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DLN: 93493124011062

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

OMB No 1545-0047

Open to Public

Internal F	Revenue	Service		ate reporting requi	ements	Inspection			
A Fo	rthe 2	010 calendar year, or tax year be	ginning 07-01-2010 and ending 06-30-2011			dentification number			
B Che	ck if ap	plicable C Name of organization BATON ROUGE CHRISTIAN ED	C Name of organization BATON ROUGE CHRISTIAN EDUCATION FOUNDATI						
☐ Add	ress cha	ange		7	2-09218	878			
☐ Nan	ne char	Doing Business As ge		E Te	elephone	number			
┌ Inıtı	al retur	Number and street (or P O b	oox if mail is not delivered to street address)	Room/suite (2	225)767	7-7097			
Гтеп	mınated	11111 ROY EMERSON DRIVE							
┌ Ame	ended r		, and ZIP + 4	GG	ross receip	ots \$ 13,816,865			
┌ App	lication	BATON ROUGE, LA 70810 pending							
		F Name and address	of principal officer	H(a) Is this a group re	sturn for affili	satura Var. V No.			
			· ·	in a fills a group re	sturmor anni	lates / Tes / NO			
				H(b) Are all affiliate	es included	?			
						t (see instructions)			
I Tax	k-exem	pt status) ◀ (insert no)	H(c) Group exe	mption ni	umber 🟲			
J W	ebsit e	: ► N/A							
K Form	n of org	anization 🔽 Corporation 🗀 Trust 🗀 Ass	sociation	L Year of formation	ı	M State of legal domicile LA			
Pai	rt I	Summary							
			mission or most significant activities						
e e	Ē	ducation							
anc	-								
iii.	_								
0.0	2 (heck this box 🗕 if the organizat	ion discontinued its operations or disposed of	more than 25% of	its net a	assets			
9 X	3 N	lumber of voting members of the g	overning body (Part VI, line 1a)		3	16			
es	4 N	lumber of independent voting mem		4	14				
Activities & Governance		···	ed in calendar year 2010 (Part V, line 2a) .		5	340			
tct.		otal number of volunteers (estima			6				
•			rom Part VIII, column (C), line 12		7a	0			
	b №	let unrelated business taxable inc	ome from Form 990-T, line 34		7b				
				Prior Year		Current Year			
ō	8 9	Contributions and grants (Part V		39,284 37,672	1,977,067 11,795,770				
_	9	Program service revenue (Part V							
le)	10	Investment income (Part VIII c							
Revenue	10 11	·			49,400				
Reven	11	Other revenue (Part VIII, column	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		49,400				
Reven		Other revenue (Part VIII, column Total revenue—add lines 8 through			26,356	0			
Reven	11	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3)	13,5:	,	13,816,865			
Reven	11 12	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4)	13,5:	26,356	0 13,816,865 821,984			
	11 12 13	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3)	13,5:	26,356	0 13,816,865 821,984 0			
	11 12 13 14	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4)	13,5	26,356	0 13,816,865 821,984 0 7,708,327			
	11 12 13 14 15	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e)	13,5	26,356 56,361 96,840	0 13,816,865 821,984 0 7,708,327			
Expenses Reven	11 12 13 14 15	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e) mn (D), line 25) • 451,585	6,79	26,356 56,361 96,840	0 13,816,865 821,984 0 7,708,327 0			
	11 12 13 14 15 16a b	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e)	13,5; 70 - 6,79	26,356 56,361 96,840 55,000	0 13,816,865 821,984 0 7,708,327 0 5,394,931			
	11 12 13 14 15 16a b	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e) mn (D), line 25) 451,585 n (A), lines 11a-11d, 11f-24f)	13,5; 76 6,79 9 5,11	26,356 56,361 96,840 55,000	0 13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242			
Expenses	11 12 13 14 15 16a b 17 18	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e) mn (D), line 25) • 451,585 n (A), lines 11a-11d, 11f-24f) 7 (must equal Part IX, column (A), line 25)	13,5: 70 6,79 5,11 12,77 79 Beginning of Cu	26,356 56,361 96,840 55,000 56,019 74,220 52,136	0 13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377			
Expenses	11 12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e) mn (D), line 25) •451,585 n (A), lines 11a-11d, 11f-24f) 7 (must equal Part IX, column (A), line 25) t line 18 from line 12	13,5; 76 6,79 5,19 12,77 79 Beginning of Cu	26,356 56,361 96,840 55,000 56,019 74,220 52,136 irrent	13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year			
Expenses	11 12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e) mn (D), line 25) • 451,585 n (A), lines 11a-11d, 11f-24f) 7 (must equal Part IX, column (A), line 25) t line 18 from line 12	13,5; 70 6,79 5,19 12,77 79 Beginning of Cu Year 27,48	26,356 56,361 96,840 55,000 74,220 52,136 urrent	13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year 28,627,654			
Expenses	11 12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e) mn (D), line 25) \$\int 451,585\$ i (A), lines 11a-11d, 11f-24f) 7 (must equal Part IX, column (A), line 25) t line 18 from line 12	13,5; 76	26,356 56,361 96,840 55,000 56,019 74,220 52,136 urrent 35,101 52,146	13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year 28,627,654 16,603,076			
Not Assets or Expenses Expenses	11 12 13 14 15 16a b 17 18 19	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e) mn (D), line 25) • 451,585 n (A), lines 11a-11d, 11f-24f) 7 (must equal Part IX, column (A), line 25) t line 18 from line 12	13,5; 76	26,356 56,361 96,840 55,000 74,220 52,136 urrent	44,028 0 13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year 28,627,654 16,603,076 12,024,578			
Net Assets or Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	n (A), lines 5, 6d, 8c, 9c, 10c, and 11e) gh 11 (must equal Part VIII, column (A), line (Part IX, column (A), lines 1-3) Part IX, column (A), line 4) nployee benefits (Part IX, column (A), lines 5- rt IX, column (A), line 11e) mn (D), line 25) \$\int 451,585\$ i (A), lines 11a-11d, 11f-24f) 7 (must equal Part IX, column (A), line 25) t line 18 from line 12	13,5; 76 6,79 5,11 12,77 79 Beginning of Cu Year 27,48 15,3; 12,1;	26,356 56,361 96,840 55,000 56,019 74,220 52,136 wrent 35,101 52,146 32,955	13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year 28,627,654 16,603,076 12,024,578			
Solution Met Assets of Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 t III	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	tract line 21 from line 20	13,5; 70 6,79 5,19 12,77 79 Beginning of Cuyear 27,48 15,39 12,19 nedules and stateme () is based on all info	26,356 56,361 96,840 55,000 74,220 52,136 hrrent 35,101 52,146 32,955 nts, and tremation of	13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year 28,627,654 16,603,076 12,024,578			
Solution Met Assets of Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalicedge a edge.	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	tract line 21 from line 20	13,5; 76 6,79 5,11 12,77 79 Beginning of Cu Year 27,48 15,3; 12,1;	26,356 56,361 96,840 55,000 74,220 52,136 hrrent 35,101 52,146 32,955 nts, and tremation of	13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year 28,627,654 16,603,076 12,024,578			
SSC Net Assets of Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 t III penaltedge aedge.	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	tract line 21 from line 20	13,52 70 6,79 5,11 12,77 71 Beginning of Cuyear 27,48 15,31 12,11 nedules and stateme () is based on all info	26,356 56,361 96,840 55,000 74,220 52,136 hrrent 35,101 52,146 32,955 nts, and tremation of	13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year 28,627,654 16,603,076 12,024,578			
Signature Services Expenses Expenses Expenses Expenses	11 12 13 14 15 16a b 17 18 19 20 21 22 t III penalicedge a edge.	Other revenue (Part VIII, column Total revenue—add lines 8 through 12)	tract line 21 from line 20	13,52 70 6,79 5,11 12,77 71 Beginning of Cuyear 27,48 15,31 12,11 nedules and stateme () is based on all info	26,356 56,361 96,840 55,000 74,220 52,136 irrent 85,101 52,146 32,955 irmation of	13,816,865 821,984 0 7,708,327 0 5,394,931 13,925,242 -108,377 End of Year 28,627,654 16,603,076 12,024,578			

Firm's name 🕨 Larry G Johnson - APAC

Firm's address 🕨 8888 Bluebonnet Blvd

Paid

Preparer

Use Only

Baton Rouge, LA 70810

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no 🕨 (225) 767-

┌Yes ┌No

Fırm's EIN

Par		nt of Program Service A	ccomplishments to any question in this Part III		
1 Educ	Briefly describe t	he organization's mission			
2			ogram services during the year wh		s 🔽 No
	If "Yes," describe	these new services on Schedu	le O		
3	services?		significant changes in how it condu	ucts, any program Ye	s 🔽 No
	If "Yes," describe	these changes on Schedule O			
4	Section 501(c)(3) and 501(c)(4) organizations a	each of the organization's three lar and section 4947(a)(1) trusts are venue, if any, for each program ser	required to report the amount of	
 4а	(Code) (Expenses \$	3,027,813 including grants of \$	821,984) (Revenue \$)
	The Organization pro	ovided education services to 799 stude	ents in grades Pre-kindergarten through 12	th, including our Academic Center	
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	(0000) (Expenses ¢	including grants of \$, (Nevende \$,
	-				
	-				
4d	Other program s	ervices (Describe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program se	ervice expenses►\$	3,027,813		

Part IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		Νο
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		Νο
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		Νο
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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		No
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		Νο
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		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		No
		F	orm 990	(2010)

Part V	Statements Regard	ding Other IR	S Filings and	Fax Compliance

Form	990 (2010)			Page
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	Check it Schedule O Contains a response to any question in this rait v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
	1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Νo
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	,		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	i	.,	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the	3-		N -
ь	year?	3a 3b		No No
la	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	4a		No
ь	account)? If "Yes," enter the name of the foreign country ▶			NO
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Νo
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
а	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No.
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7Ь		No
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	_		
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
h	required?	7g		No
•	Form 1098-C?	7h		Νo
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		Νo
•	Sponsoring organizations maintaining donor advised funds.			l
	Did the organization make any taxable distributions under section 4966?	9a 9b		No No
10	Section 501(c)(7) organizations. Enter			110
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
h	Enter the amount of reserves the organization is required to maintain by the states			
ט	in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand 13c			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0	14b		Νo

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
TCI	year	6		
b	Enter the number of voting members included in line 1a, above, who are independent	4		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	. 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	. 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form			
		11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris to conflicts?	12b		No
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		No
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
Se	ection C. Disclosure	200		
17	List the States with which a copy of this Form 990 is required to be filed.			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply			
	Community of Community of Superior Community			

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► PATTY HANNAMAN
 11111 ROY EMERSON DRIVE

BATON ROUGE, LA 70810 (225) 767-7097

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

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

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

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

(A) Name and Title	(B) Average hours per	Posi	((chec	:kal			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Highest compensated employee Key employee Officer Institutional Trustee Individual trustee		Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
(1) Sean Fagan Trustee	5 00	х						0	0	0
(2) Robert M Welch Head of School	40 00	х		х	х	х		196,092	0	10,000
(3) Leo D'Aubin Trustee	5 00	х						0	0	0
(4) Leigh Ann Evans Trustee	5 00	х						0	0	0
(5) Lee Domingue Trustee	5 00	х						0	0	0
(6) Lawrence Green Trustee	5 00	х						0	0	0
(7) Larry Roedel Trustee	5 00	х						0	0	0
(8) Julio Melara Trustee	5 00	х						0	0	0
(9) Jeff Tessier Trustee	5 00	Х						0	0	0
(10) Jeff Tanguis Trustee	5 00	х						0	0	0
(11) Gary Gilbert Chairman	5 00	х						0	0	0
(12) Frank Manale Trustee	5 00	х						0	0	0
(13) Dewitt Bateman Trustee	5 00	х						0	0	0
(14) Bucky Elofson Trustee	5 00	х						0	0	0
(15) Bill Peters Trustee	5 00	х						0	0	0
(16) Andy Farris Trustee	5 00	х						0	0	0

\$100,000 in compensation from the organization **F**0

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

week (describe hours for related organization (W-2/1099-MISC)		(A) Name and Title	(B) A verage hours per	l	tion that a	(che		II		(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estima amount o	ated fother
c Total from continuation sheets to Part VII, Section A			week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional Trustee		employe	Highest compensated employee	Former	organization (W-	organizations (W- 2/1099-		from t rganızat relat	the on and ed
c Total from continuation sheets to Part VII, Section A												\perp		
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A												\perp		
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
c Total from continuation sheets to Part VII, Section A														
d Total (add lines 1b and 1c)	1b								•					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1			<u> </u>							405 000				10.000
\$100,000 in reportable compensation from the organization Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									•	,				10,000
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	The state of the s	-				ted	above)) who	received more th	nan			
on line 1a? If "Yes," complete Schedule J for such individual													Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3							mploy •	ee, o	or highest compen	sated employee	3		Νο
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	organization and related organiz										4	Yes	
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)	5							•			or individual for	5		Νο
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C)														
\$100,000 of compensation from the organization (A) (B) (C)		•		acatad i	ndon	o n d	nt c	ontra	tore	that received me	ro than			
	_				пиер	enue	= 11L C	Ontrac	. (015	that received inc	ile tilali			
		Nar		dress						Des				

		2010)	10				Pa	ge 9
Part \	4 1 1	Statement of Reven	le		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events	. 1c . 1d . 1e . and 1f	123,476	1,977,067			
Program Service Revenue	d e f	Tuition and Fees Pawbackers Miscellaneous Food Services Aftercare All other program service rev		Business Code	10,376,993 224,033 211,028 762,573 154,290 66,853 11,795,770	211,028 762,573 154,290 66,853		
	4 5 6a b	Investment income (including and other similar amounts) Income from investment of tax-ext Royalties	empt bond proceeds (I) Real	(II) Personal	44,028 0 0			
nue	b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising		(II) O ther	0			
Ciner Revenue	c 9a b c 10a	Less direct expenses Net income or (loss) from ga Gross sales of inventory, les returns and allowances	a b Indraising events Indraising events Indraising events Indraising events Indianal events	Business Code	0			
	e	Total. Add lines 11a-11d Total revenue. See Instruction	•		13,816,865			

	990 (2010)				Page 10
Part	t IX Statement of Functional Expenses				
	Section $501(c)(3)$ and $501(c)(4)$ organizations must other organizations must complete column (A) but are not required to c			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	expenses	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	821,984			
4	Benefits paid to or for members	0		1	
5	Compensation of current officers, directors, trustees, and key employees	196,092		196,092	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	6,465,462	5,083,376	1,100,331	281,755
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			· ·
9	Other employee benefits	1,046,773	815,794	158,329	72,650
10	Payroll taxes	0	<u> </u>	·	·
а	Fees for services (non-employees) Management	0			
ь	Legal	0			_
с	Accounting	0			
d	Lobbying	0	<u> </u>		
-	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
_	Other	0			
g 12	Advertising and promotion	88,248		71,414	16,834
13	Office expenses	00,240		71,414	10,034
	Information technology	576,309		546,614	14.440
14 15		0	 	340,014	14,449
	Royalties				
16	Occupancy	0			
17 18	Payments of travel or entertainment expenses for any federal,	0			
10	state, or local public officials				
19	Conferences, conventions, and meetings	270 700		370 700	
20	Interest	279,799	-	279,799	
21	Payments to affiliates			4 022 550	
22	Depreciation, depletion, and amortization	1,347,693	<u> </u>	1,023,550	
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of	120,691		120,691	
_	line 25, column (A) amount, list line 24f expenses on Schedule O) Utilities	300,352	1	300,352	
a b		300,332		96,416	44,113
_	Instructional Activities	,	<u>'</u>	63,635	44,113
	Food Service	345,503 670,808	· ·	670,808	
	Admission Office	229,060		229,060	
		,		· ·	21 794
f 25	All other expenses	1,126,882	<u> </u>		21,784
25	Total functional expenses. Add lines 1 through 24f	13,925,242	8,027,813	5,445,844	451,585
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	· · · · · · · · · · · · · · · · · · ·				

Part X Balance Sheet (A) (B) Beginning of year End of year 3,077,624 1 2,859,560 217.805 2 6,927,797 7,155,984 3 1,821,716 2,173,469 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 0 5 Schedule L . . . 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 0 0 7 0 8 8 Prepaid expenses and deferred charges 54,649 9 93,180 10a Land, buildings, and equipment cost or other basis Complete 21.934.247 10a Part VI of Schedule D 10b 5.796.468 ь Less accumulated depreciation 15.593.192 10c 16.137.779 0 11 11 0 12 12 Investments—other securities See Part IV, line 11 0 13 13 Investments—program-related See Part IV, line 11 . . 0 14 14 15 0 15 16 27,485,101 16 28,627,654 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 439.047 17 981,272 17 Accounts payable and accrued expenses . 18 18 19 5,107,408 19 5.567.718 20 20 Liabilities 21 21 Escrow or custodial account liability $Complete\ Part\ IV\ of\ Schedule\ D$. . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 9.805.691 23 10.054.086 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 15,352,146 26 16.603.076 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 11.874.043 11.731.412 Unrestricted net assets Temporarily restricted net assets 28 28 Fund 258,912 29 293,166 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 12,132,955 12,024,578 33 33 Total net assets or fund balances 27,485,101 34 Total liabilities and net assets/fund balances 28,627,654

Par	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		138	316,86
2	Total expenses (must equal Part IX, column (A), line 25)	2			925,24
3	Revenue less expenses Subtract line 2 from line 1	3		,	108,37
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			132,95
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		12,0	24,57
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νο
Ь	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of taudit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O		2c		Νo
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		Νo
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		Νo

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

BATON ROUGE CHRISTIAN EDUCATION FOUNDATI

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. See separate instructions.

Open to Public Inspection

Employer identification number

									72-09218	78							
Pa	rt I	Reas	on for Pu	blic Charity Stat	t us (All org	anızatıons	must comp	lete this pa	art.) See in	structions							
The	organi	zation is	not a privat	e foundation becaus	eıtıs (Forlı	nes 1 throug	gh 11, check	only one box	·)								
1	Γ	A churc	h, conventi	on of churches, or as	sociation of	churches de	scribed in se	ction 170(b)	(1)(A)(i).								
2	<u>~</u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)										ach Schedule E)					
3	Г	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).															
4	Γ			organization operat ty, and state	ed in conjund	ction with a l	hospital desc	rıbed ın sect	ion 170(b)(1	L)(A)(iii). En	ter the						
5	Γ	=	•	erated for the benefit A)(iv). (Complete Pa	=	or universit	y owned or op	perated by a	governmenta	al unit descri	bed in						
6	Γ	A feder	al, state, or	local government or	government	al unıt descr	ıbed ın secti o	on 170(b)(1)	(A)(v).								
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)															
8	Γ	A comm	nunity trust	described in section	170(b)(1)(A	A)(vi) (Com	plete Part II)									
9	Γ	Anorga	nızatıon tha	t normally receives	(1) more tha	an 331/3% o	f its support	from contrib	utions, meml	bership fees,	and gross						
		receipt	s from activ	ities related to its ex	empt functio	ns—subject	to certain ex	ceptions, ar	ıd (2) no mor	e than 331/3	% of						
		ıts supp	ort from gro	ss investment incor	me and unrela	ated busines	ss taxable ind	ome (less s	ection 511 t	ax) from bus	ınesses						
		acquire	d by the org	anızatıon after June	30,1975 S	ee section 5	09(a)(2). (Cd	omplete Part	III)								
10	Γ	Anorga	nızatıon org	anızed and operated	exclusively	to test for p	ublic safety	See section !	509(a)(4).								
e f g	' Г	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a															
••		1100140	the followin	ig information about	the supporte	u organizati	011(3)										
(i) Name of supported organization		of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gover docume	e on in ed in rning	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (I) orga in the U	e Ion In anized	(vii) A mount of support						
				instructions))	Yes	No	Yes	No	Yes	No							

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

-	action A Public Support	organización i	ans to quality t	maci the tests	noted below, pic	case complete	1 41 (111.)
	ection A. Public Support	1	1	1	1 1		·
Cale	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
_	grants ")			1			
2	Tax revenues levied for the						
	organization'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			1			
4	Total. Add lines 1 through 3			<u> </u>			
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
c	(f) Public Support. Subtract line 5 from			+			
6	line 4						
S	ection B. Total Support	1	1	1			<u> </u>
	endar year (or fiscal year beginning				T		
Care	in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	A mounts from line 4						
-	Gross income from interest,						
8	dividends, payments received on	l					
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	Net income from unrelated						
9	business activities, whether or						
	not the business is regularly	l					
	carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	l					
11	Total support (Add lines 7						
	through 10)						
12	Gross receipts from related activities	es, etc (See inst	ructions)			12	
13	First Five Years If the Form 990 is f	or the organization	on's first, second	, third, fourth. or	fifth tax vear as a	501(c)(3) organi	ızatıon.
	check this box and stop here	5	= =, = = = = = =	,,, 31	, -a. a. a.	- (-)(-) - (5411	▶ □
	<u> </u>						
	ection C. Computation of Pub						
14	Public Support Percentage for 2010) (line 6 column (f) divided by line	11 column (f))		14	
15	Public Support Percentage for 2009	Schedule A, Pai	t II, line 14			15	
16a	33 1/3% support test-2010. If the	organization did	not check the box	x on line 13. and	line 14 is 33 1/3%	or more, check	this box
	and stop here. The organization qua	-		·	2		▶ □
ь	33 1/3% support test—2009. If the	•			a, and line 15 is 3	3 3 1/3% or more	. ,
_	box and stop here. The organization				,	_,	▶□
17a	10%-facts-and-circumstances test-				ne 13, 16a, or 16b	and line 14	,
	is 10% or more, and if the organizat						
	in Part IV how the organization mee						rted
	organization			J	•		▶ ┌
ь	10%-facts-and-circumstances test-	–2009. If the orga	anızatıon dıd not o	check a box on lii	ne 13, 16a, 16b, o	r 17a and line	
	15 is 10% or more, and if the organ	ızatıon meets the	e "facts and circu	mstances" test,	check this box and	d stop here.	
	Explain in Part IV how the organizat						у
	supported organization						▶ ┌
18	Private Foundation If the organizati	on dıd not check	a box on line 13,	16a, 16b, 17a o	r 17b, check this	box and see	
	instructions						₽ □

18

Schedule A (Form 990 or 990-EZ) 2010 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(b)** 2007 (d) 2009 (a) 2006 (c) 2008 (e) 2010 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

S	Section C. Computation of Public Support Percentage							
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15						
16	Public support percentage from 2009 Schedule A, Part III, line 15							
S	Section D. Computation of Investment Income Percentage							
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17						

19a 33 1/3% support tests-2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported ►E organization

33 1/3% support tests-2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Investment income percentage from 2009 Schedule A, Part III, line 17

18

Schedule A (Fo	orm 990 or 990-EZ) 2010	Pag
Part IV	Supplemental Information. Supplemental Information. Complete this required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. additional information. (See instructions).	•

Facts And	Circumstances	Test

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493124011062

OMB No 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** BATON ROUGE CHRISTIAN EDUCATION FOUNDATI 72-0921878

Pa	rt I	Organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds	or Accounts. Complete if the
		organization answered Tes to Form 99	(a) Donor advised funds	((b) Funds and other accounts
1	Total	number at end of year			
2	Aggre	egate contributions to (during year)			
3	Aggre	egate grants from (during year)			
4	Aggre	gate value at end of year			
5		he organization inform all donors and donor advi- are the organization's property, subject to the o		or advi	rsed Yes No
6	used	he organization inform all grantees, donors, and only for charitable purposes and not for the ben rring impermissible private benefit			
Pai	t II	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV, line 7.
2	☐ F ☐ F ☐ Comp	ose(s) of conservation easements held by the or Preservation of land for public use (e g , recreati Protection of natural habitat Preservation of open space olete lines 2a-2d if the organization held a quali	on or pleasure) Preservation of an Preservation of a c	ertifie	rically importantly land area and historic structure
	easei	ment on the last day of the tax year	,		T
	T - 4 - 1				Held at the End of the Year
a		number of conservation easements		2a	
b		acreage restricted by conservation easements per of conservation easements on a certified his		2b	
c d		per of conservation easements on a certified his per of conservation easements included in (c) ac	` '	2c 2d	
3	Numb	per of conservation easements modified, transfe	•		l he organization during
4	Numb	per of states where property subject to conserva	ation easement is located ►		
5		the organization have a written policy regarding cement of the conservation easements it holds?		dling of	f violations, and Yes No
6	Staff	and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	ents d	luring the year ▶
7	A mou	unt of expenses incurred in monitoring, inspectir	ng, and enforcing conservation easements	during	g the year ► \$
8		each conservation easement reported on line 2 h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	┌ Yes
9	balan	rt XIV, describe how the organization reports co ice sheet, and include, if applicable, the text of t rganization's accounting for conservation easem	he footnote to the organization's financial		·
Par	t III	Organizations Maintaining Collectio Complete if the organization answered "		or Ot	her Similar Assets.
1a	art, h	organization elected, as permitted under SFAS istorical treasures, or other similar assets held de, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu	
b	hısto	organization elected, as permitted under SFAS rical treasures, or other similar assets held for p de the following amounts relating to these items	oublic exhibition, education, or research i		· · · · · · · · · · · · · · · · · · ·
	(i) _R	evenues included in Form 990, Part VIII, line 1			▶ \$
	(ii) A	ssets included in Form 990, Part X			► \$
2	Ifthe	organization received or held works of art, history organization required to be reported under SFAS	· · · · · · · · · · · · · · · · · · ·	r finan	ncial gain, provide the
а	Reve	nues included in Form 990. Part VIII. line 1			▶ \$

b Assets included in Form 990, Part X

Part	••• Organizations Maintaining Co	llections of Art	t, His	tori	cal Tr	eası	ures, or C	the	r Similar As	sets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e foll	owing	that a	re a signific	ant u	se of its collect	ion	
а	Public exhibition		d	Γ	Loan	orexc	:hange prog	rams			
ь	Scholarly research		e	\sqcap	Other	-					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	un hav	v the	, furthe	rthe	organizatioi	1'S AY	remnt nurnose i	n	
•	Part XIV	meetions and expit	1111 1101	v ciic j	raitine	., .,,	organization	13 67	cempt purpose i		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	□ No
Par	t IV Escrow and Custodial Arrang										, 110
	Part IV, line 9, or reported an an						411517616	u .	25 (6 / 6/ /// 5		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions	or other ass	ets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ıng ta	able		-				
									Am	nount	
c	Beginning balance							1c			
d	Additions during the year							1d			
е	Distributions during the year							1e			
f	Ending balance							1 f			
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	,									
Pai	rt V Endowment Funds. Complete										
		(a)Current Year	(b)	Prior \	/ear	(c) Tv	vo Years Back	(d)	Three Years Back	(e)Four \	ears Back
1a	Beginning of year balance							+			
Ь	Contributions							_			
С	Investment earnings or losses										
d	Grants or scholarships										
е	Other expenditures for facilities and programs										
f	Administrative expenses							+			
g	End of year balance										
2	Provide the estimated percentage of the yea	r end halance held									
- a	Board designated or quasi-endowment	r end balance nerd									
ь	Permanent endowment										
c 3a	Term endowment ► Are there endowment funds not in the posse:	ssion of the organiz	ation f	hat a	re held	d and :	administere	d for	the		
	organization by	or the organiz						u .o.		Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	<u> </u>
Ь	If "Yes" to 3a(II), are the related organizatio					•		•	3t	<u> </u>	
4	Describe in Part XIV the intended uses of th					00 5		4.0			
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S				· ·			$\overline{}$	
	Description of investment				Cost or (invest		(b)Cost or o basis (othe		(c) Accumulated depreciation	(d) Bo	ook value
1a	_and										
b I	Buildings									1	
c I	_easehold improvements										
d I	Equipment										
	Other						21,934		•	3	16,137,779
Tota	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B)	, line	10(c).)						16,137,779
									Schedule D	(Form	990) 2010

	Form 990, Part X, line 1	
(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		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	: Form 990, Part X, line T	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lin		
(a) Descrip		(b) Book value
		, ,
Total (Column (h) should equal Form 200, Part V and (D) line of	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability		
Part X Other Liabilities. See Form 990, Part X	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, lıne 25.	

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,816,865
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,925,242
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-108,377
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-108,377
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	 leturn
1	Total revenue, gains, and other support per audited financial statements	1	12,994,881
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	12,994,881
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 821,984		
c	Add lines 4a and 4b	4c	821,984
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,816,865
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	13,103,258
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		+
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	13,103,258
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV) 4b 821,984		
c	Add lines 4a and 4b	4c	821,984
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	13,925,242
Pa	rt XIV Supplemental Information		
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV	, lines 1b and 2b,

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

Ident if ier	Ret urn Reference	Explanation
,	Part XIII, Line 4b Other revenue amounts included on 990 but not included in F/S	Financial Aid \$821984
,	Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	Financial Aid \$821984

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

►Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number

BATO	I ROUGE CHRISTIAN EDUCATION FOUNDATI	• 1			
		72-0921878			
Pa	rtI			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in it other governing instrument, or in a resolution of its governing body?	s charter, bylaws,	1	Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?					
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadce the period of solicitation for students, or during the registration period if it has no solicitation progethat makes the policy known to all parts of the general community it serves? If "Yes," please desplease explain If you need more space use Part II	ram, in a way	3	Yes	
			-		
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially r basis?	iondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pul with student admissions, programs, and scholarships?	olic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II		_		
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		Νo
b	Admissions policies?		5b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		Νo
e	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
g	Athletic programs?		5g		Νo
H	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		Νo
			-		
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
Ŀ	Has the organization's right to such aid ever been revoked or suspended?		6b		Νo
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 (
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Par	τ 11	7	Yes	

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
Schedule E, Line 3 - Racially Nondiscriminatory Policy Publicized		All solicitation advertisements include nondiscrimination policy statements

Schedule E (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

BATON ROUGE CHRISTIAN EDUCATION FOUNDATI

DLN: 93493124011062

OMB No 1545-0047

Employer identification number

72-0921878

Schedule I (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

Inspection

Does the organization maintain the selection criteria used to aw Describe in Part IV the organiza	vard the grants or as atıon's procedures fo	sistance [?] r monitoring the use o	f grant funds in the Unite	d States			Г Yes
Part II Grants and Other A Form 990, Part IV, lin duplicated if additional	e 21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	ed more than \$5,000.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grad or assistance
2 Enter total number of section 50 3 Enter total number of other orga	inizations						0 0

art III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Financial Aid	180	821,984			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier Return Reference

Explanation

Schedule I (Form 990) 2010

DLN: 93493124011062

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

BAT	ON ROUGE CHRISTIAN EDUCATION FOUNDATI		_	72 0021070			
Da	rt I Questions Regarding Compensation			72-0921878			
FG	Questions Regarding Compensation					Yes	Νο
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III i		•			100	110
	First-class or charter travel	Г	Housing allowance or residence for p	ersonal use			
	Travel for companions	Γ	Payments for business use of persor	nal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation	n fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauff	eur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri		, , ,	•	1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive l				2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee Independent compensation consultant Form 990 of other organizations		•	ion committee			
4	During the year, did any person listed in Form 990, P or a related organization	art VII	I, Section A, line 1a with respect to th	e filing organization			
а	Receive a severance payment or change-of-control p	aymer	nt from the organization or a related or	ganızatıon?	4a		Νo
Ь	Participate in, or receive payment from, a supplement	tal non	qualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	sed co	mpensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in	Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	t com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, li compensation contingent on the revenues of	ne 1a,	, did the organization pay or accrue an	у			
а	The organization?				5a		Νo
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	ne 1a,	, did the organization pay or accrue an	У			
а	The organization?				6a		Νo
Ь	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in Form 990, Part VII, Section A, I payments not described in lines 5 and 6? If "Yes," de			-fixed	7		No
8	Were any amounts reported in Form 990, Part VII, pa subject to the initial contract exception described in in Part III		·		8		No

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

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 in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	_		compensation	Compensation				F01111 990-E2
(1) Robert M Welch	(I) (II)	196,092			10,000		206,092	
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
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Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493124011062

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

BATON ROUGE CHRISTIAN EDUCATION FOUNDATI

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

72-0921878 Identifier Return Reference **Explanation** Form 990, Part VI, Line 19 Other Organization Documents Publicly Available Form 990, Part VI, Line 19 No documents available to the public

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The audit report was presented to the governing body by the Director of Finance and approved. The Form 990 was prepared from the audit report and approved by the Director of Finance.