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Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
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)

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.

Open to Public

OMB No 1545-1150

A	For th	e 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 3	0.	2009
В	Check in	C Name of organization		identification number
	Addre	ss use IRS	•	
	Name Chang	Composition BEAUX ARTS KREWE 6	3 _ 6	062964
늗	Initia	Number and street (or P.O. hox, if mail is not delivered to street address) Poom/suito F. Tali		e number
<u> </u>	_Jretur Term	, 600		252-0221
<u> </u>	ation	Instruc-		
누	retur Applic pendi]		emption
			nber 🏻	
	• Sec	ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		X Cash Accrual
				Ab
				the organization is not dule B (Form 990, 990-EZ, or 990-PF)
		If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more		
			IIIQII D	25,000. A return is not
		d, but if the organization chooses to file a return, be sure to file a complete return. es 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	\$	144 625
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions		
	Т			1
	1	Contributions, gifts, grants, and similar amounts received	2	
	2	Program service revenue including government fees and contracts	3	144,489.
	3	Membership dues and assessments	4	146.
	4	Investment income		140.
	5a	Gross amount from sale of assets other than inventory 5a		
	D	Less: cost or other basis and sales expenses September 1997 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 1998 19		
ø.	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c_	
Ĕ	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here		
Revenue	a	Gross revenue (not including \$ of contributions	l	
Œ		reported on line 1) Less: direct expenses other than fundraising expenses 6b	İ	1
0	D			
2010	C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c_	 -
	7a	Gross sales of inventory, less returns and allowances Less: cost of goods sold 7a 7b		İ
⊗ 3	b		7.	
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe >)	7 <u>c</u>	
JAN_	8		9	144,635.
	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Grants and similar amounts paid (attach schedule) STMT 2	10	15,000.
CANNED	11	Grants and similar amounts paid (attach schedule) Benefits paid to or for members	11	13,000.
Ž,	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other navments to independent contraction	13	1,500.
S	14	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintehance	14	1,300.
	15		15	6,715.
	16	Other expenses (describe >	16	110,090.
	17	Printing, publications, postage, and shipping Other expenses (describe	17	133,305.
	18	Excess or (deficit) for the year (Subtract line-17 from line-9)	18	11,330.
ets	19	Net assets or fund balances at beginning of year (from line 273 coulinn (A))	_ 	22,000.
1SS		(must agree with end-of-year figure reported on prior year's return)	19	31,225.
Net Assets	20	Other changes in net assets or fund balances (attach explanation)	20	
Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	42,555.
P	art II			
		(See the instructions for Part II.) (A) Beginning of year		(B) End of year
22	Cas	sh, savings, and investments 31,225	. 22	
23		nd and buildings	23	
24		ner assets (describe ▶)	24	
25		31,225		10
26			. 26	0.
27	Ne	t assets or fund balances (line 27 of column (B) must agree with line 21) 31,225		
832 12-	171 17-08	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.		Form 990-EZ (2008)

Form 990-EZ (2008) BEAUX ARTS KREWE 6				63-	60629	64 Page 2
	art III Statement of Program Service Accomplishmen		Part III.)			penses
	at is the organization's primary exempt purpose? <u>SEE STATEMENT</u>				(Required	for 501(c)(3) ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In a vided, the number of persons benefited, or other relevant information for each pr		escribe the services		4947(a)(1 for others.) trusts; optional
28	FUNDRAISING TO BENEFIT THE BIRMINGH	AM MUSEUM OF	ART			
	(Grants \$ 15,000.) If this amount includes foreign of				28a	
29	(Grants \$ 15,000.) If this amount includes foreign of	grants, check here		<u> </u>	208	
23		· · · - · · · ·				
	(Grants \$) If this amount includes foreign of	grants, check here			29a	
30						
		· · · · · · · · · · · · · · · · · · ·				
				$\overline{}$		
24	(Grants \$) If this amount includes foreign of their program sequence (attach selbedule)	grants, cneck nere .	·	Ш	30a	
91	Other program services (attach schedule) (Grants \$) If this amount includes foreign of	arants check here	•		31a	
32	Total program service expenses (add lines 28a through 31a)	ranto, oncon noro		<u> </u>	32	
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(See the	nstructions t	or Part IV)
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account and
		position	-0)	II.	eferred	other allowances
	TADE MITMAKED 2020 KNOTTWOOD	MDEY CIDED		COII	pensation	
	CADE WHITAKER, 3828 KNOLLWOOD	TREASURER	0.	ļ	0.	_
<u>חד</u>	RIVE, BIRMINGHAM, AL 35243	1.00	<u> </u>			0.
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LPa	<u> </u>	Other Information (Note the statement requirements in the instructions for Part VI.)			
				Yes	No
33	Did the	e organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were a	any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the o	organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	report	ted on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the	e organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax re	quirements?	35a		X_
b	If "Yes	s," has it filed a tax return on Form 990-T for this year?	35b	N/	A
36	Was th	here a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		X
37 a	Enter a	amount of political expenditures, direct or indirect, as described in the instructions.			
b	Did the	e organization file Form 1120-POL for this year?	37b		X
38 a	Did the	e organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	ın a pr	rior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes	s," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Sectio	on 501(c)(7) organizations. Enter:			
а	Initiati	ion fees and capital contributions included on line 9			
b	Gross	receipts, included on line 9, for public use of club facilities 39b 0.			l
40 a	Sectio	on 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section	n 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			l
b	Sectio	on 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it t	become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/	<u>A</u>
C	Enter	amount of tax imposed on organization managers or disqualified persons during the year under		}	
	sectio	ons 4912, 4955, and 4958			
4	Enter	amount of tax on line 40c reimbursed by the organization			ĺ
ę	All org	ganizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transa	action? If "Yes," complete Form 8886-T	40 <u>e</u>	L	<u>X</u> _
41	List th	ne states with which a copy of this return is filed. NONE			
42 a	The books are in care of \blacktriangleright MEADE WHITAKER, JR. Telephone no. \blacktriangleright 205-521-8263				
	Located at ► 3828 KNOLLWOOD DRIVE, BIRMINGHAM, AL ZIP+4 ► 35243				
b	At any	y time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a	a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	accou	int)?	42b	<u> </u>	X
		s," enter the name of the foreign country:			1
		he instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	-	y time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
		s," enter the name of the foreign country:		_	
43		on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	<i>-</i>		
	and e	enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
				1	1
				Yes	No
44		ne organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			,,
4-		990-EZ	44	 	X
45		y related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
_	comp	oleted instead of Form 990-EZ	45	100 57	(2009)
			ruimi s	₹U-EZ	(2008)

Form 990-EZ (2008) BEAUX ARTS KREWE 63-6062964 Page 4 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. Did the, organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public 46 No office? If "Yes," complete Schedule C, Part I 46 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization(s) a section 527 organization? 49b 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." (D) Contributions (b) Title and average hours (c) Compensation (E) Expense to employee (a) Name and address of each employee paid more per week devoted to benefit plans & account and than \$100,000 position deferred other allowances compensation N/A Total number of other employees paid over \$100,000 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." N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors each receiving over \$100,000 rjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, Declaration of preparer (other than officer) is passed on all promation of which preparer has any knowledge and belief it is true Sign Here WHITAKER Paid Preparer's signatur Check if self-Preparer's Identifying Number (See instr.) Preparer's employed _ Use Only HORTON, LEE, BURNETT, PEACOCK, EIN ► Firm's name (or yours Phone > if self-employed). CLEVELAND & GRAINGER, P.C. 205)967~9744 BIRMINGHAM. AL 35243

X Yes

Form 990-EZ (2008)

May the IRS discuss this return with the preparer shown above? See instructions

FORM 990-EZ OTHER EXPENSE	ES	STATEMENT	1
DESCRIPTION		AMOUNT	
BALL EXPENSES INSURANCE MISCELLANEOUS BOARD MEETINGS	-	98,89 1,83 5,88 3,53	L3. 3 4 .
TOTAL TO FORM 990-EZ, LINE 16	=	110,0	90.
FORM 990-EZ CASH GRANTS AND ALLO	CATIONS	STATEMENT	2
FORM 990-EZ CASH GRANTS AND ALLO CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	CATIONS DONEE'S RELATIONSHIP	STATEMENT AMOUN	
	DONEE'S		

	FORMATION REGARDING TRANSFERS STATEMENT PED WITH PERSONAL BENEFIT CONTRACTS	3
DIRECTLY OR INDIRECT	DURING THE YEAR, RECEIVE ANY FUNDS, LY, TO PAY PREMIUMS ON A PERSONAL LY, LY, LY, LY, LY, LY, LY, LY, LY, LY,	NO
	DURING THE YEAR, PAY PREMIUMS, LY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X]	NO

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STATEMENT 4

FUNDRAISING TO BENEFIT THE BIRMINGHAM MUSEUM OF ART