C)(3)	25,000.	.0			SUPPORT THE EMILE OESTRIECHER CAMP ATTAKAPAS TRUST
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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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BUSINESS - TOP DOG AWARDS CHAMBER CONCERTS, TIMOTHY SENERAL SUPPORT, FOR BIRD GENERAL SUPPORT, SUPPORT START A SCHOLARSHIP FUND SENERAL SUPPORT, SUPPORT ORCHESTRA, LAMAR FAMILY OF SPECIAL PROJECTS AND MANAGE THE ORGANIZATION SUPPORT THE COLLEGE OF SUPPORT EMPLOYMENT TO (h) Purpose of grant or assistance OF LOUISIANA YOUTH TRACKING COLLAR GENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT SCHOLARSHIPS (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 。 o 0 0 0 (e) Amount of noncash assistance Ö Ö Ö (d) Amount of cash grant 000'9 6,300 10,000, 20,000 627,375. 100,000 41,560, 12,250, 184,500, (c) IRC section if applicable 58-2024467 501(C)(3) 72-6001959 501(C)(3) 72-0770035 501(C)(3) 72-6021176 501(C)(3) 501(C)(3) 85-2439925 501(C)(3) 72-6027430 501(C)(3) 72-6020969 501(C)(3) 72-1177274 501(C)(3) 84-2672911 (p) EIN ALEXANDRIA FOUNDATION INC. - POST INC. - ASCENSION AFFILIATE - POST FOUNDATION INC. - POST OFFICE BOX OFFICE BOX 5512 - ALEXANDRIA, LA 233 ST. FERDINAND STREET - BATON BATON ROUGE SYMPHONY ORCHESTRA -LOUISIANA SYMPHONY ASSOCIATION / MAISON DES AMI OF LOUISIANA INC. LOVING OUR COMMUNITYS CHILDREN LOUISIANA STATE UNIVERSITY AT (a) Name and address of organization or government LOUISIANA YOUTH SEMINAR INC. OFFICE BOX 2024 - GONZALES, 3838 WEST LAKESHORE DRIVE LOUISIANA TECH UNIVERSITY LOUISIANA WATERFOWL GROUP 1190 - RUSTON, LA 71273 LSU ALUMNI ASSOCIATION 1050 CONVENTION STREET BATON ROUGE, LA 70898 BATON ROUGE, LA 70808 POST OFFICE BOX 14241 BATON ROUGE, LA 70802 BATON ROUGE, LA 70802 3796 NICHOLSON DRIVE JEANERETTE, LA 70544 ROUGE, LA 70802 215 ROLAND LANE LSU FOUNDATION 70707

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BATON ROUGE AREA FOUNDATION

Schedule I (Form 990) BATON ROUGE AREA FOUNDATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES INC. 1550 CRYSTAL DRIVE, SUITE 1300 ARLINGTON, VA 22202	13-1846366	501(C)(3)	26,000.	.0			GENERAL SUPPORT, SUPPORT THE MARCH FOR BABIES EVENT
MARIGNY OPERA HOUSE FOUNDATION 2340 CHARTRES STREET NEW ORLEANS, LA 70117	45-4231295	501(C)(3)	10,000.	0			GENERAL SUPPORT
MARY BIRD PERKINS CANCER CENTER OFFICE OF DEVELOPMENT, 4950 ESSEN L BATON ROUGE, LA 70809	23-7010520	501(C)(3)	209,956.	•0			GENERAL SUPPORT, ADAPTIVE RADIATION THERAPY INITIATIVE
MARY BIRD PERKINS CANCER CENTER FOUNDATION - 4950 ESSEN LANE - BATON ROUGE, LA 70809	20-2046461	501(C)(3)	92,129.	0.			GENERAL SUPPORT, THE MCMAINS FOUNDATION ENDOWED FUND, THE PRESIDENT'S FUND
MEMORY PROJECT PRODUCTIONS INC. POST OFFICE BOX 20171 NEW YORK, NY 10014	26-2475359	501(C)(3)	10,000.	•0			GENERAL SUPPORT
MERCY SHIPS POST OFFICE BOX 1930 GARDEN VALLEY, TX 75771	26-2414132	501(C)(3)	6,748.	0.			GENERAL SUPPORT, SUPPORT WORK IN WEST AFRICA
METANOIA INC. POST OFFICE BOX 178 ZACHARY, LA 70791	72-1179031	501(C)(3)	7,500.	0.			GENERAL SUPPORT
METROMORPHOSIS 4163 NORTH BOULEVARD BATON ROUGE, LA 70806	45-5102759	501(C)(3)	230,000.	°			GENERAL SUPPORT, SUPPORT LAUNCHBR
METROPOLITAN CRIME COMMISSION OF NEW ORLEANS INC 1615 POYDRAS STREET, SUITE 1060 - NEW ORLEANS, LA 70112	72-6009984	501(C)(3)	12,500.	.0			GENERAL SUPPORT

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Schedule I (Form 990) BATON ROUGE AREA FOUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) BATON ROUGE AREA FOUNDATION

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROPOLITAN OPERA ASSOCIATION INC 30 LINCOLN CENTER - NEW YORK, NY 10023	13-1624087	501(C)(3)	75,000.	0			SUPPORT THE SUE TURNER MEMORIAL BENEFIT PERFORMANCE
MIAMI SUNS YOUTH DEVELOPMENT INC. 15476 NW 77 COURT #224 MIAMI LAKES, FL 33016	27-2802353	501(C)(3)	23,770.	.0			GENERAL SUPPORT
MID CITY REDEVELOPMENT ALLIANCE INC 419 NORTH 19TH STREET - BATON ROUGE, LA 70802	72-1196990 501(C)(3)	501(C)(3)	8,550.	.0			GENERAL SUPPORT, SUPPORT MID CITY DESIGN STUDIO
MISSION FOUNDATION INC. POST OFFICE BOX 46358 BATON ROUGE, LA 70895	72-1241464 501(C)(3)	501(C)(3)	12,000.	.0			GENERAL SUPPORT
NASHVILLE HUMANE ASSOCIATION 213 OCEOLA AVENUE NASHVILLE, TN 37209	62-0672999 501(C)(3)	501(C)(3)	20,000.	0			GENERAL SUPPORT
NATIONAL FEDERATION OF THE BLIND OF LOUISIANA INC 101 SOUTH TRENTON STREET - RUSTON, LA 71270	72-0884188	501(C)(3)	.000,03	0			GENERAL SUPPORT
NATIONAL NETWORK OF ABORTION FUNDS DBA NEW ORLEANS ABORTION FUND - POST OFFICE BOX 850773 - NEW ORLEANS, LA 70815	46-0950114	501(C)(3)	10,000.	.0			SUPPORT OF THE NEW ORLEANS ABORTION FUND
NATURE CONSERVANCY ATTN: TREASURY, 4245 NORTH FAIRFAX ARLINGTON, VA 22203	53-0242652	501(C)(3)	76,763.	0			GENERAL SUPPORT, CONSERVATION EFFORTS IN ATCHAFALAYA BASIN, PRESCRIBED FIRE
NEW ORLEANS AIRLIFT 4557 NORTH RAMPART STREET NEW ORLEANS, LA 70117	27-2795334	501(C)(3)	10,000.	0			GENERAL SUPPORT
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Schedule I (Form 990) BATON ROUGE AREA FOUNDATION

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

(a) Name and address of (b) EIN (c) IRC section cognization or government if applicable cash grant assistan	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance ap	y Method of valuation book, FMV, praisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORLEANS BALLET ASSOCIATION 935 GRAVIER STREET, SUITE 800 NEW ORLEANS, LA 70112	23-7122403	501(C)(3)	15,000.	.0		V	GENERAL SUPPORT
NEW ORLEANS CAREER CENTER 1020 NORTH PRIEUR STREET NEW ORLEANS, LA 70116	82-2541222	501(C)(3)	333,333.	.0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
NEW ORLEANS MUSEUM OF ART POST OFFICE BOX 19123 NEW ORLEANS, LA 70179	72-6000331 501(C)(3)	501(C)(3)	26,500.	.0			GENERAL SUPPORT, SUPPORT THE SYDNEY & WALDA BESTHOFF SCUPLTURE, ODYSSEY BALL
NEW ORLEANS MUSICIANS ASSISTANCE FOUNDATION - 1525 LOUISIANA AVENUE - NEW ORLEANS, LA 70115	20-8139539	501(C)(3)	8,500.	.0		Ĭ	GENERAL SUPPORT
NEW ORLEANS OPERA ASSOCIATION POST OFFICE BOX 52108 NEW ORLEANS, LA 70152	72-0272897 501(C)(3)	501(C)(3)	13,500.	.0			GENERAL SUPPORT
NEW SCHOOLS FOR BATON ROUGE 100 LAFAYETTE STREET, SECOND FLOOR BATON ROUGE, LA 70801	45-3843085	501(C)(3)	11,000.	.0			GENERAL SUPPORT
NEW SCHOOLS FOR NEW ORLEANS INC. 1555 POYDRAS STREET, SUITE 781 NEW ORLEANS, LA 70112	02-0773717 501(C)(3)	501(C)(3)	2,363,333.	.0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD BRONX, NY 10458	13-1693134 501(C)(3)	501(C)(3)	10,000.	0		, and the second	GENERAL SUPPORT
NORTHERN NEVADA CHILDREN'S CANCER FOUNDATION INC 3550 BARRON WAY, #9A - RENO, NV 89511	20-8623503	501(C)(3)	15,000.	.0		y	GENERAL SUPPORT Schedule I (Form 990)
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Part II	Continuation of	of Grants and	Other Assis	tance to [Jomestic Orga	anizations a	nd Domestic G	overnments	(Schedule I (Form 990), Part II.)	t II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSHORE COMMUNITY FOUNDATION 807 NORTH COLUMBIA STREET COVINGTON, LA 70433	61-1517784	501(C)(3)	211,300.	.0			PROVIDE MENTAL HEALTH SUPPORT, PIRATE PARTY FUND, SUPPORT HEALTHY LIFESTYLES
NWEA 121 NORTHWEST EVERETT STREET PORTLAND, OR 97209	93-0686108	501(C)(3)	166,667.	0.			LOUISIANA EDUCATION: 2015-2021 PROGRAM
O'BRIEN HOUSE INC. 446 NORTH 12TH STREET BATON ROUGE, LA 70802	72-0702820	501(C)(3)	21,900.	.0			GENERAL SUPPORT, SUPPORT TO CREATE A TRAVELING EXHIBIT FOR THE 50TH ANNIVERSARY & FOR
OF MOVING COLORS PRODUCTIONS POST OFFICE BOX 14700 BATON ROUGE, LA 70898	72-1130981	501(C)(3)	.000,6	0			GENERAL SUPPORT
OLE MISS ATHLETICS FOUNDATION 100 COLISEUM LOOP, SUITE B UNIVERSITY, MS 38677	64-0474850	501(C)(3)	250,000.	0.			GENERAL SUPPORT
OPERATION BLESSING INTERNATIONAL 977 CENTERVILLE TURNPIKE VIRGINIA BEACH, VA 23463	54-1382657	501(C)(3)	7,500.	.0			GENERAL SUPPORT
OPTIONS FOUNDATION, INC. 544 NORTH FOSTER DRIVE BATON ROUGE, LA 70806	72-1260557	501(C)(3)	15,000.	.0			SUPPORT THE MAISON DES AMI OPERATING AGREEMENT
OUR LADY OF HOPE, INC. POST OFFICE BOX 130 OSYKA, MS 39657	85-4196684	501(C)(3)	35,000.	0			GENERAL SUPPORT AND CAPITAL IMPROVEMENTS
OUR LADY OF MERCY CATHOLIC CHURCH 445 MARQUETTE AVENUE BATON ROUGE, LA 70806	72-0519880 501(C)(3)	501(C)(3)	6,000.	.0			GENERAL SUPPORT
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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUR LADY OF MERCY CATHOLIC SCHOOL 400 MARQUETTE AVENUE BATON ROUGE, LA 70806	72-0941031	501(C)(3)	5,500.	.0		V	GENERAL SUPPORT
OUR LADY OF MOUNT CARMEL CHURCH POST OFFICE BOX 1249 ST. FRANCISVILLE, LA 70775	72-0750982	501(C)(3)	174,518.	.0		V	GENERAL SUPPORT, THE BUILDING FUND
PAHARA INSTITUTE 340 SOUTH LEMON AVENUE, NO. 2927F WALNUT, CA 91789	45-5141625 501(C)(3)	501(C)(3)	333,611.	°			LOUISIANA EDUCATION: 2015-2021 PROGRAM
PARTICULAR COUNCIL OF ST, VINCENT DE PAUL OF BATON ROUGE LOUISIANA - POST OFFICE BOX 127 - BATON ROUGE, LA 70821	72-0646911	501(C)(3)	112,255.	0.			SENERAL SUPPORT, SUPPORT THE COMMUNITY PHARMACY & THE HEALTHCARE CLINIC
PARTNERS IN HEALTH POST OFFICE BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	5,900.	0.			GENERAL SUPPORT
PASTORAL CENTER POST OFFICE BOX 129 PAULINA, LA 70763	72-0478574	501(C)(3)	.087,730.	•0		V	GENERAL SUPPORT
PENNINGTON BIOMEDICAL RESEARCH FOUNDATION - 6400 PERKINS ROAD - BATON ROUGE, LA 70808	58-1767810	501(c)(3)	523,750.	.0			GENERAL SUPPORT, BRANDING PROJECT, AMERICAN DIABETES ASSOC SYMPOSIUM, SUPPORT OF MUSIC AND THE
PLANNED PARENTHOOD OF THE GULF COAST INC 4600 GULF FREEWAY, SECOND FLOOR - HOUSTON, TX 77023	74-1100163	501(C)(3)	62,950.	.0			GENERAL SUPPORT, FOR PROGRAM NEEDS, SUPPORT 2022 BATON ROUGE SPRING EVENT
POINTE COUPEE PARISH SCHOOL BOARD 8434 POINTE COUPEE ROAD MORGANZA, LA 70759	72-6001102 GOVT	GOVT	22,500.	0			GENERAL SUPPORT, SUPPORT OF SPECIAL PROJECTS/PROGRAMS, PURCHASE OF UNIFORMS AND

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Schedule	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICY INSTITUTE FOR THE CHILDREN OF LOUISIANA INC POST OFFICE BOX 13552 - NEW ORLEANS, LA 70185	46-4487461	501(C)(3)	105,000.	.0			GENERAL SUPPORT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - POST OFFICE BOX 412840 - BOSTON, MA 22411	04-2103580	501(C)(3)	20,000.	0			GENERAL SUPPORT
PRESS STREET 3718 SAINT CLAUDE AVENUE NEW ORLEANS, LA 70117	20-5154240	501(C)(3)	.000,000	.0			SUPPORT THE HOLLOW TREE
PROPEL AMERICA 1615 PRYTANIA STREET NEW ORLEANS, LA 70130	83-1867782	501(C)(3)	611,667.	0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
REBUILDING TOGETHER BATON ROUGE INC POST OFFICE BOX 1109 - BATON ROUGE, LA 70821	20-1459780	501(C)(3)	23,000.	.0			GENERAL SUPPORT, SUPPORT HOUSING RENOVATION IN 70805 ZIP CODE
RED SHOES INC. 2303 GOVERNMENT STREET BATON ROUGE, LA 70806	72-1495796	501(C)(3)	54,000.	.0			GENERAL SUPPORT
RELIANT MISSION INC. 11002 LAKE HART DRIVE, SUITE 100 ORLANDO, FL 32832	52-1707002	501(C)(3)	6,000.	.0			GENERAL SUPPORT
RESTORE TUGBOAT ISLAND POST OFFICE BOX 2 PORT NECHES, TX 77651	84-5190116	501(C)(3)	30,000.	0.			GENERAL SUPPORT
RICE UNIVERSITY POST OFFICE BOX 1892 HOUSTON, TX 77251	74-1109620	501(C)(3)	30,000.	0.			GENERAL SUPPORT, SUPPORT THE RICE INVESTMENT SCHOLARSHIP PROGRAM, SCHOOL OF SOCIAL SCIENCES
							Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIPPLES OF HOPE INC. POST OFFICE BOX 1263 DEDHAM, MA 20271	26-2624459	501(C)(3)	36,000.	.0			SUPPORT THE FOUNDING OF THE GREG RICKS SERVICE FELLOWSHIP
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 28TH STREET, 10TH FLOOR NEW YORK, NY 10036	13-3615533	501(C)(3)	50,000.	.0			SUPPORT EXPENSES TO TESTIFY FOR DIVERSE FAMILIES IMPACTED BY GUN VIOLENCE FROM VARIOUS US
ROMAN CATHOLIC DIOCESE OF BATON ROUGE - POST OFFICE BOX 2028 - BATON ROUGE, LA 70821	72-0550127	501(C)(3)	532,969.	.0			GENERAL SUPPORT, WOMEN'S GIVING CIRCLE, BISHOP OTT WORKS OF MERCY
ROOTS OF MUSIC INC. 2624 BURGUNDY STREET NEW ORLEANS, LA 70117	26-1160255	501(C)(3)	40,000.	.0			GENERAL SUPPORT, SUPPORT THE GALA
ROY MAAS YOUTH ALTERNATIVES INC. 3103 WEST AVENUE SAN ANTONIO, TX 78213	74-1914638	501(C)(3)	20,000.	.0			GENERAL SUPPORT
SACRED HEART OF JESUS CATHOLIC CHURCH - 2250 MAIN STREET - BATON ROUGE, LA 70802	72-0408918	501(C)(3)	9,500.	.0			GENERAL SUPPORT
SACRED HEART SCHOOL 2251 MAIN STREET BATON ROUGE, LA 70802	72-1117843 501(C)(3)	501(C)(3)	40,000.	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)	12,000.	.0			GENERAL SUPPORT, TORNADO RELIEF IN ST. BERNARD PARISH, LA, CAPITAL CAMPAIGN
SET FREE INDEED MINISTRY INC. 620 WEST PORT HUDSON PLANES ROAD ZACHARY, LA 70791	20-0177899 501(C)(3)	501(C)(3)	10,000.	.0			GENERAL SUPPORT, SUPPORT THE WORK IN NORTH BATON ROUGE
							Schedule I (Form 990)

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Schedule I (Form 990) BATON ROUGE AREA FOUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) BATON ROUGE AREA FOUNDATION

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(a) Name and address of organization or government	(d) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEXUAL TRAUMA AWARENESS AND RESPONSE CENTER - 5615 CORPORATE BOULEVARD, SUITE 200 - BATON ROUGE, LA 70808	45-3088168 501(C)(3)	501(C)(3)	79,500.	.0			GENERAL SUPPORT, PURCHASE A LEARNING MODULE SYSTEM
SHAW CENTER FOR THE ARTS 100 LAFAYETTE STREET BATON ROUGE, LA 70801	42-1554743	501(C)(3)	276,264.	0.		ŭ	GENERAL SUPPORT
SHRINERS HOSPITAL FOR CHILDREN 2900 NORTH ROCKY POINT DRIVE TAMPA, FL 33607	36-2193608	501(C)(3)	10,000.	0,			GENERAL SUPPORT
SISTER DULCE FOUNDATION 17560 GEORGE O'NEAL ROAD BATON ROUGE, LA 70817	20-2190600 501(C)(3)	501(C)(3)	100,200.	.0			GENERAL SUPPORT
SOCIALWORX INSTITUTE, INC. 13564 NEIL AVENUE BATON ROUGE, LA 70810	82-1803600	501(C)(3)	15,000.	0.		Ÿ	GENERAL SUPPORT
SON OF A SAINT POST OFFICE BOX 19205 NEW ORLEANS, LA 70179	46-5554558	501(C)(3)	10,000.	•0		·	GENERAL SUPPORT
SONGS OF SURVIVORS 38145 SUMMERWOOD AVENUE PRAIRIEVILLE, LA 70769	84-3289456	501(C)(3)	10,000.	.0			SUPPORT THERAPEUTIC PROGRAM FOR SURVIVORS OF TRAUMA AND AT-RISK YOUTH POPULATION
SOUTH AFRICA DEVELOPMENT FUND INC. POST OFFICE BOX 300758 BOSTON, MA 21301	22-2674813	501(C)(3)	10,000.	• 0			SUPPORT THE KLIPTOWN YOUTH PROGRAM
SOUTHEAST LOUISIANA LEGAL SERVICES CORPORATION - POST OFFICE DRAWER 2867 - HAMMOND, LA 70404	72-0877422 501(C)(3)	501(C)(3)	25,000.	0.			SUPPORT STAFFING NEEDS FOR DOMESTIC SURVIVOR VIOLENCE WORK AND THE CHILD WELFARE FELLOWSHIP
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Schedule I (Form 990) BATON ROUGE AREA FOUNDATION

GENERAL SUPPORT, SUPPORT SCHOOL FACILITY UPGRADES VINCENT DE PAUL SOCIETY FUNDRAISER, SUPPORT ST. THE CATHOLIC DAUGHTERS (h) Purpose of grant or assistance GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SENERAL SUPPORT (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 0 0 0 0 (e) Amount of noncash assistance Ö Ö Ö (d) Amount of cash grant 15,200, 32,900. 18,000, 50,000 12,000, 19,000, 7,600 (c) IRC section if applicable 63-0598743 501(C)(3) 72-0642279 501(C)(3) 72-0491439 501(C)(3) 501(C)(3) 72-1181324 501(C)(3) 72-0535370 501(C)(3) 72-0423638 501(C)(3) 72-0631881 (b) EIN CHURCH - 1545 STATE STREET - NEW SOUTHERN POVERTY LAW CENTER INC. ST. CHARLES AVENUE PRESBYTERIAN ST. ALOYSIUS CATHOLIC CHURCH (a) Name and address of organization or government ST. ANNA'S EPISCOPAL CHURCH CECILIA CATHOLIC SCHOOL 5261 HIGHLAND ROAD, PMB 376 ST. GEORGE CATHOLIC CHURCH 1313 ESPLANADE AVENUE 7808 ST. GEORGE DRIVE 400 WASHINGTON AVENUE BATON ROUGE, LA 70808 BATON ROUGE, LA 70808 NEW ORLEANS, LA 70116 BATON ROUGE, LA 70809 302 WEST MAIN STREET MONTGOMERY, AL 36104 BROUSSARD, LA 70518 ST. ALBAN'S CHAPEL 2025 STUART AVENUE ORLEANS, LA 70118

Schedule I (Form 990)

GENERAL SUPPORT

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GENERAL SUPPORT

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ST. JAMES EPISCOPAL CHURCH

BATON ROUGE, LA 70821

POST OFFICE BOX 126

ST. HELENA CATHOLIC CHURCH 122 SOUTH FIRST STREET

AMITE, LA 70422

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Part II	Continuation of	of Grants and Oth	er Assist	ance to I	omestic Organizations and Domestic Governments	(Schedule I (Form 990), Part II.)

(a) Name and address of conganization or government if applicat	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JAMES EPISCOPAL DAY SCHOOL 445 CONVENTION STREET BATON ROUGE, LA 70802	72-0542038	501(C)(3)	5,750.	0			GENERAL SUPPORT, THE ST. JAMES EPISCOPAL DAY SCHOOL - PELICAN PRIDE FUND
ST. JAMES PLACE OF BATON ROUGE 333 LEE DRIVE BATON ROUGE, LA 70808	72-0887915	501(C)(3)	53,762.	.0			GENERAL SUPPORT
ST. JAMES PLACE OF BATON ROUGE FOUNDATION INC 333 LEE DRIVE - BATON ROUGE, LA 70808	58-2198010	501(C)(3)	214,605.	0			GENERAL SUPPORT, REVITALIZING TODAY, STRONGER TOMORROW CAPITAL CAMPAIGN, CAMPUS
ST, JOHN THE EVANGELIST CATHOLIC CHURCH - 57805 MAIN STREET - PLAQUEMINE, LA 70764	72-0431223	501(C)(3)	21,006.	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)	178,862.	.0			GENERAL SUPPORT, SUPPORT THE MUSIC PROGRAM, MAINTENANCE AND BEAUTIFICATION FOR THE
ST. JOSEPH CATHOLIC CHURCH 15710 LOUISIANA HIGHWAY 16 FRENCH SETTLEMENT, LA 70733	72-0795158	501(C)(3)	13,865.	0			GENERAL SUPPORT
ST. JOSEPH THE WORKER CHURCH POST OFFICE BOX 190 PIERRE PART, LA 70339	72-0551978	501(C)(3)	27,482.	.0			GENERAL SUPPORT
ST. JOSEPH'S ACADEMY 3015 BROUSSARD STREET BATON ROUGE, LA 70808	72-6001242	501(C)(3)	24,600.	0			GENERAL SUPPORT, SISTER JOAN LAPLACE SCHOLARSHIP FUND, ALUMNAE FUND
ST. JUDE CATHOLIC CHURCH 9150 HIGHLAND ROAD BATON ROUGE, LA 70810	72-0888559	501(C)(3)	10,000.	0.			GENERAL SUPPORT
							Schedule I (Form 990)

Schedule I (Form 990) BATON ROUGE AREA FOUNDATION	ile I (Form 990) BATON	I ROUGE AREA	DATI		
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990),	Continuation of Grants and	d Other Assistance to	Domestic Organizations a	nd Domestic Governments	eqn e

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(n) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL INC 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	26,832.	0.			GENERAL SUPPORT, 2022 ST. JUDE MEMPHIS MARATHON WEEKEND
ST. LUKE'S EPISCOPAL CHURCH 8833 GOODWOOD BOULEVARD BATON ROUGE, LA 70806	72-0650150	501(C)(3)	1,812,866,	0			GENERAL SUPPORT, ELI PALMER'S SHEPHERD'S FUND
ST. MARGARET'S EPISCOPAL CHURCH 12663 PERKINS ROAD BATON ROUGE, LA 70810	72-0812310	501(C)(3)	33,000.	0.			GENERAL SUPPORT, FOR THE BUILDING
ST. PAUL'S HOLY TRINITY EPISCOPAL CHURCH - 605 EAST MAIN STREET - NEW ROADS, LA 70760	72-0803140	501(C)(3)	8,000.	0.			PREACHER'S DISCRETIONARY FUND, FOR BUILDING MAINTENANCE AND IMPROVEMENT OF THE PARISH
ST. PHILIP PARISH 1175 HIGHWAY 18 VACHERIE, LA 70090	72-0491085	501(C)(3)	8,739.	.0			GENERAL SUPPORT
ST. THERESA OF AVILA MIDDLE SCHOOL 212 EAST NEW RIVER STREET GONZALES, LA 70737	72-0535758	501(C)(3)	28,531.	.0			GENERAL SUPPORT
ST. THOMAS AQUINAS REGIONAL CATHOLIC HIGH SCHOOL - 14520 VOSS DRIVE - HAMMOND, LA 70401	72-1015651	501(C)(3)	65,260.	0.			GENERAL SUPPORT
ST. THOMAS MORE CATHOLIC CHURCH 11441 GOODWOOD BOULEVARD BATON ROUGE, LA 70809	72-0782290	501(C)(3)	922,919.	0			GENERAL SUPPORT
STREB INC. 51 NORTH FIRST STREET BROOKLYN, NY 11249	13-3268549	501(C)(3)	10,000.	0			GENERAL SUPPORT Schedule I (Form 990)
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Part II	Continuation of	of Grants and	Other Assis	tance to [Jomestic Orga	anizations a	nd Domestic G	overnments	(Schedule I (Form 990), Part II.)	t II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA INC SOUTH LOUISIANA - POST OFFICE BOX 65148 - BATON ROUGE, LA 70896	13-3541913	501(C)(3)	141,500.	0			GENERAL SUPPORT, PURCHASE SCHOOL SUPPLIES, EXPANSION OF POINTE COUPEE TUTORING
TEAM EXPANSION MINISTRIES, INC. 4112 OLD ROUTT ROAD LOUISVILLE, KY 40299	31-1043937	501(C)(3)	12,500.	.0			SUPPORT FOR ACCOUNT 3002, THE L'OIKOS PROJECT
TERREBONE CHURCHES UNITED FOODBANK INC 922 SUNSET AVENUE - HOUMA, LA 70360	72-1134481	501(C)(3)	15,000.	0.			PURCHASE A CUB TRACTOR WITH DISCS AND A PLOW
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - POST OFFICE BOX 61075 - NEW ORLEANS, LA 70161	72-0423889	501(C)(3)	10,850.	.0			SUPPORT OF SPECIAL PROJECTS, PROGRAMS AND SPECIFIC FUNDS
THE ARC BATON ROUGE 12616 JEFFERSON HIGHWAY BATON ROUGE, LA 70816	72-0540957 501(C)(3)	501(C)(3)	25,000.	0			GENERAL SUPPORT
THE ASCENSION FUND INC. POST OFFICE BOX 1420 GONZALES, LA 70707	72-1186479	501(C)(3)	65,820.	0			GENERAL SUPPORT, SUPPORT OF THE SCHOLARSHIP PROGRAM
THE AWTY INTERNATIONAL SCHOOL 7455 AWTY SCHOOL LANE HOUSTON, TX 77055	23-7258712	501(C)(3)	23,000.	0			GENERAL SUPPORT, CAPITAL CAMPAIGN, 1956 ADDITIONAL SUPPORT
THE BASCOM CORPORATION 323 FRANKLIN ROAD HIGHLANDS, NC 28741	56-2093546	501(C)(3)	10,000.	0			GENERAL SUPPORT
THE CARNEGIE HALL CORPORATION 881 SEVENTH AVENUE NEW YORK, NY 10019	13-1923626	501(C)(3)	50,000.	0			SUPPORT FUTURE
							Schedule I (Form 990)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COMMUNITY FOUNDATION OF NORTH LOUISIANA - 401 EDWARDS STREET, SUITE 105 - SHREVEPORT, LA 71101	72-6022365	501(C)(3)	20,000.	.0			POLLY'S FUND
THE FRIENDS OF THE RURAL LIFE MUSEUM INC POST OFFICE BOX 14852 - BATON ROUGE, LA 70898	72-1385907	501(C)(3)	.050,	.0			GENERAL SUPPORT
THE GREATER NEW ORLEANS FOUNDATION 919 ST. CHARLES AVENUE NEW ORLEANS, LA 70130	72-0408921 501(C)(3)	501(C)(3)	438,630.	.0			SUPPORT TOGETHER LOUISIANA'S COMMUNITY LIGHTHOUSE INITIATIVE PILOT PROJECT, THE
THE OGDEN MUSEUM OF SOUTHERN ART INC 925 CAMP STREET - NEW ORLEANS, LA 70130	72-1479496 501(C)(3)	501(C)(3)	10,000.	.0			GENERAL SUPPORT
THE RECTORS AND VISITORS OF THE UNIVERSITY OF VIRGINIA - POST OFFICE BOX 400195 - CHARLOTTESVILLE, VA 22904	54-6001796 501(C)(3)	501(C)(3)	.000,85	.0			LOUISIANA EDUCATION PROJECT: 2015-2021
THE SALVATION ARMY - BATON ROUGE FOST OFFICE BOX 15467 BATON ROUGE, LA 70895	58-0660607 501(C)(3)	501(C)(3)	25,350.	.0			GENERAL SUPPORT, SUPPORT OF SPECIAL PROJECTS/PROGRAMS
THE SANTA FE OPERA POST OFFICE BOX 2408 SANTA FE, NM 87504	85-0131810	501(C)(3)	150,000.	.0			SUPPORT FUTURE PRODUCTIONS
THE THIRD WAY FOUNDATION, INC. D.B.A. PROGRESSIVE POLICY INSTITUTE - 1156 15TH STREET NW, SUITE 400 - WASHINGTON, DC 20005	52-1629221	501(C)(3)	50,000.	0.			LOUISIANA EDUCATION PROJECT: 2015-2025
THE WALLS PROJECT 458 AMERICA STREET BATON ROUGE, LA 70802	45-5485171	501(C)(3)	27,000.	.0			GENERAL SUPPORT, SUPPORT THE COMMUNITY FOOD INSECURITY PROJECT, BATON ROOTS PURCHASING PRODUCE
							Schedule I (Form 990)

: AREA FOUNDATION	Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)
BATON ROUGE AREA	f Grants and Other Assistance to
Schedule I (Form 990)	Part II Continuation o

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WRITING REVOLUTION INC. 90 BROAD STREET, 3RD FLOOR NEW YORK, NY 10004	46-4970867	501(C)(3)	97,333.	.0			LOUISIANA EDUCATION: 2015-2021 PROGRAM
THRIVE FOUNDATION 2585 BRIGHTSIDE DRIVE BATON ROUGE, LA 70820	46-4134463	501(C)(3)	13,500.	.0			GENERAL SUPPORT, SUPPORT SALARY & BENEFITS FOR A DEVELOPMENT ASSOCIATE
TIGER ATHLETIC FOUNDATION POST OFFICE BOX 711 BATON ROUGE, LA 70821	72-1004960	501(C)(3)	136,000.	.0			GENERAL SUPPORT, THE OAKS PROGRAM, THE BASEBALL BUILDING FUND
TODAY'S HARBOR FOR CHILDREN 514 BAYRIDGE ROAD LA PORTE, TX 77571	74-1117339	501(C)(3)	10,000.	.0			SUPPORT CHAMPIONING CHILDREN IN NEED OF A SAFE HARBOR
TOSTAN INC. 1199 N. FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314	98-0118876	501(C)(3)	12,000.	•0			GENERAL SUPPORT
TRINITY EPISCOPAL CHURCH - BATON ROUGE - 3552 MORNING GLORY AVENUE - BATON ROUGE, LA 70808	72-0460812	501(C)(3)	19,275.	•0			GENERAL SUPPORT, FOR THE 2021-2022 PROMISE FUND
TRINITY EPISCOPAL CHURCH - NEW ORLEANS - 1329 JACKSON AVENUE - NEW ORLEANS, LA 70130	72-0467513	501(C)(3)	43,000.	0.			GENERAL SUPPORT, CAPITAL CAMPAIGN, TRINITY EDUCATIONAL ENRICHMENT PROGRAM, LOAVES & FISHES
UNIFIED JEWISH CONGREGATION OF BATON ROUGE - 9111 JEFFERSON HIGHWAY - BATON ROUGE, LA 70806	87-3862371	501(C)(3)	1,002,534.	0			GENERAL SUPPORT, BUILDING FUND CAMPAIGN, CEMETERY PROJECT
UNITED BY BBQ, INC. 20300 THORNWOOD DRIVE HAMMOND, LA 70403	85-3192082 501(C)(3)	501(C)(3)	8,000.	.0			FEED THE HOMELESS & FAMILIES IN NEED, PURCHASE EQUIPMENT, AND FEED TEACHERS

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Part II	Continuation o	f Grants and	Other Assis	tance to [Domestic Organizations and Domestic Governments (Sch	chedule I (Form 990), Part	II.)

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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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CAJUN NAVY 2053 W MAGNA CARTA PLACE BATON ROUGE, LA 70815	82-5013897	501(C)(3)	20,000.	0			GENERAL SUPPORT
UNITED STATES FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	501(C)(3)	5,450.	0.			GENERAL SUPPORT
UNIVERSITY OF LOUISIANA AT LAFAYETTE FOUNDATION - POST OFFICE BOX 44290 - LAFAYETTE, LA 70504	72-6023836	501(C)(3)	18,500.	•0			SUPPORT THE BUILDING INSTITUTE'S HOUSE OF CARDS PROJECT, HILLIARD ART MUSEUM, HILLIARD ART
UNIVERSITY PRESBYTERIAN CHURCH 3240 DALRYMPLE DRIVE BATON ROUGE, LA 70802	72-6001426	501(C)(3)	256,200.	0.			GENERAL SUPPORT, THE HUNGER FUND, PASTOR'S DISCRETIONARY FUND, PURCHASE CHEER UNIFORMS,
URBAN LEAGUE OF LOUISIANA 4640 SOUTH CARROLLTON AVENUE, SUITE NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	. 66, 667.	0.			LOUISIANA EDUCATION: 2015-2021 PROGRAM
US BIENNIAL INC. POST OFFICE BOX 58800 NEW ORLEANS, LA 70158	20-8374608 501(C)(3)	501(C)(3)	.000,03	.0			GENERAL SUPPORT
VALERO ENERGY FOUNDATION POST OFFICE BOX 2116 SAN ANTONIO, TX 78297	74-2904514	501(C)(3)	70,000.	0.			SUPPORT BENEFIT FOR CHILDREN
VERITAS CHRISTIAN ACADEMY INC 17 CANE CREEK ROAD FLETCHER, NC 28732	56-2089482	501(C)(3)	15,000.	0			SUPPORT THE GROWTH OF THE MOUNTAIN BIKING/OWLS PROGRAM
VOLUNTEERS IN PUBLIC SCHOOLS INC. 3000 N SHERWOOD FOREST DRIVE, ROOM BATON ROUGE, LA 70814	72-1002253 501(C)(3)	501(C)(3)	53,950.	0			GENERAL SUPPORT
							Schedule (Form 990)

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BATON ROUGE AREA FOUNDATION	estic Organizations
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Schedule	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA INC. 7389 FLORIDA BOULEVARD, SUITE 101A BATON ROUGE, LA 70806	72-1020853	501(C)(3)	8,500.	.0			GENERAL SUPPORT, PROVIDE HOMELESS PREVENTION AND SUPPORT
WELLESLEY COLLEGE 106 CENTRAL STREET WELLESLEY, MA 24811	04-2103637	501(C)(3)	10,000.	°°			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)	26,908.	.0			GENERAL SUPPORT
WEST BATON ROUGE PARISH SCHOOL BOARD - 3761 ROSENDALE ROAD - PORT ALLEN, LA 70767	72-6001477	GOVT	11,545.	.0			SUPPORT OF SPECIAL PROJECTS/PROGRAMS, PURCHASE OF SCHOOL SUPPLIES, UNIFORMS &
WEST FELICIANA PARISH SCHOOLS 9794 BAINS RD ST. FRANCISVILLE, LA 70775	72-6001491	GOVT	11,508.	.0			SUPPORT WEST FEL OUTDOORS, 'SHELVING FURNITURE FOR STUDENT LEARNING CENTERS' PROJECT
WITTE MUSEUM 3801 BROADWAY STREET SAN ANTONIO, TX 78209	74-1400537	501(C)(3)	100,000.	.0			SUPPORT OF WITTE OPERATIONS
WORKS AND PROCESS INC. 155 EAST 44TH STREET, SUITE 1005 NEW YORK, NY 10017	13-3592291	501(C)(3)	10,000.	.0			GENERAL OPERATIONS AND ROTUNDA PRESENTATIONS
WORLD CONNECT INC. 632 BROADWAY, 12TH FLOOR NEW YORK, NY 10012	56-2525151	501(C)(3)	.000,005	°0			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT INC. POST OFFICE BOX 758516 TOPEKA, KS 66675	20-2370934	501(C)(3)	20,850.	.0			GENERAL SUPPORT
							Schedule I (Form 990)

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BATON ROUGE AREA FOUNDATION	Other Assistance
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(a) Name and address of (b) EIN (c) IRC section organization or government (a) Amount of assistance (book, FMV, applicable appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WRKF PUBLIC RADIO INC. 3050 VALLEY CREEK DRIVE BATON ROUGE, LA 70808	72-0776781	501(C)(3)	.868,338	.0			GENERAL SUPPORT, ANNUAL FUND, BOARD CHALLENGE FUND, ASSIST WITH EXPENSES DUE TO HURRICANE
YMCA OF THE CAPITAL AREA 350 SOUTH FOSTER DRIVE BATON ROUGE, LA 70806	72-0408994	501(C)(3)	64,250.	0			GENERAL SUPPORT, SUPPORT PREPARATION FOR PRE-K LEARNING CENTER, PRE-K SCHOLARSHIPS, SUPPORT GENERAL SUPPORT, ANNUAL
YOUNG LIFE 420 NORTH CASCADE AVENUE COLORADO SPRINGS, CO 80903	84-0385934	501(C)(3)	64,000.	0			FUNDRAISER, CAPERNAUM, AND SEND KIDS TO CAMP FOR SUMMER 2023
YOUNG MENS CHRISTIAN ASSOCIATION OF NEW ORLEANS METROPOLITAN - 320 METAIRIE HAMMOND HIGHWAY, SUITE 321 - METAIRIE, LA 70005	72-0423890	501(C)(3)	.000,8	.0			SUPPORT SWIMMING LESSONS FOR CHILDREN AND YOUTH
YWCA OF GREATER BATON ROUGE POST OFFICE BOX 66435 BATON ROUGE, LA 70896	72-0650993	501(C)(3)	.000.	.0			GENERAL SUPPORT, SUPPORT THE COMMUNITY BAIL BOND PROGRAM
							Schedule I (Form 990)

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Page 2

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. Schedule I (Form 990) 2022

Part III

(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	10	9,775.	•0		
FIRST RESPONDERS	m	.115,000.	.0		
DISASTER ASSISTANCE	2	7,000.	0.		
VICTIM ASSISTANCE	6	15,291.	•0		
SCHOLARSHIPS	74	147,425.	•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:	uired in Part I, line	2; Part III, column ((b); and any other ad	ditional information.	
THE GRANT AGREEMENT AND/OR GRANT AWARD	ARD LETTER	ER ESTABLISHES	SHES REPORTING	TING	
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RECIPIENT. GRANT GUIDELINES

NARRATIVE REPORT FISCAL ACCOUNTING ALONG WITH A ď SUBMIT THE RECIPIENT MUST

ON THE THE IMPACT THAT THE GRANT MAY HAVE HAD THE GRANT AND OF. ON THE USE

THAT THE RECIPIENT SERVES AS OUTLINED IN THE GRANT AWARD.

COMMUNITY

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ACCOUNTING AND REPORT ARE DUE WITHIN 60 DAYS OF THE COMPLETION OF THE

AN INTERIM THE GRANT PROJECT IS NOT COMPLETED WITHIN ONE YEAR, GRANT. IF

REPORT IS REQUIRED

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ALZHEIMER'S SERVICES OF THE CAPITAL AREA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAREGIVERS RESPITE

SERVICES PROGRAM, ROSEMARY SOCIETY, WALK TO REMEMBER

NAME OF ORGANIZATION OR GOVERNMENT:

ARTS COUNCIL OF GREATER BATON ROUGE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 2022-2023 RIVER

CITY JAZZ MASTERS SERIES, SUPPORT EBB & FLOW, CAPITAL CAMPAIGN, CRESPO

<u>FELLOWSHIP</u>

NAME OF ORGANIZATION OR GOVERNMENT: BATON ROUGE GREEN ASSOCIATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, 1000 TREES PROGRAM,

CITY CITRUS, BRENTWOOD BEAUTIFICATION PROJECT, MANAGER LIVING ROADWAYS

PROGRAM, ARBOR DAY TREE GIVEAWAY

NAME OF ORGANIZATION OR GOVERNMENT: CAPITAL AREA CASA ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT RECRUITING

& TRAINING NEW VOLUNTEERS, ASSIST W/TRANSITION TO A NEW EXECUTIVE

DIRECTOR

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF HAMMOND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT SWIMMING LESSONS FOR

CHILDREN AND YOUTH, SUPPORT FEEING CHILDREN AT SUMMAR CAMPS, FOR THE

VETERANS BREAKFAST

NAME OF ORGANIZATION OR GOVERNMENT:

DOUGLAS MANSHIP SR. THEATRE COMPLEX HOLDING INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, TO UNDERWRITE THE

NATIONAL GEOGRAPHIC SPEAKERS PROGRAM, 2022 GALA, ELVIS LIVES CELEBRATION,

SPONSOR MATT KEARNEY SHOW, AND PINKALICIOUS

NAME OF ORGANIZATION OR GOVERNMENT: DUKE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THE PARENTS ANNUAL FUND OF THE SANFORD SCHOOL OF PUBLIC SERVICE, DEPT OF OPTHALMOGOLGY,

TRINITY COLLEGE ANNUAL FUND

NAME OF ORGANIZATION OR GOVERNMENT: EMERGE CENTER INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, VOLUNTEER ACTIVIST

AWARD, BLOOM PROGRAM, SUPPORT OF GALA & GIVING SOCIETY, TO UPDATE IT

CAPABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: EPISCOPAL HIGH SCHOOL OF BATON ROUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN,

MUSIC DEPARTMENT, SUPPORT OF QUEST CENTER, SPIRIT, BODY, MIND CAMPAIGN,

ARTS FETE 2022

NAME OF ORGANIZATION OR GOVERNMENT:

FIRST PRESBYTERIAN CHURCH OF BATON ROUGE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, BATON ROUGE

CHRISTIAN COUNSELING CENTER, BUILDING UP CAMPAIGN, PURCHASE OF STAINED

GLASS WINDOW PLAQUE

NAME OF ORGANIZATION OR GOVERNMENT: FIRST UNITED METHODIST CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT CHILDREN'S

HOME, SANCTUARY POINTSETTIAS, REVIVE225/SEPTEMBER 6 PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: FOSTERING HOPE LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT THE

ORTHODONTIC AND MENTAL HEALTH NEEDS OF CHILDREN IN FOSTER CARE IN

LOUISIANA

NAME OF ORGANIZATION OR GOVERNMENT:

FOUNDATION FOR EXCELLENCE IN LOUISIANA PUBLIC BROADCASTING

(H) PURPOSE OF GRANT OR ASSISTANCE: ENDOWMENT FUND, SUPPORT WLPB,

SUPPORT DOCUMENTARY "WHY LOUISIANA AIN'T MISSISSIPPIOR ANYPLACE ELSE"

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR WOMAN'S

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THE 2022 WOMAN'S

IMPACT LUNCHEON, DIRECT ASSISTANCE TO BATON ROUGE RESIDENTS SUFFERING

W/ARTHRITIS

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDING FATHERS 4 YOUTH

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPAND THE NUMBER OF "MOST IMPROVED

SCHOLARSHIPS" AND PURCHASE BASEBALL EQUIPMENT TO INCREASE THE NUMBER OF

LOCAL PCP TEAMS

NAME OF ORGANIZATION OR GOVERNMENT: GENERAL HEALTH SYSTEM FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT RAISE THE

BARN, CRITICAL CARE BURN UNIT, PENNINGTON CANCER CENTER, BURN CENTER,

OUTSTANDING GRADUATING REGISTERED NURSE AWARD

NAME OF ORGANIZATION OR GOVERNMENT: HOLY FAMILY CATHOLIC CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL GRANT TO BE

USED FOR THE BENEFIT OF UNDERPRIVILEGED CHILDREN REGARDLESS OF RACE OR

COLOR

NAME OF ORGANIZATION OR GOVERNMENT: HOPE COMMUNITY CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST THE LATINO COMMUNITY WITH

DISASTER RELIEF AND THEIR AFTER SCHOOL TUTORING PROGRAMS, ALONG WITH FOOD

OUTREACH IN HOUMA

NAME OF ORGANIZATION OR GOVERNMENT:

INTERNATIONAL CENTER FOR JOURNALISTS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL SUPPORT, SUPPORT THE DEEDEE

REILLY FUND, SUPPORT THE ENGLISH DEPARTMENT FUND FOR EXCELLENCE

NAME OF ORGANIZATION OR GOVERNMENT: JEFFERSON PARISH PUBLIC SCHOOL SYSTEM

(H) PURPOSE OF GRANT OR ASSISTANCE: BOOGIE BOARD BLACKBOARD REUSEABLE

NOTBOOKS, STEM & DIVERSITY IN THE LIBRARY, WOODMERE GARDEN CLUB, TO FEED

SCHOOLCHILDREN THIS SUMMER AND PURCHASE SCHOOL SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: KIDS' ORCHESTRA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT THE TICKET

PURCHASE/SCHOLARSHIPS, KIDS' ORCHESTRA AFTERSCHOOL MUSIC EDUCATION

PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LOUISIANA ART & SCIENCE MUSEUM INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PURCHASE LIGHTING

SYSTEM, PANDEMIC RELIEF, FREE FIRST SUNDAY PROGRAM, BRANDI'S BOOK DRIVE,

Schedule I (Form 990)

04-01-22

NEW CEILING TILES W/SPRINKLERS, FOR THE 60TH ANNIVERSARY, DIAMONDS OF

HISTORY

NAME OF ORGANIZATION OR GOVERNMENT:

LOUISIANA SYMPHONY ASSOCIATION / BATON ROUGE SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT OF

LOUISIANA YOUTH ORCHESTRA, LAMAR FAMILY CHAMBER CONCERTS, TIMOTHY MUFFITT

ARTISTIC EXCELLENCE FUND

NAME OF ORGANIZATION OR GOVERNMENT: NATURE CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CONSERVATION

EFFORTS IN ATCHAFALAYA BASIN, PRESCRIBED FIRE OPERATIONS/MONEY HILL

EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: O'BRIEN HOUSE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT TO CREATE A

TRAVELING EXHIBIT FOR THE 50TH ANNIVERSARY & FOR CLEANING, PAINTING, &

REPAIRING OF BUILDINGS

NAME OF ORGANIZATION OR GOVERNMENT:

PENNINGTON BIOMEDICAL RESEARCH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, BRANDING PROJECT,

AMERICAN DIABETES ASSOC SYMPOSIUM, SUPPORT OF MUSIC AND THE MIND, DR.

ALBAUGH'S PROJECT, COUNCIL ON 100, BERRY ENDOWED LECTURESHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: POINTE COUPEE PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT OF SPECIAL

PROJECTS/PROGRAMS, PURCHASE OF UNIFORMS AND PLAYGROUND EQUIPMENT

NAME OF ORGANIZATION OR GOVERNMENT: RICE UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT THE RICE

INVESTMENT SCHOLARSHIP PROGRAM, SCHOOL OF SOCIAL SCIENCES DEAN'S

DISCRETIONARY FUND

NAME OF ORGANIZATION OR GOVERNMENT: ROCKEFELLER PHILANTHROPY ADVISORS

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EXPENSES TO TESTIFY FOR

DIVERSE FAMILIES IMPACTED BY GUN VIOLENCE FROM VARIOUS US STATES

NAME OF ORGANIZATION OR GOVERNMENT:

SOUTHEAST LOUISIANA LEGAL SERVICES CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT STAFFING NEEDS FOR DOMESTIC

SURVIVOR VIOLENCE WORK AND THE CHILD WELFARE FELLOWSHIP POST-HURRICANE

IDA, FOR EXPANSION OF LEGAL SERVICES IN POINTE COUPEE PARISH

NAME OF ORGANIZATION OR GOVERNMENT:

ST. JAMES PLACE OF BATON ROUGE FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, REVITALIZING TODAY,

STRONGER TOMORROW CAPITAL CAMPAIGN, CAMPUS BEAUTIFICATION PROJECTS

NAME OF ORGANIZATION OR GOVERNMENT: ST. JOSEPH CATHEDRAL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT THE MUSIC

PROGRAM, MAINTENANCE AND BEAUTIFICATION FOR THE CATHEDRAL

NAME OF ORGANIZATION OR GOVERNMENT:

ST. PAUL'S HOLY TRINITY EPISCOPAL CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: PREACHER'S DISCRETIONARY FUND, FOR

BUILDING MAINTENANCE AND IMPROVEMENT OF THE PARISH HOUSE

NAME OF ORGANIZATION OR GOVERNMENT:

TEACH FOR AMERICA INC. - SOUTH LOUISIANA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, PURCHASE SCHOOL

SUPPLIES, EXPANSION OF POINTE COUPEE TUTORING PROGRAM-IGNITE

NAME OF ORGANIZATION OR GOVERNMENT: THE GREATER NEW ORLEANS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT TOGETHER LOUISIANA'S

COMMUNITY LIGHTHOUSE INITIATIVE PILOT PROJECT, THE LOUISIANA

INVESTIGATIVE JOURNALISM FUND

NAME OF ORGANIZATION OR GOVERNMENT:

TRINITY EPISCOPAL CHURCH - NEW ORLEANS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, CAPITAL CAMPAIGN,

TRINITY EDUCATIONAL ENRICHMENT PROGRAM, LOAVES & FISHES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

UNIVERSITY OF LOUISIANA AT LAFAYETTE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE BUILDING INSTITUTE'S

HOUSE OF CARDS PROJECT, HILLIARD ART MUSEUM, HILLIARD ART MUSEUM CAPITAL

CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY PRESBYTERIAN CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, THE HUNGER FUND,

PASTOR'S DISCRETIONARY FUND, PURCHASE CHEER UNIFORMS, SUPPORT GIRL'S

BASKETBALL TEAM, PURCHASE SPORTS EQUIPMENT

Part IV Supplemental Information
NAME OF ORGANIZATION OR GOVERNMENT: WEST BATON ROUGE PARISH SCHOOL BOARD
(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT OF SPECIAL
PROJECTS/PROGRAMS, PURCHASE OF SCHOOL SUPPLIES, UNIFORMS & SPORTS
EQUIPMENT, SUPPORT THE GIRLS' BASKETBALL TEAM
NAME OF ORGANIZATION OR GOVERNMENT: WRKF PUBLIC RADIO INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, ANNUAL FUND, BOARD
CHALLENGE FUND, ASSIST WITH EXPENSES DUE TO HURRICANE IDA
NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF THE CAPITAL AREA
(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SUPPORT PREPARATION
FOR PRE-K LEARNING CENTER, PRE-K SCHOLARSHIPS, SUPPORT SWIMMING LESSONS

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

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

BATON ROUGE AREA FOUNDATION

Employer identification number 72-6030391

			Yes	No
1a				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b	Х	
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?	2	Х	
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.			
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
ļ	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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b		6b		Х
	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	7		Х
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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.

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN G. DAVIES	Ξ	126,453.	0	13,018.			151,761.	
PRESIDENT & CEO THROUGH MAR 2022	(ii)	129,	0.	421,418.	9	17,457.	_	
(2) JOHN M. SPAIN	(i)	379,135.	0	39,260.	37,675.	13,550.	469,620.	
EXECUTIVE VICE PRESIDENT	(ii)		0.	0.	0.		0.	0.
(3) CHRISTOPHER J. MEYER	(i)	337,540.	86,250.	11,000.	•0	25,208.	459,998.	• 0
PRESIDENT & CEO	≘	0.	0.	0.	•0	0	• 0	0
(4) DEBORAH D. PICKELL	Θ	213,066.	• 0	25,374.	48,790.	11,188.	298,418.	• 0
CHIEF FINANCIAL OFFICER.	≘	0	• 0	• 0	•0	0	• 0	0
(5) EDMUND J. GIERING, IV	Θ	184,692.	• 0	26,636.	45,459.	29,312.	286,099.	• 0
ASSISTANT SECRETARY	≘	0	0	• 0	• 0	0	0	• 0
(6) MUKUL VERMA	Θ	148,753.	• 0	671.	18,594.	11,054.	179,072.	0
DIRECTOR OF COMMUNICATIONS	≘		• 0	• 0	•0	0	• 0	
(7) BRENNA BENSON	Ξ	128,171.	0	257.	0	22,883.	151,311.	
CHIEF OPERATING OFFICER	(ii)	0.	• 0	• 0	• 0	0 •	0 • 0	• 0
	(I)							
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Schedule J (Form 990) 2022

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

PART I, LINE 1A:

HEALTH CLUB DUES AND SOCIAL CLUB DUES FOR JOHN SPAIN, EDMUND GIERING, MUKUL

THE ORGANIZATION AND INCLUDED ON W-2 VERMA AND BRENNA BENSON WERE PAID BY

AS COMPENSATION

PART I, LINE 4B:

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

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

JOHN DAVIES RECEIVED A \$421,419 DISTRIBUTION FOR EXECUTIVE PARTIPANTS.

FROM THE PLAN DURING THE TAX YEAR.

IRC SECTION 457(F) AN Z GIERING AND DEBORAH PICKELL PARTICIPATE EDMUND

RESULT OF HIS/HER EMPLOYMENT WITH BATON DEFERRED COMPENSATION PLAN AS A

THE PLAN IS DESIGNED TO PROVIDE A RETIREMENT ROUGE AREA FOUNDATION. 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

Department of the Treasury

(Form 990)

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

2022

Open To Public Inspection

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Name of the organization							Em	oloye	r ident	ificati	on nu	mber
		JGE AREA							303	91		
Part I Excess Bene	efit Transact	ions (section 50	01(c)(3), secti	on 501(c)(4), and sec	ction 501(c)(29) organ	nizatio	ns on	ly).			
Complete if the	organization ans	wered "Yes" on I	Form 9	90, Pa	rt IV, line 25a or 25b	, or Form 990-EZ, Pa	ırt V, I i	ine 40	b.			
1 (a) Name of disqualified p	(b)	Relationship bety			ified	c) Description of tran	eactio	n		(d)	Corre	cted?
	person	person and or	rganiza	tion			Sactio	''		Y	es	No
										+-		
										+		
										+-		
										+		
O Enter the amount of tax	incurred by the	organization man	ogoro.	or diag	ualified paragra dur	ing the year under						
2 Enter the amount of tax section 4958	•	•	_		·	•		Φ				
3 Enter the amount of tax,												
3 Linter the amount of tax,	ii arry, orr line 2,	, above, reimburs	ed by	uie oig	janization			Ψ				
Part II Loans to and	d/or From In	terested Pers	sons.									
Complete if the	organization ans	swered "Yes" on I	Form 9	90-EZ.	Part V. line 38a or F	Form 990, Part IV, line	e 26: c	or if th	e orga	nizatio	on	
		0, Part X, l ine 5, 6			ŕ	, ,	,		J			
(a) Name of	(b) Relationship	(c) Purpose	(d) Lo	an to or	(e) Original	(f) Balance due		I n	(h) Ap	proved ard or	(i) W	/ritten
interested person	with organization	n of loan		zation?	principal amount		defa	ult?	comn	nittee?	agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
			-									_
									ļ			-
			_						<u> </u>			
			-						-			-
			-									-
	+		_									
			+									-
Total	1				\$							
	sistance Be	nefiting Inter	estec	l Per								
		swered "Yes" on I										
(a) Name of interested		(b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose of	f
(4)		interested pers			assistance	assistan				assist		
		the organiza	ation									
								\dashv				
						1		- 1				

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Part IV Business Transactions Invo		/IN	72 0030	<u> </u>	Page Z
	ed "Yes" on Form 990, Part IV, line 28a, 28	3b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
LAUREN C. JUMONVILLE	FAMILY MEMBER OF DI	112,027.	EMPLOYEE OF	Yes	No X
Part V Supplemental Information. Provide additional information for res	sponses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	G INTERESTI	ED PERSONS:		
(A) NAME OF PERSON: LAURE					
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZATI	LON:		
FAMILY MEMBER OF DIRECTOR	•				
(C) AMOUNT OF TRANSACTION	\$ 112,027.				
(D) DESCRIPTION OF TRANSA	CTION: EMPLOYEE OF BR	AF			
(E) SHARING OF ORGANIZATI	ON REVENUES? = NO				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

BATON ROUGE AREA FOUNDATION

Employer identification number 72-6030391

Types of Property Part I (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g items contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 2,276,713.FMV 40 Securities - Publicly traded X 9 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 Other 25 Other 26 27 Other Other 28 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 3 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II

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

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

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 for the latest information.

OMB No. 1545-0047

2022
Open to Public Inspection

Internal Revenue Service

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 III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:							
HEALTH THROUGH THE ONGOING ACTIVITIES OF THE BATON ROUGE HEALTH							
DISTRICT.							
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

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

Schedule O (Form 990) 2022

232211 10-28-22

Schedule O (Form 990) 2022 Page 2

Name of the organization BATON ROUGE AREA FOUNDATION 72-6030391 BOARD OF DIRECTORS AND THE TREASURER OF THE FOUNDATION. THE TREASURER REVIEWS THE DRAFT FORM 990 WITH THE ENTIRE BOARD. ANY NECESSARY CHANGES ARE MADE ON THE FORM. ONCE ALL NECESSARY CHANGES ARE MADE AND THE TREASURER IS IN AGREEMENT WITH THE ENTIRE BOARD AS TO THE VERACITY OF THE INFORMATION PRESENTED IN THE FORM, IT WILL BE RECOMMENDED FOR APPROVAL.

UPON APPROVAL BY THE BOARD OF DIRECTORS, THE FORM WILL BE SIGNED BY THE PRESIDENT AND CEO (OR OTHER APPROPRIATE REPRESENTATIVE OF THE FOUNDATION), DATED AND SUBMITTED TO THE IRS BY THE FILING DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS ARE REQUIRED TO COMPLETE A DISCLOSURE STATEMENT ANNUALLY. 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

Employer identification number

Schedule O (Form 990) 2022 Page 2

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

MAKES A RECOMMENDATION TO THE BOARD FOR THE CEO'S SALARY. THE BOARD APPROVES THE CEO'S SALARY.

KEY EMPLOYEES - THE CEO SETS THE SALARIES OF THE OFFICERS OF THE

FOUNDATION. HE USES COMPARABLE DATA FROM SIMILARLY SITUATED COMMUNITY

FOUNDATIONS WITHIN THE UNITED STATES, THE SALARY BENEFIT REPORT PREPARED

ANNUALLY BY THE COUNCIL ON FOUNDATIONS, AND THE SALARY RESULTS FROM A

SURVEY OF LARGE COMMUNITY FOUNDATIONS TO DETERMINE THE OFFICER'S SALARY

FOR THE NEXT YEAR. THE INDEPENDENT COMPENSATION COMMITTEE THEN APPROVES

THE SALARIES FOR KEY EMPLOYEES.

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, 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, 2022. TAXPAYER HAS

AN APPLICABLE FINANCIAL STATEMENT FOR THE YEAR OF THE ELECTION. THIS

ELECTION PERMITS THE TAXPAYER TO DEDUCT FOR TAX PURPOSES ANY ITEM

Schedule O (Form 990) 2022	Page 2
Name of the organization BATON ROUGE AREA FOUNDATION	Employer identification number 72-6030391
DEDUCTED UNDER ITS BOOK POLICY THAT DOES NOT EXCEED \$5,000	PER INVOICE
(OR PER ITEM, AS SUBSTANTIATED BY THE INVOICE) OR ITEMS HAV	VING 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 T	REAS. REG.
1.263(A)-3(N) TO CAPITALIZE THOSE REPAIR AND MAINTENANCE CO	OSTS THAT IT
TREATS AS CAPITAL IMPROVEMENTS ON ITS BOOKS AND RECORDS FOR	R THE TAX
YEAR ENDED DECEMBER 31, 2022.	

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Open to Public Inspection 2022

OMB No. 1545-0047

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

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number 72-6030391

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

Direct controlling BRAF 3,380,345. BRAF 10,352,763, BRAF 16,701,157. BRAF End of year assets 86,296. **e** -554,975. 454,037. 84,598. 83,355 Total income ੁ Legal domicile (state or foreign country) LOUISIANA OUISIANA OUISIANA OUISIANA Primary activity PROPERTY RENT PROPERTY RENT PHEATER INV RENTAL LLC ALVIN & LOUISE ALBRITTON MEMORIAL FUNDII ALVIN & LOUISE ALBRITTON MEMORIAL FUND -46-1500869, 100 NORTH STREET, SUITE 900, 33-1026428, 100 NORTH STREET, SUITE 900 04-3687759, 100 NORTH STREET, SUITE 900, Name, address, and EIN (if applicable) DOUGLAS MANSHIP SR. THEATER COMPLEX, LASALLE-GALVES, LLC - 71-0890765 of disregarded entity 100 NORTH STREET, SUITE 900 70802 70802 70802 70802 BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA BATON ROUGE, LA

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. Part II

•							
(a)	(q)	(၁)	(p)	(e)	(f)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(SL)(a)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	<u>8</u>
COMMUNITY FOUNDATION OF SOUTHWEST LA -							
72-1508036, PO BOX 3125, LAKE CHARLES, LA							
70602	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	×	
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	×	
E. J. MARJORY OURSO FAMILY FOUNDATION -							
72-1303806, PO BOX 690, DONALDSONVILLE, LA							
70346	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	×	
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	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 990.				Schedule R (Form 990) 2022	Form 990)	2022

232161 09-14-22 LHA

BATON ROUGE AREA FOUNDATION

72-6030391

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a)	(q)	(၁)	(p)	(ə)	(t)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
BRAF LEBLANC LLC - 45-3769752					
100 NORTH STREET, SUITE 900					
BATON ROUGE, LA 70802	PROPERTY RENT	LOUISIANA	101.	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	1,856,868.	BRAF
BRAF HUNT, LLC - 82-2629140					
100 NORTH STREET, SUITE 900					
BATON ROUGE, LA 70802	PROPERTY OWN	LOUISIANA	0	20,000.E	BRAF
725 MAIN LLC - 84-3690826					
100 NORTH STREET, SUITE 900					
BATON ROUGE, LA 70802	PROPERTY OWN	LOUISIANA	0	0	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

BATON ROUGE AREA FOUNDATION

72-6030391

A FOUNDATION	npt Organizations	
ARE/	x-Exen	
I ROUGE AREA	f Related Ta	
BATON	Continuation of Identification of Related Tax-Exempt Organizati	
Schedule R (Form 990)	Continuation	
Schedule	Part II	

(a)	(q)	(0)	(p)	(e)	(J)	(ā)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?
HELEN S. BARNES TRUST - 72-6092736						-
PO BOX 3038						
MILWAUKEE, WI 53201	SUPPORT ORG	LOUISIANA	501(C)(3)	PF	BRAF	×
MILFORD WAMPOLD SUPPORT FOUNDATION -						
72-1406374, 4171 ESSEN LANE, BATON ROUGE, LA						
70809	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	×
NEWTON B, THOMAS SUPPORT FOUNDATION -						
30-0169264, 8183 W. EL CAJON, BATON ROUGE,						
LA 70815	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	X
NORTHSHORE COMMUNITY FOUNDATION - 61-1517784						
807 N. COLUMBIA STREET						
COVINGTON, LA 70433	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	×
THE CREDIT BUREAU OF BR FOUNDATION -						
20-0665987, PO BOX 82724, BATON ROUGE, LA						
70884	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	×
THE JOHN W. BARTON FAMILY FOUNDATION -						
72-1494869, PO BOX 1806, BATON ROUGE, LA						
70821	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	×
WILBUR MARVIN FOUNDATION - 58-2019715						
450 MAIN STREET						
BATON ROUGE, LA 70801	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	×
EMPLOYEE ASSISTANCE FOUNDATION - 45-2478986						
402 N. 4TH STREET						
BATON ROUGE, LA 70802	SUPPORT ORG	LOUISIANA	501(C)(3)	11, TYPE 1	BRAF	X

72-6030391

BATON ROUGE AREA FOUNDATION Schedule R (Form 990) 2022

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)	(q)	(c)	(p)	(e)	(£)	(6)	(H)	Θ	9	(K)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership partner? Yes No
CPDC PROPERTIES, LP -										
72-1553510, 450 MAIN STREET,			CP REALTY							
BATON ROUGE, LA 70801	REAL ESTATE	ГA	TRUST				X	N/A	X	
5401 NORTH, LLC - 20-8307307										
450 MAIN STREET										
BATON ROUGE, LA 70801	REAL ESTATE	ГA	WMF				×	N/A	X	
5401 NORTH INVESTMENTS III,										
LLC, 450 MAIN STREET, BATON										
ROUGE, LA 70801	REAL ESTATE	ГA	WMF				×	N/A	X	
5401 CFN I, LLC - 83-1285927										
450 MAIN STREET			5401 NORTH							
BATON ROUGE, LA 70801	REAL ESTATE	ГA	INVE				×	N/A	X	

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. Part IV

(i)	512(b)(13) controlled entity?	s No			×			×			×			×			×	0) 2022
Ġ		Yes																m 99
Œ	Percentage ownership																	Schedule R (Form 990) 2022
(g)	Share of end-of-year assets																	Scho
(f)	Share of total income																	
(e)	Type of entity (C corp, S corp, or trust)	,			C CORP			c corp			C CORP			C CORP			C CORP	
(p)	Direct controlling entity				WMF			WMF			WMF		COM PROP MGT	00		CP REALTY	TRUST	
(၁)	Legal domicile (state or foreign	country)			LA			Ð			ГĀ			ГĀ			LA	•
(q)	Primary activity				REAL ESTATE			REAL ESTATE			REAL ESTATE MGMT			REAL ESTATE			HOLDING CORP	
(a)	Name, address, and EIN of related organization		CAPITOL HOUSE HOTEL, LLC - 32-0105872	450 MAIN STREET	BATON ROUGE, LA 70801	COMMERCIAL PROPERTIES REALTY TRUST -	86-1086905, 450 MAIN STREET, BATON ROUGE, LA	70801	COMMERCIAL PROPERTIES MGMT CORP - 72-0594389	450 MAIN STREET	BATON ROUGE, LA 70801	COMMERCIAL PROPERTIES DEVELOPMENT CORP -	72-0594391, 450 MAIN STREET, BATON ROUGE, LA	70801	BON CARRE CPDC II, INC - 20-8661741	450 MAIN STREET	BATON ROUGE, LA 70801	232162 09-14-22

BATON ROUGE AREA FOUNDATION

72-6030391

Schedule R (Form 990)

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? Yes No	(k) Percentage ownership
CPRT AMERICANA, LLC 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	СРКТ	N/A			×	N/A	×	
5401 NORTH INVESTMENTS I 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	СРКТ	N/A			×	N/A	×	
TRANSBIO VENTURES, LP 820 GARRETT DRIVE BOSSIER CITY, LA 71111	INVESTMENT	DE	BRAF	N/A	193,868.	3,599,252.	×	N/A	×	\$00°09
BCBC LAND, LLC 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CPDC PROPERTIES	N/A			×	N/A	×	
BCBC SHOPPES, LLC 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CPDC PROPERTIES	N/A			×	N/A	×	
CPRT QOF I, LLC - 84-2069965 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A			×	N/A	×	
CPRT QOZB I, LLC - 84-2076325 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A			×	N/A	×	
CPRT QOZB II, LLC - 85-3162313, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A			×	N/A	×	
KANNAPOLIS CROSSING, LP - 84-3924118, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALIY TRUST	N/A			×	N/A	×	

BATON ROUGE AREA FOUNDATION

72-6030391

Schedule R (Form 990)

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
CHARITABLE REMAINDER TRUSTS (8) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	TRUST				
CHARITABLE REMAINDER TRUST (1) 100 NORTH STREET, SULTE 900 BATON ROUGE, LA 70802	INVESTMENT	NC	BRAF	TRUST				×
CHARITABLE REMAINDER TRUST (3) 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	INVESTMENT		BRAF	TRUST				×
CORPORATION - 72-0779122 ; SUITE 900 70802	INVESTMENT		BRAF	S CORP	7,271.	23,714.	100%	×
FRONT STREET CONDOMINIUM ASSOC, INC. 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	c corp				×
5401 NORTH COMMERCIAL OWNERS ASSOCIATION - 38-4094200, 3605 GLENWOOD AVE, STE 500, RALEIGH, NC 27612	COMMERCIAL ASSN	NC	CP REALTY TRUST	c corp				×
232224 04-01-22		, ,						

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	ŝ
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
b Gift, grant, or capital contribution to related organization(s)				qt	×	
c Gift, grant, or capital contribution from related organization(s)				10	×	
:				1d		X
				1e		×
f Dividends from related organization(s)				1		X
g Sale of assets to related organization(s)				19		×
Purchase of assets from related organization(s)				ŧ		×
i Exchange of assets with related organization(s)				÷		×
i Lease of facilities, equipment, or other assets to related organization(s)				Ŧ		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥	×	
Performance of services or membership or fundraising solicitations for	ınization(s)			=	×	
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			£		×
	ion(s)			두		×
				9		×
b Reimbursement paid to related organization(s) for expenses				9	Г	×
				- 1		×
r Other transfer of cash or property to related organization(s)				1-		×
s Other transfer of cash or property from related organization(s)				18	×	
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.	ho must complete th	is line, including covered r	elationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) NORTHSHORE COMMUNITY FOUNDATION	В	50,000.	FMV			
(2) NEWTON B THOMAS SUPPORT FOUNDATION	ນ	450,000.	FMV			
(3) HELEN S. BARNES TRUST	ບ	283,249.	FMV			
(4) WILBUR MARVIN FOUNDATION	Ж	411,437.	FMV			
(5) CREDIT BUREAU OF BATON ROUGE FOUNDATION	Г	105,811.	FMV			
(6) NORTHSHORE COMMUNITY FOUNDATION	L	101,588. FMV	FMV			

BATON ROUGE AREA FOUNDATION

72-6030391

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

(d)
Method of determining
amount involved 79,329. FMV 139,683. FMV 85,000. FMV 110,000. FMV 375,000. FMV 889,000. FMV 411,437. FMV (c) Amount involved (b) Transaction type (a-s) U Ы Ы Ö Ö ß Ø (10) CREDIT BUREAU OF BATON ROUGE FOUNDATION (12) COMMERCIAL PROPERTIES REALTY TRUST (8) NEWTON B THOMAS SUPPORT FOUNDATION (9) MILFORD WAMPOLD SUPPORT FOUNDATION FOUNDATION OF SOUTHWEST Name of other organization (13) WILBUR MARVIN FOUNDATION (11) WILBUR MARVIN FOUNDATION COMMUNITY (7) LOUISIANA (14) (15) (16) (19) (21) (24) (17) (18) (20 (22) (23)

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

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

(j) (k) General or Percentage managing ownership ves No				
General or Permanaging ov partner?				
31 Gen × 20 mar K-1 par 5) Yes				
Code V-UBI camount in box 20 n (Form 1065)				
(h) Disproportionate allocations?				
(g) Share of end-of-year assets				
(f) Share of total income				
(e) Are all Partners sec. 501(c)(3) Orgs.? Yes No				
(d) Predominant income (related, unrelated, excluded from tax undersections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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