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Form 990



Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code

BATON ROUGE, LA 70806

F Name and address of principal officer

ROBERT JACOBS

350 S FOSTER DRIVE

BATON ROUGE, LA 70806

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

☐ Yes☒ No

H(b) Are all subordinates 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.YMCABR.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)	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	789
	6	Total number of volunteers (estimate if necessary)	1,000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	2,773,149
	9	Program service revenue (Part VIII, line 2g)	10,665,388
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	518,001
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	96,494
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,053,032
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,546,861
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ☐ 111,998	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,897,270
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,444,131
	19	Revenue less expenses Subtract line 18 from line 12	3,608,901
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	51,063,236
	21	Total liabilities (Part X, line 26)	11,186,718
	22	Net assets or fund balances Subtract line 21 from line 20	39,876,518

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

2014-08-12

Date

ROBERT JACOBS PRESIDENT/CEO

Type or print name and title

Prrnt/Type preparer's name

CHARLES R PEVEY

Preparer's signature

Date

2014-08-08

Check ☒ if self-employed

PTIN

P00103577

Firm's name

HAWTHORN WAYMOUTH & CARROLL LLP

Firm's EIN

72-0464428

Firm's address

H555 UNITED PLAZA BLVD - NO 200

BATON ROUGE, LA 708099982

Phone no

(225) 923-3000

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☐

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 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)

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 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 \$ 8,330,226 including grants of \$) (Revenue \$ 10,341,060)

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 SUCCUSSFUL 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 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 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 ADOLECENTS 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 "COUNCELORS 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 - 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 FEESWATER SAFETY INSTRUCTION PROGAM - KEEPS KIDS SAFE - BUILDS CONFIDENCE - PROMOTES PHYSICAL FITNESS - SERVES 1000 KIDS EACH SIX-WEEK SESSIONBLACK 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 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

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 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 500SENIOR 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

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 - CREATE MEANINGFUL FAMILY TIME - REINFORCE PARENT EFFORTS TO INSTILL VALUES - STRENGTHEN PARENT-CHILD BONDS - SUPPORT THE FAMILY STRUCTUREPARENT 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 PROGRAMOUR STRONG KIDS ANNUAL SUPPORT CAMPAIGN ALLOWS FEES TO REMAIN AFFORDABLE FOR ALL FAMILIES, REGARDLESS OF ABILITY TO PAY

(Code) (Expenses \$ including grants of \$ 4,114) (Revenue \$ 58,832)

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 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 PROGRAMTHE 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

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$ 4,114) (Revenue \$ 58,832)

4e

Total program service expenses ▶

8,330,226

Form 990 (2013)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. 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	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
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 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
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 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	27	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c		Yes	
2a		789	
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7			
7a			No
7b			
7c			No
7d			
7e			
7f			
7g			
7h			
8			
9			
9a			
9b			
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION 350 S FOSTER DRIVE BATON ROUGE, LA 70806 (225) 923-0653

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

Check if Schedule O contains a response or note to any line 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) ANDY BLUMBERG DIRECTOR	1 00	X						0	0	0
(2) ANGELA GAUTHIER DIRECTOR	1 00	X						0	0	0
(3) CHRIS SPENCER DIRECTOR	1 00	X						0	0	0
(4) EDMUND GIERING DIRECTOR	1 00	X						0	0	0
(5) ERIC LANE DIRECTOR	1 00	X						0	0	0
(6) GWEN HAMILTON DIRECTOR	1 00	X						0	0	0
(7) HARRY MORRIS DIRECTOR	1 00	X						0	0	0
(8) JAKE MANSHIP DIRECTOR	1 00	X						0	0	0
(9) JARED LORENS DIRECTOR	1 00	X						0	0	0
(10) JASON DUPREE DIRECTOR	1 00	X						0	0	0
(11) JOHN SCHILLER DIRECTOR	1 00	X						0	0	0
(12) KATHI GILL DIRECTOR	1 00	X						0	0	0
(13) LANCE KINCHEN DIRECTOR	1 00	X						0	0	0
(14) NORMAN CHENEVERT DIRECTOR	1 00	X						0	0	0
(15) PAUL FAVARON DIRECTOR	1 00	X						0	0	0
(16) RALPH BENDER DIRECTOR	1 00	X						0	0	0
(17) RICKEY HEROMAN DIRECTOR	1 00	X						0	0	0

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	217,700	0	74,898

2 Total number of individuals (including but not limited to those l
\$100,000 of reportable compensation from the organization▶1

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

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)	(B)	(C)
Name and business address	Description of services	Compensation
MILTON J WOMACK INC 8400 JEFFERSON HWY BATON ROUGE LA 70809	CONTRACTOR	5,990,272
RUSSELL POOL COMPANY INC 15451 AIRLINE HWY BATON ROUGE LA 70817	POOL INSTALLATION	508,298
JANI-CARE COMMERCIAL CLEANING INC 6676 EXCHEQUER DRIVE BATON ROUGE LA 70809	CLEANING	248,132
CHENEVERT ARCHITECTS LLC 315 3RD STREET BATON ROUGE LA 70801	ARCHITECTURE	127,430

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 ▶4

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a123,942				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f1,137,587				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		1,261,529			
Program Service Revenue	2a	PROGRAM REGISTRATION FEES	Business Code 713940	10,341,060	10,341,060		
	b	LEASE INCOME	532420	43,891	43,891		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		10,384,951			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	583,822			583,822
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss)				
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19	a				
		b	Less direct expenses	b			
		c	Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances	a				
		b	Less cost of goods sold	b			
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS	900099	14,941	14,941			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		14,941				
12	Total revenue. See Instructions			12,245,243	10,399,892	0	583,822

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).

Check if Schedule O contains a response or note to any line 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.	4,114	4,114		
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.	544,030	440,110	92,822	11,098
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.	4,093,785	3,311,713	698,525	83,547
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	415,000	307,677	98,928	8,395
10	Payroll taxes.	326,767	242,252	77,897	6,618
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	39,477	30,977	8,500	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	711,033	557,948	153,085	
12	Advertising and promotion.	341,275	267,798	73,477	
13	Office expenses.	785,244	711,436	71,468	2,340
14	Information technology.	194,142	152,343	41,799	
15	Royalties.				
16	Occupancy.	906,299	897,136	9,163	
17	Travel.	80,472	52,704	27,768	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	181,235	148,530	32,705	
20	Interest.	406,879	406,879		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
23	Insurance.	47,909	32,909	15,000	
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	REPAIRS AND MAINTENANCE	347,589	347,589		
b	SPECIAL EVENTS	173,637	173,637		
c	DUES AND SUBSCRIPTIONS	126,690	126,690		
d	BANK CHARGES	68,773	68,773		
e	All other expenses	75,433	49,011	26,422	
25	Total functional expenses. Add lines 1 through 24e.	9,869,783	8,330,226	1,427,559	111,998
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

Check if Schedule O contains a response or note to any line in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		570,891	1	941,378
	2	Savings and temporary cash investments		1,878	2	1,877
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		13,570,355	7	13,620,735
	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	10a33,802,804			
	b	Less accumulated depreciation	10b0	33,034,676	10c	33,802,804
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		3,885,436	12	4,219,847
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		51,063,236	16	52,586,641
Liabilities	17	Accounts payable and accrued expenses			17	4
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		7,883,479	20	7,415,154
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	0
	22	Loans and other 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		2,644,201	23	2,526,342
	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		659,038	25	392,111
	26	Total liabilities. Add lines 17 through 25		11,186,718	26	10,333,611
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		36,721,395	27	39,097,907
	28	Temporarily restricted net assets		2,762,231	28	2,762,231
	29	Permanently restricted net assets		392,892	29	392,892
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.					
	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		39,876,518	33	42,253,030
	34	Total liabilities and net assets/fund balances		51,063,236	34	52,586,641

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,245,243
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,869,783
3	Revenue less expenses Subtract line 2 from line 1	3	2,375,460
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	39,876,518
5	Net unrealized gains (losses) on investments	5	1,052
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,253,030

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c	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	Yes	
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?		No
3b	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		

SCHEDULE A

(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization YMCA OF THE CAPITAL AREA	Employer identification number 72-0408994
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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 to 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 - Non-functionally integrated
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 it 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h	☐	Provide the following information about the supported organization(s)

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

(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 col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 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 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2012 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,253,961	2,044,863	1,302,193	2,455,203	1,261,529	8,317,749
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	10,771,088	10,787,994	11,451,556	10,983,334	10,384,951	54,378,923
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	12,025,049	12,832,857	12,753,749	13,438,537	11,646,480	62,696,672
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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
c Add lines 7a and 7b						0
8 Public support (Subtract line 7c from line 6.)						62,696,672

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	12,025,049	12,832,857	12,753,749	13,438,537	11,646,480	62,696,672
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	879,654	280,242	188,241	244,793	583,822	2,176,752
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	879,654	280,242	188,241	244,793	583,822	2,176,752
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.)		139,354	10,816	96,494	14,941	261,605
13 Total support. (Add lines 9, 10c, 11, and 12.)	12,904,703	13,252,453	12,952,806	13,779,824	12,245,243	65,135,029
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	96.260%	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	95.240%	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	3 340 %
18	Investment income percentage from 2012 Schedule A, Part III, line 17	18	1 910 %
19a	33 1/3% support tests—2013. 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—2012. 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 		

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test

Return Reference	Explanation	
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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.** ▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

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?		☐ Yes ☐ 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?		☐ Yes ☐ 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)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ 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 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 XIII, 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 XIII, 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,137,611	2,859,402	2,715,430	2,311,952	1,908,698
b Contributions	5,000	5,000	130,000	176,846	175,000
c Net investment earnings, gains, and losses	297,276	291,213	39,719	246,232	244,365
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	14,141	18,004	25,747	19,600	16,111
g End of year balance	3,425,746	3,137,611	2,859,402	2,715,430	2,311,952

- 2

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

Board designated or quasi-endowment

88 390 %
- b

Permanent endowment

11 610 %
- 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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No
- b

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

3b
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		25,436,243		25,436,243
c Leasehold improvements				
d Equipment		6,672,542		6,672,542
e Other		742,985		742,985
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				33,802,804

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
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		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
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. MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS. IF THE YMCA WERE TO INCUR AN INCOME TAX LIABILITY IN THE FUTURE, INTEREST ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INTEREST EXPENSE, AND PENALTIES ON ANY INCOME TAX LIABILITY WOULD BE REPORTED AS INCOME TAXES. MANAGEMENT'S CONCLUSIONS REGARDING UNCERTAIN TAX POSITIONS MAY BE SUBJECT TO REVIEW AND ADJUSTMENT AT A LATER DATE BASED ON ONGOING ANALYSIS OF TAX LAWS, REGULATIONS, AND INTERPRETATIONS THEREOF AS WELL AS OTHER FACTORS. GENERALLY, TAX RETURNS MAY BE EXAMINED FOR THREE YEARS FROM THE FILING DATE AND THE CURRENT AND PRIOR THREE YEARS REMAIN SUBJECT TO EXAMINATION AS OF DECEMBER 31, 2013.

[illegible]

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.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
YMCA OF THE CAPITAL AREA

Employer identification number
72-0408994

Part I

Questions Regarding Compensation

		Yes	No
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		
	☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in 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	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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, but explain in Part III		
	☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ 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?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only 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?	5a	No
b	Any related organization?	5b	No
	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?	6a	No
b	Any related organization?	6b	No
	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	7	No
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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

Note. The sum of columns (B)(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 and Title		(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 PRESIDENT/CEO	(i)	217,700	0	0	71,224	3,674	292,598	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
YMCA OF THE CAPITAL AREA

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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) Pool financing	
						Yes	No	Yes	No	Yes	No
A LOUISIANA COMMUNITY DEVELOPMENT AUTHORITY	72-1416168	546279J27	08-28-2007	10,000,000	RENOVATIONS/CONSTRUCTION OF FACILITIES		X		X		X

Part II Proceeds

					A		B		C		D	
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							
					Yes	No	Yes	No	Yes	No	Yes	No
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						

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	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?								
4	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								
5	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								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V

Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
	Has 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?		X						

Part VI

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
YMCA OF THE CAPITAL AREA

Employer identification number
72-0408994

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by 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 ► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No
Total ► \$											

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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
(1) DEBBIE JACOBS	WIFE OF PRESIDENT/CEO ROBERT JACOBS	76,890	EMPLOYMENT COMPENSATION AND BENEFITS AS THE HUMAN RESOURCES DIRECTOR		No
(2) CHENEVERT ARCHITECTS	BUSINESS OWNED BY DIRECTOR NORMAN CHENEVERT	127,430	ARCHITECTURE FEES		No

Part V

Supplemental Information
Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization YMCA OF THE CAPITAL AREA	Employer identification number 72-0408994
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	DEBBIE JACOBS, THE HR DIRECTOR, IS THE WIFE OF ROBERT JACOBS, THE PRESIDENT/CEO
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 15	THE COMPENSATION PROCESS FOR ALL THE DISQUALIFIED EMPLOYEES (INCLUDING THE CEO) WAS CONDUCTED BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE FOLLOWED THE PROCEDURES AND STANDARDS SET FORTH IN THE IRS REGULATIONS IN ORDER TO MEET THE "REBUTTABLE PRESUMPTION OF REASONABLENESS." THE COMPENSATION COMMITTEE WAS MADE UP OF DISINTERESTED INDIVIDUALS AND THEY USED APPROPRIATE COMPARABLE DATA IN DECIDING COMPENSATION LEVELS. THE COMPENSATION COMMITTEE MEETING MINUTES WERE CONTEMPORANEOUSLY DOCUMENTED. IN 2013, THE BOARD OF DIRECTORS HIRED AN INDEPENDENT COMPENSATION CONSULTANT THAT PROVIDES MARKET DATA AND INFORMATION FOR EACH DISQUALIFIED PERSON. THE COMPENSATION CONSULTANTS PROVIDED A WRITTEN OPINION OF THE REASONABLENESS OF COMPENSATION FOR ALL DISQUALIFIED EMPLOYEES.
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORM 1023 AND FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST AND ON WWW.GUIDESTAR.ORG
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST.
FORM 990, PART XI, LINE 1	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	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 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.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
YMCA OF THE CAPITAL AREA

Employer identification number
72-0408994

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HOWELL PLACE Y FACILITY INC 350 S FOSTER DR BATON ROUGE, LA 70806 27-3250733	OPERATE THE EXXONMOBIL YMCA FACILITY	LA	501(C)(3)	LINE 11A, I			No

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

aReceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

bGift, grant, or capital contribution to related organization(s)

cGift, grant, or capital contribution from related organization(s)

dLoans or loan guarantees to or for related organization(s)

eLoans or loan guarantees by related organization(s)

fDividends from related organization(s)

gSale of assets to related organization(s)

hPurchase of assets from related organization(s)

iExchange of assets with related organization(s)

jLease of facilities, equipment, or other assets to related organization(s)

kLease of facilities, equipment, or other assets from related organization(s)

lPerformance of services or membership or fundraising solicitations for related organization(s)

mPerformance of services or membership or fundraising solicitations by related organization(s)

nSharing of facilities, equipment, mailing lists, or other assets with related organization(s)

oSharing of paid employees with related organization(s)

pReimbursement paid to related organization(s) for expenses

qReimbursement paid by related organization(s) for expenses

rOther transfer of cash or property to related organization(s)

sOther transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

No

1s

No

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 related organization	(b) Transaction type (a-s)	(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	K	151,250	RENTS PAID
(3) AMERICANA YMCA INC	Q	15,350	ESTIMATED PERCENTAGE OF G&A COSTS
(4) AMERICANA YMCA INC	J	43,891	EQUIPMENT LEASE PAYMENTS RECEIVED
(5) AMERICANA YMCA INC	D	10,961,000	FIXED RATE AMORTIZATION

Schedule R (Form 990) 2013

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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