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Short Form
Return of Organization Exempt From Income Tax

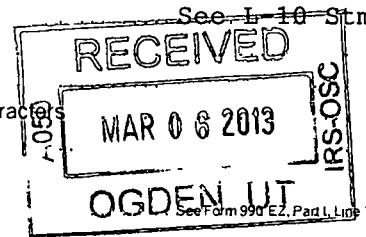
2011

Open to Public
Inspection

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning		Jul 1	, 2011, and ending	Jun 30	, 2012
B Check if applicable		C Name of organization			D Employer identification number
<input type="checkbox"/> Address change		100 Black Men of Metropolitan Baton Rouge, Ltd.			72-1235682
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)			E Telephone number
<input type="checkbox"/> Initial return					(225) 356-9444
<input type="checkbox"/> Terminated		P.O. Box 2286			
<input type="checkbox"/> Amended return		City or town, state or country, and ZIP + 4			
<input type="checkbox"/> Application pending		Baton Rouge			F Group Exemption Number
			LA 70821-2286		
G Accounting Method		<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ►	
I Website:		► N/A			H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (ck only one) —		<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ()	► (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		► \$ 173,949.			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)					
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	121,992.		
	2 Program service revenue including government fees and contracts	2	8,385.		
	3 Membership dues and assessments	3	20,057.		
	4 Investment income	4	3,125.		
	5a Gross amount from sale of assets other than inventory	5a			
	b Less cost or other basis and sales expenses	5b			
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c			
	6 Gaming and fundraising events				
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
	b Gross income from fundraising events (not including \$ 23,110. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	20,380.		
	c Less direct expenses from gaming and fundraising events	6c	25,530.		
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-5,150.		
	7a Gross sales of inventory, less returns and allowances	7a			
	b Less: cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8 Other revenue (describe in Schedule O)	8	10.		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	148,419.		
See Form 990-EZ, Part I, Line 8 Other Revenue ►					
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	5,000.		
	11 Benefits paid to or for members	11			
	12 Salaries, other compensation, and employee benefits	12	45,681.		
	13 Professional fees and other payments to independent contractors	13	15,970.		
	14 Occupancy, rent, utilities, and maintenance	14	19,260.		
	15 Printing, publications, postage, and shipping	15	9,691.		
	16 Other expenses (describe in Schedule O)	16	68,689.		
	17 Total expenses. Add lines 10 through 16	17	164,291.		
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-15,872.		
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	293,843.		
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-1,478.		
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	276,493.		
See Form 990-EZ, Part I, Line 16 Other Expenses ►					
ASSETS	BAA For Paperwork Reduction Act Notice, see the separate instructions.				
	Form 990-EZ (2011)				
	2011				



Part II | Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	219,615.22	189,541.
23	Land and buildings	81,800.23	76,841.
24	Other assets (describe in Schedule O)	2,500.24	15,500.
25	Total assets	303,915.25	281,882.
26	Total liabilities (describe in Schedule O)	10,072.26	5,389.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	293,843.27	276,493.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? **EDUCATION AND MENTORING FOR YOUNG AFRICAN AMERICANS**
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28	MENTORING: This program focuses on mentoring to African American males beginning in middle school to help them develop essential life skills and improve their academic performance and citizenship. (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a	31,719.
29	EDUCATION: To promote academic achievement for inner city youth. Program participants can qualify for college scholarships upon satisfying program requirements. Six youths qualified for scholarships this year. (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a	5,669.
30	HEALTH AND WELLNESS: To promote health awareness & screening relating to diseases prevalent in African-Americans; fulfill special needs at local schools; and promote anti-violence initiatives in the community. (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a	3,173.
31	Other program services (describe in Schedule O) ECONOMIC DEVELOPMENT (Grants \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a	1,948.
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32	42,509.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED SCHEDULE	VARIOUS	0.	0.	0.
SEE ATTACHED	LA 70809	1.00		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No
33 **X**

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) Yes No
34 **X**

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? Yes No
35a **X**

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O Yes No
35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III Yes No
35c **X**

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N Yes No
36 **X**

37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0. Yes No
37b **X**

b Did the organization file **Form 1120-POL** for this year? Yes No
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Yes No
38b

39 Section 501(c)(7) organizations Enter Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
39a

b Gross receipts, included on line 9, for public use of club facilities Yes No
39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No
40b **X**

b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I Yes No
40c

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
40e **X**

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T Yes No

41 List the states with which a copy of this return is filed ► _____

42a The organization's books are in care of ► Fred Sibley Telephone no ► (225) 356-9444
 Located at ► 2050 N. Foster Drive Baton Rouge LA ZIP + 4 ► 70806 Yes No
42b **X**

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
 If 'Yes,' enter the name of the foreign country ► _____

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
 If 'Yes,' enter the name of the foreign country. ► _____

	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42c	X	

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** Yes No

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44a **X**

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No
44b **X**

c Did the organization receive any payments for indoor tanning services during the year? Yes No
44c **X**

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O Yes No
44d

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No
45a **X**

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)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) Yes No
45b **X**

SCHEDULE A
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

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Name of the organization

100 Black Men of Metropolitan Baton Rouge, Ltd.

Employer identification number

72-1235682

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III – Functionally integrated d Type III – Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 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
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	160,880.	178,789.	102,216.	107,537.	129,628.	679,050.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0.	0.	0.	0.	0.	0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0.	0.	0.	0.	0.	0.
4 Total. Add lines 1 through 3	160,880.	178,789.	102,216.	107,537.	129,628.	679,050.
5 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)						107,228.
6 Public support. Subtract line 5 from line 4						571,822.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	160,880.	178,789.	102,216.	107,537.	129,628.	679,050.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,512.	2,927.	3,134.	3,080.	3,125.	14,778.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	0.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,450.	312.	8,056.	3,247.	8,395.	23,460.
11 Total support. Add lines 7 through 10						717,288.
12 Gross receipts from related activities, etc (see instructions)						12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► **Section C. Computation of Public Support Percentage**

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	79.72 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	81.07 %
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

BAA

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 yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add Ins 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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	► <input type="checkbox"/>
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	► <input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	► <input type="checkbox"/>

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

Other Income Part II, Line 10Description: BOOTH FEES

2007: 900.

2008: 0.

2009: 0.

2010: 0.

2011: 0.

Description: MERCHANDISE SALES

2007: 20.

2008: 7.

2009: 590.

2010: 340.

2011: 10.

Description: FEES FOR MENTEE ACTIVITIES

2007: 2530.

2008: 245.

2009: 1781.

2010: 2590.

2011: 8385.

Description: COPYING CHARGES

2007: 0.

2008: 60.

2009: 69.

2010: 0.

2011: 0.

Description: MISCELLANEOUS

2007: 0.

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

BAA**Schedule A (Form 990 or 990-EZ) 2011**

Supplemental Information Regarding Fundraising or Gaming Activities

2011

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization

Employer identification number

72-1235682

100 Black Men of Metropolitan Baton Rouge, Ltd.

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17

Part I Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

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

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 BROTHERHOOD/SISTERH (event type)	(b) Event #2 GOLF EVENT 1 (event type)	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
		28,265.	15,225.		43,490.
	1 Gross receipts	15,090.	8,020.		23,110.
	3 Gross income (line 1 minus line 2)	13,175.	7,205.		20,380.
DIRECT EXPENSES	4 Cash prizes	0.	0.		0.
	5 Noncash prizes	0.	2,695.		2,695.
	6 Rent/facility costs	500.	4,080.		4,580.
	7 Food and beverages	18,255.	0.		18,255.
	8 Entertainment	0.	0.		0.
	9 Other direct expenses	0.	0.		0.
	10 Direct expense summary Add lines 4 through 9 in column (d)				25,530.
	11 Net income summary Combine line 3, column (d), and line 10				-5,150.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility
b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If 'Yes,' enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

2011

**Open to Public
Inspection**

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.

Name of the organization

100 Black Men of Metropolitan Baton Rouge, Ltd.

Employer identification number

72-1235682

Pt III, Line 31 Economic Development: To address the issue of financial

Pt III, Line 31 literacy and improve students' math skills and to

Pt III, Line 31 increase their awareness about good money management practices.

Depreciation and Amortization
(Including Information on Listed Property)

2011

Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

100 Black Men of Metropolitan Baton Rouge, Ltd.

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16 5,763.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A	
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>

Section B – Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

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

Section C – Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations – see instructions	22 5,763.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

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

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

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

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

Section B – Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year					
44 Total. Add amounts in column (f) See the instructions for where to report					

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

MERCHANDISE SALES 10.

Total 10.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

ADVERTISING 1,472.

ANNUITY PREMIUM 61.

AWARDS AND RECOGNITION 2,901.

BANK SERVICE CHARGES 121.

CONFERENCES AND CONVENTIONS 9,518.

DUES AND SUBSCRIPTIONS 3,731.

ENTERTAINMENT 300.

EQUIPMENT RENT & POST OFFICE BOX RENT 678.

EVENT SPONSORSHIPS 2,650.

FLOWERS AND GIFTS 421.

INTEREST EXPENSE 13.

MEALS & REFRESHMENTS 3,938.

MENTEE ACTIVITIES 921.

MISCELLANEOUS 307.

OFFICE EXPENSE 1,691.

PAYROLL TAXES 3,494.

PHOTOGRAPHY 2,236.

SECURITY 294.

SUPPLIES 3,439.

T SHIRTS 500.

TELEPHONE 2,295.

TRAVEL 2,342.

TRAINING AND WORKSHOPS 6,135.

WEBPAGE 1,800.

Depreciation 5,763.

BOOKS AND PUBLICATIONS 3,864.

FILING FEE 5.

MILEAGE AND CELLPHONE REIMBURSEMENT 132.

PUBLIC RELATIONS 880.

SUBCONTRACTED SERVICES 3,206.

TICKETS 250.

TUTORING SERVICES 2,920.

PRIZES 411.

Total 68,689.

Schedule A (Form 990 or 990EZ) - Part IV - Supplemental Information (continued)

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

2008: 0.

2009: 635.

2010: 317.

2011: 0.

Description: COLLEGIATE 100

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

Continued

2007: 0.

2008: 0.

2009: 752.

2010: 0.

2011: 0.

Description: CAPITAL HIGH BASKETBALL INCOME

2007: 0.

2008: 0.

2009: 4229.

2010: 0.

2011: 0.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ

Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Purpose of Payment

SCHOLARSHIPS

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> CRAIG YOUNG 3155 CENROB DRIVE BATON ROUGE LA 70805	NONE	500.

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

Description of Property _____

Date of Gift _____

Book Value

How Book Value Determined

FMV

How FMV Determined

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> DARRELL FORTENBERRY 2150 N. SHERWOOD FOREST DRIVE BATON ROUGE LA 70815	NONE	500.

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

Description of Property _____

Date of Gift _____

Book Value

How Book Value Determined

FMV

How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> COURTNEY PERRY 7274 HANKS DRIVE BATON ROUGE LA 70812	NONE	500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> LEROY SPURLOCK 1930 BIRCH STREET BATON ROUGE LA 70802	NONE	1,000.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
<u>SCHOLARSHIP</u>	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> MICHAEL JONES 21933 LIGON ROAD ZACHARY LA 70791	NONE	500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined
FMV	How FMV Determined

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid

Continued

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> TERRELL MORRISON 3929 INDIAN RUN DRIVE BATON ROUGE LA 70816	NONE	500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Purpose of Payment

SCHOLARSHIP

Class of Activity	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> WILLIAM TILLEY P O BOX 82036 BATON ROUGE LA 70884	NONE	1,500.

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

Description of Property _____

Date of Gift _____

Book Value	How Book Value Determined		
FMV	How FMV Determined		

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part I, Line 20

Description	Amount
UNREALIZED LOSS - DECLINE IN FAIR MARKET VALUE OF MUTUAL FUNDS	-1,478.
Total	<u>-1,478.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
RECEIVABLE FROM LORIN CRENSHAW	2,500.	2,500.
UNCONDITIONAL PROMISES TO GIVE	0.	12,000.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Continued

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>PREPAID EXPENSES</u>	0.	<u>1,000.</u>
Total	<u>2,500.</u>	<u>15,500.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
<u>ACCOUNTS PAYABLE & ACCRUED EXPENSES</u>	10,072.	<u>5,389.</u>
Total	<u>10,072.</u>	<u>5,389.</u>

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

OFFICERS

Adell Brown, Jr., Ph.D. President and Chairman 5731 Valley Forge Avenue Rouge, LA 70808	.Kenrick T. Nixon Secretary 12002 Brianna Ave. Baton Rouge, LA 70818	Alvin J. Cavalier Fiscal Officer, VP of Finance 413-C Longwood Court Baton Rouge, LA 70806
Michael W. Victorian VP of Operations 1639 Cobblestone CT Baton Rouge, LA 70806	John F. Smith VP of Programs Post Office Box 53245 Baton Rouge, LA 70892	Melvin J. Chambers, Jr. Sergeant at Arms 1022 Brutus Drive Baton Rouge, LA 70816
Jesse H. Spland, Chaplain 6443 Lawnridge Drive Baton Rouge, LA 70818	Donovan Hudson, VP of Development 19439 N. Trent Jones Dr. Baton Rouge, LA 70810	

BOARD OF DIRECTORS

Ernie Troy Hughes, Ph.D. 13807 Kimbleton Ave. Baton Rouge, LA 70817	Murphy Bell, Jr., Esq. 6765 Corporate Blvd, # 8103 Baton Rouge, LA 70809
Bernell Boudreaux 9435 Glensade Baton Rouge, LA 70814	Shelton Dennis Blunt, Esq. 6334 Morgan Bend Drive Baton Rouge, LA 70820
Earl K. Butler 11123 Greencrest Drive Baton Rouge, LA 70811	Edward A. Collins. 3383 Yosemite Drive Baton Rouge, LA 70814
Gordon Bell 40032 Summer Brooke Ave. Prairieville, LA 70769	Kevin C. Barnes 22962 Ligon Road Zachary, LA 70791
Rev. Larry D. Smith 2939 Laurel Plantation Ave. Baton Rouge, LA 70820	Mwalimu J. Shujaa 6810 Jefferson Hwy. Baton Rouge, LA 70806
Percy Singleton, Jr. 17636 Wisdom Ave. Baker, LA 70714	Collis Temple, III 15205 Coping Dr. Baton Rouge, LA 70810
Walter Tillman, Jr. 2825 Gates Circle # 17 Baton Rouge, LA 70809	Kenneth L. Wilson 3624 Warren Drive Baton Rouge, LA 70814

officers/Board

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

Matthew T. Valliere
2441 Creek Hollow Ave.
Zachary, LA 70791

None of the officers or board members are paid any compensation for performing their voluntary duties.