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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2008

Open to Public Inspection

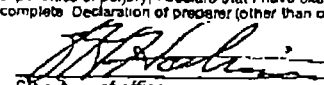
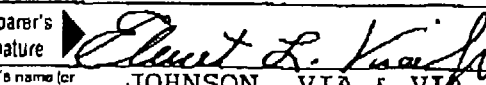
A For the 2008 calendar year, or tax year beginning **MAY 1, 2008** and ending **APR 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions.	C Name of organization TWIN CITIES KREWE OF JANUS, INC.		D Employer identification number 58-1861391
		Doing Business As		E Telephone number 318-388-4916
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite P O BOX 7853		G Gross receipts \$ 757,825.
		City or town, state or country, and ZIP + 4 MONROE, LA 71211-7853		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: JOSEPH HAKIM SAME AS C ABOVE				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (4) (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: N/A				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 1983 M State of legal domicile: LA				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE COMMUNITY CHARITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	96
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	96
	5 Total number of employees (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	26,840.	111,754.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	90,370.	8,137.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,252.	570.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	256,053.	258,022.
	12	374,515.	378,483.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	44,493.	49,779.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	175,036.	274,382.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	219,529.	324,161.	
19 Revenue less expenses. Subtract line 18 from line 12	154,986.	54,322.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	773,606.	832,489.
	22 Net assets or fund balances. Subtract line 21 from line 20	12,917.	17,498.
	22	760,689.	814,991.

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		6-8-10	
	JOSEPH HAKIM, TREASURER	Date	
Paid Preparer's Use Only	Preparer's signature 	Date 6-8-10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 JOHNSON, VIA & VIA, LLC 1001 NORTH 7TH STREET MONROE, LA 71201	Preparer's identifying number (see instructions)	EIN ▶
		Phone no. ▶ (318) 387-3400	

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

☒ Yes ☐ No

29490-198-027020

0504

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments				32,835.	
95 Interest on savings and temporary cash investments			14	365.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			07	228,373.	
102 Gross profit or (loss) from sales of inventory			07	21,606.	
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		283,179.	0.
105 Total (add line 104, columns (B), (D), and (E))					283,179.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

Signature of officer: *[Signature]* Date: 6-8-10 Type or print name and title: ROBERT H. HANSEN TREAS

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 6-8-10 Check if self-employed: ☐ Preparer's EIN or PTIN: Preparer's name (for your use only): JOHNSON, VIA & VIA, LLC 1001 NORTH 7TH STREET MONROE, LA 71201 EIN: Phone no: (318) 387-3400

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

108 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

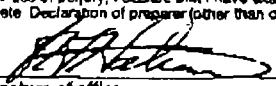
Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2008, covering the interest, rents, royalties, and annuities described in question 107 above?

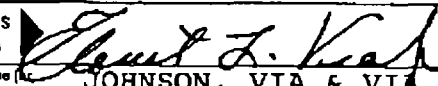
Yes	No

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.

Please Sign Here:  Date: 6-8-10

Signature of officer: JOSEPH H. HADDEN TREAS

Type or print name and title

Paid Preparer's Use Only: Preparer's signature:  Date: 6-8-10 Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. 10): EIN: Phone no: (318) 387-3400

Firm's name (if you are self-employed), address, and ZIP + 4: JOHNSON, VIA & VIA, LLC 1001 NORTH 7TH STREET MONROE, LA 71201

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