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Short Form
Return of Organization Exempt From Income Tax

2008

Open to Public
Inspection

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

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

- 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) ►

I Website: ►

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

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

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)

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
5	a Gross amount from sale of assets other than inventory	5a	4,000
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	4,000
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here		
	a Gross revenue (not including \$ of contributions reported on line 1)	6a	64,330
	b Less direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	64,330
7	a Gross sales of inventory, less returns and allowances	7a	
	b Less cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ► MEETINGS/MISCELLANEOUS/RENTALS)	8	19,529
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9	534,009
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	Total expenses. 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	22 137,087
23	Land and buildings	652,905	23 637,915
24	Other assets (describe ►)		24
25	Total assets	775,107	25 775,002
26	Total liabilities (describe ► Building Mortgages)	414,002	26 381,435
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	361,105	27 393,567

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? Promotion of local area and economy

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

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

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 ►

28a

439,695

29 (continuation) in Northern Louisiana, Southern Arkansas and Eastern Texas.(Grants \$) If this amount includes foreign grants, check here ►

29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (attach schedule)(Grants \$) If this amount includes foreign grants, check here ►

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 Folsom, 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)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

34 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

35 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

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0

b Did the organization file **Form 1120-POL** for this year?

38 a 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 If "Yes," complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____

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

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____

d Enter amount of tax on line 40c reimbursed by the organization ► _____

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T

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

42 a The books are in care of ► **Dee Griffin** Telephone no ► **318-344-7662**
Located at ► **6477 Grawood Drive, Keithville, La** ZIP + 4 ► **71047-8909**

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

If "Yes," enter the name of the foreign country ► _____
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

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

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ► **43**

	Yes	No
33	X	
34	X	
35a	X	
35b		
36	X	
37b	X	
38a	X	
39a		
39b		
40b		
40e		

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

Form 990-EZ (2008)

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. Yes No 46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Yes No 47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Yes No 48

49a Did the organization make any transfers to an exempt non-charitable related organization? Yes No 49a

b If "Yes," was the related organization(s) a section 527 organization? Yes No 49b

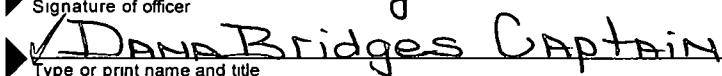
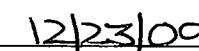
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

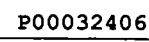
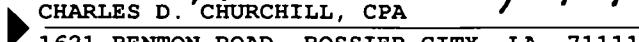
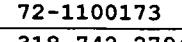
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000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

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 ►		

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   **Date** 

Paid Preparer's Use Only	Preparer's signature 	Date 	Check if self-employed <input checked="" type="checkbox"/> <input type="checkbox"/>	Preparer's Identifying Number (See instructions) 
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 		

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

Supplemental Information Regarding Fundraising or Gaming Activities

► 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

SCHEDULE G

Department of the Treasury
Internal Revenue Service

Name of the organization

KREWE OF CENTAUR, INC.

Employer identification number

72-1194772

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	Mail solicitations	e	Solicitation of non-government grants
b	Email solicitations	f	Solicitation of government grants
c	Phone solicitations	g	Special fundraising events
d	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.

Total

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 <u>BALL/TICKET</u> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	N/A			
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Non-cash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % 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)			►

9 Enter the state(s) in which the organization operates gaming activities	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain		

10a 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
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	%
b An outside facility	13b	%
14 Provide the name and address of the person who prepares the organization's gaming/special event books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		
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 ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 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
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		
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)

Name(s) shown on return

KREWE OF CENTAUR, INC

Identifying number

72-1194772

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		
i Nonresidential real property		27 5 yrs	MM	S/L		
		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					S/L	
b 12-year		12 yrs			S/L	
c 40-year		40 yrs	MM	S/L		

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	20,447
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.

DAA

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?					Yes	No	24b If "Yes," is the evidence written?			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											
								%			
								%			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28			
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29			

Section B-Information on Use of Vehicles

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

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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

CENTAUR KREWE OF CENTAUR, INC
72-1194772
FYE: 6/30/2009

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

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Page 1

Asset ^d	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = C	Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: 10-BUILDINGS											
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
	10-BUILDINGS		653,148	0c	0	96,739	16,746	113,485	539,663		
Group: 5-LAND											
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
	5-LAND		95,000	0c	0	0	0	0	95,000		
Group: 57-PARADE FLOATS/EQUIP											
1	KING & QUEEN FLOATS	7/01/91	7,546	0	0	7,546	0	0	7,546	0	200DB
2	FLOAT 10	7/01/92	2,706	0	0	2,706	0	0	2,706	0	200DB
3	CAPTAIN'S FLOAT 1	1/01/96	5,969	0	0	5,969	0	0	5,969	0	S/L
4	FLOAT 2	2/01/94	3,330	0	0	3,330	0	0	3,330	0	200DB
5	FLOAT 3	1/01/95	2,411	0	0	2,411	0	0	2,411	0	200DB
6	FLOAT 4	2/01/94	3,105	0	0	3,105	0	0	3,105	0	200DB
7	FLOAT 5	2/01/94	2,269	0	0	2,269	0	0	2,269	0	200DB
8	FLOAT 6	2/01/94	3,000	0	0	3,000	0	0	3,000	0	200DB
9	FLOAT 7	2/01/94	1,893	0	0	1,893	0	0	1,893	0	200DB
10	FLOAT 8	1/01/96	4,731	0	0	4,731	0	0	4,731	0	S/L
11	FLOAT 9	1/01/96	8,008	0	0	8,008	0	0	8,008	0	S/L
12	FLOAT 11	1/01/96	3,992	0	0	3,992	0	0	3,992	0	S/L
13	FLOAT 12	2/01/94	2,648	0	0	2,648	0	0	2,648	0	200DB
14	FLOAT 13	1/01/95	4,896	0	0	4,896	0	0	4,896	0	S/L
15	FLOAT 14	1/01/95	5,691	0	0	5,691	0	0	5,691	0	S/L
16	FLOAT 15	1/01/95	4,000	0	0	4,000	0	0	4,000	0	S/L
17	FLOAT 16	1/01/95	2,629	0	0	2,629	0	0	2,629	0	S/L
18	FLOAT 17	1/01/95	6,532	0	0	6,532	0	0	6,532	0	S/L
19	FLOAT 18	1/01/96	4,421	0	0	4,421	0	0	4,421	0	S/L
20	FLOAT 20	1/01/97	1,401	0	0	1,401	0	0	1,401	0	S/L
21	FLOAT 21	1/01/97	1,203	0	0	1,203	0	0	1,203	0	S/L
22	FLOAT 22	1/01/97	453	0	0	453	0	0	453	0	S/L
23	FLOAT 23	1/01/97	3,221	0	0	3,221	0	0	3,221	0	S/L
24	FLOAT 24	1/01/97	3,406	0	0	3,406	0	0	3,406	0	S/L
25	SATELITE FLOATS	1/01/96	2,620	0	0	2,620	0	0	2,620	0	S/L
26	BAND FLOATS	1/01/97	1,727	0	0	1,727	0	0	1,727	0	S/L
27	JUSTINIAN JI	1/01/97	2,835	0	0	2,835	0	0	2,835	0	S/L
28	JUSTINIAN FLOAT 2 J2	1/01/97	2,835	0	0	2,835	0	0	2,835	0	S/L
29	FLOAT(ADJ)	6/30/96	6,285	0	0	6,285	0	0	6,285	0	S/L
30	GENERATORS	1/31/98	3,640	0	0	3,640	0	0	3,640	0	200DB
31	A/C	5/31/98	649	0	0	649	0	0	649	0	200DB
32	DISPLAY CASE	10/01/98	200	0	0	200	0	0	200	0	200DB
33	FLOAT ADDITION	2/01/00	2,504	0	0	2,504	0	0	2,504	0	200DB
34	TRAILER	12/01/99	1,200	0	0	1,200	0	0	1,200	0	200DB

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Sec 179 Exp Current = c</u>	<u>Tax Bonus Amt</u>	<u>Tax Prior Depreciation</u>	<u>Tax Current Depreciation</u>	<u>Tax End Depr</u>	<u>Tax Depr</u>	<u>Tax Book Value</u>	<u>Tax Net Value</u>	<u>Tax Method</u>	<u>Tax Period</u>
Group: 57-PARADE FLOATS/EQUIP (continued)													
37	TRAILER	1/07/01	1,200	0	0	1,200	0	1,200	0	1,200	0	200DB	70
38	COTTON TRAILER	9/27/00	2,400	0	0	2,400	0	2,400	0	2,400	0	200DB	70
43	EQUIPMENT	7/01/04	2,500	0	1,250	2,110	111	2,221	279	200DB	70		
45	COMPUTER	5/01/09	1,857	0c	929	0	1,114	1,114	743	200DB	50		
46	FLOAT	2/01/09	3,600	0c	1,800	0	2,160	2,160	1,440	200DB	50		
	57-PARADE FLOATS/EQUIP		125,513	0c	3,979	119,666	3,385	123,051	2,462				
	*Less: Dispositions and Transfers		5,691	0	0	5,691	0	5,691	0				
	Net 57-PARADE FLOATS/EQUIP		119,822	0c	3,979	113,975	3,385	117,360	2,462				
Group: FURNITURE/FIXTURES													
44	CHAIRS	8/07/06	1,806	0	0	700	316	1,016	790	200DB	70		
	FURNITURE/FIXTURES		1,806	0c	0	700	316	1,016	790				
	Grand Total		875,467	0c	3,979	217,105	20,447	237,552	637,915				
	Less: Dispositions and Transfers		5,691	0	0	5,691	0	5,691	0				
	Net Grand Total		869,776	0c	3,979	211,414	20,447	231,861	637,915				

Tax Current Year Disposals

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

Application for Extension of Time To File an
Exempt Organization Return

► 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 ►
- 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 and click on e-file for Charities & Nonprofits

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

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 SINITIERE**

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 Balance Due. 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)