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DLN: 93493319061413

## Form **990**

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

A Fo	r the 20	12 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-3	1-2012			
_	eck if appl	DATON ROUGE AREA CHAMBER		D Employ	yer iden	tification number
_	lress chan me change	Doing Business As		72-01	26959	
_	ne change al return			_		
_	minated	Number and street (or P O box if mail is not delivered to street address) Room/sui 564 LAUREL STREET	te	E Telepho	ne numb	er
_	ended ret	urn City or town, state or country, and ZIP + 4		(225)	381-7	125
_	olication p	BATON ROUGE, LA 70801				
App	лісаціон р					3,271,855
		F Name and address of principal officer ADAM KNAPP		nis a group ates?	return 1	for □ Yes 🔽 No
		564 LAUREL STREET BATON ROUGE,LA 70801				, ,
		BATON ROUGE, LA 70801				led? Tyes No
г Та	x-exempt	status	111/	io," attach	a list (	see instructions)
w	ebsite: I	► WWW BRAC ORG	H(c) Gro	up exemptı	on num	ber ►
	n of oran	nization	L Voor of f	ormation 194	10 M	State of logal democie. I A
		Summary	L Year of 16	ormation 19 <sup>2</sup>	+8 M:	State of legal domicile LA
		refly describe the organization's mission or most significant activities				
		PROVIDE LEADERSHIP FOR THE ADVANCEMENT OF ECONOMIC DEVE	LOPMENT I	IN THE NI	NE-PAF	RISH BATON
-1	RC	DUGE AREA				
<u>د</u>	_					
₫	-					
ē			£	250/ -5-1-		
aovemance	2 Ch	neck this box দ if the organization discontinued its operations or disposed o	r more than	25% OF ITS	net ass	sets
	   3 Nu	imber of voting members of the governing body (Part VI, line 1a)			з	5.9
ACIIVIIIES Q		imber of independent voting members of the governing body (Part VI, line 1b)			4	59
Ĭ		tal number of individuals employed in calendar year 2012 (Part V, line 2a)			5	4(
Ę		tal number of volunteers (estimate if necessary)			6	150
		tal unrelated business revenue from Part VIII, column (C), line 12		7a	(	
	<b>b</b> Ne	et unrelated business taxable income from Form 990-T, line 34			7b	(
			Pri	or Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)		3,308,4	39	3,102,858
₽	l	Program service revenue (Part VIII, line 2g)		33,3	551	84,437
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		443		159
<del>=</del>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		44,7	69	84,401
		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line	:	2 207 0		2 271 055
		12)		3,387,0		3,271,855
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0	0
		Benefits paid to or for members (Part IX, column (A), line 4)				
\$		5–10)		1,556,2	50	1,463,601
家	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0	0
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶0				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,751,5	15	1,698,029
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,307,7	65	3,161,630
	19	Revenue less expenses Subtract line 18 from line 12		79,2	37	110,225
<u> </u>				ng of Currer	nt	End of Year
944	] ac .	Total accets (Bart V. line 16)		Year 1 140 0	4.7	
88	l	Total assets (Part X, line 16)		1,140,0		1,182,370
<u> </u>			·			
				430,4	9	000,084
Unde	<b>22</b> r <b>t II</b> r penalti	Total liabilities (Part X, line 26)			59 tement	
		e and belief, it is true, correct, and complete Declaration of preparer (other th any knowledge	an officer) is	s based on a	all infor	mation of which
		*****		2013-11-15		
Sign		Signature of officer	С	Date		
dere	e	ADAM KNAPP PRESIDENT & CHIEF EXECUTIVE OFFICER Two or print pages and title				
		Type or print name and title			DTTN	
		Print/Type preparer's name Preparer's signature Di JEREMY KLIBERT		eck 🔽 ıf lf-employed	PTIN P008520	016
Paid		Firm's name ► FAULK & WINKLER LLC		m's EIN 🟲 72		
	parer					
Jse	Only	Firm's address ► 6811 JEFFERSON HIGHWAY	Ph	one no (225)	927-68	11
	,	BATON ROUGE, LA 70806				

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

✓ Yes No

(Expenses \$ including grants of \$

4e Total program service expenses ▶

4d

Other program services (Describe in Schedule O)

) (Revenue \$

Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{*}$	2	Yes	
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		N o
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		
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	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part $I^{\bullet}$	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II"	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 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 $IV^{\square}$	9		No
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		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
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		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Νo
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		N o
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		
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		
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part  IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	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	Yes	
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

		-	Yes	Ī
а	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   9		162	'\
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
а	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	)		
)	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		\ \
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	-		
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		N
b		5b		N
3	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
_		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
,	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	1	
)	Sponsoring organizations maintaining donor advised funds.	-		$\vdash$
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
-	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	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	-		
٥	Enter the amount of reserves on hand		1	[ 
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		l

Se	ction 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			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		N o
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		N o
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing			
	the form?	11a	Yes	
b		11a	Yes	
	the form?	11a 12a	Yes Yes	
12a b	the form?			
12a b	the form?	12a	Yes	
12a b c	the form?	12a 12b	Yes	
12a b c	the form?	12a 12b 12c	Yes Yes Yes	
12a b c 13	the form?	12a 12b 12c 13	Yes Yes Yes	
12a b c 13 14	the form?	12a 12b 12c 13	Yes Yes Yes	
12a b c 13 14 15	the form?	12a 12b 12c 13 14	Yes Yes Yes Yes	
12a b c 13 14 15	the form?	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
12a b c 13 14 15 a b	the form?	12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b	the form?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b	the form?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	the form?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
12a b c 13 14 15 a b 16a b	the form?	12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Own website Another's website V Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ORGANIZATION 564 LAUREL STREET BATON ROUGE, LA (225) 381-7150

Form	990	(2012)
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#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

	1									
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	Name and Title  A verage hours per week (list any hours for related for related and a director/trustee)  A verage hours position (do not check more than one box, unless comper organiza and a director/trustee)  A verage hours person is both an officer organiza and a director/trustee)							table nsation the tion (W-	<b>(E)</b> Reportable compensation from related organizations (W	/-	(F) Estima amount of compens from t	other ation he	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)	0	rganizati relate organiza	ed l
							<u> </u>							
												_		
1b	Sub-Total			•				•						
c	Total from continuation sheet	-			•	•	•	•		647.646	270.4	00		143,350
<u>a</u>	Total (add lines 1b and 1c) .							ار د د د	ho rocouro	647,646		00		143,330
2	Total number of individuals (in \$100,000 of reportable compe						u abov	e) wi	no receive	a more th	an			
													Yes	
3	Did the organization list any <b>fo</b>	<b>ormer</b> officer, dir	ector o	r trus	tee.	kev	emplo	vee.	or highes	t compen	sated employee		163	
	on line 1a? If "Yes," complete S					• ′		•				3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1	a receive or acc	rue cor	npen:	satı	on fro	om anv	- / unr	elated ord	anızatıon	or individual for	-+	165	
	services rendered to the organ			•					_			5		No
Se	ction B. Independent Co													
1	Complete this table for your five compensation from the organization												tax vear	
		(A)						. , -			(B)	T	(C	
MCKIN	N SEY & COMPANY INC 55 EAST 52ND S	ame and business and business and business and business and business are also because the control of the contro		RK N	Y 100	22					CONSULTING	$\dashv$	Compen	150,000
	& WINKLERLLC 6811 JEFFERSON HIG									ACCOUNTI	IG			112,846

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

\$100,000 of compensation from the organization -2

Form 99							Page <b>S</b>
Part V	<b>/    </b>	Statement of Revenue Check if Schedule O contains a response to	any duestion i	n this Part VIII			
			dily question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
<u> 2</u> 2	1a	Federated campaigns 1a					
ant	ь	Membership dues 1b	471,909				
بة ق	c	Fundraising events 1c					
ff. A A	d	Related organizations 1d	_				
ig ig	e	Government grants (contributions) <b>1e</b>	5,000				
ns, Sin			<u> </u>	ļ			
e E	f	All other contributions, gifts, grants, and similar amounts not included above —	2,625,949				
들돌	g	Noncash contributions included in lines		j			
Contributions, Gifts, Grants and Other Similar Amounts		1a-1f \$		3,102,858			
<u>ة ت</u>	h	Total. Add lines 1a-1f	•	3,102,838			
e E			siness Code				
Ke II	2a	EVENTS ADMISSIONS, SPO	900099	84,437	84,437		
22	Ь						
Program Serwoe Revenue	C						
S.	d						
Ē	е						
8	f	All other program service revenue					
ΔŤ	g	Total. Add lines 2a-2f	🕨	84,437			
	3	Investment income (including dividends, in		159			159
	_	and other similar amounts)		139			13.
	4   5		` ` . H				
	3	Royalties	ı) Personal				
	6a	Gross rents (1) (Call	1) 1 01301101				
	ь	Less rental					
	l c	expenses Rental income					
		or (loss)	_				
	d	Net rental income or (loss)					
	7a	(ı) Securities Gross amount	(II) Other				
		from sales of assets other					
	b	than inventory Less cost or					
		other basis and					
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
<u>n</u> e		events (not including					
듄		\$ of contributions reported on line 1c)					
æ		See Part IV, line 18					
Other Revenue		l acc direct expenses					
₹	l b	Net income or (loss) from fundraising event	:s				
_		Gross income from gaming activities					
		See Part IV, line 19					
	.	a					
	b	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less	• • •				
		returns and allowances .					
		a					
		Less cost of goods sold b					
	c	Net income or (loss) from sales of inventor					
	11-		siness Code 900099	76,000	76,000		
	_	INSURANCE PROCEEDS	518210	8,401	8,401		
	b	DATABASE MANAGEMENT	310210	0,401	0,401		
	4   C	All other revenue					
	d e	All other revenue	▶				
			•	84,401			
	12	<b>Total revenue.</b> See Instructions	· · •	3,271,855	168,838	0	159

#### Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All	other organizati	ons must comr	olete column (A )	
	Check if Schedule O contains a response to any question in this Pa	Ī			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	768,361			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	310,899			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	69,244			
9	Other employee benefits	156,831			
LO	Payroll taxes	158,266			
l1	Fees for services (non-employees)				
а	Management				
b	Legal	4,230			
C	Accounting	121,390			
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	133,119			
2	Advertising and promotion	23,706			
- 3	Office expenses	43,021			
4	Information technology	49,494			
5	Royalties	,			
6	Occupancy	43,463			
.7	Travel	63,412			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	·			
9	Conferences, conventions, and meetings	86,359			
20	Interest				
1	Payments to affiliates	789,429			
2	Depreciation, depletion, and amortization	40,303			
3	Insurance	47,651			
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 O)				
а	BAD DEBT EXPENSE	181,178			
b	ENTERTAINMENT & HOSTING	32,548			
C	CONTRIBUTIONS	18,888			
d	MEMBERSHIP DUES	18,262			
e	All other expenses	1,576			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	3,161,630			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

FCI	t X	Check if Schedule O contains a response to any question in this	Part >	·			
					(A)		(B)
	1	Cook non interest hoowing			Beginning of year	1	End of year
		Cash—non-interest-bearing			471,918		514,381
	2	Savings and temporary cash investments			471,910	3	314,361
	3	Pledges and grants receivable, net			227.000		202.440
	4	Accounts receivable, net			227,888	4	203,110
	5	Loans and other receivables from current and former officers, demployees, and highest compensated employees. Complete Paschedule L	rt II o	f		5	
Assets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and cand sponsoring organizations of section 501(c)(9) voluntary erorganizations (see instructions) Complete Part II of Schedule I	utıng employers		6		
ž	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			37,789		19,251
	10a	Land, buildings, and equipment cost or other basis Complete	1	 I	37,700	9	10,201
	104	Part VI of Schedule D	10a 10b	1,424,209 978.581			15
	b	Less accumulated depreciation	402,452	<b>10</b> c	445,628		
	11	Investments—publicly traded securities		11			
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			1,140,047	16	1,182,370
	17	Accounts payable and accrued expenses			347,456	17	140,410
	18	Grants payable				18	
	19	Deferred revenue			292,533	19	441,276
	20	Tax-exempt bond liabilities				20	
S.	21	Escrow or custodial account liability Complete Part IV of Sche				21	
Liabilitie	22	Loans and other payables to current and former officers, directors, employees, highest compensated employees, and disqualif	•	stees,			
æ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relat and other liabilities not included on lines 17-24) Complete Pa					
		D			9,599	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25			649,588	26	581,686
S O		Organizations that follow SFAS 117 (ASC 958), check here ►   lines 27 through 29, and lines 33 and 34.	<b>▽</b> and	complete			
ğ	27	Unrestricted net assets			490,459	27	600,684
<u> </u>	28	Temporarily restricted net assets				28	
=	29	Permanently restricted net assets				29	
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he					
<u>.</u>		complete lines 30 through 34.					
s or	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
ΑS	32	Retained earnings, endowment, accumulated income, or other f				32	
Net 1	33	Total net assets or fund balances			490,459	33	600,684
Ż							1,182,370
	34	Total liabilities and net assets/fund balances			1,140,047	34	1,1

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2 -	271,855
2	Total expenses (must equal Part IX, column (A), line 25)	2			161,630
3	Revenue less expenses Subtract line 2 from line 1	3			10,225
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			190,459
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			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		6	500,684
Par	Time Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII				
	Check if Schedule o Contains a response to any question in this Part XII			Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			103	110
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	ırate			
	☐ Separate basis ☐ Both consolidated and separate basis			i	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O	n			
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the r	equired	3b		

Software ID: **Software Version:** 

**EIN:** 72-0126959

Name: BATON ROUGE AREA CHAMBER

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	tle (B) A verage hours per week (list any		(C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
ADAM L KNAPP PRESIDENT/CEO	38 00 2 00	х		×				212,494	11,184	34,241
SCOTT CHENEVERT CHAIR	1 50	×		х				0	0	0
PAT FELDER CHAIR ELECT	1 50	х		х				0	0	0
SCOTT WESTER PAST CHAIR	1 50	х		х				0	0	0
ASTRID CLEMENTS SECRETARY	1 50	х		х				0	0	0
BARRY KILPATRICK TREASURER	1 50	×		х				0	0	0
RUSSEL PRIMEAUX GENERAL COUNSEL	1 50	х						0	0	0
STEVE BLUME VICE CHAIRMAN	1 50	х						0	0	0
LEE CARNEY VICE CHAIRMAN	1 50	х						0	0	0
JIM ELLIS VICE CHAIRMAN	1 50	х						0	0	0
WILLIAM HOLMAN VICE CHAIRMAN	1 50	х						0	0	0
TIM JOHNSON VICE CHAIRMAN	1 50	х						0	0	0
WILLIAM JENKINS VICE CHAIRMAN	1 50	х						0	0	0
WILLIAM LOCKWOOD VICE CHAIRMAN	1 50	х						0	0	0
STEPHEN LOY VICE CHAIRMAN	1 50	х						0	0	0
RICHARD MANSHIP VICE CHAIRMAN	1 50	х						0	0	0
VAN MAYHALL JR VICE CHAIRMAN	1 50	х						0	0	0
CLAY PINSON VICE CHAIRMAN	1 50	х						0	0	0
JOHN SPAIN VICE CHAIRMAN	1 50	х						0	0	0
FLYNN FOSTER VICE CHAIRMAN	1 50	х						0	0	0
MICHAEL HUNT VICE CHAIRMAN	1 50	х						0	0	0
HUTCH MCCLENDON VICE CHAIRMAN	1 50	х						0	0	0
DANNY MONTELARO VICE CHAIRMAN	1 50	х						0	0	0
ANN FORTE' TRAPPEY VICE CHAIRMAN	1 50	х						0	0	0
MICHAEL DEPAUL DIRECTOR	30	х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors (B) (C) (D) (E) (F) Name and Title Position (do not check Reportable Reportable Estimated amount Average hours more than one box, compensation compensation of other unless person is both from the from related per compensation organization (Worganizations (Wan officer and a week from the (list director/trustee) 2/1099-MISC) 2/1099-MISC) organization and related any Former O∰ ICe Highest compensated employee Individual trustaa or director Institutional hours organizations for employee related organızatıons below Trustee dotted line) 30 MICHAEL SONGY Χ 0 0 0 DIRECTOR 30 PAUL FAVARON 0 0 0 Х **DIRECTOR** 30 TROY HEBERT 0 0 0 Х **DIRECTOR** 30 RIC KEARNY Χ 0 0 0 DIRECTOR 30 JIM AUSTIN 0 0 0 Χ DIRECTOR 30 JACKIE BEAUCHAMP 0 0 0 Х DIRECTOR 30 PHIL MEYERS 0 0 0 Х DIRECTOR 30 SANDY BRELAND Х 0 0 0 DIRECTOR 30 TERI CASSO Χ 0 0 DIRECTOR 30 CHRIS LOAR 0 0 0 Х DIRECTOR 30 ANDREA MILLER Χ 0 0 0 DIRECTOR 30 JOHN DONOFRIO Х 0 0 DIRECTOR 30 PERRY FRANKLIN 0 0 0 Х DIRECTOR 30 FRAN GLADDEN 0 0 Χ 0 DIRECTOR 30 TERRY HILL Х 0 0 0 DIRECTOR 30 **DWAYNE HONORE** 0 0 0 Х DIRECTOR 30 MICHAEL HUDSON 0 0 0 Х DIRECTOR 30 DR ELI JONES Χ 0 0 0 **DIRECTOR** 30 RONALD MASON Х 0 0 0 DIRECTOR 30 JULIO MELARA 0 0 0 Х DIRECTOR 30 TIM MOCKLER Х O 0 0 DIRECTOR 30 RYLAND PERCY Х 0 0 0 DIRECTOR 30 MATTHEW PLAUCHE 0 0 0 Х DIRECTOR 30 SHELIA POUNDERS 0 0 0 Х DIRECTOR 30 MICHAEL REITZ 0 0 DIRECTOR

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Positio more unless an o	than	o not n one son is er and trust	box, s bot d a tee)	th	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
KEVIN SCHEXNAYDER DIRECTOR	30	х						0	0	0
ROBERT SCHNECKENBURGER DIRECTOR	30	х						0	0	0
STEVE STEIN DIRECTOR	30	х						0	0	0
COLLIS TEMPLE DIRECTOR	30	х						0	0	0
STEPHEN TOUPS DIRECTOR	30	х						0	0	0
DR JOE BEN WELCH DIRECTOR	30	х						0	0	0
AMANDA WELLS DIRECTOR	30	х						0	0	0
LUTHER WELLS DIRECTOR	30	х						0	0	0
THOMAS YURA DIRECTOR	30	х						0	0	0
IAIN VASEY EXECUTIVE DIRECTOR OF BUSI	0 00 40 00					х		0	237,510	28,732
ERIN WESLEY SENIOR VP OF GOVERNMENT AFFAIRS	40 00					х		112,241	0	23,274
RICHARD G WHITING JR COO	32 00 8 00					х		147,478	36,869	16,726
MICHAEL ODOM SENIOR VP OF MARKETING	28 00 12 00					х		97,099	41,614	21,725
MARGARET MAHONEY SENIOR VP OF ECONOMIC COMP	24 00 16 00					x		78,334	52,223	18,652

DLN: 93493319061413

#### OMB No 1545-0047

Inspection

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

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

	e organization answered "Ye Section 501(c)(4), (5), or (6) orga	s" to Form 990, Part IV, Line 5 (Pro	oxy Tax) or Forn	n 990-EZ, Part V, line 35c	(Proxy Tax), then
Na	me of the organization FON ROUGE AREA CHAMBER	·		Employer iden	tification number
Do	Commission of the own		ti FO4/-	72-0126959	
Par		ganization is exempt under			organization.
1		ganization's direct and indirect polition	cal campaign acti	ivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Par	t I-B Complete if the or	ganization is exempt under	section 501(d	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization und	der section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise	e tax incurred by organization manag	ers under sectior	1 4955 <b>►</b>	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 472	O for this year?		┌ Yes
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt under	section 501(d	c), except section 50	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$
2	Enter the amount of the filing o exempt function activities	organization's funds contributed to ot	her organızatıons	for section 527	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			
5	Enter the names, addresses are organization made payments. It amount of political contribution separate segregated fund or a	unds Also enter the nization, such as a			
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Sch	nedule C (Form 990 or 990-EZ) 2012					Page 2
Pa	art II-A Complete if the organization	is exempt under	section 501(	c)(3) and fil	ed Form 5768	(election
_	under section 501(h)). Check ► if the filing organization belongs to a	an affiliated group (and	lict in Part IV os	ach affiliated are	un mambar's nam	o addross EIN
	expenses, and share of excess lobb	ying expenditures)		_	up member s nam	e, address, LTN
<u>B</u>	Check Frifthe filing organization checked box	x A and "limited contro	ıl" provisions apı	oly		
	Limits on Lobbying E (The term "expenditures" means an		l <b>.</b> )		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a	Total lobbying expenditures to influence public o	pınıon (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobb	yıng)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	O ther exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1c	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax	able amount is:			
	Not over \$500,000	20% of the amount on li	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,0	000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000	0,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,	.000		
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lin	e 1f)				
_	Subtract line 1g from line 1a If zero or less, ente	•		-		
i	Subtract line 1f from line 1c If zero or less, ente			-		
_	If there is an amount other than zero on either lin		organization file	Form 4720 rep	ortina	1
-	section 4911 tax for this year?					┌ Yes ┌ No
_	4-Voor Av	veraging Period U	Inder Section	F01/b)		
	(Some organizations that made a scolumns below. See the	section 501(h) el	ection do not	have to cor		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		1
	Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	( <b>d)</b> 2012	<b>(e)</b> Total
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontavable amount					

	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N	IOT			ГС	age 3
	filed Form 5768 (election under section 501(h)).					
For e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(6	a) 	ı	(b)	
activ	nty.	Yes	No	4	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
C	Media advertisements?			1		
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	O ther activities?					
j	Total Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c	)(5), (	or se	ctio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		⊢	1		No
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		No
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		Νo
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "line 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1			3,10	2,858
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year	2a			29	2,281
b	Carryover from last year	2b				
С	Total	2c				2,281
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			37	2,343
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5			-80	0,062

#### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Identifier Return Reference Explanation

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

DLN: 93493319061413

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► 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.

**Supplemental Financial Statements** 

Open to Public Inspection

terriar	revenue service F Attach to For	ili 330. F See separate ilistructions.		Inspection
	ne of the organization ON ROUGE AREA CHAMBER		Emp	oloyer identification number
			72-	0126959
Pa	rt I Organizations Maintaining Donor Advorganization answered "Yes" to Form 990		unds	or Accounts. Complete if the
		(a) Donor advised funds		(b) Funds and other accounts
L	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
ŀ	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	<del>-</del>	or adv	rsed <b>Yes No</b>
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef			er purpose
_	conferring impermissible private benefit?			☐ Yes ☐ No
	t II Conservation Easements. Complete if		o Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the org Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space	or education)		rically important land area d historic structure
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in t	he forn	n of a conservation
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) accommodate structure listed in the National Register	2d		
3	Number of conservation easements modified, transfer	ed, released, extinguished, or terminate	ed by th	ne organization during
	the tax year ►			
ŀ	Number of states where property subject to conservat	ion easement is located ►		
5	Does the organization have a written policy regarding a enforcement of the conservation easements it holds?	the periodic monitoring, inspection, han	dling of	f violations, and Yes No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easer	ments o	during the year
,	A mount of expenses incurred in monitoring, inspecting	g, and enforcing conservation easement	s durın	g the year
3	Does each conservation easement reported on line 2(and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 17	70(h)(4)(B)(ı)
•	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easements.	e footnote to the organization's financia		nse statement, and
ar	Complete if the organization answered "Y	s of Art, Historical Treasures, 'es" to Form 990, Part IV, line 8.	or Ot	her Similar Assets.
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	16 (ASC 958), not to report in its reve	or rese	earch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes	ts held for public exhibition, education,		
	(i) Revenues included in Form 990, Part VIII, line 1			<b>-</b> \$
	(ii) Assets included in Form 990, Part X			<b>▶</b> \$
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	<u>stori</u>	<u>cal Tr</u>	easu	<u>res, or Ot</u>	<u>ther</u>	<u>' Similar Asse</u>	ts (co	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	heck	any of t	he follo	owing that a	re a	significant use of	ıts	
а	Public exhibition		d	Γ	Loan	or exch	nange progra	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	r the o	rganızatıon'	s ex	empt purpose in		
5	During the year, did the organization solicit	or receive donations	ofar	rt, hıs	torical	treasu	res or other	sım			
	assets to be sold to raise funds rather than t									Yes	☐ No
Par	Part IV, line 9, or reported an an	nount on Form 99	0, Pa	art X	, line ?	21.				),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	/ for c	ontribu	tions o	r other asse	ets n		Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	wing t	able		_				
							-		Amou	ınt	
C	Beginning balance						-	1c			
d	Additions during the year						<u> </u>	1d			
e	Distributions during the year						<u> </u>	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?	>					Γ.	Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has l	oeen pr	ovided in Pa	art X	III		Γ
Pai	rt V Endowment Funds. Complete										
	D	(a)Current year	(b	)Prior	year	<b>b (c)</b> Tv	vo years back	(d)⊺	hree years back (e)	)Four ye	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
f	and programs										
g	End of year balance										
_	Provide the estimated percentage of the curi	cont year and halans	/lır	20 1 0	colum	n /a\\ h	ald ac				
2		ent year end baranc	.e (III	ie ig	, coluiii	II (a)) II	ieiu as				
а	Board designated or quasi-endowment										
b	Permanent endowment ►										
С	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
3a	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that	are held	d and a	dmınıstered	fort	the	V	No
	(i) unrelated organizations								3a(i)	Yes	No
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizatio	ns listed as required	d on S	Sched	dule R?				3b		
4	Describe in Part XIII the intended uses of th	ne organization's en	dowm	nent f	unds						
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa								<del></del>
	Description of property				) Cost or sis (inves		( <b>b)</b> Cost or o		(c) Accumulated depreciation	( <b>a</b> ) Bo	ook value
1a	_and						53	,497			53,497
b I	Buildings						1,091	,434	722,619		368,815
c l	_easehold improvements										
d I	Equipment						192	,705	169,597		23,108
	Other	<u> </u>						,573	86,365		208
Tota	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part )	X, colu	umn (	B), line	10(c).)			🕨		445,628

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		
	Form COO Dart V line	12
Part VIII Investments—Program Related. See		
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
	<u> </u>	
	+	
the contract of the contract o		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15. otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15	ne 15. ption	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Description  (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  (a) Description of liability	ne 15. ption  .) c, line 25.	
Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip  Total. (Column (b) must equal Form 990, Part X, col.(B) line 15  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of liability	ne 15. ption  .) c, line 25.	

Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	rn
1	Total revenue, gains, and other support per audited financial statements	1	3,514,057
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII ) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	242,202
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,271,855
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII ) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	С
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	3,271,855
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	:urn
1	Total expenses and losses per audited financial statements	1	3,403,832
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	242,202
3	Subtract line <b>2e</b> from line <b>1</b>	3	3,161,630
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	C
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3 161 630

#### Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE CHAMBER RECOGNIZES A THRESHOLD AND MEASUREMENT PROCESS FOR FINANCIAL STATEMENT RECOGNITION OF UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE INTERPRETATION ALSO PROVIDES GUIDANCE ON RECOGNITION, DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION THE CHAMBER'S TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES THE CHAMBER'S OPEN AUDIT PERIODS ARE 2009 THROUGH 2012 THERE ARE CURRENTLY NO RETURNS UNDER EXAMINATION MANAGEMENT EVALUATED THE CHAMBER'S TAX POSITIONS AND CONSIDERED THAT THE CHAMBER HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE

DLN: 93493319061413

OMB No 1545-0047

**Schedule J** (Form 990)

Internal Revenue Service

Department of the Treasury

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization BATON ROUGE AREA CHAMBER **Employer identification number** 

72-0126959

Pa	rt I Questions Regarding Compensati	on				
					Yes	No
1a	Check the appropriate box(es) if the organization p 990, Part VII, Section A, line 1a Complete Part I		ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expenses			1b		
2	Did the organization require substantiation prior to directors, trustees, and the CEO/Executive Directors.			2		
		co., regure				
3	Indicate which, if any, of the following the filing orgonization's CEO/Executive Director Check all used by a related organization to establish compe	that apply				
	✓ Compensation committee	Г	Written employment contract			
	Independent compensation consultant	<u>  -                                   </u>	Compensation survey or study			
	Form 990 of other organizations		Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	), Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contr	ol paymen	t?	4a		No
b	Participate in, or receive payment from, a supplem	nental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-	-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only r	must comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			5a		
b	Any related organization?			5b		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a	, did the organization pay or accrue any			
а	The organization?			6a		
b	Any related organization?			6b		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,			7		
8	Were any amounts reported in Form 990, Part VII					
		l ın Regula	tions section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		
9	If "Yes" to line 8, did the organization also follow to section 53 $4958-6(c)$ ?	the rebutta	able presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)ADAM L KNAPP PRESIDENT/CEO	(i) (ii)	198,244 11,184		0	13,385 704	1	1	
(2)IAIN VASEY EXECUTIVE DIRECTOR OF BUSI	(i) (ii)		0 51,750	0	0 14,496	0 14,236	0 266,242	0
(3)RICHARD G WHITING JR COO	(i) (ii)	147,478 36,869	· · · · · · · · · · · · · · · · · · ·	0	8,894 2,223	1	1	
(4)MICHAEL ODOM SENIOR VP OF MARKETING	(i) (ii)	97,099 41,614	l	0	5,758 2,468	•	1	

Schedule J (Form 990) 2012

Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493319061413

**Transactions with Interested Persons** 

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ. Part V. line 38a or 40b.

or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

2012
Open to Public

Name of the organization

Schedule L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Inspection
Employer identification number

Person and organization  Person and organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  To From  Promite (C) Purpose of loan or form the organization?  To From  Prom (F) Balance (g) In default? Approved by board or committee?  Person of loan or form the organization?  To From  Person organization organization answered "Yes" on Form 990, Part IV, line 27.	ATON ROUGE AR	EA CHAMBER								рюус		······	i iidiiibei	
Complete if the organization answered "Yes" on Form 99.0, Part IV, line 25a or 25b, or Form 99.0-EZ, Part V, Jine 40b  (a) Name of disqualified person  (b) Relationship between disqualified person and organization  (c) Description of transaction  (d) Corrected:  Yes No  Yes No  Yes No  1. Enter the amount of tax incurred by organization managers or disqualified persons during the year under section  4958.  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization  Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.  **Section 1.	_			/		E044 \40\								
(a) Name of disqualified person   (b) Relationship between disqualified person of transaction   (d) Corrected?   Yes   No   Yes   No   Yes   Y													40h	
Enter the amount of tax incurred by organization managers or disqualified persons during the year under section  4958														ected?
Enter the amount of tax incurred by organization managers or disqualified persons during the year under section  4958	1 (d) Num	c or alsquar	ilica pers					(c) Desem	501011 0					
### Senter the amount of tax, if any, on line 2, above, reimbursed by the organization					•								163	110
### Senter the amount of tax, if any, on line 2, above, reimbursed by the organization														
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Enter the amount of tax, if any, on line 2, above, reimbursed by the organization														
Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	2 Enterthe	amount of ta	ıx ıncurre	d by organiza	ition mar	nagers or disc	gualified perso	ns during the	vearu	nders	section			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990-Part X, line 5, 6, or 22  Name of laterested person    Veryona   Veryona	4958 .						· · .				<b>&gt;</b> \$			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  ) Name of interested person  (b) Relationship (c) Purpose of loan portion or from the organization?  To From (e) Original principal amount (f) Balance due due default? Approved by board or committee?  To From (v) Yes	<b>3</b> Enter the a	amount of ta	ıx, ıf any,	on line 2, abo	ove, reim	nbursed by th	e organization				<b>►</b> \$			
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22  ) Name of interested person  (b) Relationship (c) Purpose of loan to or from the organization?  To From			., -											
Name of nterested person and the organization reported an amount on Form 990, Part X, line 5, 6, or 22  (d) Loan to or from the organization of loan or from the organization?  To From   Games of State   Games o							EZ Dart V J	no 202 or Eo	rm 00/	) Dar	+ T\/ lun		r if tha	
(b) Relationship of loan or from the organization of loan or from the organization?  To From								ile 30a, 01 F0	וווו ששנ	J, Pai	L I V , IIII	e 26, 0	n n the	
with organization of loan or from the organization? To From Promote amount or from the organization? Yes No	a) Name of							(f)Balance	(g)	In	(h	1)	(i)Wr	tten
To From Yes No Yes No Yes No Yes No Asistance Benefitting Interested Persons.  Complete If the organization answered "Yes" on Form 990, Part IV, line 27.  (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance	interested	1			or fron	n the			1		Appro	oved		
To From Yes No Yes No Yes No Assistance Benefitting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance interested person and the person and the complete interested person and t	person				organız	ation?	amount				1 '			
TETIL Grants or Assistance Benefitting Interested Persons.  Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person and the interested person and the person interested person and the person experiments (c) A mount of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (d) Type of assistance (e) Purpose of assistance (e) Purpose of assistance (figure 1) Purpose of assistance (figure 2) Purpose of assistance (figure 3) Purpose of assistance (figure 4) Purpose of assistance (f						Erom	_		Voc	No		1	Voc	No
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance					10	FIOIII			165	140	res	140	165	NO
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance												<u> </u>	_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person   (b) Relationship between person   (c) Amount of assistance   (d) Type of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (f) Type of assistance   (f) of assistan						-			ļ		<b>.</b>	-	_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance														
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance						-						+	_	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person interested person and the (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance													<del>-</del> -	
Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person   (b) Relationship between person   (c) Amount of assistance   (d) Type of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (e) Purpose of assistance   (f) Type of assistance   (f) Purpose of assis													<b>-</b> -	
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.  a) Name of interested person interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.  (c) Amount of assistance person (d) Type of assistance interested person and the complete if the organization answered "Yes" on Form 990, Part IV, line 27.	tal				<b>▶</b> 4	<b>1</b>							- - -	
person Interested person and the		ants or A	ssistan	ce Benefit	. 7		Persons.						- - - -	
	art IIII Gra				ting In	terested F		: IV, line 27					_ _ _ _	
organization	rt IIII Gra	mplete ıf t	he orga	nızatıon ans	ting In	terested F "Yes" on Fo	rm 990, Part	•		tance	(e)	Purpos	e of ass	stanc
	Column Column Column (a) Name of I	mplete ıf t nterested	he orgai (b) Rel interes	nization ans ationship bet ted person ar	ting In wered '	terested F "Yes" on Fo	rm 990, Part	•		tance	(e)	Purpos	e of ass	stanc
	Co (a) Name of I	mplete ıf t nterested	he orgai (b) Rel interes	nization ans ationship bet ted person ar	ting In wered '	terested F "Yes" on Fo	rm 990, Part	•		tance	(e)	Purpos	e of ass	stance
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	Co (a) Name of I	mplete ıf t nterested	he orgai (b) Rel interes	nization ans ationship bet ted person ar	ting In wered '	terested F "Yes" on Fo	rm 990, Part	•		tance	(e)	Purpos	e of ass	stanc
<del></del>	Col (a) Name of II	mplete ıf t nterested	he orgai (b) Rel interes	nization ans ationship bet ted person ar	ting In wered '	terested F "Yes" on Fo	rm 990, Part	•		tance	(e)	Purpos	e of ass	stance

	s Involving Interested tion answered "Yes" on Fo		e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				Yes	No	
(1) TERRY HILL	BOARD MEMBER OF BRAC AND PRESIDENT OF MILTON J WOMACK, INC	60,164	FLOOD REPAIRS		No	

#### Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
		Schodulo I /Form 000 or 000 F7\ 2012

Schedule L (Form 990 or 990-EZ) 2012

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As Filed Data -

DLN: 93493319061413

SCHEDULE O (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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization	Employer identification num			
BATON ROUGE AREA CHAMBER				
	72-0126959			

Identifier	Return Reference	Explanation						
	FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS MEMBERS						
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 WAS SENT TO THE BOARD OF DIRECTORS AND REVIEWED BY THE PRESIDENT AND CONTROLLER BEFORE FILING WITH THE IRS						
	FORM 990, PART VI, SECTION B, LINE 12C	THE AUDIT COMMITTEE MONITORS AND ENFORCES COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BY SOLICITING ANNUAL DISCLOSURES AND ENSURING COMPLIANCE AT MEETINGS OF THE BOARD OF DIRECTORS						
	FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE COMPRISED OF MEMBERS OF THE EXECUTIVE COMMITTEE REVIEWED COMPARABILITY DATA AND INVOLVED INDEPENDENT PERSONS WHEN DETERMINING THE COMPENSATION OF THE PRESIDENT THE COMPENSATION OF KEY EMPLOYEES IS DETERMINED BY THE PRESIDENT (USING COMPARAILITY DATA) AND IS SUBJECT TO APPROVAL OF THE OPERATING BUDGET BY THE BOARD OF DIRECTORS						
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, TAX RETURNS, AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST						

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

DLN: 93493319061413

2012

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2012

**Employer identification number** 

72-0126959

# SCHEDULE R (Form 990)

Name of the organization BATON ROUGE AREA CHAMBER

## **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. ► See separate instructions.

Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (ıf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income End	(e) d-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Orga	nizations (Complete if	the organization a	nswered "Yes" to	Form 990 Part IV	line 34 hecause it	had o	ne
or more related tax-exempt organizations during	g the tax year.)	_					
<b>(a)</b> Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	(e)  Public charity status	(f) Direct controlling	Section	( <b>g)</b> n 512(b)
	,,	or foreign country)		(if section 501(c)(3))	entity	(13) co	ontrolled tity?
			·	(if section 501(c)(3))		(13) co	ontrolled itity?
(1) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC	ECONOMIC DEVELOPMENT	or foreign country)	501(C)(3)			(13) co en	ontrolled itity?
(1) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC 564 LAUREL STREET BATON ROUGE, LA 70801		or foreign country)	·	(if section 501(c)(3))	entity	(13) co en	ontrolled itity?
(1) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC 564 LAUREL STREET BATON ROUGE, LA 70801		or foreign country)	·	(if section 501(c)(3))	entity	(13) co en	ontrolled itity?
(1) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC 564 LAUREL STREET BATON ROUGE, LA 70801		or foreign country)	·	(if section 501(c)(3))	entity	(13) co en	ontrolled itity?
(1) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC 564 LAUREL STREET BATON ROUGE, LA 70801		or foreign country)	·	(if section 501(c)(3))	entity	(13) co en	ontrolled itity?
(1) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC 564 LAUREL STREET BATON ROUGE, LA 70801		or foreign country)	·	(if section 501(c)(3))	entity	(13) co en	ontrolled itity?
(1) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC 564 LAUREL STREET BATON ROUGE, LA 70801 72-1270359		or foreign country)	·	(if section 501(c)(3))	entity	(13) co en	ontrolled itity?

Cat No 50135Y

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percentae ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo zations treated a	ration s a cor	or Trust (poration or	Complete if t	the organi the tax ye	zatıon ar ar.)	swere	ed "Ye	s" to Form	990,	Part	IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domıcıle (state or foreign country)		( <b>d)</b> Direct controlli entity	(e) Type of entro (C corp, S corp, or trust)		otal Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
		,,			,						Yes		No

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

Yes

<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more	related organizations in	sted in Parts 11-1V /				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				<b>1</b> f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
In the second Continue and the second second continue and the second sec				1k		No
k Lease of facilities, equipment, or other assets from related organization(s)				11		No
Performance of services or membership or fundraising solicitations for related organization(s)				$\vdash$		No
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	V	NO
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Yes	
• Sharing of paid employees with related organization(s)				10	Yes	
p Reimbursement paid to related organization(s) for expenses				1p		No
Reimbursement paid by related organization(s) for expenses				1q	Yes	
<b>4</b>						
r Other transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple	te this line including co	vered relationships	and transaction thresholds			
(a)	(b)	(c)	(d)			
Name of other organization	Transaction type (a-s)	Amount involved	Method of determining am	ount II	nvolved	
1) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC	В	789,429	COST			
2) THE GREATER BATON ROUGE ECONOMIC PARTNERSHIP INC	P	163,381	COST			

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

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 re	garding exclu	sion for ce		nent	partnerships				`	,		_	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

**Additional Data Return to Form** 

Software ID:

**Software Version:** 

**EIN:** 72-0126959

Name: BATON ROUGE AREA CHAMBER

Schedule R (Form 990) 2012

Page **5** 

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)									
Identifier	Return Reference	Explanation							