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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form **990-EZ****2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

**A For the 2008 calendar year, or tax year beginning 7-1, 2008, and ending 6-30-2009**

<b>B</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	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b>		<b>D Employer identification number</b>
		KREWE OF CENTAUR, INC		72-1194772
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		<b>E Telephone number</b>
		P.O. BOX 3277		
		City or town, state or country, and ZIP + 4		<b>F Group Exemption Number</b> . . . ▶
		SHREVEPORT, LA 71133-0277		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method** ☒ Cash ☐ Accrual  
Other (specify) ▶

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

**I Website:** ▶

**J Organization type** (check only one) - ☒ 501(c) (4) (insert no) 4947(a)(1) or 527

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

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ.** ▶ \$ 534,009

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

<b>Revenue</b>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	62,676
	2	Program service revenue including government fees and contracts . . . . .	2	
	3	Membership dues and assessments . . . . .	3	382,331
	4	Investment income . . . . .	4	1,143
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	4,000
	5b	Less cost or other basis and sales expenses . . . . .	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c	4,000
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . . .		
	6a	Gross revenue (not including contributions reported on line 1) of contributions . . . . .	6a	64,330
6b	Less direct expenses other than fundraising expenses . . . . .	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	64,330	
<b>Expenses</b>	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	
	7b	Less cost of goods sold . . . . .	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0
	8	Other revenue (describe ▶ MEETINGS/MISCELLANEOUS/RENTALS ) . . . . .	8	19,529
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	534,009
<b>Net Assets</b>	10	Grants and similar amounts paid (attach schedule) See Attached . . . . .	10	344
	11	Benefits paid to or for members . . . . .	11	
	12	Salaries, other compensation, and employee benefits . . . . .	12	
	13	Professional fees and other payments to independent contractors . . . . .	13	1,925
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	81,203
	15	Printing, publications, postage, and shipping . . . . .	15	350
	16	Other expenses (describe ▶ See Attached ) . . . . .	16	417,725
	17	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	501,547
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	32,462
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	361,105
	20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	21	393,567

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	122,202	137,087
23 Land and buildings . . . . .	652,905	637,915
24 Other assets (describe ▶ ) . . . . .		
25 <b>Total assets</b> . . . . .	775,107	775,002
26 <b>Total liabilities</b> (describe ▶ Building Mortgages ) . . . . .	414,002	381,435
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	361,105	393,567

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Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
What is the organization's primary exempt purpose? <u>Promotion of local area and economy</u>		
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title		
28	Mardi Gras parade is held to promote tourism in the Ark-La-Tex area. The benefit is provided to the entire metropolitan area of Shreveport and Bossier City, LA, along with surrounding communities (con't below) (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	28a 439,695
29	(continuation) in Northern Louisiana, Southern Arkansas and Eastern Texas. (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	29a
30	(Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	30a
31	Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . . . <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) . . . . .	32 439,695

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Dana Bridges, 460 Scotch Pine Circle, Haughton, La 71037	Captain-28h	0	0	0
Scott Fortenberry, 1149 Carolyn Ct, Shreveport, La 71105	Co-Captain-12h	0	0	0
Antoinette Gardner, 142 Richard Ave, Shreveport, La 71105	Co-Captain-10h	0	0	0
Billy Watson, 2511 Brownlee Rd, Bossier City, La 71111	Past Captain-5h	0	0	0
Dee Griffin, P.O. Box 38792, Shreveport, La 71133	Treasurer-2h	0	0	0
Terri Duhon, 3120 Grafton, Shreveport, La 71119	Secretary-10h	0	0	0
Ricky Bridges, 460 Scotch Pine Circle, Haughton, La 71037	Director-25h	0	0	0
John Phillips, 903 River Rd, Shreveport, La 71105	Director-3h	0	0	0
Dana Wicks, 1122 Carolina St, Shreveport, La 71104	Director-10h	0	0	0
Kevin Malec, 6477 Grawood, Keithville, La 71047	Director-8h	0	0	0
Kim Price, 245 Symphony Lane, Shreveport, La 71105	Director-10h	0	0	0
Jo-Anne Mullen, 6822 N. Park Lane, Shreveport, La 71107	Director-10h	0	0	0
Darrell Folse, 3282 Calumet Drive, Shreveport, La 71107	Director-2h	0	0	0
Sophie Duke, 3423 Gary Rex Circle, Haughton, La 71037	Director-28h	0	0	0
Mark Crawford	Director	0	0	0
Staci Fayard, 2268 Landau, Bossier City, La 71111	Director-8h	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		<b>x</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		<b>x</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		<b>x</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<b>x</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<b>x</b>
<b>38a</b> Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		<b>x</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> 0		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
<b>b</b> Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		
<b>40e</b>		
<b>41</b> List the states with which a copy of this return is filed ▶		
<b>42a</b> The books are in care of ▶ <b>Dee Griffin</b> Telephone no ▶ <b>318-344-7662</b> Located at ▶ <b>6477 Grawood Drive, Keithville, La</b> ZIP + 4 ▶ <b>71047-8909</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>Yes</b>	<b>No</b>
<b>42b</b>		<b>x</b>
If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . .		<b>x</b>
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<b>x</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<b>x</b>

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

- 46** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. **46** ☐ **Yes** ☐ **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ **Yes** ☐ **No**
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** ☐ **Yes** ☐ **No**
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ **Yes** ☐ **No**
- b** If "Yes," was the related organization(s) a section 527 organization? **49b** ☐ **Yes** ☐ **No**
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 <b>▶</b>				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors receiving over \$100,000 <b>▶</b>		

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** **12/23/09**  
**Signature of officer** Dana Bridges **Date**  
**Type or print name and title** Dana Bridges Captain

**Paid Preparer's Use Only** **P00032406**  
**Preparer's signature** Charles D. Churchill **Date** 12/15/09 **Check if self-employed** ☒ **Preparer's Identifying Number (See instructions)**  
**Firm's name (or yours if self-employed), address, and ZIP + 4** CHARLES D. CHURCHILL, CPA **EIN** 72-1100173  
1621 BENTON ROAD, BOSSIER CITY, LA 71111 **Phone no** 318-742-2794

May the IRS discuss this return with the preparer shown above? See instructions. ☐ **Yes** ☐ **No**

(Form 990 or 990-EZ)

Name of the organization

KREWE OF CENTAUR , INC

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

OMB No 1545-0047

2008

**Open To Public  
Inspection**

## Part I

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

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

- |   |                          |                         |   |                                     |                                       |
|---|--------------------------|-------------------------|---|-------------------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations      | e | <input type="checkbox"/>            | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Email solicitations     | f | <input type="checkbox"/>            | Solicitation of government grants     |
| c | <input type="checkbox"/> | Phone solicitations     | g | <input checked="" type="checkbox"/> | Special fundraising events            |
| d | <input type="checkbox"/> | In-person solicitations |   |                                     |                                       |

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

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

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

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

LOUISIANA

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		<u>BALL/TICKET</u> (event type)	(event type)	(total number)	
Revenue	1 Gross receipts . . . . .	64,330			64,330
	2 Less Charitable contributions . . . . .				
	3 Gross revenue (line 1 minus line 2) . . . . .	64,330			64,330
Direct Expenses	4 Cash prizes . . . . .				
	5 Non-cash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Other direct expenses . . . . .	44,178			44,178
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . .				( 44,178 )
9 Net income summary Combine lines 3 and 8 in column (d) . . . . .					20,152

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

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

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

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in		
<b>a</b>	The organization's facility . . . . . <b>13a</b> %		
<b>b</b>	An outside facility . . . . . <b>13b</b> %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special event books and records		
	Name ► _____		
	Address ► _____		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . <b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ 0 and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b>	If "Yes," enter name and address		
	Name ► _____		
	Address ► _____		
<b>16</b>	Gaming manager information		
	Name ► _____		
	Gaming manager compensation ► \$ _____		
	Description of services provided ► _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . <b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____ 0		



**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

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

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

Name(s) shown on return <b>KREWE OF CENTAUR, INC</b>	Identifying number <b>72-1194772</b>
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Business or activity to which this form relates

**All Business Activities**

**Part I Election To Expense Certain Property Under Section 179**

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

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	13	

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	2,729
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	17,173
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

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

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		2,728	5.0	HY	200DB	545
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

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

20a Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	20,447
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A-Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles )

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

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

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles**Part VI Amortization**

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

**NAME:** KREWE OF CENTAUR, INC  
**ADDRESS:** P.O. BOX 3277  
 SHREVEPORT, LA 71133-0277  
 FYE 6-30-2009  
**TIN/SSN:** 72-1194772

SCHEDULE OF SUPPLEMENTAL INFORMATION:	PART I, LINE 5 (C) Gain (Loss) Asset Sale	PART I, LINE 10 Grants & Similar Amts Paid	PART I, LINE 16 Other Expenses	
Proceeds from sale of Float #15	4,000			
***** Council on Alcoholism		50		
St. Jude Hospital		50		
Shreveport Fire Dept for Tommy Adams		244		
***** Fundraising			44,264	
Administrative			5,908	
Parade			312,319	
Supplies			8,835	
Taxes/Lic			255	
Interest			24,520	
Travel			862	
Miscellaneous			401	
Depreciation			20,447	
<b>TOTALS: ►</b>	4,000	344	417,725	0

**Tax Asset Detail 7/01/08 - 6/30/09**

Asset d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: 10-BUILDINGS</b>											
36	BUILDING-N MARKET ST	7/01/99	175,492	0	0	40,311	4,499	44,810	130,682	S/L	39 0
40	BLDG-MONTGOMERY ST	12/31/01	119,984	0	0	20,126	3,076	23,202	96,782	S/L	39 0
42	BUILDING	7/01/04	357,672	0	0	36,302	9,171	45,473	312,199	S/L	39 0
	<b>10-BUILDINGS</b>		<b>653,148</b>	<b>0c</b>	<b>0</b>	<b>96,739</b>	<b>16,746</b>	<b>113,485</b>	<b>539,663</b>		
<b>Group: 5-LAND</b>											
35	LAND-N MARKET ST	7/01/99	75,000	0	0	0	0	0	75,000	Land	0 0
41	LOT-MONTGOMERY ST	12/31/01	20,000	0	0	0	0	0	20,000	Land	0 0
	<b>5-LAND</b>		<b>95,000</b>	<b>0c</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>95,000</b>		
<b>Group: 57-PARADE FLOATS/EQUIP</b>											
1	KING & QUEEN FLOATS	7/01/91	7,546	7,546	0	7,546	0	7,546	0	200DB	7 0
2	FLOAT 10	7/01/92	2,706	2,706	0	2,706	0	2,706	0	200DB	7 0
3	CAPTAIN'S FLOAT 1	1/01/96	5,969	0	0	5,969	0	5,969	0	S/L	5 0
4	FLOAT 2	2/01/94	3,330	0	0	3,330	0	3,330	0	200DB	7 0
5	FLOAT 3	1/01/95	2,411	0	0	2,411	0	2,411	0	200DB	5 0
6	FLOAT 4	2/01/94	3,105	0	0	3,105	0	3,105	0	200DB	7 0
7	FLOAT 5	2/01/94	2,269	0	0	2,269	0	2,269	0	200DB	7 0
8	FLOAT 6	2/01/94	3,000	0	0	3,000	0	3,000	0	200DB	7 0
9	FLOAT 7	2/01/94	1,893	0	0	1,893	0	1,893	0	200DB	7 0
10	FLOAT 8	1/01/96	4,731	0	0	4,731	0	4,731	0	S/L	5 0
11	FLOAT 9	1/01/96	8,008	0	0	8,008	0	8,008	0	S/L	5 0
12	FLOAT 11	1/01/96	3,992	0	0	3,992	0	3,992	0	S/L	5 0
13	FLOAT 12	2/01/94	2,648	0	0	2,648	0	2,648	0	200DB	7 0
14	FLOAT 13	1/01/95	4,896	0	0	4,896	0	4,896	0	S/L	5 0
15	FLOAT 14	1/01/95	5,691	0	0	5,691	0	5,691	0	S/L	5 0
16	FLOAT 15	1/01/95	4,000	0	0	4,000	0	4,000	0	S/L	5 0
17	FLOAT 16	1/01/95	2,629	0	0	2,629	0	2,629	0	S/L	5 0
18	FLOAT 17	1/01/95	6,532	0	0	6,532	0	6,532	0	S/L	5 0
19	FLOAT 18	1/01/96	4,421	0	0	4,421	0	4,421	0	S/L	5 0
20	FLOAT 20	1/01/97	1,401	0	0	1,401	0	1,401	0	S/L	5 0
21	FLOAT 21	1/01/97	1,203	0	0	1,203	0	1,203	0	S/L	5 0
22	FLOAT 22	1/01/97	453	0	0	453	0	453	0	S/L	5 0
23	FLOAT 23	1/01/97	3,221	0	0	3,221	0	3,221	0	S/L	5 0
24	FLOAT 24	1/01/97	3,406	0	0	3,406	0	3,406	0	S/L	5 0
25	SATELITE FLOATS	1/01/96	2,620	0	0	2,620	0	2,620	0	S/L	5 0
26	BAND FLOATS	1/01/97	1,727	0	0	1,727	0	1,727	0	S/L	5 0
27	JUSTINIAN J1	1/01/97	2,835	0	0	2,835	0	2,835	0	S/L	5 0
28	JUSTINIAN FLOAT 2 J2	1/01/97	2,835	0	0	2,835	0	2,835	0	S/L	5 0
29	FLOAT(ADJ)	6/30/96	6,285	0	0	6,285	0	6,285	0	S/L	5 0
30	GENERATORS	1/31/98	3,640	0	0	3,640	0	3,640	0	200DB	7 0
31	A/C	5/31/98	649	0	0	649	0	649	0	200DB	7 0
32	DISPLAY CASE	10/01/98	200	0	0	200	0	200	0	200DB	7 0
33	FLOAT ADDITION	2/01/00	2,504	0	0	2,504	0	2,504	0	200DB	7 0
34	TRAILER	12/01/99	1,200	0	0	1,200	0	1,200	0	200DB	7 0

**Tax Asset Detail 7/01/08 - 6/30/09**

Asset	d	t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Group: 57-PARADE FLOATS/EQUIP (continued)</b>													
37			TRAILER	1/07/01	1,200	0	0	1,200	0	1,200	0	200DB	7 0
38			COTTON TRAILER	9/27/00	2,400	0	0	2,400	0	2,400	0	200DB	7 0
43			EQUIPMENT	7/01/04	2,500	0	1,250	2,110	111	2,221	279	200DB	7 0
45			COMPUTER	5/01/09	1,857	0c	929	0	1,114	1,114	743	200DB	5 0
46			FLOAT	2/01/09	3,600	0c	1,800	0	2,160	2,160	1,440	200DB	5 0
			<b>57-PARADE FLOATS/EQUIP</b>		<b>125,513</b>	<b>0c</b>	<b>3,979</b>	<b>119,666</b>	<b>3,385</b>	<b>123,051</b>	<b>2,462</b>		
			*Less: Dispositions and Transfers		<b>5,691</b>	<b>0</b>	<b>0</b>	<b>5,691</b>	<b>0</b>	<b>5,691</b>	<b>0</b>		
			<b>Net 57-PARADE FLOATS/EQUIP</b>		<b>119,822</b>	<b>0c</b>	<b>3,979</b>	<b>113,975</b>	<b>3,385</b>	<b>117,360</b>	<b>2,462</b>		
<b>Group: FURNITURE/FIXTURES</b>													
44			CHAIRS	8/07/06	1,806	0	0	700	316	1,016	790	200DB	7 0
			<b>FURNITURE/FIXTURES</b>		<b>1,806</b>	<b>0c</b>	<b>0</b>	<b>700</b>	<b>316</b>	<b>1,016</b>	<b>790</b>		
			<b>Grand Total</b>		<b>875,467</b>	<b>0c</b>	<b>3,979</b>	<b>217,105</b>	<b>20,447</b>	<b>237,552</b>	<b>637,915</b>		
			<b>Less: Dispositions and Transfers</b>		<b>5,691</b>	<b>0</b>	<b>0</b>	<b>5,691</b>	<b>0</b>	<b>5,691</b>	<b>0</b>		
			<b>Net Grand Total</b>		<b>869,776</b>	<b>0c</b>	<b>3,979</b>	<b>211,414</b>	<b>20,447</b>	<b>231,861</b>	<b>637,915</b>		

**Tax Current Year Disposals**

FYE: 6/30/2009

<u>Asset</u>	<u>Property Description</u>	<u>Disposal Date</u>	<u>Disposal Method</u>	<u>Tax Cost/Basis</u>	<u>Gross Proceeds</u>	<u>Expense of Sale</u>	<u>Unrecovered Tax Cost</u>	<u>Gain/Loss</u>
<b><u>Group: 57-PARADE FLOATS/EQUIP</u></b>								
15	FLOAT 14	1/31/09	Sold	5,691	4,000	0	0	4,000
	<b>57-PARADE FLOATS/EQUIP</b>			<u>5,691</u>	<u>4,000</u>	<u>0</u>	<u>0</u>	<u>4,000</u>
			<b>Grand Total</b>	<u>5,691</u>	<u>4,000</u>	<u>0</u>	<u>0</u>	<u>4,000</u>

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

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

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

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

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>KREWE OF CENTAUR, INC</b>	Employer identification number <b>72-1194772</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>P.O. BOX 3277</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>SHREVEPORT, LA 71133-0277</b>	

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

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

- The books are in the care of ► **LINDA SINITERE**

Telephone No ► **318-865-4618**

FAX No ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2-15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning 7-1, 2008, and ending 6-30, 2009

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

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

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

Form 8868 (Rev. 4-2009)