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990-EZ

Short Form 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) Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512/bV112 must file Form 900 (and instructions)

and certain controlling organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendary year, or tax year beginning 20 Employer identification number Advanced Service C. Nesse d'expectations D. Employer identification number			he Treasury	at the end of the year may use this form.	-t-	Inspection				
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not more than \$50,000 A Form \$90.EZ or Form \$90 return is not required though Form \$90.N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. L Add lines \$50, \$60, and \$70, to line \$1 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Inne 25, column (8) below) are \$500,000 or more, file Form \$90 instead of Form \$90.EZ	_									
the organization chooses to file a return, be sure to file a complete return. Add lines 55, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, Inne 25, column (8) below) are \$500,000 or more, file Form 990-EZ										
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, ine 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990 Per Part II. Part II. Revenue, Expenses, and Changes in Net Assets or Fund Balances(ase the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 4, 050 4 Investment income 4 1, 134 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory 5a Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gross income from gaming (attach Schedule G if greater than \$15,000) 5c Gross income from fundraising events (not including \$ of contributions from fundraising avents (not including \$ of contributions from fundraising avents (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6c Less direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6c Cross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Cross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 11 Benefits paid to or for members 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ne required (sec	e instructions). But ii				
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Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 27, 292				· · · · · · · · · · · · · · · · · · ·						
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 292	Ses	13		" •						
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 27, 292	ē	14		· ·						
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 27, 292	ă	15		SA INDA WAY						
17 Total expenses. Add lines 10 through 16	_	1	• •		. (++)					
18 Excess or (deficit) for the year (Subtract line 17 from line 9)			•		>					
Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 22 27,292	_	18								
21 Net assets or fund balances at end of year. Combine lines 18 through 20	ets									
21 Net assets or fund balances at end of year. Combine lines 18 through 20	SSS	i		· · · · · · · -	19	26,293				
21 Net assets or fund balances at end of year. Combine lines 18 through 20	et/	20	-			·				
	Z	21		• •)—					
EEA	Fo	or Paper				Form 990-EZ (2012)				

Form 990-E		SOCIATIONS	72-1	0176	50 Page 2
Part II	Balance Sheets (see the instructions for Part II)				_
	Check if the organization used Schedule O to respond to any question in this Part II			· · ·	<u> </u>
		(A) Begin	ning of year		(B) End of year
22 Cash,	savings, and investments		26,293	22	27,292
23 Land	nd buildings	L	0	23	<u> </u>
24 Other	assets (describe in Schedule O)	[0	24	0
25 Total	nssets		26,293	25	27,292
26 Total	iabilities (describe in Schedule O)		0	26	0
27 Net as	sets or fund balances (line 27 of column (B) must agree with line 21)		26,293	27	27,292
Part III	Statement of Program Service Accomplishments (see the instruction	ons for Part III)			Expenses
tung in na	Check if the organization used Schedule O to respond to any question in this Part III		🔯	(Reg	uired for section
What is th	e organization's primary exempt purpose? SEE ATTACHED STATEMENT				:)(3) and 501(c)(4)
					nizations and section
	ne organization's program service accomplishments for each of its three largest program s			•	(a)(1) trusts, optional
	ed by expenses. In a clear and concise manner, describe the services provided, the numb enefited, and other relevant information for each program title.	per or			hers.)
	ATTACHED STATEMENT			10. 0.	110/3.)
20 555	ATTACHED BIATEMENT				
				Ì	
(0)					1 702
(Gran	s \$) If this amount includes foreign grants, check h	nere	· · · · • <u> </u>	28a	1,793
29					
	 			l	
(Gran	s \$) If this amount includes foreign grants, check h	here	<u>▶ Ц</u>	29a	
30					
				ļ	
(Gran	s \$) If this amount includes foreign grants, check h	here	<u> ▶ 🔲</u>	30a	
31 Other	program services (describe in Schedule O)				
(Gran	ts \$) If this amount includes foreign grants, check h	h <u>ere</u>	▶ 🔲	31a	i
32 Total	program service expenses (add lines 28a through 31a)			32	1,793
Part IV	List of Officers, Directors, Trustees, and Key Employees List each one even if no	ot compensated	(see the instruc	tions t	for Part IV)
	Check if the organization used Schedule O to respond to any question in this Part IV				
	(c)	Reportable	(d) Health benefits	,	
	(a) Name and the I hours her week 1		contributions to emp		(e) Estimated amount of
	devoted to position (Form V	W-2/1099-MISC) ot paid, enter -0-)	benefit plans, and deferred compensa		other compensation
DALLAS	BALLMER	ot paid, enter 40-7	deletted compense	aon	
PRESID		٥		o	0
NANCY					
	VICE PRESIDENT 3	o		0	0
	BRIDGES			-	
					^
	VICE PRESIDENT 2	0		- 9	0
	HENRY GRACE	إ		ا	•
TREASU		0		0	
BEN ST		1		_}	_
SECRET		0		9	0
CHARLI	E BEARY	į		-	
BOARD	MEMBER 2	0		0	0
JASON	JACOB				
BOARD	MEMBER 2	0		0	0
CAROLE	BROWN				
BOARD	MEMBER 2	0		0	0
DAN WE	BER		•		
BOARD	MEMBER 2	o		0	0
				ļ	
					
				1	
				1	
			<u> </u>		

Form 9	90 EZ (2012) FEDERATION OF GREATER BATON ROUGE CIVIC ASSOCIATIONS 72-10176	50	Р	age :
Pa				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u> </u>		<u>. Ц</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			3.5
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	ļ ¹		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a]		
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved]		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9]		1
b	Gross receipts, included on line 9, for public use of club facilities	_	1	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:]	ŧ	
	section 4911 ▶; section 4912 ▶; section 4955 ▶		Į.	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		1	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on		Ī	
	organization managers or disqualified persons during the year under sections 4912,		l	1
	4955, and 4958		1	
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c		}	
	reimbursed by the organization	1	ŧ	
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		l	
	transaction? If "Yes," complete Form 8886-T	40e	Ì	X
41	List the states with which a copy of this return is filed	·		
42 a	The organization's books are in care of ▶ CHARLIE BEARY Telephone no. ▶ 225-9	26-1	459	
	Located at ▶ 17534 LAKE AZALEA DR BATON ROUGE, LA ZIP+4 ▶ 70817			
t	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country:			, , , , , , , , , , , , , , , , , , ,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country: ▶	L		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		>	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year			_
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			1
	completed instead of Form 990-EZ	44a	Ī	x
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	7		1
-	completed instead of Form 990-EZ	44b	Ī	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	+	$\frac{1}{x}$
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		1	†
•	explanation in Schedule O	44d	ıŤ ĺ	1
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the		1	T
70 1	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		1	
	Form 990-EZ (see instructions)	45b	,	X
_				

Form 9	90-EZ (2012) FEDERATION OF GR	EATER BATON ROUG	BE CIVIC	TALOOZEA	IONS	72-1	017650	F	age 4
	•							,	Yes	No
46		rganization engage, directly or indirectly, in						46	ŧ	X
Par		lates for public office? If "Yes," complete Societion 501(c)(3) organizations of		· · · · · · ·	<u> </u>		<u> </u>	. 46	<u></u>	_ A_
£1		Il Section 501(c)(3) organizations		ons 47-49	b and 52.	and come	lete the t	ables for	lines	
		0 and 51	mast amount quost.	00	J 00 02,	aa			,	
		Check if the organization used Sch	edule O to respond	to any que	estion in t	his Part V				. 🛛
									Yes	No
47	Did the c	organization engage in lobbying activities or	have a section 501(h) ele	ection in effec	t during the	tax				
	•	Yes," complete Schedule C, Part II				<i>.</i>		47	ļ	X
48		ganization a school as described in section		•				48	ļ	<u>X</u>
49a		organization make any transfers to an exem		organization?				49a	├	X
		was the related organization a section 527 (=					49b	<u> </u>	L
50	-	e this table for the organization's five highes es) who each received more than \$100,000		•			-			
	employe	es) who each received more than \$ 100,000	or compensation nom th			(d) Health I				
	i	(a) Name and title of each employee	(b) Average hours per week	(c) Repo	ntable nsation	contributions	o employee	(e) Estimat		
		paid more than \$100,000	devoted to position	(Forms W-2/		benefit plans, a comper		other co	mpensa	tton
NON	z (See	Schedule "O", #OI. Last item)								
						<u> </u>		····		
f	Total nu	mber of other employees paid over \$100,00	0	L		L		L		
51	Complet	te this table for the organization's five highes	t compensated independ	lent contracto	rs who each	received m	ore than			
	\$100,00	0 of compensation from the organization. If	there is none, enter "Nor	ne."		·				
(a)	Name and	address of each independent contractor paid more than	\$100,000	(b)	Type of service	9	(4	c) Compensati	on	
NON	E			1						
						 -				
										
	·			<u> </u>						
d	Total nu	mber of other independent contractors each	receiving over \$100,000							
52		organization complete Schedule A? Note: A	~		4947(a)(1)					
-		mpt charitable trusts must attach a complete			` ' ' '			► X Ye	s 🗆	No
Under		penury, I declare that I have examined this return, inclu-								
true, c	orrect, and	complete Declaration of preparer other than officer) is t	ased on all information of which	preparer has an	y knowledge					
		Mancy & Curry				9	- 9-13			
Sig		Signature of officer	\mathcal{D}	1 4		Date				
Her	e		'ry Presi	aent_						
		Type or print name and title			Data	 		LOTIN		
D-1	İ		Preparer's signature	YA	Date 9/12/1	·3	check if elf-employed	PTIN	7.5	
Paid	parer	William D Mercer CPA Firm's name ▶ William D Merce:			011-11			P00227	147	
•	Only	Firm's address > 3535 S Sherwood		201		Firm's i	:117			
200	~ ,	Baton Rouge LA				Phone	no 225-	291-141	1	
May	the IRS o	discuss this return with the preparer shown a	bove? See Instructions		<u> </u>	<u> </u>		▶ 🗓 Ye	s 🗌	No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FEDERATION OF GREATER BATON ROUGE CIVIC ASSOCIATIONS 72-1017650 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ß An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 🛮 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated b Type II d Type III-Non-funtionally integrated e By checking this box, I certify that the organization is not controlled directly or Indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No (iii) below, the governing body of the supported organization? 11g(i) 11g(li) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (i) Name of supported (II) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of monetary organization the organization in organization in col (described on lines 1-9 in col (I) listed in your above or IRC section governing document? col (i) of your (i) organized in the support? 1152 (see instructions)) No Yes Yes No Yes No (A) (B) (C) (D) (E)

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 . 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 15 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

FEDERATION OF GREATER BATON ROUGE CIVIC ASSOCIATIONS

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cale	indar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,500	5,800	· 5,700	4,725	4,050	27,775
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	7,500	5,800	5,700	4,725	4,050	27,775
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			,			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	_ 					
8	Public support (Subtract line 7c from line 6)			1			27,775
Se	ction B. Total Support	<u> </u>			E.,	<u>L</u>	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	7,500					27,775
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	402	218	187	174	134	1,115
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						2,123
C	Add lines 10a and 10b	402	218	187	174	134	1,115
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	7,902	6,018	5,887	4,899	4,184	28,890
14	organization, check this box and stop here	<u> </u>	<u> </u>			3) 	. .
	ction C. Computation of Public S					, 	
15	Public support percentage for 2012 (line 8, c		•	• •		15	96.14 %
16	Public support percentage from 2011 Sched			• • • • • • • • •	· · · · · · · · · · · ·	16	95.18 %
	ection D. Computation of Investme					17	3 06 %
17 18	Investment income percentage for 2012 (line investment income percentage from 2011 S	,,	•			18	3.86 % 4.82 %
	, –						7.02 %
	 33 1/3% support tests - 2012. If the organiz 17 is not more than 33 1/3%, check this box 33 1/3% support tests - 2011. If the organiz 	and stop here. Th	e organization qua	lifies as a publicly s	supported organiza	tion	▶ 🏻
	line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did r		-	•			▶ 🛅

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer	identification	number
----------	----------------	--------

	FEDERATION OF GREATER BATON ROUGE CIVIC ASSOCIATIONS	72-1071650				
	01. General explanation attachment					
•	FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE:					
	THE PURPOSES OF THE FEDERATION ARE TO FURTHER THE INTERESTS OF THE INDIVID	DUAL HOMEOWNERS				
	IN THE GREATER BATON ROUGE METROPOLITAN AREA; TO AID IN THE PRESERVATION O	OF PROPERTY				
	VALUES; TO IMPROVE THE CHARACTER AND INTEGRITY OF INDIVIDUAL RESIDENTIAL N	JEIGHBORHOODS; TO				
	EDUCATE MEMBER ASSOCIATIONS ON MATTERS AND ISSUES OF GENERAL INTEREST; TO					
	MUNICIPAL PLANNING AND IMPROVEMENT; AND TO PARTICIPATE WITH COMMUNITY-BASE	D ORGANIZATIONS				
	WHICH SEEK TO IMPROVE THE COMMUNITY ENVIRONMENT TO ENHANCE THE QUALITY OF	LIFE FOR ALL				
	CITIZENS RESIDING IN THE GREATER BATON ROUGE METROPOLITAN AREA.					
	THE FEDERATION IS PRIMARILY AN EDUCATIONAL ENTITY INFORMING ITS MEMBERSHIE	P AS WELL AS				
	LOCAL ELECTED OFFICIALS ON MATTERS OF IMPORTANCE TO SINGLE-FAMILY NEIGHBOR	RHOODS. THE				
	FEDERATION IS A VOICE OF HOMEOWNERS WHO WAVE ESTABLISHED ROOTS IN THE BATON ROUGE AREA BY					
	PURCHASING A HOME AND DEVELOPING A SENSE OF COMMUNITY.					
•	FORM 990-EZ, PART III, LINE 28:					
	THE FEDERATION WAS INSTRUMENTAL IN THE DEVELOPMENT OF THE ORIGINAL COMPREHENSIVE LAND USE					
	PLAN FOR EAST BATON ROUGE PARISH, CALLED THE "HORIZON PLAN." MEMBERS OF THE FEDERATION					
	HAVE SERVED ON VARIOUS BOARDS AND COMMITTEES THAT INVOLVE MUNICIPAL PLANNING MATTERS. THE					
	FEDERATION JOINED WITH THE LEAGUE OF WOMEN VOTERS AND THE NORTH BATON ROUGE ALLIANCE TO					
	PROVIDE INITIAL FUNDING FOR THE TELEVISING OF THE PUBLIC MEETINGS OF THE					
	ZONING COMMISSION, IN ORDER TO INFORM THE PUBLIC ABOUT HOW RE-ZONING ISSUE	ES ARE HANDLED.				
	THE TELEVISING OF THESE MEETINGS CONTINUES DUE TO THE INFLUENCE OF THESE THREE					

ORGANIZATIONS.

RESIDENTS VIA THEIR NEIGHBORHOOD NEWSLETTERS AND WEBSITES.

THE FEDERATION ALSO OPERATES

Schedule O (Form 990 or 990-EZ) (2012)		Page 3
Name of the organization FEDERATION OF GREATER BATON ROUGE CIVIC ASSOCIATIONS	Employer Identification num	mber
ITS OWN WEBSITE, WWW.FGBRCA.ORG, WHICH PROVIDES A SIGNIFICANT AMOUNT OF	EDUCATIONAL	
MATERIAL.		
FORM 990-EZ, PART VI, LINE 50:		
NO COMPENSATION HAS EVER BEEN PAID TO ANY DIRECTOR OR OFFICER SINCE INCE	PTION.	
02. Description of other revenue (Part I, line 8)		
DESCRIPTION AMOUNT		
MISCELLANEOUS INCOME 50		
03. Description of other expenses (Part I, line 16)		
DESCRIPTION AMOUNT		
ADVERTISING AND PROMOTION 602		
DUES AND MEMBERSHIPS 225		
LICENSES 15		
OFFICE EXPENSE 356	· · · · · · · · · · · · · · · · · · ·	
MEETINGS 11		
STORAGE 616		
WEBSITE 107		
MEMBER RECOGNITION 184		
TOTAL FOR PART I, LINE 16 2,116		
		