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SCANNED JAN 0 3 2014

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

OMB No 1545-0047

For the 2012 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number THE CREDIT BUREAU OF Address change BATON ROUGE FOUNDATION Name change 20-0665987 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-PO Box 82724 225-922-4746 Amended City, town, or post office, state, and ZIP code 573,408. G Gross receipts \$ Applica-Baton Rouge, LA 70884-2724 H(a) Is this a group return pendina JYes 🗶 No F Name and address of principal officer Layne R. McDaniel for affiliates? 11606 Southfork Avenue, Suite 102, Baton Rou H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) \_] 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 2004 M State of legal domicile: LA Part I Summary Briefly describe the organization's mission or most significant activities: To support, fund and participate Activities & Governance in programs designed to educate the public about the consumer credit Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 11 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2012 (Part V, line 2a) 0 17 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 ...... 0. b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 0 0. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 0 0. 449,491. 573,408. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 181,704 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 631,195 573,408. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 780,000 1,148,584. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) .... Ο. 0. 14 0. 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 241,607. 245,092. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 021,607 ,393,676. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line.25) <390,412. <820,268.> Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year ග්20,739,031. ඛ 20 Total assets (Part X, line 16) 21.360.128. 2 5 2013 0. Total liabilities (Part X, line 26) 20,739,031 Net assets or fund balances. Subtract line 21 from line 20 360,128. |Part II |Signature Block hequiles and statements, and to the best of my knowledge and belief, it is Under penalties of perjury, I declare that I have examined this return, including ass true, correct, and complete. Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign <u>Layne R. McDaniel, President</u> Type or print name and title Here Check Print/Type preparer's name Preparer's signature Paid Michael A. Tham P01289283 Preparer Firm's name L. A. CHAMPAGNE & CO., Firm's EIN 72-0454386 Use Only Firm's address ▲ 4911 Bennington Avenue Phone no. (225)925-1120 Baton Rouge, LA 70808-3153 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

•	Ť	THE CREDIT BUREAU OF		
	990 (20		20-0665987	Page 2
Pai	t III S	tatement of Program Service Accomplishments		
	С	neck if Schedule O contains a response to any question in this Part III	<u> </u>	
1	•	escribe the organization's mission:		
		upport, fund and participate in programs designed to		
		ic about the consumer credit system, the prudent use		<u>r</u>
	cred	it and how the public should manage their individual	finances	
2	Did the	organization undertake any significant program services during the year which were not listed on	_	
	•	Form 990 or 990-EZ?	Yes	X No
		describe these new services on Schedule O		-
3		organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
		describe these changes on Schedule O.		
4		e the organization's program service accomplishments for each of its three largest program services, as		
		501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses,	and
		, if any, for each program service reported.		
4a	(Code	(Expenses \$ 1,290,734. including grants of \$ 1,148,584.) (Revenue)	10 \$	)
		upport Baton Rouge area economic and business effort	s through t	ne
	Bato	n Rouge Area Foundation	<del></del>	<del></del>
				<del></del>
	-			-
			<u> </u>	
	-			
4b	(0.4.	) (Expenses \$		<u> </u>
710	(Code _	/ (Expenses \$ ) (Nevent		
	<del></del>			
	-			
4c	(Code	) (Expenses \$ including grants of \$) (Revenue	ue \$	)
	` -			
				_
4d	Other p	rogram services (Describe in Schedule O.)		
	(Expenses	\$ including grants of \$ ) (Revenue \$	)	
4e	Total p	ogram service expenses 1,290,734.		<del></del>
			Form 9	90 (2012)

			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_	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u> _
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			
	dunng the tax year? If "Yes," complete Schedule C, Part II	4_		<u>X</u> _
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_		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		l	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		<u>X</u>
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_		<u> </u>
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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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,			
	Part VI	11a		<u>X</u> _
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	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
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	<u>11d</u>		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b_		<u>X</u>
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	X	
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 United States? 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 assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
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	17	ļ	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	<u>X</u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Ļ.,	Щ.

Form 990 (2012) BATON ROUGE FOUNDATION
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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		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
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			,
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	ļ.—	X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			l <u></u>
	If "Yes," complete Schedule N, Part I	31		X
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	۱	•	
	Part V, line 1	34	X	
35a		35a		X
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	<u> </u>	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		x
^-	If "Yes," complete Schedule R, Part V, line 2	36		-^-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	3/_	<del>                                     </del>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
	Note. All Form 990 filers are required to complete Schedule O		<u>~~</u>	

# Form 990 (2012) BATON ROUGE FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>			<u>LL</u>
	1	1 -		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 11		1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and repo	table gamıng			
	(gambling) winnings to prize winners?		1c	ļ	
<b>2</b> a	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		4		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1		<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<u>3a</u>		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		ļ. <u>.</u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.				
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ount)?	4a_		X_
b	If "Yes," enter the name of the foreign country: ►		1		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Acceptable (1997).			-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>	1	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	n?	5b		X_
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a					
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		1_	-	3.5
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	s provided to the payor?	1	<del> </del>	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	<del> </del>	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was r		l _		<b>.</b>
	to file Form 8282?	ŀ	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 70	_ <del></del>	<b>┤</b>	-	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont		7e	<del>                                     </del>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	-	<del>                                     </del>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any		8		-
	Sponsoring organizations maintaining donor advised funds.	une during the year:	-	l	<u> </u>
9	Did the organization make any taxable distributions under section 4966?		9a	1	
a	Did the organization make a distribution to a donor, donor advisor, or related person?	• • • • • • •	9b	<u> </u>	
10	Section 501(c)(7) organizations. Enter:			Ī	
a	Initiation fees and capital contributions included on Part VIII, line 12	a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1		
11	Section 501(c)(12) organizations. Enter:		1		
	Gross income from members or shareholders	a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
•	amounts due or received from them.)	ь			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10-		12a	i -	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		1	1	
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.				
ь	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	ь			1
С	Enter the amount of reserves on hand			<u></u>	<u></u>
14a	The state of the s		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
			Forn	n <b>990</b>	(2012

# THE CREDIT BUREAU OF BATON ROUGE FOUNDATION

20-0665987

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

	Check if Schedule O contains a response to any question in this Part VI		·		<u> </u>	<u>IX</u>
<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	1:			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	1:			:
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	1		'
	officer, director, trustee, or key employee?	•	•	2		х
3	Did the organization delegate control over management duties customanly performed by or under the	ne direc	t supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?			3		X_
4	Did the organization make any significant changes to its governing documents since the prior Form	990 ws	 s filed?	4		X
	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
5 e		3003		6		X
6	Did the organization have members or stockholders?	nnoint		1-6-		-22
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ippoint	OHO OI	7.	ŀ	х
	more members of the governing body?	 حادات مادات		7a		^
D	Are any governance decisions of the organization reserved to (or subject to approval by) members,	Stockn	olders, or			<b></b>
_	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:	-	·	
а	The governing body?	-		8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?			8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached a	at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)		<u> </u>	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	re filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				_	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to cor	flicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escnbe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13		_ X_
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approx	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?				
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 arrange	ement v	vith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	participation			
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization					i
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure	**********		,		
	List the states with which a copy of this Form 990 is required to be filed None		<del></del>			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s only)	availah	ole	
10	for public inspection. Indicate how you made these available. Check all that apply.	. ,000				
		n in So	hedule (1)			
40	· · · · · · · · · · · · · · · · ·		•	nd fina	ncial	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	JUHINGE	or interest policy, a	iiu iiiidi	iciai	
^^	statements available to the public during the tax year.	and	orde of the arrest-	ation: Þ		
20	State the name, physical address, and telephone number of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who possesses the books at a small Paris of the person who pers	ariu rec	orus or the organiz	auvii. 🕨		
	Layne R. McDaniel - 225-922-4746	Γ. Ά	70816			
	11606 Southfork Avenue, Suite 100., Baton Rouge, 1		10010			

Form 990 (2012)

# 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. 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	orga I	ınıza			mpei	nsat				
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and Title	Average	(do	not d	heck	more	than	one	Reportable	Reportable	Estimated
	hours per	box, ur		ox, unless person is both an fficer and a director/trustee)			han tee)	compensation	compensation	amount of
	week	-	<u> </u>	-	1	1	1	from	from related	other
	(list any hours for	lect.			Ì			the organization	organizations (W-2/1099-MISC)	compensation from the
	related	5	tee			sate	İ	(W-2/1099-MISC)	(W-2/1099-WIIGO)	organization
	organizations	ıste	3 Ans		8			(***-27 1033-141100)		and related
	below	Tag .	ttona		튙	I 등 등				organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Brian Harris	1.00									
Trustee		X			<u> </u>			0.	0.	0.
(2) Terrell Brown	1.00								_	
Trustee	<u> </u>	X			L			0.	0.	0.
(3) W.J. Noel, Jr.	1.00									
Trustee		X			_	<u> </u>	_	0.	0.	0.
(4) Beau Olinde	1.00						i			_
Trustee		X	<u> </u>			_		0.	0.	0.
(5) Norman Thompson	1.00	ļ						_		
Trustee		X	_		_			0.	0.	0.
(6) William G. Lockwood	1.00					İ			_	_
Trustee	<u></u>	X			<u> </u>			0.	0.	0.
(7) Stephen Lousteau	1.00							_	_	_
Trustee		X	<u></u>	ļ	<u> </u>	┞		0.	0.	0.
(8) Richard Allen	1.00								_	
Trustee	<u> </u>	X		<u> </u>	ļ	<del> </del>	ļ	0.	0.	0.
(9) Susan Leake	1.00									•
Trustee	1 00	X	<u> </u>					0.	0.	0.
(10) Robert D. Westerman	1.00									•
Trustee	1 00	X	┝	<u> </u>	-	-	-	0.	0.	0.
(11) Steve Uffman	1.00									•
Trustee	1 00	X		-	┝╌	-	<del> </del>	0.	0.	0.
(12) Layne R. McDaniel	1.00	ł		,,					0.	0
President	-			X	-	<del> </del>	├	0.	<u> </u>	0.
						Ì				
	<del> </del>	-	┢	-		$\vdash$		<del>- ·</del>		
		ł								
				_	_	_				
-				<del> </del>		$\vdash$				
				l						

Form 990 (2012)

\$100,000 of compensation from the organization

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

Page 9

		Check if Schedule O cont	ains a response	to any question i		· · · · · ·	· · ·	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		• •	1b					Ì ,
		Fundraising events	1c					
a ji	d		1d					!
S.E	е	Government grants (contribut						ļ
<u> </u>	f	All other contributions, gifts, gran						
돌	•	similar amounts not included abo						i .
ĬĞ₫	g							
နှင့်	•	Total, Add lines 1a-1f		<b>•</b>				;
		Total, Add miles to 1.		Business Code				
a	2 a			Business code		+	_	
Š	Z a							
Ser							<del></del>	
E P	C			1				
Real	d					1-		
Program Service Revenue	е	All about the same and the same					·	-
_		All other program service reve	enue		_			<del>                                     </del>
$\dashv$		Total. Add lines 2a-2f		<u> </u>				
	3	Investment income (including	dividends, inter	est, and	450 036			450 036
			· · · · · · · · · · · · · · · · · · ·	_	459,936.			459,936.
	4	Income from investment of ta	x-exempt bond	proceeds >			· · · · · · · · · · · · · · · · · · ·	<del></del>
	5	Royalties		. ▶	·			
			(i) Real	(ii) Personal				İ
	6 a	Gross rents						3
	b	Less: rental expenses						
	c	Rental income or (loss)					#2 T	
	d	Net rental income or (loss)		•				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	113,472					! .
	b	Less: cost or other basis						1
	_	and sales expenses	0.					
Ì	c	Gain or (loss)	113,472					
				<b>•</b>	113,472.			113,472.
		Gross income from fundraisin		·		<u> </u>		
Jue	0 4	including \$	-					
Ķ		contributions reported on line						
æ		5 . 0.4 . 40	•					i
Other Rever	_	Part IV, line 18	_					
₹		Less: direct expenses	<b>.</b> . <b>.</b> .					
		Net income or (loss) from fund			_	-		
	9 a	Gross income from gaming ac						· ·
			a					,
		Less: direct expenses	t	·			-	
		Net income or (loss) from gan		. <u> </u>				
	10 a	Gross sales of inventory, less						
		and allowances	г					
	b	Less: cost of goods sold	t	·				
	С	Net income or (loss) from sale	es of inventory .	<u>,</u> <b>.</b>				
		Miscellaneous Revenu	ie	Business Code			-	
	11 a							
	b							
	c							
	,						-	
	,	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.		·	573,408	0.	0.	573,408.
23200 12-10	9	TOTAL TOTOMAC. OCC INSUBSTICIONS.		F				Form <b>990</b> (2012)
12-10	- 14							, ,

Part IX | Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
Λο	Check if Schedule O contains a respons		(B)	(C)	· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	1,148,584.	1,148,584.		
2	Grants and other assistance to individuals in			•	
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				ŧ
	organizations, and individuals outside the	,			
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	1			<del></del>
5	Compensation of current officers, directors,				
	trustees, and key employees				<del></del>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<del></del>
7	Other salanes and wages				<del></del>
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				<del></del>
11	Fees for services (non-employees):				
а	Management	6 105		6 105	
þ	Legal	6,105. 5,500.		6,105. 5,500.	
c	Accounting	5,500.		5,500.	***
ď	Lobbying				<del></del>
e	Professional fundraising services. See Part IV, line 17				<del></del>
f	Investment management fees				<del></del>
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
40					·
12	Advertising and promotion				·
13	Office expenses				
14 15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		-		
<u></u>	Insurance		-		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
_	Administrative Services	142,150.	142,150.		
	Investment Fees	88,200.	142,130.	88,200.	
	Insurance	1,909.		1,909.	
	Miscellaneous Exp	828.	-	828.	
	All other expenses	400.		400.	
25	Total functional expenses. Add lines 1 through 24e	1,393,676.	1,290,734.	102,942.	0.
<u>25                                    </u>	Joint costs. Complete this line only if the organization		2,200,1040		
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here rf following SOP 98-2 (ASC 958-720)				
		. <del> </del>			

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 1 Cash - non-interest-bearing ... . .... .. .. .. 2 Savings and temporary cash investments 2 3 Piedges and grants receivable, net ..... 3 22 0. Accounts receivable, net ..... ..... 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 7 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges ..... 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D \_ \_10b Less: accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities. See Part IV, line 11 20,739,009. ,360,128. 12 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 20,739,031 21,360,128. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities ..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .... 22 Secured mortgages and notes payable to unrelated third parties ... 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 0 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 21,360,128. 20,739,031. 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds ...... 30 30 Paid-in or capital surplus, or land, building, or equipment fund ... ... ... 31 31 Retained earnings, endowment, accumulated income, or other funds . .... .. 32 32 20,739,031. 21,360,128. 33 Total net assets or fund balances 21,360,128. Total liabilities and net assets/fund balances 20,739,031

•	THE -CREDIT-BUREAU OF				
	990 (2012) BATON ROUGE FOUNDATION	20-06	<u> 65987</u>	Pa	ge <b>12</b>
Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u>.                                    </u>		X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			08.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,39		
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> &lt;82</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,73	<u>9,0</u>	<u>31.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,44	<u>1,3</u>	<u>65.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	21,36	<u>0,1</u>	<u>.28.</u>
Pai	rt XIII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII			<u> </u>	ليل
				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 in Schedule	О.			
2a			. 2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:			ĺ	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	-
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	te basis,		ĺ	
	consolidated basis, or both:			ĺ	
	X Separate basis Consolidated basis Both consolidated and separate basis			ĺ	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<del></del>	X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	-		
	Act and OMB Circular A-133?		3a	<u> </u>	X

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2012)

# **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization THE CREDIT BUREAU OF

BATON ROUGE FOUNDATION

**Employer identification number** 20-0665987

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 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. c Type III - Functionally integrated d Type III - Non-functionally integrated b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? ... 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h (iii) Type of organization (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of monetary organization in col. (i) organized in the U.S.? in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) of your support? governing document? above or IRC section (see instructions)) Yes No Yes No Yes No Baton Rouge Area Foundat 72-6030391501(C)(3) 1,148,584. X X X

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

Schedule A (Form 990 or 990-EZ) 2012

1,148,584.

# 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.)

Sec	tion A. Public Support					.,	· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	<del></del>					
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to				•		
	or expended on its behalf		l. <u> </u>				
3	The value of services or facilities						
	furnished by a governmental unit to				1		i
	the organization without charge					<u> </u>	
4	Total. Add lines 1 through 3					ļ	
5	The portion of total contributions		1				
	by each person (other than a			1			
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the		}				
	amount shown on line 11,						
	column (f)					<del> </del>	
	Public support. Subtract line 5 from line 4	<u></u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	1
	ction B. Total Support			1 1 1 1 1 1 1	4 7 0044	1	(0 T.1.1
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 4						<del>                                     </del>
8	Gross income from interest,			ł			
	dividends, payments received on						
	securities loans, rents, royalties	1			İ		
_	and income from similar sources		-				
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on			· · · · · · · · · · · · · · · · · · ·		<del> </del>	
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)					İ	
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc /see instruct	ions)	<u></u>	L	12	
	First five years. If the Form 990 is for	•		urd fourth or fifth t	ay year as a section		
13	organization, check this box and stor	_	3 mat, accord, th	ind, rodran, or mark	ax year as a coom	011 00 1 (0)(0)	▶□
Sec	ction C. Computation of Publ		ercentage	· · · · · · · · · · · · · · · · · · ·	<u>·</u>	·	
	Public support percentage for 2012 (			column (fl)		14	9
	Public support percentage from 2011		•			15	9
	33 1/3% support test - 2012. If the				14 is 33 1/3% or		ox and
	stop here. The organization qualifies						<b>&gt;</b>
b	33 1/3% support test - 2011. If the		_				his box
_	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the						
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	n did not check a	box on line 13, 10	6a, 16b, 17a, or 17	b, check this box	and see instruction	ns , , , 🕨 🔙
					Sch	edule A (Form 99	or 990-EZ) 2012

# 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

quality under the tests listed be Section A. Public Support	ow, piease comp	отете нап п.)				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and	(4) 2000	(5) 2003	(0) 2010	(4)2011	(6) 2012	,,, rotal
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					<del> </del>	
are not an unrelated trade or bus-						
iness under section 513				İ		
· F					<del> </del>	
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				<del> </del>	<u> </u>	
6 Total. Add lines 1 through 5					<del> </del>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons					<del> </del>	
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					-	
8 Public support (Subtract line 7c from line 6)			l	I		<u> </u>
Section B. Total Support		ī	·	·	1	T
Calendar year (or fiscal year beginning in) ► 📙	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources					ļ	
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						1
activities not included in line 10b, whether or not the business is						
regularly carned on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV)		<u> </u>				
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here						
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2012 (lir			column (f))		15	%
16 Public support percentage from 2011					16	%
Section D. Computation of Inves						
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	%
19a 33 1/3% support tests - 2012. If the c			on line 14, and line	e 15 is more than		17 is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2011. If the c	•					and
line 18 is not more than 33 1/3%, chec	-					
20 Private foundation. If the organization						<b>&gt;</b>

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

THE CREDIT BUREAU OF BATON ROUGE FOUNDATION **Employer identification number** 20-0665987

Par	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
•	are the organization's property, subject to the organization's	_	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	• •	•
	impermissible private benefit?	or derior advices, or les any earles purpose	Yes No
Par	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space	. 1000. Vallott 01 a 00.	
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	med conservation contribution in the form	Total control valient capement on the last
	day of the tax year.		Held at the End of the Tax Year
2	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic sti	nucture included in (a)	2c
	Number of conservation easements included in (c) acquired		
u	1.1.1.11.11.15		2d
3	Number of conservation easements modified, transferred, re		
3	year	reased, extinguished, or terminated by tr	ic organization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	•
5	violations, and enforcement of the conservation easements		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		·· ·· · · · · · · · · · · · · · · · ·
7	Amount of expenses incurred in monitoring, inspecting, and		-
8	Does each conservation easement reported on line 2(d) abor		
0		ve satisfy the requirements of section 17	Yes No
9	In Part XIII, describe how the organization reports conservat	uon ageamente in ite revenue and evnens	
9	include, if applicable, the text of the footnote to the organiza		
	conservation easements	ation 3 interioral statements that described	s the organization o accounting for
Pai	rt III Organizations Maintaining Collections of	of Art. Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (A)		ement and balance sheet works of art.
	historical treasures, or other similar assets held for public ex	• •	
	the text of the footnote to its financial statements that descri		
h	If the organization elected, as permitted under SFAS 116 (A)		nt and halance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	decation, or resource in retailer aloe of pr	abile service, provide the renewing amounts
	_		<b>L</b> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	•		a gail, provide
	the following amounts required to be reported under SFAS 1		<b>*</b>
	Revenues included in Form 990, Part VIII, line 1		<b>.</b> •
D	Assets included in Form 990, Part X		- Ψ

	THE_CRE	DIT BUREAU	_OF					
Sched		OUGE FOUND					-066598	7 Page <b>2</b>
	t III Organizations Maintaining C			reasures, or	Other :	•		
3	Using the organization's acquisition, accessi							
	(check all that apply):		•	_	_			
а	Public exhibition	d	Loan or exc	change programs	S			
b	Scholarly research	e		3 1 3				
c	Preservation for future generations	_						
4	Provide a description of the organization's co	ollections and explai	n how they further t	the organization'	s exemp	t purpose	ın Part XIII.	
5	Duning the year, did the organization solicit o							
•	to be sold to raise funds rather than to be ma				ommar ac		Yes	☐ No
Par	t IV Escrow and Custodial Arran			<del></del>	s" to For	m 990. Pa		
	reported an amount on Form 990, Par						,	
1a	Is the organization an agent, trustee, custodi		liary for contribution	ns or other asset	ts not inc	luded		
	on Form 990, Part X?		,				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			• •		
_	voq oxpiain ino arrangoment in arrang		g tas.c.				Amount	·
_	Beginning balance					1c	, , , , ,	<del></del>
	Additions during the year		•	• • • • • •	•	1d		
	Distributions duma the cons		• • • • •			1e		_
	Ending halance					1f		<del></del>
f	• • • • • • • • • • • • • • • • • • • •						Yes	No
	Did the organization include an amount on Fe				 	•	tes	
Par	If "Yes," explain the arrangement in Part XIII  t V Endowment Funds. Complete it							
ı aı	Lindowine it i dids. Complete					Thronyone	o book (-) Four	unara baak
		(a) Current year	(b) Prior year	(c) Two years b	ack (a)	Triree years	s back (e) Four	years back
1a	Beginning of year balance			<del>                                     </del>				
b	Contributions			ļ				
	Net investment earnings, gains, and losses			-				<del></del>
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance			<u> </u>	:			
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1g, column (	(a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Temporanly restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.						
За	Are there endowment funds not in the posse	ssion of the organiz	ation that are held a	and administered	d for the	organizati	on	
	by:							Yes No
	(i) unrelated organizations			•			3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required of	on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the							
Par	t VI Land, Buildings, and Equipm			-				
	Description of property	(a) Cost or o		t or other	(c) Accı	ımulated	(d) Boo	k value
	2000 pion of proporty	basis (investi	1 ' '	(other)		ciation	(4,555)	
12	Land	, , , ,		- '	•			
	D 11							
	Leasehold improvements	-						
	F						<del> </del>	
	Equipment	-					1	
	Other	aual Form 000, Con	Y column (P) line	10(0))				0.
iotal	. Add lines 1a through 1e. (Column (d) must e	quai i oiiii 330, Faft	A, COMMINICAL, MITE	<u> </u>			<del></del>	<u> </u>

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 BATON ROUGE	FOUNDATION		20-0665987 Page 3
Part VII Investments - Other Securities. Sec			<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			<del></del>
(2) Closely-held equity interests			
(3) Other			
(A) Investments-oth (B) secs(detail)-990	21,360,128.	End-of-Year Mark	ret Value
(C)	21,300,120.	End-Ol Teal Mal	zec varue
(D)			· · · · · · · · · ·
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	21,360,128.		
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost of	or end-or-year market value
(1)			
(2)		· · · · · · · · · · · · · · · · · · ·	
(3) (4)		· · · · · · · · · · · · · · · · · · ·	
(5)			
(7)			
(8)			
(9)			
(10)		· · · · · · · · · · · · · · · · · · ·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line			
	Description		(b) Book value
(1)		· · · · · · · · · · · · · · · · · · ·	
(2)		<del>.</del>	<del></del>
(3)			
(5)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line		· · _ · · · · · · · · · · · · · · · · ·	<u> </u>
Part X Other Liabilities. See Form 990, Part X,		W. Dealership	
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)		<del></del>	
(3)		<del></del>	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.) ▶		

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

	THE CREDIT BUREAU OF				~	
Sche	hedule D (Form 990) 2012 BATON ROUGE FOUNDATION				0665987	Page 4
Par	art XI Reconciliation of Revenue per Audited Financial Statements	ts Wi	th Revenue per R	eturn		<u> </u>
1	Total revenue, gains, and other support per audited financial statements			1	2,014	<u>.773.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	a Net unrealized gains on investments	2a	<u>1,441,365.</u>	1		
b	b Donated services and use of facilities	2b		1		
C	c Recoveries of prior year grants	2c		1 1		
d	d Other (Describe in Part XIII.)	2d				
е	e Add lines 2a through 2d			2e	1,441,	
3	Subtract line 2e from line 1			3	573	408.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	a Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	b Other (Describe in Part XIII.)	4b				
С	c Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		•	5	573	408.
Pai	art XII Reconciliation of Expenses per Audited Financial Statement	nts W	ith Expenses per	Retu	m	
1	Total expenses and losses per audited financial statements			1	1,393	676.
2					-	
а	a Donated services and use of facilities	2a				
b	b Prior year adjustments	2b				
С	c Other losses	2c		1		
d		2d		1		
е	e Add lines 2a through 2d			2e		0.
3				3	1,393	676.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	••••				
а		4a		,		
b		4b		1		
c	c Add lines 4a and 4b			4c		0.
5				5	1.393	676.
	art XIII Supplemental Information					
	implete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and 9; Part III, l	ines 1	a and 4: Part IV. lines 1	b and 2	2b: Part V. line	4: Part
	line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro				,	•
	art X, Line 2: The Foundation applies the sta				C	
	ALC III DAILE DI AILE L'ORIGINATION APPEADS DISC DES					
740	40-10 in accounting for uncertainty in income	e ta	exes. The Fo	und	ation fi	iles
	10 20 21 000001102119 101 011001101 111 211001110					
a I	United States return of private foundation.	The	Foundation	0s :	returns_	for
200	009, 2010, 2011, and 20 <u>12 are subject to exa</u> m	nina	ation by the	Tn	ternal	
<u> </u>	Jos 2010 2011 and 2012 are bablece to exam					
Re	evenue Service.					
				-		

## SCHEDULE F (Form 990)

Department of the Treasury

# **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization

**Employer identification number** 

THE CREDIT BUREAU OF BATON ROUGE FOUNDATION 20-0665987 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (e.g., fundraising, program is a program service, for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region Central America and the Caribbean Investments 5,000,989. 3 a Sub-total . .... . 0 5 000 989. b Total from continuation sheets to Part I ..... 0. c Totals (add lines 3a

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

Schedule F (Form 990) 2012

5\_000\_989\_

and 3b)

20-0665987

BATON ROUGE FOUNDATION

Schedule F (Form 990) 2012

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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

-		~-	 	 		-
(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2012
(h) Description of non-cash assistance						Sched
(g) Amount of non-cash assistance						empt by ▶
(f) Manner of cash disbursement						recognized as tax-e)
(e) Amount of cash grant						foreign country,
(d) Purpose of grant						Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter  Enter total number of other organizations or entities
(c) Region						is listed above that are related above that are related a section rentities.
(b) IRS code section and EIN (if applicable)						Enter total number of recipient organizations listed a the IRS, or for which the grantee or counsel has pro Enter total number of other organizations or entities
1 (a) Name of organization	-					<ul><li>2 Enter total number of the IRS, or for which 1</li><li>3 Enter total number of</li></ul>

THE CREDIT BUREAU OF

IAE CREDII BOREAU OF BATON ROUGE FOUNDATION

Schedule F (Form 990) 2012 BATON ROUGE

Part III | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

20-0665987

Part III can be duplicated if additional space is needed.

	(h) Method of valuation (book, FMV, appraisal, other)					
	(g) Description of non-cash assistance					
	(f) Amount of non-cash assistance					
	(e) Manner of cash disbursement					
	(d) Amount of cash grant					
	(c) Number of (d) Amount of recipients cash grant					
ditional space is needed	(b) Region					
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance					

Schedule F (Form 990) 2012

	-	THE CREDIT BUREAU OF		
Schedu	ıle F	(Form 990) 2012 BATON ROUGE FOUNDATION	20-0665987	Page 4
Part	IV [	Foreign Forms		
1	Was	the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	orga	inization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Con	poration (see Instructions for Form 926)	. Yes	X No
2	Did	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
		be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	•	eipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With		
		S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
	<b>u</b> 0.	o. Owner (see instructions for rooms 6520 and 6520-79		140
3	Dıd	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		
	Cen	an Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was	the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qua	ified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Info	rmation Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.		
		Instructions for Form 8621)	Yes	X 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		
	Fore	eign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Dıd	the organization have any operations in or related to any boycotting countries during the tax year? If		
		s," the organization may be required to file Form 5713, International Boycott Report. (see Instructions		
		Form 5713)	Yes	X No
	•			
		· <del>-</del>		

Schedule F (Form 990) 2012

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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Š	0
OMB	2

Open to Public Inspection

The Careful information on Careful Assistance and Assistance and Assistance and Assistance and Assistance and Assistance and Assistance and Assistance and Assistance and Assistance and Assistance to available the amount of the grants or assistance, the grants or assistance, and the salection that a control of the Careful and Other Assistance to Government and Other Assistance in the United States. Complete the organization and Other Assistance to Government and Other Assistance in the United States. Complete the organization and Other Assistance to Government and Other Assistance in the United States. Complete the organization and Other Assistance to Government and Other Assistance in the United States. Complete the organization and Other Assistance to Government and Other Assistance in the Other Other Other Assistance to Government and Other Assistance in the Other Oth	Ĕ	T BUKEAU GE FOUNDA	TION					20-0665987
set the organization maintain records to substantiate the amount of the grants or assistance, the grantese 'eligibility for the grants or assistance, and the selection index along the grants or assistance of caret function in the United States.  Grant and Other Assistance of concernment and Organizations in the United States.  Grant and Other Assistance of concernment and Organizations in the United States.  Grant and Other Assistance of concernment and Organizations in the United States.  Taken that Revolve than Scooled Deat I can be duplicated if addronal space is reseded.  I Applicable of Part I can be duplicated if addronal space is reseded.  I Applicable of Cash grant of Grant Concernment of Cash grant of Cash grant of Cash grant of Grant and Organization of I depticable of Cash grant of Grant and Organization of I depticable of Cash grant of Grant Grant Cash grant of Grant Grant Cash grant of Grant Grant Grant Cash grant Grant	Part I General Information on Grants ar	nd Assistance						
Section Part Vite consistency in Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of Control	1 Does the organization maintain records t	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	[:
Carties and Option Accordance for monitoring the use of grant for the interface fitted in the fulful of state. Complete fit expansion answered "Yes" to Form 990, Part IV, in recipient that received more than \$5,000 Part II can be depicated of additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta and additional spaces is needed.   Quanta assistance   Quanta and additional spaces is needed.   Quanta assistance   Quanta and additional spaces is needed.   Quanta assistance   Quanta and additional spaces is needed.   Quanta assistance   Quan	criteria used to award the grants or assis	stance?		•	:			X Yes No
Garate and Other Assistance to Governments and Organizations in the United States Complete if the organization accessed more than \$5,000 Part II can be displicated if additional space is needed.    Application	2 Describe in Part IV the organization's pro	cedures for moni	toring the use of grant	funds in the United	States.			
Acceptance of the control of the c	_	Governments an		e United States. Co	omplete if the orga	ınızatıon answered "\	res" to Form 990, Part	: IV, line 21, for any
### and address of organization   (b) EIN   (c) IRC section   (d) Amount of	recipient that received more than \$	\$5,000 Part II can	be duplicated if addit	ional space is need	pe.			
72-1270359 501(C)(3) 100,000, 0, 0	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Table   Tabl	Greater Baton Rouge Economic							
Parameter   Para	- 564 Rouge,	72-1270359	501(C)(3)	100,000	0			2011 support
Paragram   Paragram	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
## State	Nids Orchestra, inc.							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Rouge   LA 70808	5667 Bankers Avenue				•			ro suppor a year round
The party Association of a random section of a random section of a random section of a random section source, LA 72-0459036 501(C)(3) 10,000, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,	Baton Rouge, LA 70808	27-4098793	501(C)(3)	10,000	0			prcnestra program
The patent Rouge   Inc 1805   Inc 18	Cerebral Palsy Association of							
Particle   Paton Rouge, LA   12-0459036   501(C)(3)   10,000,   0,     Con	Greater Baton Rouge Inc 1805			-				To purchase lighting,
ding Together Baton Rouge  Stiffice Box 53501  Rouge, LA 70892  and Program  sain Street  Rouge, LA 70802  Antied Plaza Boulevard Suite 3  Rouge, LA 70802  T2-0904306 501(C)(3)  Stored  Antied Plaza Boulevard Suite 3  Rouge, LA 70802  Antied Plaza Boulevard Suite 3  Rouge, LA 70802  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Antied Plaza Boulevard Suite 3  Antied Plaza Boulevard Suite 3  Rouge, LA 70809  Antied Plaza Boulevard Suite 3  Antied Boulevard Suite 3  Antied Boulevard Suite 3  Antied Boulevard Su	je Drive -							flooring and heating/air
ding Together Baton Rouge         June         June         For           Rouge, LA 70892         20-1459780         501(C)(3)         10,000         0         For           ddy Program         stain Street         72-0904306         501(C)(3)         5,000         0         Big           nic Distinction Fund         nic Distinction Fund         72-1300995         B01(C)(3)         12,250         0         Rea           Rouge, LA 70809         nic Distinction Fund         12,250         0         0         Rea           Rouge, LA 70809         And government organizations listed in the line 1 table              For Paperwork Reduction Act Notice, see the Instructions for Form 990.         See Part IV for Column (h) descriptions         24	70808	72-0459036	501(c)(3)		0			conditioning units
Active Box 53501         20-1459780         501(C)(3)         10,000         0         Formula Supplementarions (as the Instruction Pund Inter total number of other organizations (ised in the line 1 table for Paperwork Reduction Act Notice, see the Instructions for Form 990.         10,000         0         Formula Formula Supplementarions (ised in the line 1 table for Paperwork Reduction Act Notice, see the Instructions for Form 990.         12,250         0,         Formula Supplementarions (ised in the line 1 table for Paperwork Reduction Act Notice, see the Instructions for Form 990.         12,250         0,         Formula Supplementarions (ised in the line 1 table for Column (h) descriptions	Rebuilding Together Baton Rouge							
Rouge, LA 70892         20-1459780         501(C)(3)         10,000,         0,         For           Iddy Program         fain Street         320-1459780         501(C)(3)         5,000,         0,         8up           Rouge, LA 70802         12-0904306         501(C)(3)         5,000,         0,         12           Anited Plaza Boulevard Suite Plaza Boulevard Plaza Boulevard Suite Plaza Boulevard Suite Plaza Boulevard Plaza	Post Office Box 53501							
Supplemental Street   T2-0904306   501(C)(3)   5,000,   0,   B19	Baton Rouge, LA 70892	20-1459780	501(C)(3)	10,000.	0			For sponsorship
Supplementation   T2-0904306   S01(C)(3)   S,000, 0, 0,   B1g	Big Buddy Program							
Second   12-0904306   501(C)(3)   5,000,   0,   10   10   10   10   10   10	1415 Main Street				·			Support for Dancing With
Inted Plaza Boulevard Suite 3  Rouge, LA 70809  Rouge, LA 70809  Inter total number of section Act Notice, see the Instructions for Form 990.  See Part IV for Column (h) descriptions  24	Baton Rouge, LA 70802	72-0904306	501(C)(3)		0			Big Buddy
Rouge LA 70809  Rouge LA 70809  Rouge LA 70809  It is a constant of section 501(c)(3) and government organizations listed in the line 1 table  Inter total number of other organizations listed in the line 1 table  It is a constant of the line 1 table  For Paperwork Reduction Act Notice, see the Instructions for Form 990.  See Part IV for Column (h) descriptions  24	Academic Distinction Fund							To support the
Rouge, I.A. 70809  Rouge, I.A. 70809  Inter total number of section 501(c)(3) and government organizations listed in the line 1 table  Inter total number of other organizations listed in the line 1 table  For Paperwork Reduction Act Notice, see the Instructions for Form 990.  See Part IV for Column (h) descriptions  24	OFFICE THE PROPERTY OF THE PRO							Distinguished Speaker
nter total number of section 501(c)(3) and government organizations listed in the line 1 table niter total number of other organizations listed in the line 1 table for Paperwork Reduction Act Notice, see the Instructions for Form 990.  See Part IV for Column (h) descriptions 24	8330 United Fig2s Bourevald Suite	72-1300995	501(0)(3)	12 250	0			88
nter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.  See Part IV for Column (h) descriptions  24	2 Enter total number of section 501(c)(3) a	ind government or		te line 1 table				68 ▲
For Paperwork Reduction Act Notice, see the Instructions for Form 990. See Part IV for Column (h) descriptions 24		s listed in the line						•
See Part IV for Column (h) d	For Paperwork Redu	, see the Instruct	r Form 990.	• •				Schedule I (Form 990) (2012)
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Schedule I (Form 990) BATON ROUGE FOUNDATION

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) THE CREDIT BUREAU OF BATON ROUGE FOUNDATION

(a) Name and address of (b) EIN (c) IRC section (d) Amount of non-cash valuation nor government (f) Method of section (d) Amount of non-cash valuation nor government (b) EIN (f) Replicable cash grant non-cash (b) EIN (f) Method of (f) Metho	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	·
					appiaisai, otileij			
Alzheimer's Services of the							To fund Sorting Through	
ea - 3772 Nort				,			the Financial Maze of	-
Boulevard - Baton Rouge, LA 70806	72-1082047	501(C)(3)	6,499	0			- 1	
American Heart Association Greater							To support My Heart, My	
Southeast Affillate - 2644 South							Llife, a new health,	
Sherwood Boulevard, #108 - Baton							wellness and fitness	
Rouge, LA 70816	13-5613797	501(C)(3)	25,000.	0			initiative	
								- •
Louisiana-Mississippi Chapter -								-
Post Office Box 66825 - Baton				•			To support the ALS Clinic	-
Rouge, LA 70896	20-1742120	501(C)(3)	25,000,	0			Transportation Program	
Baton Rouge Children's Advocacy							To provide Integrated	
Center - 626 East Boulevard -							Therapy, social services	
Baton Rouge LA 70802	26-0028918	501(C)(3)	15,000,	0			and education	
								-
Baton Rouge Crisis Intervention								
Center - 4837 Revere Avenue -							To support the Crisis	
Baton Rouge, LA 70808	72-0768965	501(c)(3)	30,000.	0			Chat program	
Baton Rouge Speech and Hearing						,		-
Foundation Inc 535 West						•		
Roosevelt Street - Baton Rouge, LA							To provide capital and	~ ~
70802	72-0542134	501(C)(3)	30,192,	0			capacity building	
							To provide salary support	
Boys Hope Girls Hope of Baton							for a residential	
Rouge - 8146 One Calais Avenue							counselor for the	
Suite 108 - Baton Rouge, LA 70809	72-1441463	501(C)(3)	10,000.	0			Partners in Parenting	-
		_					To provide financial	
Cancer Services of Greater Baton							assistance to patients	-
Rouge, Inc 550 Lobdell Avenue -							and support healthcare	
	72-0517180	501(C)(3)	50,000.	0			navigation	
r for Planning E							To support the complete	
afay			0	•			Street Demonstration	-
Baton Rouge, LA 70801	20-3827040	501(C)(3)	10,000,	0			Frogram	
							Schedule I (Form 990)	

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THE CREDIT BUREAU OF BATON ROUGE FOUNDATION

Schedule I (Form 990) BATON ROUGE FOUNDATION	GE FOUNDA	TION		:			20-0665987 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	nizations in the Un	nited States (Sche	dule I (Form 990), Pa	r II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City Year Louisiana							To support the City Year Baton Rouge Diplomas Now
Baton Rouge, LA 70801	22-2882549	501(C)(3)	10,000.	0			program
Douglas Manship Sr. Theatre Complex Holding Inc 100 Lafayette Street - Baton Rouge, LA 70801	20-3999559	501(C)(3)	10,000,	0			To support the Connecting, Creating and Contributing Program
Dream Teachers LLC 7907 Wrenwood Blvd., Suite B Baton Rouge, LA 70809	61-1435871	501(C)(3)	10,000	0			To support the Cecil J. Picard Educator Excellence Symposium
Girls on the Run of Greater Baton Rouge - 11408 Lake Sherwood Avenue North - Baton Rouge, LA 70817	27-0832549	501(C)(3)	36,400.	0			To provide salary support
nt for Humanity of 4th Street Suite Rouge LA 70802	20-3420425	501(C)(3)	10 000	0			To support the Affiliate Flex Loan and IDA program
							To support Family Mentoring - Getting Ahead
Baton Rouge, LA 70805	72-1245521	501(C)(3)	10,000,	0			욁
Boy Scouts of America, Istrouma Area Council - 9644 Brookline Avenue - Baton Rouge, LA 70809	22-1576300	501(C)(3)	45,900.	0			To fund information technology upgrades
The JL Foundation 21223 Waterfront East Drive Maurepas LA 70449	75-2976320	501(C)(3)	25.000.	0			To fund basic needs for families of leukemia patients
Louisiana Jump\$tart Coalition for Personal Financial Literacy - 5261 Highland Road #191 - Baton Rouge,							To support Louisiana  Jump\$tart Coalition for  Personal Financial
LA 70808	52-2031287	b01(C)(3)	.000, 68	0			Schedule I (Form 990)

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Schedule I (Form 990) BATON ROUGE FOUNDATION Part II Continuation of Grants and Other Assistance to Governments and Org	T BUREAU GE FOUNDA Assistance to Go	OF ATION	izations in the Ur	nited States (Sche	anizations in the United States (Schedule I (Form 990), Part II.)		20-0665987 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Junior Achievement of Greater Baton Rouge - 7809 Jefferson Highway Suite D-4 - Baton Rouge, LA 70809	72-0469314	501(C)(3)	25,000,	0			To fund JA Finance Park - Interactive Personal Pinance Learning
Manners of the Heart Community Fund - 215 Royal Street - Baton Rouge, LA 70802	68-0531760	501(C)(3)	35,000	0			To support the 2012-2013 Manners of the Heart EBRP School Initiative
Opera Louisiane Post Office Box 4908 Baton Rouge, LA 70821	20-8572361	501(C)(3)	10,000.	0			To fund the Young People's Opera Program - Hansel and Gretal
Society of St. Vincent de Paul Baton Rouge Council - Post Office Box 127 - Baton Rouge, LA 70821	36-4582340	501(C)(3)	43,039,	0.			To purchase a truck for the mobile kitchen
Sunshine Foundation Inc. Post Office Box 84531 Baton Rouge, LA 70884	72-1434671	501(C)(3)	5,000	0			ro purchase books for kindergarten children
Teach for America - South Louisiana - Post Office Box 65148 - Baton Rouge, LA 70896	13-3541913	501(C)(3)	25,000,	0			To provide general support
Kids' Orchestra, Inc. 5667 Bankers Avenue Baton Rouge, LA 70808	27-4098793	501(C)(3)	25,000.	0			To provide general support
Greater Baton Rouge Food Bank Post Office Box 2996 Baton Rouge, LA 70821	72-1065318	501(C)(3)	75,000,	.0			To support from Hunger to Hope
Lemonade Day 402 N Fourth Street Baton Rouge, LA 70802	72-6030391	501(C)(3)	25,000,	*0			To provide salary support
							Schedule I (Form 990)

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Schedule I (Form 990) BATON ROUGE FOUNDATION Part II   Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	GE FOUNDATION Assistance to Government	TION	nizations in the Ur	nited States (Sche	dule I (Form 990), Par		20-0665987 Page 1	<u></u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
LSU Foundation 3838 West Lakeshore Drive Baton Rouge, LA 70808	72-6020969	501(C)(3)	20,000	0			To support the Summer Scholars Program	-
Shaw Center for the Arts 100 Lafayette Street Baton Rouge, LA 70801	42-1554743	501(C)(3)	20,000	0			To support the Louisiana International Film Series Program	
The Children's Health Fund 215 W. 125th Street, 3rd Floor New York, NY 10027	13-3468427	501(C)(3)	25,000,	0			To support the Baton Rouge Children's Health Project	
New Schools for Baton Rouge 100 Lafayette Street Floor 2 Baton Rouge, LA 70801	45-3843085	501(C)(3)	100,000	0			To provide operating support	*
Knock Knock Children's Museum 2561 Citiplace Court Suite 750-260 Baton Rouge, LA 70808	73-1701786	501(C)(3)	10,000	0			Year 2 of Founding Member of a children's museum	
Louisiana Mortgage Lenders Foundation - 4884 Bluebonnet Boulevard - Baton Rouge, LA 70809	27_3321410	501(C)(3)	125,000,	0			To educate mortgage professionals and consumers in Louisiana	-
							Schedule I (Form 990)	

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BATON ROUGE FOUNDATION

Schedule I (Form 990) (2012) BATON ROUGE FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					-
		; ;			<del>-</del>
ntal Information. Complete this part to p	de the information	n required in Part I,	line 2, Part III, columr	(b), and any other additional infe	ormation.
Schedule I, Part I, Line 2: All gra Trustees.	grants need	to be	approved by the	the Board of	
Part II, line 1, Column (h):					
Name of Organization or Government:	: Boys Hope	Girls	Hope of Ba	Baton Rouge	
(h) Purpose of Grant or Assistance:	P P	provide salary	support	for a	
residential counselor for the Partners	in	Parenting	Program		

# **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

THE CREDIT BUREAU OF BATON ROUGE FOUNDATION

Employer identification number 20-0665987

BATON ROOGE POUNDATION 20 0003707
Form 990, Part I, Line 1, Description of Organization Mission:
system, the prudent use of consumer credit and how the public should
manage their individual finances.
Form 990, Part VI, Section B, line 11: The Foundation President will
review and sign the Form 990 prior to filing.
Form 990, Part VI, Section B, Line 12c: For the Board members with
conflicts of interest were not allowed to vote on grants from organizations
which gave rise to the conflict of interest.
Form 990, Part VI, Section B, Line 15: No compensation paid to top
management official, officer and key employee.
Form 990, Part VI, Section C, Line 19: Documents are made available upoon
request.
Form 990, Part XI, line 9, Changes in Net Assets:
Unrealized gain on investments 1,441,365.
Form 9900 Page 1 Item B - Amended Return
Amended Return

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Part

Related Organizations and Unrelated Partnerships

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

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-0665987

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) BATON ROUGE FOUNDATION THE CREDIT BUREAU OF Name of the organization

Direct controlling entity End-of-year assets Total income 0 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?	2(b)(13)   ed  ?
		•		501(c)(3))		Yes	No
BATON ROUGE AREA FOUNDATION - 72-6030391						_	
402 N, FOURTH STREET							
BATON ROUGE, LA 70802	GRANT MAKING	Louisiana	501(c)(3)	Line 7	N/A		×
WILBUR MARVIN FOUNDATION - 58-2019715						_	
402 N, FOURTH STREET							
BATON ROUGE, LA 70802	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a, I	BRAF		×
HELEN S BARNES TRUST - 72-6092736							
PO BOX 3038							
MILWAUKEE, WI 53201	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	PF	BRAF		×
E.J. & MARJORY OURSO FAMILY FOUNDATION -							
72-1303806, PO BOX 690, DONALSONVILLE, LA							
70346	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a, I BRAF	BRAF		×

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

Schedule R (Form 990) 2012

20-0665987

# THE CREDIT BUREAU OF BATON ROUGE FOUNDATION

Schedule R (Form 990) BAT(

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(0)	(p)	(e)	(2)	(6)	(
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	12(b)(13)
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	ation?
MITEORY WAMPING TO THE POST OF				11-11-1		Tes	2
AT SOLOG NOWAS SAND BAND AND AND AND AND AND AND AND AND AND							
TI ESSEN HANE, BRION NOOSE, HA	SUPPORTING ORGANIZATION	Louistana	501(c)(3)	Line 11a I	BRAF		×
FAMILY FOUNDATION - 72-1484870							
	1						
ROUGE LA 70802	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a. I	BRAF		×
SUPPORT FOUNDATION -							
4, 8183 W, EL CA							
	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a, I	BRAF		×
GULF COAST RESTORATION & PROTECTION -							
20-4146236, 402 N. FOURTH STREET, BATON							
70802	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a, I	BRAF		×
103 NORTHPARK BLVD #201							
	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a, I	BRAF		×
COMMUNITY FOUNDATION REALTY - 20-4265927							
					-	_	
ROUGE, LA 70802	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a, I	BRAF		×
THE JOHN W, BARTON FAMILY FOUNDATION -							
72-1494869, PO BOX 1806, BATON ROUGE, LA							
70821	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a I	BRAF		×
COMMUNITY FOUNDATION OF SOUTHWEST LA -					_		
72-1508036, PO BOX 3125, LAKE CHARLES, LA							
70602	SUPPORTING ORGANIZATION	Louisiana	501(c)(3)	Line 11a, I	BRAF		×
			-				

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THE CREDIT BUREAU OF

Schedule R (Form 990) 2012 BATON ROUGE FOUNDATION

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

~~					-		-		,					•		-	
3	General or Percentage managing ownership partner?							_									
9	General or managing partner?	_			×				×				×		_		×
8	Code V-UBI as amount in box me 20 of Schedule PR K-1 (Form 1065) Ye				N/A		_		N/A			-	N/A				N/A
£	Disproportionate ate allocations?				×				×				×				×
( <del>6</del> )	Share of end-of-year assets						1										
9	Share of total income																
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)				N/A				N/A				N/A				N/A
9	Direct controlling entity			CAP HOUSE	HOTEL			CAP HOUSE	HOTEL			CP REALTY	TRUST			WILBUR MARVIN	FOUNDATION
છ	Legal domicile (state or foreign country)				ГA				ΓA				LA				LA
( <u>p</u> )	Primary activity				REAL ESTATE				HOTEL MANAGER				REAL ESTATE				REAL ESTATE
(a)	Name, address, and EIN of related organization	C H HOTEL DVLP CO -	32-0105870, 402 N. FOURTH	STREET, BATON ROUGE, LA	70802	C H HOTEL MGMT, LLC -	20-5178311, 402 N. FOURTH	STREET, BATON ROUGE, LA	70802	CPDC PROPERTIES, LP -	72-1553510, 402 N. FOURTH	STREET BATON ROUGE LA	70802		5401 NORTH, LLC - 20-8307307	402 N, FOURTH STREET	BATON ROUGE, LA 70802

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

~				-					-	,				•			
Section 512(b)(13) controlled	No			×		_	×			×			×			×	) 2012
	Yes														_		n 990
(h) Percentage ownership												_					Schedule R (Form 990) 2012
(g) Share of end-of-year	assets																Sche
(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	
(d) Direct controlling entity			WILBUR MARVIN	FOUNDATION		WILBUR MARVIN	FOUNDATION		WILBUR MARVIN	FOUNDATION		WILBUR MARVIN	FOUNDATION		CAP HOUSE		
(C) Legal domicile (state or	foreign country)			MD			LA			LA			LA			LA HOTEL	33
(b) Primary activity				REAL ESTATE			REAL ESTATE			REAL ESTATE		REAL ESTATE	MANAGEMENT			HOLDING CORP	
(a) Name, address, and EIN of related organization		COMMERCIAL PROPERTIES REALTY TRUST -	86-1086905, 402 N, FOURTH ST, BATON ROUGE,	LA 70802	CAPITAL HOUSE HOTEL, LLC - 32-0105872	402 N. FOURTH ST.	BATON ROUGE, LA 70802	BON CARRE MANAGEMENT CORP - 82-0583961	402 N. FOURTH ST.	BATON ROUGE, LA 70802	COMMERCIAL PROPERTIES MGMT CORP - 72-0594389	402 N. FOURTH ST.	BATON ROUGE, LA 70802	CAPITAL HOUSE HOTEL DEVELOPMENT MANAGER -	20-8629526, 402 N. FOURTH ST., BATON ROUGE,	LA 70802	232162 12-10-12

# THE CREDIT BUREAU OF BATON ROUGE FOUNDATION

Schedule R (Form 990)

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

No Not 13)	×	×	×	×	×	×	×	×	×	×	
Sact 512(b contra enti											
(h) Percentage ownership											
(g) Share of end-of-year assets											
(t) Share of total Income											
(e) Type of entity (C corp, S corp, or trust)	C CORP	C CORP	CORP	C CORP	C CORP	TRUST	TRUST	TRUST	TRUST	TRUST	
(d) Direct controlling entity	COM PROPERTIES MMANAGEMENT CORP	WILBUR MARVIN FOUNDATION	WILBUR MARVIN	WILBUR MARVIN FOUNDATION	CP REALTY TRUST	BATON ROUGE AREA FOUNDATION	BATON ROUGE AREA FOUNDATION	BATON ROUGE AREA FOUNDATION	BATON ROUGE AREA FOUNDATION	BATON ROUGE AREA FOUNDATION	
(C) Legal domicite (state or foreign country)	LA	PR	υ α			LA	N N		ĽĀ		
(b) Primary activity	REAL ESTATE	REAL ESTATE	REAL ESTATE	REAL ESTATE	HOLDING CORP	INVESTMENT	INVESTMENT	INVESTMENT	LNEWESTARINE	INVESTMENT	
(a) Name, address, and EIN of related organization	COMMERCIAL PROPERTIES DEVELOPMENT CORP - 72-0594391, 402 N, FOURTH ST., BATON ROUGE, LA 70802	F SOL STREET, INC - 66-0641577 2 N. FOURTH ST. FON ROUGE LA 70802	R CORPORATION - 66-0659744 I.	C PR CORPORATION - 66-0659745 CH ST. LA 70802	DC II, INC - 20-8661741 H ST. LA 70802	INDER TRUSTS (11)  7.	REMAINDER TRUSTS (1) RH ST. TA 70802	NDER TRUSTS (3)	H ST.	ANNUITY TRUST (1)	

Schedule R (Form 990) 2012 BATON ROUGE FOUNDATION
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	11		2/2 II 0 # 00 II		۶	Yes
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity					ta Ta	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)	:	•		:	4	×
c Gift, grant, or capital contribution from related organization(s)	:		,	•	10	×
d Loans or loan guarantees to or for related organization(s)	:	•			1d	×
			:	•	1e	×
						-
f Dividends from related organization(s)	:	:			11	X
a Sale of assets to related organization(s)			:	;	19	×
		<b>:</b>	:		두	×
	•	•		:	;=	×
i Lease of facilities, equipment, or other assets to related organization(s)	•				Ţ	×
k Lease of facilities, equipment, or other assets from related organization(s)	•			:	¥	×
	anization(s)			: :	=	X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)	:		:	1m X	┢
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)	• • •	• .		Ę	×
Sharing of paid employees with related organization(s)		• •			ş	×
					2	!
p Reimbursement paid to related organization(s) for expenses					9	×
		-			10	×
		:		•		
r Other transfer of cash or property to related organization(s)					:   <b>-</b>	×
	•			•	1s	×
	who must complete the	is line, including covered	relationships and transaction thres	sholds.	!	
		S				
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	) ng amount invo	olved	
(1) Baton Rouge Area Foundation	×	142,150	150. Amount billed for	service	Φ	
(2)						
(6)						
(4)						
(5)						
(9)						
232163 12-10-12	35			Schedule R (Form 990) 2012	(Form 9	90) 2012

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THE CREDIT BUREAU OF BATON ROUGE FOUNDATION

Schedule R (Form 990) 2012

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

-	-	-	-	 		
(k) Percentage ownership						
5 E C 0					 	
(j) General or managing partner? Yes No	<u> </u>			 		
Page 8						
(h)   (i)   (k)   (k)						
- %	,				 	
(h) Disproportionate allocations?					 	
Disp Disp		:				
(g) Share of end-of-year assets				- - - - -		
(f) Share of total income						
9-16				 		
Are all Are all Solic)(3) orgs?						
Soli Soli						
, <del>4</del>			-			
(d) (e) Are all Created, unclasted, oursided from tax under Section 512-514) yes No						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R	(Form 990) 2012 BA'	TON ROUGE	FOUNDATION	<u> 20-0665987</u>	Page 5
Part VII	(Form 990) 2012 BA' Supplemental Information	on			
	Complete this post to provide or	dalahanal menanaka	on for your angular to my patients on Cabadyla D (against n	ations)	
	Complete this part to provide at	dullonal informatio	on for responses to questions on Schedule R (see instru	cuons).	
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