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Form **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)

OMB No 1545-1150

**2008**Department of the Treasury  
Internal Revenue Service

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public  
Inspection

**A** For the 2008 calendar year, or tax year beginning **Jul 1**, 2008, and ending **Jun 30**, 2009

**B** Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**C** Name of organization  
**100 Black Men of Metropolitan Baton Rouge, Ltd.**  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**P.O. Box 2286**  
 City or town, state or country, and ZIP + 4  
**Baton Rouge LA 70821-2286**

**D** Employer identification number  
**72-1235682**

**E** Telephone number  
**(225) 356-9444**

**F** Group Exemption Number

**G** Accounting method: ☐ Cash ☒ Accrual  
 Other (specify) \_\_\_\_\_

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: **N/A**

**J** Organization type (check only one) — ☒ 501(c) ( **3** ) (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ **\$ 271,818.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	175,974.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	10,815.
4	Investment income	2,927.
5a	Gross amount from sale of assets other than inventory	
5b	Less: cost or other basis and sales expenses	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
6a	Gross revenue (not including \$ 147,723. of contributions reported on line 1)	81,790.
6b	Less: direct expenses other than fundraising expenses	122,599.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	-40,809.
7a	Gross sales of inventory, less returns and allowances	
7b	Less: cost of goods sold	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe ► See Other Revenue Statement)	312.
9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	149,219.
10	Grants and similar amounts paid (attach schedule) See L-10 Stmt	6,965.
11	Benefits paid to or for members	0.
12	Salaries, other compensation, and employee benefits	35,933.
13	Professional fees and other payments to independent contractors	12,550.
14	Occupancy, rent, utilities, and maintenance	19,499.
15	Printing, publications, postage, and shipping	9,787.
16	Other expenses (describe ► See Other Expenses Statement)	58,406.
17	<b>Total expenses</b> (add lines 10 through 16)	143,140.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	6,079.
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)	260,425.
20	Other changes in net assets or fund balances (attach explanation) See L-20 Stmt	-12,715.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	253,789.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

Line	Description	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	180,319.	180,606.
23	Land and buildings	82,202.	79,680.
24	Other assets (describe ► See L-24 Stmt)	5,500.	1,585.
25	<b>Total assets</b>	268,021.	261,871.
26	<b>Total liabilities</b> (describe ► See L-26 Stmt)	7,596.	8,082.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	260,425.	253,789.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (See the instructions.)
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## Expenses

What is the organization's primary exempt purpose?

## EDUCATION AND MENTORING FOR YOUNG AFRICAN AMERICANS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

## 28 MENTORING

SEE ATTACHED SCHEDULE FOR DESCRIPTION

(Grants \$ 0 . ) If this amount includes foreign grants, check here

<b>28a</b>	<b>12,595.</b>
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## 29 BACK-TO-SCHOOL EXPO

SEE ATTACHED SCHEDULE FOR DESCRIPTION

(Grants \$ 0 . ) If this amount includes foreign grants, check here

29a	9,030.
-----	--------

30 CAPITAL CITY ACADEMY FOR BOYS AND GIRLS

SEE ATTACHED SCHEDULE FOR DESCRIPTION

(Grants \$ 0 . ) If this amount includes foreign grants, check here

30 a	8,954.
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**31** Other program services (attach schedule)

### OTHER PROGRAM SERVICES

(Grants \$ 0. ) If this amount includes foreign grants, check here

31 a	14,773.
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**32 Total program service expenses** (add lines 28a through 31a)

32	45,352.
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<b>Part IV</b>	<b>List of Officers, Directors, Trustees, and Key Employees.</b> (List each one even if not compensated. See the instrs )
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[illegible]

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	<b>33</b>	<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	<b>34</b>	<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	<b>X</b>
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	<b>35b</b>	
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	<b>36</b>	<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	<b>37a</b>	<b>0.</b>
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>37b</b>	<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>	<b>X</b>
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<b>38b</b>	
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	
<b>40a</b> 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
<b>b</b> 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	<b>40b</b>	<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<b>40e</b>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed ▶ _____		

**42a** The books are in care of ▶ Alvin Cavalier Telephone no. ▶ (225) 356-9444  
 Located at ▶ 2050 N. Foster Drive, Baton Rouge LA ZIP + 4 ▶ 70806

	Yes	No
<b>b</b> 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)? If 'Yes,' enter the name of the foreign country. ▶ _____	<b>42b</b>	<b>X</b>
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country. ▶ _____	<b>42c</b>	<b>X</b>

**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
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>44</b>	<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<b>45</b>	<b>X</b>

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.**46** 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

	Yes	No
<b>46</b>		<b>X</b>

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

<b>47</b>		<b>X</b>
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**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

<b>48</b>		<b>X</b>
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**49a** Did the organization make any transfers to an exempt non-charitable related organization?

<b>49a</b>		<b>X</b>
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**b** If 'Yes,' was the related organization(s) a section 527 organization?

<b>49b</b>		
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**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

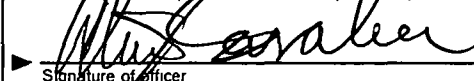
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<b>None</b>				
Total number of other employees paid over \$100,000				

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
<b>None</b>		
Total number of other independent contractors receiving over \$100,000		

**Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.



Signature of officer

**03/03/10**

Date

**Alvin Cavalier**

Type or print name and title

**FISCAL OFFICER****Paid Preparer's Use Only**

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

**NEIL G. FERRARI CPA****14481 OLD HAMMOND HWY STE #4****BATON ROUGE**

Date

**03/03/10**

Check if self-employed

Preparer's Identifying Number (See instructions)

EIN

**LA 708161149**Phone no **(225) 272-1177**

May the IRS discuss this return with the preparer shown above? See instructions

<b>X</b>	Yes	No
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**BAA**Form **990-EZ** (2008)



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants').	159,913.	225,849.	127,495.	160,880.	178,789.	852,926.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
<b>3</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
<b>4 Total.</b> Add lines 1-3	159,913.	225,849.	127,495.	160,880.	178,789.	852,926.
<b>5</b> 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)						120,142.
<b>6 Public support.</b> Subtract line 5 from line 4						732,784.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	159,913.	225,849.	127,495.	160,880.	178,789.	852,926.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	684.	1,585.	2,314.	2,512.	2,927.	10,022.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	3,007.	1,908.	1,777.	3,450.	312.	10,454.
<b>11 Total support.</b> Add lines 7 through 10						873,402.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					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) organization, check this box and stop here ☐**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	83.90 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	78.20 %

**16a 33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the 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 – 2007.** 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 – 2008.** 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 organization ☐**b 10%-facts-and-circumstances test – 2007.** 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 supported organization. ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	%
<b>19a 33-1/3 support tests – 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
<b>b 33-1/3 support tests – 2007.</b> If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		



**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)**Other Income Part II, Line 10****Description: BOOTH FEES**

2004: 1350.

2005: 750.

2006: 0.

2007: 900.

2008: 0.

**Description: MERCHANDISE SALES**

2004: 0.

2005: 537.

2006: -123.

2007: 20.

2008: 7.

**Description: FEES FOR MENTEE ACTIVITIES**

2004: 1657.

2005: 621.

2006: 1485.

2007: 2530.

2008: 245.

**Description: TICKET SALES**

2004: 0.

2005: 0.

2006: 415.

2007: 0.

2008: 0.

**Description: COPYING CHARGES**

2004: 0.

See Schedule A (Form 990 or 990-EZ) - Part IV - Supplemental Information (Continuation Sheet)

Department of the Treasury  
Internal Revenue Service

Name of the organization

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

## 2008

**Open to Public Inspection**

100 Black Men of Metropolitan Baton Rouge, Ltd.

Employer identification number

**72-1235682**

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
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**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Mail solicitations      | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations     | <input type="checkbox"/> Solicitation of government grants     |
| <input type="checkbox"/> Phone solicitations     | <input type="checkbox"/> Special fundraising events            |
| <input type="checkbox"/> In-person solicitations |  |

**2a** Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes    ☐ No

**b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 <u>MARDI GRAS GALA</u> (event type)	(b) Event #2 <u>BROTHERHOOD/SISTERH</u> (event type)	(c) Other Events <u>GOLF TOURNAMENT</u> (total number)	(d) Total Events (Add col. (a) through col. (c))
	<b>1</b> Gross receipts ..	<b>165,420.</b>	<b>36,910.</b>	<b>27,183.</b>	<b>229,513.</b>
	<b>2</b> Less Charitable contributions	<b>116,920.</b>	<b>11,420.</b>	<b>19,383.</b>	<b>147,723.</b>
	<b>3</b> Gross revenue (line 1 minus line 2)	<b>48,500.</b>	<b>25,490.</b>	<b>7,800.</b>	<b>81,790.</b>
DIRECT EXPENSES	<b>4</b> Cash prizes				
	<b>5</b> Non-cash prizes				
	<b>6</b> Rent/facility costs	<b>4,875.</b>			<b>4,875.</b>
	<b>7</b> Other direct expenses	<b>78,210.</b>	<b>30,587.</b>	<b>8,927.</b>	<b>117,724.</b>
	<b>8</b> Direct expense summary. Add lines 4- through 7 in column (d)				<b>122,599.</b>
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d)				<b>-40,809.</b>

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
	<b>1</b> Gross revenue				
EXPENSES	<b>2</b> Cash prizes				
	<b>3</b> Non-cash prizes				
	<b>4</b> Rent/facility costs ..				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d)				

	YES	NO
<b>9</b> Enter the state(s) in which the organization operates gaming activities. _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? _____	<b>9a</b>	
<b>b</b> If 'No,' Explain: -----		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	<b>10a</b>	
<b>b</b> If 'Yes,' Explain: -----		
<b>11</b> Does the organization operate gaming activities with nonmembers? _____	<b>11</b>	
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? _____	<b>12</b>	

**13** Indicate the percentage of gaming activity operated in**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**15a** Does the organization have a contact with a third party from whom the organization receives gaming revenue?**15a****b** If 'Yes,' enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_.**c** If 'Yes,' enter name and address:

Name: ▶ \_\_\_\_\_

Address: ▶ \_\_\_\_\_

**16** Gaming manager information

Name: ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided: ▶ \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year. ▶ \$ \_\_\_\_\_

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
**(Including Information on Listed Property)**

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

**2008**Attachment  
Sequence No **67**

Name(s) shown on return

**100 Black Men of Metropolitan Baton Rouge, Ltd.**

Identifying number

**72-1235682**

Business or activity to which this form relates

**Form 990 / Form 990EZ****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	<b>\$250,000.</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>\$800,000.</b>
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)** (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>3,236.</b>

**Part III MACRS Depreciation (Do not include listed property.)** (See instructions)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			<b>25 yrs</b>		<b>S/L</b>	
h Residential rental property			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
i Nonresidential real property			<b>27.5 yrs</b>	<b>MM</b>	<b>S/L</b>	
			<b>39 yrs</b>	<b>MM</b>	<b>S/L</b>	

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

20a Class life					<b>S/L</b>	
b 12-year			<b>12 yrs</b>		<b>S/L</b>	
c 40-year			<b>40 yrs</b>	<b>MM</b>	<b>S/L</b>	

**Part IV Summary** (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	<b>3,236.</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**BAA For Paperwork Reduction Act Notice, see separate instructions.**

FDIZ0812 06/12/08

Form **4562** (2008)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed?					<b>Yes</b>	<b>No</b>	<b>24b</b> If 'Yes,' is the evidence written?		<b>Yes</b>	<b>No</b>
<b>(a)</b> Type of property (list vehicles first)	<b>(b)</b> Date placed in service	<b>(c)</b> Business/investment use percentage	<b>(d)</b> Cost or other basis	<b>(e)</b> Basis for depreciation (business/investment use only)	<b>(f)</b> Recovery period	<b>(g)</b> Method/Convention	<b>(h)</b> Depreciation deduction	<b>(i)</b> Elected section 179 cost		
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								<b>25</b>		
<b>26</b> Property used more than 50% in a qualified business use										
<b>27</b> Property used 50% or less in a qualified business use:										
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								<b>28</b>		
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>		

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year ( <b>do not</b> include commuting miles)	<b>(a)</b> Vehicle 1	<b>(b)</b> Vehicle 2	<b>(c)</b> Vehicle 3	<b>(d)</b> Vehicle 4	<b>(e)</b> Vehicle 5	<b>(f)</b> Vehicle 6
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year Add lines 30 through 32						
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>34</b> Was the vehicle available for personal use during off-duty hours? ..						
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) .....		
<b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles		

**Part VI Amortization**

<b>(a)</b> Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	<b>(e)</b> Amortization period or percentage	<b>(f)</b> Amortization for this year
<b>42</b> Amortization of costs that begins during your 2008 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2008 tax year ...					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

Form 990-EZ  
Part II

Other Assets and Liabilities

2008

Name as Shown on Return

100 Black Men of Metropolitan Baton Rouge, Ltd.

Employer Identification No.

72-1235682

Line 24 - Other Assets:	Beginning of Year	End of Year
ACCOUNTS RECEIVABLE	5,500.	1,585.
Totals to Form 990-EZ, Part II, line 24	5,500.	1,585.

Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE & ACCRUED EXPENSES	7,596.	8,082.
Totals to Form 990-EZ, Part II, line 26	7,596.	8,082.

Form 990-EZ, Part I, Line 8

**Other Revenue Statement**

Other revenue (describe)

PRINTING FEES	60.
COLLEGIATE 100 EVENTS	245.
MERCHANDISE SALES	7.

Total	312.
-------	------

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)

ADVERTISING	2,579.
ANNUITY PREMIUM	1,152.
AWARDS AND RECOGNITION	1,167.
BANK SERVICE CHARGES	126.
CONFERENCES AND CONVENTIONS	5,171.
CONTRIBUTIONS	3,150.
Depreciation	3,236.
DUES AND SUBSCRIPTIONS	2,810.
EQUIPMENT RENT & POST OFFICE BOX RENT	864.
EVENT SPONSORSHIPS	2,650.
FILING FEE	5.
FLOWERS AND GIFTS	613.
MAINTENANCE AND REPAIRS	127.
MEALS & REFRESHMENTS	2,108.
MENTEE ACTIVITIES	5,476.
MISCELLANEOUS	944.
PAYROLL TAXES	2,748.
PRIZES	1,150.
SAVINGS ACCOUNT INCENTIVES	750.
SECURITY	774.
SPECIAL EVENT COSTS	967.
SUPPLIES	8,104.
TELEPHONE	2,399.
TRAINING	1,500.
TRAVEL	6,656.
WEBPAGE	1,180.

Total	58,406.
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Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

**Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (Continuation Sheet)**

2005: 0.

2006: 0.

2007: 0.

2008: 60.



Form 990-EZ, Part I, Line 10

**Grants and Similar Amounts Paid**

Purpose of Payment

**SCHOLARSHIPS**

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<b><u>SCHOLARSHIPS</u></b>	Business <input type="checkbox"/> Person <input type="checkbox"/> <b><u>SEE ATTACHED SCHEDULE</u></b>	<b><u>NONE</u></b>	
			<b><u>6,965.</u></b>

If property other than cash was given, the following additional information needs to be provided:

Description of Property \_\_\_\_\_

Date of Gift . . . \_\_\_\_\_

Book Value	How Book Value Determined
FMV	How FMV Determined

Form 990-EZ, Page 1, Part I, Line 20

**Other Changes in Net Assets or Fund Balances**

Description	Amount
<b><u>UNREALIZED LOSS - DEPRECIATION OF MUTUAL FUNDS</u></b>	<b><u>-12,715.</u></b>
Total	<b><u>-12,715.</u></b>

**100 Black Men of Metropolitan Baton Rouge, Ltd.**  
**72-1235682**  
**Form 990-EZ, Part I, Line 10**  
**Information on Grants and Similar Amounts Paid**

<u>Name and Address</u>	<u>Amount Received</u>	<u>Donee's Relationship To Any Person or Corporation With an Interest in the Organization</u>
Black Achievers Scholarship *: Jeremy Chauvis 5445 Hickory Ridge Blvd. Baton Rouge, LA 70817	\$ 2,000	None
Village Legacy Tuition Scholarship Timothy Roberson 7756 S. Maribel Ct. Baton Rouge, LA 70812	\$ 965	None
Village Legacy Tuition Scholarship Adrian Minor 3503 White Sands Drive Baton Rouge, LA 70814	\$ 1,000	None
Village Legacy Tuition Scholarship: Amos S. Garrett 11689 E. Black Oak Dr. Zachary, LA 70815	\$ 500	None
Village Legacy Tuition Scholarship Kendrick Hayes P.O. Box 82036 Baton Rouge, LA 70884	\$ 500	None
Village Legacy Tuition Scholarship Leroy Spurlock 1930 Birch Street Baton Rouge, LA 70802	\$ 1,000	None
Village Legacy Tuition Scholarship Michael Jones, Jr. 21933 Ligon Rd Zachary, LA 70791	\$ 1,000	None
<b>Total Grants and Allocations Paid</b>	<b>\$ 6,965</b>	

\* Program Services: Mentoring Program

100 Black Men of Metropolitan Baton Rouge, Ltd.

72-1235682

FORM 990-EZ, PART III, LINES 28-30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Mentoring

"Project Excel" is the Corporation's flagship project of the Mentoring program. This program focuses upon mentoring to African American males beginning in middle school and requires the mentee to enroll in the program with permission from his parents or guardian. Mentees enrolled in this program are eligible for a scholarship award from the Corporation's Village Legacy Education Program upon graduation from high school.

"Excel in School" is a sub-project of the Mentoring program. This sub-project is held at Cohn Elementary and is an on-site mentoring program that features the participation of the entire school. A team of men visits the school each week. The mentors split their time into segments to allow them an opportunity to visit classrooms. To address particular problems, additional time is spent with individual students during supplemental visits as recommended by the faculty and staff.

The Corporation's mentoring program also includes activities outside of school, such as picnics and trips to see college football games.

Back-to-School Expo

This program has been very successful and is annually held in July before school begins. About 2,000 students from metropolitan Baton Rouge attended the Expo. All children attending receive school supplies. Workshops are provided to enhance educational opportunities.

100 Black Men of Metropolitan Baton Rouge, Ltd.

72-1235682

FORM 990-EZ PART III, LINES 28-30  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

Capitol City Academy for Boys and Girls

The charter for this high school was acquired in April 2008 by 100 Black Men Capitol Charter Initiative, an entity separate from this Corporation but managed by members who are also members of 100 Black Men of Metropolitan Baton Rouge. The school is responsible for the education of approximately 400 students. The mission is to improve the students' education experience while providing a quality education. This Corporation provides support by seeking funding for some of the school's activities, paying some of the school expenses, and providing an administrative facility at no charge. The Corporation considers this program to be a major project.

Form 990-EZ, Part IV  
100 Black Men of Metropolitan Baton Rouge, Ltd.  
72-1235682

**OFFICERS**

Adell Brown, Jr., Ph.D. President and Chairman 5731 Valley Forge Avenue Rouge, LA 70808	Patrick Morgan Secretary 12500 Old Hammond Hwy Unit B-2 Baton Rouge, LA 70816	Alvin J. Cavalier Fiscal Officer, VP of Finance 413-C Longwood Court Baton Rouge, LA 70806
Michael W. Victorian VP of Operations 1639 Cobblestone CT Baton Rouge, LA 70806	John F. Smith VP of Programs Post Office Box 53245 Baton Rouge, LA 70892	Melvin J. Chambers, Jr. Sergeant at Arms 1022 Brutus Drive Baton Rouge, LA 70816
Jesse H. Spland, Chaplain 6443 Lawnridge Drive Baton Rouge, LA 70818	Earl K. Butler, VP of Development 11123 Greencrest Drive Baton Rouge, LA 70811	

**BOARD OF DIRECTORS**

Ernie Troy Hughes, Ph.D. 13807 Kimbleton Ave. Baton Rouge, LA 70817	Walter E. Morgan 10503 N. Myrtle Lake Ave Baton Rouge, LA 70809
Bernell Boudreaux 9435 Glennsade Baton Rouge, LA 70814	Shelton Dennis Blunt, Esq. 6334 Morgan Bend Drive Baton Rouge, LA 70820
Robert Preston Brown 11920 Lakemist Ave. Baton Rouge, LA 70810	Preston Joseph Castille, Jr. P. O. Box 2471 Baton Rouge, LA 70821
Brace B. Godfrey, Jr., Esq. 6328 Riverbend Boulevard Baton Rouge, LA 70820	Kevin C. Barnes 22962 Ligon Road Zachary, LA 70791
Rev. Larry D. Smith 2939 Laurel Plantation Ave. Baton Rouge, LA 70820	David L. Wilson 5429 Valley Forge Avenue Baton Rouge, LA 70808
Kenneth L. Wilson 3624 Warren Drive Baton Rouge, LA 70814	

None of the officers or board members are paid any compensation for performing their voluntary duties. However, Alvin Cavalier is paid \$100 per month to perform bookkeeping services apart from his traditional duties as fiscal officer.

## 2008

- Keep for your records

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**Code:** S = Sold, A = Auto, L = Listed, C = COGS

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.**

<b>Type or print</b>  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	100 Black Men of Metropolitan Baton Rouge, Ltd.		72-1235682
	Number, street, and room or suite number. If a P.O. box, see instructions		For IRS use only
	P.O. Box 2286		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
	Baton Rouge LA 70821-2286		

**Check type of return to be filed** (File a separate application for each return).

- |   |  |                                      |                                    |
|---|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-PF                                 | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of **Alvin Cavalier**  
Telephone No. **(225) 356-9444** FAX No. **(225) 356-9453**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **May 17**, 20 **10**.
- For calendar year . . . . ., or other tax year beginning **Jul 1**, 20 **08**, and ending **Jun 30**, 20 **09**.
- If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **TAXPAYER IS WAITING ON INFORMATION BEYOND ITS CONTROL TO ALLOW IT TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions . . . . .	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 . . . . .	<b>8b</b>	\$	<b>0.</b>
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs . . . . .	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Alvin Cavalier** Title **CPA** Date **01/17/10**

mailed 1/18/10