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Form

990

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

2011

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning

and ending

B Check if applicable

☐ Address change

☒ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

YMCA OF THE CAPITAL AREA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

350 S. FOSTER DRIVE

City or town, state or country, and ZIP + 4

BATON ROUGE, LA 70806

F Name and address of principal officer: ROBERT JACOBS

SAME AS C ABOVE

D Employer identification number

72-0408994

E Telephone number

225-923-0653

G Gross receipts \$

12,966,778.

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.YMCABATONROUGE.ORG

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation: 1917

M State of legal domicile LA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: FOCUSING ON YOUTH DEVELOPMENT, HEALTHY LIVING, AND SOCIAL RESPONSIBILITY

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2011 (Part V, line 2)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 112,552.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

2,282,772.

1,605,617.

10,550,085.

11,148,133.

280,242.

184,879.

139,354.

28,149.

13,252,453.

12,966,778.

0.

0.

0.

0.

5,186,369.

5,515,483.

0.

0.

5,626,221.

5,690,200.

10,812,590.

11,205,683.

2,439,863.

1,761,095.

Beginning of Current Year

End of Year

42,731,048.

44,070,581.

8,791,975.

8,370,413.

33,939,073.

35,700,168.

Part II Signature Block

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

Sign Here

Signature of officer

ROBERT JACOBS, PRESIDENT/CEO

Type or print name and title

Date

7-24-12

Paid Preparer Use Only

Print/Type preparer's name

CHARLES R. PEVEY

Preparer's signature

Date

Check ☒ self-employed

PTIN

Firm's name

HAWTHORN, WAYMOUTH & CARROLL, L.L.P.

Firm's EIN

72-0464428

Firm's address

8555 UNITED PLAZA BLVD. - NO. 200

BATON ROUGE, LA 70809-9982

Phone no

225-923-3000

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

☒ Yes ☐ No

132001 01-23-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

SCANNED AUG 6 2012

616 4

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:**PRIMARY EXEMPT PURPOSE:**

WE NURTURE THE POTENTIAL OF KIDS, PROMOTE HEALTHY LIVING FOR ALL, AND FOSTER SOCIAL RESPONSIBILITY THROUGH MANY HEALTH AND HUMAN SERVICE PROGRAMS THAT PROMOTE JUDEO-CHRISTIAN VALUES WHILE PROMOTING A HEALTHY

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code \_\_\_\_\_) (Expenses \$ 9,533,995. Including grants of \$ \_\_\_\_\_) (Revenue \$ 11,176,282.)  
**YOUTH PROGRAM—**

CHILDCARE IS THE FIRST CHANCE THE YMCA HAS TO CARE FOR ITS MEMBERS. ALL YMCA CHILD AND YOUTH PROGRAMS ARE TOOLS FOR BUILDING SUCCESSFUL RELATIONSHIPS BETWEEN CHILDREN AND ADULTS, WHETHER THOSE ADULTS ARE PARENTS, OTHER CAREGIVERS, OR YMCA VOLUNTEERS AND STAFF MEMBERS. PRESENTLY MORE THAN 31 DIFFERENT PROGRAMS INCORPORATE CORE VALUES OF CARING, HONESTY, RESPECT, AND RESPONSIBILITY. WITH THE ENCOURAGEMENT OF ADULTS AT THE YMCA, CHILDREN OF DIFFERENT BACKGROUNDS WILL HAVE INCREASED OPPORTUNITIES TO GAIN THESE CRITICAL DEVELOPMENTAL ASSETS:

—SUPPORT ASSETS \ MAKING CONNECTIONS BETWEEN PARENTS, EXTENDED FAMILY

**4b** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ Including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**ADULT PROGRAMS—**

ADULT CARE AT THE YMCA HELPS KEEP US ALL HEALTHIER AND MORE MOTIVATED. MANY ADULT MEMBERS BEGAN THEIR ASSOCIATION WITH THE YMCA IN YOUTH PROGRAMS AND HAVE CONTINUED THEIR ASSOCIATION OVER THE YEARS, BUILDING A HEALTHY LIFESTYLE FOR THEIR FUTURE. ADULT PROGRAMS FOR HEALTH AND FITNESS INCLUDE AEROBICS, AQUATICS, BASKETBALL, RACQUETBALL, FREE-WEIGHTS AND NAUTILUS EQUIPMENT, AND THRIVING SPORTS LEAGUES. AT SEVERAL BRANCHES, ADULT BASKETBALL LEAGUES ARE ANOTHER WAY THE YMCA GOES ABOUT CARING FOR OUR MEMBERS. FITNESS PROGRAMS FOR ADULTS TRANSLATE INTO HEALTHIER LIFESTYLES AND LESS STRESS, BALANCING WORK AND FAMILY.

**4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ Including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**FAMILY PROGRAMS—**

PARENTING IS AN INCREASINGLY CHALLENGING TASK, WITH NEARLY 70% OF CHILDREN LIVING IN A HOUSEHOLD WITH BOTH PARENTS WORKING OR HEADED BY A SINGLE PARENT. FINDING QUALITY FAMILY TIME IS DIFFICULT. MEANWHILE, CHILDREN FROM LOW-INCOME FAMILIES HAVE MORE PHYSICAL, EMOTIONAL AND MENTAL CHALLENGES THAT INTERFERE WITH THEIR ABILITIES TO DO WELL IN SCHOOL.

YMCA FAMILY RECREATION AND PROGRAMS PROVIDE RELEVANT OPPORTUNITIES FOR CHILDREN AND THEIR PARENTS TO RELATE WITH EACH OTHER. YMCA FAMILY PROGRAMS CAN:

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ \_\_\_\_\_ Including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶** 9,533,995.

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**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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
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? If "Yes," complete Schedule C, Part II		X
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		X
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		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>25b</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? <i>If "Yes," complete Schedule L, Part I</i>		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>28c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i>	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	46	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	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	780	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>b</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.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	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.		
<b>b</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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> 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	20	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	17	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	X	
<b>b</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?	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**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: **THE ORGANIZATION - 225-923-0653**  
**350 S. FOSTER DRIVE, BATON ROUGE, LA 70806**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VERGE AUSBERRY DIRECTOR	1.00	X						0.	0.	0.
(2) RALPH BENDER DIRECTOR	1.00	X						0.	0.	0.
(3) ANDY BLUMBERG DIRECTOR	1.00	X						0.	0.	0.
(4) NORMAN CHENEVERT VICE CHAIRMAN - BUILDING	1.00	X						0.	0.	0.
(5) STACEY CHIASSON DIRECTOR	1.00	X						0.	0.	0.
(6) ANGELA GAUTHIER DIRECTOR	1.00	X						0.	0.	0.
(7) EDMUND GIERING IV DIRECTOR	1.00	X						0.	0.	0.
(8) KATHI GILL DIRECTOR	1.00	X						0.	0.	0.
(9) GWEN HAMILTON SECRETARY	1.00	X						0.	0.	0.
(10) RICHARD HEROMAN DIRECTOR	1.00	X						0.	0.	0.
(11) LANCE KINCHEN VICE CHAIRMAN - FINANCE	1.00	X						0.	0.	0.
(12) ERIC LANE DIRECTOR	1.00	X						0.	0.	0.
(13) TERRENCE LOCKETT DIRECTOR	1.00	X						0.	0.	0.
(14) JAKE MANSHIP DIRECTOR	1.00	X						0.	0.	0.
(15) HARRY MORRIS DIRECTOR	1.00	X						0.	0.	0.
(16) JOHN SCHILLER DIRECTOR	1.00	X						0.	0.	0.
(17) GARY SLIGAR DIRECTOR	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRIS SPENCER DIRECTOR	1.00	X						0.	0.	0.
(19) ANN FORTE TRAPPEY CHAIR	1.00	X						0.	0.	0.
(20) JACK TROSTLE DIRECTOR	1.00	X						0.	0.	0.
(21) BOBBY YARBOROUGH DIRECTOR	1.00	X						0.	0.	0.
(22) ROBERT JACOBS PRESIDENT/CEO	40.00			X				197,203.	0.	57,770.
(23) ZAMAL MOHAMED V.P. - FINANCE	40.00			X				74,269.	0.	17,678.
(24) GEORGE CROOKER GROUP EXECUTIVE DIRECTOR	40.00			X				88,425.	0.	14,070.
(25) JEFF CASEY GROUP EXECUTIVE DIRECTOR	40.00			X				81,586.	0.	16,033.
<b>1b Sub-total</b>								441,483.	0.	105,551.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								441,483.	0.	105,551.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
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 <b>0</b>		

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>	142,843.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	313,468.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,149,306.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			1,605,617.			
<b>Program Service Revenue</b>	<b>2 a</b> <u>PROGRAM REGISTRATION F</u>	<b>Business Code</b>	713940	11148133.	11148133.		
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			11148133.			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			184,879.			184,879.
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>Other Revenue</b>	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
	<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
	<b>11 a</b> <u>SUBSIDIARY EARNINGS</u>		900099	17,334.	17,334.		
	<b>b</b> <u>MISCELLANEOUS</u>		900099	10,815.	10,815.		
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			28,149.			
	<b>12 Total revenue.</b> See instructions			12966778.	11176282.	0.	184,879.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
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	441,483.	362,016.	70,637.	8,830.
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	4,269,208.	3,500,746.	683,078.	85,384.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	257,483.	211,136.	41,198.	5,149.
9 Other employee benefits	195,327.	160,168.	31,252.	3,907.
10 Payroll taxes	351,982.	288,625.	56,317.	7,040.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,200.		25,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,373,935.	1,231,239.	142,696.	
12 Advertising and promotion	77,113.	63,233.	12,338.	1,542.
13 Office expenses	892,889.	766,416.	125,773.	700.
14 Information technology				
15 Royalties				
16 Occupancy	1,253,773.	1,128,396.	125,377.	
17 Travel	97,283.	66,152.	31,131.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	185,872.	65,055.	120,817.	
20 Interest	324,820.	324,820.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	372,335.	335,101.	37,234.	
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.)				
a EQUIPMENT MAINTENANCE	853,065.	818,942.	34,123.	
b DUES AND SUBSCRIPTIONS	127,488.	114,739.	12,749.	
c SPECIAL EVENTS	98,194.	97,211.	983.	
d MISCELLANEOUS	8,233.		8,233.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,205,683.	9,533,995.	1,559,136.	112,552.
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**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	775,594.	1	339,655.
	2 Savings and temporary cash investments	1,388,507.	2	1,107,684.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	0.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	4,767,387.	7	4,821,762.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 33,388,820.		
	b Less: accumulated depreciation	10b	10c	33,388,820.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,895,067.	12	3,038,270.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	353,573.	15	1,374,390.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	42,731,048.	16	44,070,581.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	8,730,000.	20	8,336,169.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	37,910.	23	27,512.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,065.	25	6,732.
	26 <b>Total liabilities.</b> Add lines 17 through 25	8,791,975.	26	8,370,413.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	31,627,121.	27	32,811,254.
	28 Temporarily restricted net assets	1,931,520.	28	2,498,022.
	29 Permanently restricted net assets	380,432.	29	390,892.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	33,939,073.	33	35,700,168.
	34 <b>Total liabilities and net assets/fund balances</b>	42,731,048.	34	44,070,581.

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,966,778.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,205,683.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,761,095.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33,939,073.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	35,700,168.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☒ Other MODIFIED CASH  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? ☐
- b Were the organization's financial statements audited by an independent accountant? ☐
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ☐  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? ☐
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2011)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<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.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 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 <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8994245.	2620560.	1253961.	2044863.	1302193.	16215822.
<b>2</b> 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	3160269.	10910410.	10771088.	10787994.	11451556.	47081317.
<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 through 5	12154514.	13530970.	12025049.	12832857.	12753749.	63297139.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	892,459.	1633969.				2526428.
<b>b</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						0.
<b>c</b> Add lines 7a and 7b	892,459.	1633969.				2526428.
<b>8 Public support.</b> (Subtract line 7c from line 6)						60770711.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6	12154514.	13530970.	12025049.	12832857.	12753749.	63297139.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	285,823.	<328,462.>	879,654.	280,242.	188,241.	1305498.
<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	285,823.	<328,462.>	879,654.	280,242.	188,241.	1305498.
<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.)				139,354.	10,816.	150,170.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	12440337.	13202508.	12904703.	13252453.	12952806.	64752807.
<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 <b>stop here</b> ▶ <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	93.85 %
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	16	91.94 %

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	2.02 %
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	18	2.11 %

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☒

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐



**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

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

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

YMCA OF THE CAPITAL AREA

Employer identification number

72-0408994

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,715,430.	2,311,952.	1,908,698.	2,227,986.	
b Contributions	130,000.	176,846.	175,000.	167,936.	
c Net investment earnings, gains, and losses	39,719.	246,232.	244,365.	<468,650.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	25,747.	19,600.	16,111.	18,574.	
g End of year balance	2,859,402.	2,715,430.	2,311,952.	1,908,698.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 86.33 %

b Permanent endowment 13.67 %

c Temporarily restricted endowment          %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		951,034.		951,034.
b Buildings		28,277,346.		28,277,346.
c Leasehold improvements		15,157.		15,157.
d Equipment		3,702,158.		3,702,158.
e Other		443,125.		443,125.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				33,388,820.

Schedule D (Form 990) 2011

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ANNUITY CONTRACT	178,868.	COST
(B) OTHER SECURITIES	3,460.	COST
(C) BENEFICIAL INTEREST IN		
(D) INVESTMENTS	2,855,942.	COST
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12 ) ▶	3,038,270.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13 ) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 ) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFICIT IN SUBSIDIARY	6,732.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	6,732.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,966,778.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,205,683.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,761,095.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,761,095.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	12,973,878.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	7,100.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	7,100.
3	Subtract line 2e from line 1	3	12,966,778.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,966,778.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	11,212,781.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,100.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	7,100.
3	Subtract line 2e from line 1	3	11,205,681.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	2.
c	Add lines 4a and 4b	4c	2.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	11,205,683.

**Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: ENDOWMENT FUNDS ARE INTENDED FOR FUNDING OF FUTURE**

**OPERATIONS AND CAPITAL PROJECTS.**

**PART X, LINE 2: THE YMCA IS A NONPROFIT ORGANIZATION EXEMPT FROM**

**INCOME TAXES UNDER PROVISIONS OF THE INTERNAL REVENUE SERVICE CODE SECTION**

**501(C)(3); THEREFORE, NO PROVISION HAS BEEN MADE FOR INCOME TAXES.**

**THE YMCA ADOPTED THE REVISED PROVISIONS OF FASB ASC 740, RELATING TO**

**Part XIV** Supplemental Information (continued)

UNCERTAIN INCOME TAX POSITIONS. THESE STANDARDS REQUIRE MANAGEMENT TO PERFORM AN EVALUATION OF ALL INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING THE YMCA'S INCOME TAX RETURNS TO DETERMINE WHETHER THE INCOME TAX POSITIONS MEET A "MORE LIKELY THAN NOT" STANDARD OF BEING SUSTAINED UNDER EXAMINATION BY THE APPLICABLE TAXING AUTHORITIES. THIS EVALUATION IS REQUIRED TO BE PERFORMED FOR ALL OPEN TAX YEARS, AS DEFINED BY THE VARIOUS STATUTES OF LIMITATIONS FOR FEDERAL PURPOSES.

MANAGEMENT HAS PERFORMED ITS EVALUATION OF ALL OTHER INCOME TAX POSITIONS TAKEN ON ALL OPEN INCOME TAX RETURNS AND HAS DETERMINED THAT THERE WERE NO POSITIONS TAKEN THAT DO NOT MEET THE "MORE LIKELY THAN NOT" STANDARD. THE INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2008, 2009, AND 2010 REMAIN OPEN FOR POSSIBLE EXAMINATION BY TAXING AUTHORITIES.

FROM TIME TO TIME, THE YMCA MAY BE SUBJECT TO INTEREST AND PENALTIES ASSESSED BY VARIOUS TAXING AUTHORITIES. THESE AMOUNTS HAVE HISTORICALLY BEEN INSIGNIFICANT AND ARE CLASSIFIED AS OTHER EXPENSES WHEN THEY OCCUR.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ROUNDING

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING DIFFERENCES

2.

**SCHEDULE J  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**Open to Public  
Inspection

Name of the organization

YMCA OF THE CAPITAL AREA

Employer identification number

72-0408994

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ...
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ...
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ...
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ...
- b** Any related organization? ...
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ...
- b** Any related organization? ...
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

**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)(i)-(iii) 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	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT JACOBS	(i) 197,203.	0.	0.	54,130.	3,640.	254,973.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**YMCA OF THE CAPITAL AREA**

Employer identification number  
**72-0408994**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
LOUISIANA COMMUNITY A DEVELOPMENT AUTHORITY	72-1416168546279J27		08/28/07	10000000	RENOVATIONS/CONST RUCTION OF FACILI		X		X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue								
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds								
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2008							
14 Were the bonds issued as part of a current refunding issue?		X						
15 Were the bonds issued as part of an advance refunding issue?		X						
16 Has the final allocation of proceeds been made?		X						
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

132121  
01-23-12



**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?		X						
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
<b>6</b> Total of lines 4 and 5		%		%		%		%
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X						

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
<b>2</b> Is the bond issue a variable rate issue?		X						
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintergrated?								
<b>e</b> Was the hedge terminated?								
<b>4a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>6</b> Did the bond issue qualify for an exception to rebate?		X						

**Part V Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

**Part VI Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

2011

## Open To Public Inspection

YMCA OF THE CAPITAL AREA

Employer identification number  
72-0408994

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

[illegible]

<b>Total</b>	<b>\$</b>
--------------	-----------

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
DEBBIE JACOBS	WIFE OF PRESIDENT/C	72,887.	EMPLOYMENT		X
CHENEVERT ARCHITECTS	BUSINESS OWNED BY D	488,743.	ARCHITECTUR		X
GERRY LANE ENTERPRISES	BUSINESS OWNED BY D	9,077.	PURCHASE OF		X
BREAZEALE, SACHSE & WILSON	BUSINESS OWNED BY D	43,793.	LEGAL FEES		X

**Part V Supplemental Information**

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

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: DEBBIE JACOBS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

WIFE OF PRESIDENT/CEO ROBERT JACOBS

(C) AMOUNT OF TRANSACTION \$ 72,887.

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT COMPENSATION AND BENEFITS AS  
THE HUMAN RESOURCES DIRECTOR

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHENEVERT ARCHITECTS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS OWNED BY DIRECTOR NORMAN CHENEVERT

(C) AMOUNT OF TRANSACTION \$ 488,743.

(D) DESCRIPTION OF TRANSACTION: ARCHITECTURE FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: GERRY LANE ENTERPRISES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS OWNED BY DIRECTOR ERIC LANE

(C) AMOUNT OF TRANSACTION \$ 9,077.

**Part V** Supplemental Information

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

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF VEHICLES

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: BREAZEALE, SACHSE &amp; WILSON, LLP

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BUSINESS OWNED BY DIRECTOR LANCE KINCHEN

(C) AMOUNT OF TRANSACTION \$ 43,793.

(D) DESCRIPTION OF TRANSACTION: LEGAL FEES

(E) SHARING OF ORGANIZATION REVENUES? = NO

**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 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

YMCA OF THE CAPITAL AREA

Employer identification number  
72-0408994

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SPIRIT, MIND, AND BODY FOR ALL.

OVERVIEW OF THE YMCA OF THE CAPITAL AREA (BATON ROUGE)

MISSION DRIVEN:

FOUNDED IN 1917, THROUGH PROGRAMS THAT BUILD HEALTH, SPIRIT, MIND, AND  
BODY, YMCA PROGRAMS GUIDE YOUTH, ENRICH FAMILIES, ENHANCE HEALTH, AND  
PROMOTE INTERCULTURAL UNDERSTANDING. UNDERLYING EVERY PROGRAM ARE THE  
FOUR KEY VALUES: CARING, HONESTY, RESPECT, AND RESPONSIBILITIES.

OPEN TO ALL:

PEOPLE OF ALL FAITHS, RACE, ABILITIES, AND INCOMES ARE INVOLVED IN THE  
YMCA, WITH 31% UNDER THE AGE OF 18. THE BATON ROUGE ASSOCIATION  
REMAINS CONSISTENT WITH ITS POLICY THAT "WITHIN AVAILABLE RESOURCES, NO  
ONE WILL BE TURNED AWAY FROM PARTICIPATION IN A YMCA PROGRAM DUE TO  
FINANCIAL INABILITY TO PAY THE FEE". (SEE BELOW FOR CONTINUATION)

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

MEMBERS, AND NON-RELATED ADULTS AND YOUTH.

-CONSTRUCTIVE USE OF TIME \ YMCA SPONSORED ACTIVITIES AND SUPERVISED  
RECREATION PROVIDE OPPORTUNITIES FOR POSITIVE USE OF YOUTH'S TIME  
THROUGH AFTER SCHOOL PROGRAMS, TEEN NIGHTS, AND SUMMER DAY CAMPS.

-COMMITMENT TO LEARNING \ TUTORING AND HOME ASSISTANCE IN AFTER SCHOOL

Name of the organization

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PROGRAMS DEVELOPS A SENSE OF COMMITMENT AND A HEALTHY PERSPECTIVE ON  
LEARNING, WHILE NUTURING ALL-IMPORTANT "MENTOR RELATIONSHIPS."

-SOCIAL AND PHYSICAL COMPETENCIES \ ARTS PROGRAMS AND YOUTH SPORTS  
(WHERE THE YMCA MOTTO, "EVERYBODY PLAYS, EVERYBODY WINS" APPLIES) HELPS  
DEVELOP SKILLS THAT PROMOTE GOOD DECISIONS AND A HEALTH OUTLOOK ON  
COMPETITION.

-POSITIVE IDENTITY \ COMMUNITY-RELATED PROGRAMMING SUCH AS "YOUTH AND  
GOVERNMENT" ENCOURAGES ADOLESCENTS TO TAKE ON LEADERSHIP ROLES WHILE  
ESTABLISHING A SENSE OF SELF WORTH. IN ADDITION, CREATIVE VENUES AND  
COUNCILS ALLOWING YOUNG PEOPLE TO CONTRIBUTE THEIR IDEAS ARE USED TO  
DEVELOP NEW PROGRAMS, ESTABLISH RULES AND GUIDELINES AND HELP PLAN  
YOUTH EVENTS.

-EMPOWERMENT \ YOUNG PEOPLE LEARN THE IMPORTANCE OF SERVING OTHERS  
THROUGH PROGRAM-SPECIFIC VOLUNTEERISM AND THROUGH OUT "LEADERS IN  
TRAINING" AND "COUNSELORS IN TRAINING" PROGRAMS. "BLACK/MINORITY  
ACHIEVERS" AND "LEADERS CLUB" PROGRAMS ENABLE YOUTH TO RAISE THE BAR IN  
SETTING AND ACHIEVING HIGH EDUCATIONAL AND PROFESSIONAL GOALS.

BEFORE AND AFTER SCHOOL CHILD CARE AND PRESCHOOL

- KEEPS KIDS SAFE
- SERVES 1100 KIDS PER DAY IN SUMMER PROGRAMS
- SERVES 60 KIDS PER DAY IN PRESCHOOL
- SERVES 1700 KIDS PER DAY DURING SCHOOL YEAR
- DEVELOPS POSITIVE DEVELOPMENTAL ASSETS
- PROVIDES A DETERRENCE FROM GANGS AND DRUGS

Name of the organization

YMCA OF THE CAPITAL AREA

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- MEETS NEEDS OF WORKING PARENTS
- PROVIDES A COST EFFECTIVE SERVICE FOR BUSINESSES
- GAVE \$403,000 IN DIRECT FINANCIAL AID GRANTS TO HELP THOSE WHO CAN'T PAY FEES

WATER SAFETY INSTRUCTION PROGRAM

- KEEPS KIDS SAFE
- BUILDS CONFIDENCE
- PROMOTES PHYSICAL FITNESS
- SERVES 1000 KIDS EACH SIX-WEEK SESSION

BLACK ACHIEVERS PROGRAM

- THE YMCA BLACK ACHIEVERS PROGRAM IS A MENTORING EXPERIENCE THAT PAIRS YOUNG PEOPLE WITH SUCCESSFUL AFRICAN-AMERICAN BUSINESS LEADERS. IN BATON ROUGE, BLACK ACHIEVERS GAVE SOME 45 TEENAGERS ROLE MODELS AS INSPIRATION. THAT IMAGE WAS A CLEAR REFLECTION OF THEIR GROWING CONFIDENCE IN EXPRESSING AND PROVING THEMSELVES.

YOUTH IN GOVERNMENT PROGRAM

- THE YMCA ENCOURAGES AND EMPOWERS YOUNG PEOPLE TO BECOME A POSITIVE FORCE IN THEIR OWN FUTURE THROUGH THE YOUTH IN GOVERNMENT PROGRAM, A GOVERNMENT SIMULATION EXPERIENCE. 400 YOUNG PEOPLE FROM ALL OVER THE STATE OF

Name of the organization

YMCA OF THE CAPITAL AREA

Employer identification number

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LOUISIANA ATTENDED A STATE-WIDE, THREE-DAY  
 CONFERENCE IN BATON ROUGE WHERE "BILLS"  
 WRITTEN BY DELEGATES WERE SUCCESSFULLY  
 DEBATED. SEVERAL OF THE YMCA DELEGATES SERVED  
 IN LEADERSHIP ROLES DURING THE CONFERENCE.

## FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

## HEALTH AND PHYSICAL FITNESS

- INCREASES PRODUCTIVITY
- REDUCES MEDICAL COSTS
- COMBATS STRESS AND TENSION
- RELIEVES STRESS OR WORK/FAMILY LIFE
- OFFERS YOUTH FITNESS PROGRAMS THAT REACH OVER  
500

## SENIOR PROGRAMS

- IMPROVE QUALITY OF LIFE BY PROMOTING HEALTHY,  
ACTIVE LIVING
- PROVIDE OPPORTUNITIES FOR MEANINGFUL SERVICE
- OFFER FITNESS, HEALTH SCREENING AND  
EDUCATIONAL PROGRAMS
- PROMOTE A SENSE OF BELONGING THROUGH  
ACTIVITIES
- EXERCISE HELPS WITH MOBILITY ISSUES IN SENIORS
- REDUCE ISOLATION IN SENIOR POPULATION
- 1800 SENIORS SERVED



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## FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

- CREATE MEANINGFUL FAMILY TIME
- REINFORCE PARENT EFFORTS TO INSTILL VALUES
- STRENGTHEN PARENT-CHILD BONDS
- SUPPORT THE FAMILY STRUCTURE

## PARENT CHILD

- STRUCTURES QUALITY TIME FOR PARENTS AND CHILDREN IN A SAFE, FUN, CHRISTIAN ENVIRONMENT
- STRENGTHENS FAMILY RELATIONSHIPS
- HAS 210 DADS, MALE MENTORS AND CHILDREN PARTICIPATING IN THE YMCA GUIDE PROGRAM

OUR STRONG KIDS ANNUAL SUPPORT CAMPAIGN ALLOWS FEES TO REMAIN AFFORDABLE FOR ALL FAMILIES, REGARDLESS OF ABILITY TO PAY.

## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

## COMMUNITY OUTREACH PROGRAMS-

THE ABILITY TO BREAK THROUGH THE BOUNDARIES THAT OFTEN SEPARATE COMMUNITIES IS NOT AN IMPOSSIBLE TASK. FROM INNER CITY CHILDREN WHO HAVE NO HINT OF THE EXHILARATING FREEDOM OF A WEEK AT CAMP TO ISOLATED SENIORS, THE YMCA REACHES OUT TO HELP PEOPLE GO BEYOND THEIR LIMITS - PHYSICALLY, EMOTIONALLY, AND SPIRITUALLY. IT'S A PLACE WHERE EVERYONE BELONGS AND EVERYONE BENEFITS REGARDLESS OF AGE, RACE, RELIGION OR SOCIOECONOMIC BACKGROUND. THE YMCA WILL CONTINUE TO COLLABORATE WITH OTHER AGENCIES TO CREATE A STRONGER SENSE OF COMMUNITY. AS PART OF THAT EFFORT, A HOMELESS PROGRAM WAS DESIGNED WITH SERVICES TO MEET THE NEEDS

Name of the organization

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OF THOSE 14,590 PARTICIPANTS ACROSS THE CITY DELIVERING 1,628 55-GALLON  
DRUMS OF CLOTHING, 1,880 HOMELESS KITS AND MAKING 2,225 REFERRALS TO  
NEEDED CARE PROVIDERS.

FINANCIAL AID PROGRAM

THE YMCA IS COMMITTED TO SERVING THE NEEDS OF ALL MEMBERS OF OUR  
COMMUNITY REGARDLESS OF THEIR ABILITY TO PAY. FINANCIAL ASSISTANCE IS  
AVAILABLE FOR BOTH MEMBERSHIPS AND FOR PROGRAM FEES, INCLUDING ALL  
PROGRAMS AND SERVICES FOR CHILDREN AND YOUTH. FINANCIAL ASSISTANCE IS  
AWARDED ON A NEED AND AVAILABILITY BASIS.

FINANCIAL ASSISTANCE IS MADE POSSIBLE BY YMCA MEMBERS AND COMMUNITY  
FRIENDS AND NEIGHBORS THROUGH THE ASSOCIATION'S STRONG KIDS ANNUAL  
SUPPORT CAMPAIGN AND MAJOR COLLABORATIONS WITH V.O.A. DROP IN CENTER,  
CATHOLIC CHARITIES, AND LIONS CLUB.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY MANAGEMENT  
WITH THE INDEPENDENT ACCOUNTANT BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: ALL DIRECTORS, OFFICERS, KEY  
EMPLOYEES, AND COMMITTEE MEMBERS ARE REQUIRED TO SUBMIT AN ANNUAL  
QUESTIONNAIRE DISCLOSING ALL SIGNIFICANT PERSONAL INTERESTS WITH THE  
ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15A: THE BOARD OF DIRECTORS REFERS TO  
RECOMMENDATIONS FROM THE Y-USA HANDBOOK CONCERNING CEO COMPENSATION AS WELL  
AS THE SALARIES OF THE EXECUTIVES OF OTHER SIMILAR NON-PROFIT

Name of the organization

YMCA OF THE CAPITAL AREA

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72-0408994

## ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.

## FORM 990, PART XI, LINE 1

## OTHER BASIS OF ACCOUNTING

THE ORGANIZATION PREPARES ITS FINANCIAL STATEMENTS USING THE MODIFIED CASH BASIS METHOD OF ACCOUNTING. REVENUE IS RECOGNIZED WHEN CASH IS RECEIVED AND EXPENSES ARE INCURRED WHEN CASH IS DISBURSED. CAPITAL ASSETS ARE RECORDED AT COST WHEN THEY ARE PUT INTO SERVICE AND EXPENSED WHEN THEY ARE RETIRED.

## FORM 990, PART XI, LINE 2C

THE PROCESS USED TO SELECT THE INDEPENDENT ACCOUNTANT DID NOT CHANGE FROM THE PREVIOUS YEAR.

## FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

## CONTINUATION FROM ABOVE

IN THE PAST SEVERAL YEARS, THE BATON ROUGE YMCA HAS AVERAGED SOME \$685,000 IN FINANCIAL ASSISTANCE TO 4,100 YOUTH AND ADULTS.

## COMMUNITY BASED:

THE DEVELOPMENT OF INTEGRATED, COMMUNITY-BASED STRATEGIES FOR SERVING CHILDREN AND FAMILIES IS KEY TO THE YMCA'S SUCCESS. EACH YMCA BRANCH COLLABORATES (TOTAL ASSOCIATION HAS MORE THAN 54 DIFFERENT AGENCIES WE

Name of the organization

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COLLABORATE WITH) TO PROVIDE LIFE-CHANGING FOR YOUTH, FAMILY AND ADULTS  
LIVING IN BATON ROUGE.

GUIDED BY VOLUNTEERS:

DRIVING THESE COLLABORATIVE EFFORTS ARE THE LOCAL VOLUNTEER BOARD  
MEMBERS WHO GOVERN EACH YMCA BRANCH AND MAKE PROGRAM, POLICY, AND  
FINANCIAL DECISIONS BASED ON THE SOCIAL NEEDS OF THEIR IMMEDIATE  
COMMUNITIES. MORE THAN 2,975 GIVE THEIR TIME AND TALENT TO HELP GUIDE  
THE YMCA TO OVERSEE PROGRAMS.

UNITED WAY AFFILIATION:

A UNITED WAY AFFILIATED AGENCY, THE YMCA HAS AN ANNUAL OPERATING BUDGET  
OF TEN MILLION DOLLARS. IT OPERATES 8 COMMUNITY FACILITIES. THE YMCA  
EMPLOYS SOME 200 FULL-TIME AND 300 PART-TIME STAFF.



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

[illegible]

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

[illegible]

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)		X
<b>d</b> Loans or loan guarantees to or for related organization(s)	X	
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Sale of assets to related organization(s)		X
<b>g</b> Purchase of assets from related organization(s)		X
<b>h</b> Exchange of assets with related organization(s)		X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s)	X	
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>n</b> Sharing of paid employees with related organization(s)	X	
<b>o</b> Reimbursement paid to related organization(s) for expenses		X
<b>p</b> Reimbursement paid by related organization(s) for expenses		X
<b>q</b> Other transfer of cash or property to related organization(s)		
<b>r</b> Other transfer of cash or property from related organization(s)		

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) HOWELL PLACE Y FACILITY INC.	D	5,917,000	FIXED RATE AMORTIZATION
(2) HOWELL PLACE Y FACILITY INC.	I	165,000	RENTS RECEIVED
(3)			
(4)			
(5)			
(6)			





**Part VII** Supplemental Information

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

*(This area contains horizontal lines for supplemental information.)*

STATE OF LOUISIANA  
PARISH OF EAST BATON ROUGE

**AMENDMENT TO ARTICLES OF INCORPORATION**  
**OF**  
**THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF BATON ROUGE**

Pursuant to a regular meeting of the Board of Directors of The Young Men's Christian Association of Baton Rouge, duly called, convened and held in Baton Rouge, Louisiana, on the 19<sup>th</sup> day of December, 2002, a quorum of the directors unanimously voted for the following change to the Articles of Incorporation of The Young Men's Christian Association of Baton Rouge dated March 3, 1917, as amended as follows:


**"ARTICLE I.**

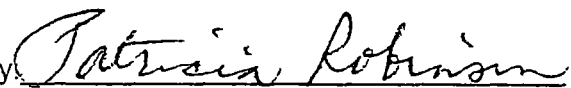
The name of this corporation shall be "YMCA OF THE CAPITAL AREA", and under its corporate name, it shall continue and exist for a period of ninety-nine (99) years from this date, unless sooner dissolved.


THUS DONE AND SIGNED AND PASSED before me, Notary Public and in the presence of the undersigned competent witnesses, at my office in Baton Rouge, Louisiana on the 25<sup>th</sup> day of February, 2003

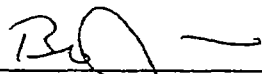
WITNESSES:

THE YOUNG MEN'S CHRISTIAN  
ASSOCIATION OF BATON ROUGE  
(HEREAFTER REFERRED TO AS  
YMCA OF THE CAPITAL AREA)



By:   
President Secretary



By:   
Secretary President

  
NOTARY PUBLIC

**Tom Schedler**  
**Secretary of State**

**State of Louisiana**  
**Secretary of State**

**COMMERCIAL DIVISION**  
**225.925.4704**



Fax Numbers  
 225.932.5317 (Admin. Services)  
 225.932.5314 (Corporations)  
 225.932.5318 (UCC)

Name	Type	City	Status
YMCA OF THE CAPITAL AREA	Non-Profit Corporation	BATON ROUGE	Active

#### Previous Names

THE YOUNG MEN'S CHRISTIAN ASSOCIATION OF BATON ROUGE (Changed: 3/10/2003)

**Business:** YMCA OF THE CAPITAL AREA

**Charter Number:** 00101930 N

**Registration Date:** 3/3/1917

**State Of Origin:**

#### Domicile Address

350 S. FOSTER DRIVE  
 BATON ROUGE, LA 70806

#### Mailing Address

C/O ROBERT E. JACOBS  
 350 S. FOSTER DRIVE  
 BATON ROUGE, LA 70806

### Status

**Status:** Active

**Annual Report Status:** In Good Standing

**File Date:** 3/3/1917

**Last Report Filed:** 2/23/2012

**Type:** Non-Profit Corporation

### Registered Agent(s)

<b>Agent:</b>	ROBERT E. JACOBS
<b>Address 1:</b>	350 S. FOSTER DRIVE
<b>City, State, Zip:</b>	BATON ROUGE, LA 70806
<b>Appointment Date:</b>	3/18/1998

### Officer(s)

**Additional Officers:** No

<b>Officer:</b>	ROBERT E. JACOBS
<b>Title:</b>	Director
<b>Address 1:</b>	350 S. FOSTER DR.
<b>City, State, Zip:</b>	BATON ROUGE, LA 70806

<b>Officer:</b>	ZAMAL ZEE MUHAMED
<b>Title:</b>	Director
<b>Address 1:</b>	350 S. FOSTER DR.
<b>City, State, Zip:</b>	BATON ROUGE, LA 70806

### Amendments on File (3)

Description	Date
Amendment	3/27/1945
Amendment	2/1/1965
Name Change	3/10/2003

[Print](#)

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>YMCA OF THE CAPITAL AREA</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>72-0408994</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>350 S. FOSTER DRIVE</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BATON ROUGE, LA 70806</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**THE ORGANIZATION**

- The books are in the care of ► **350 S. FOSTER DRIVE - BATON ROUGE, LA 70806**  
Telephone No. ► **225-923-0653** FAX No. ► \_\_\_\_\_

- 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.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☒ calendar year **2011** or  
► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2** If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</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>3a</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.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)