

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



LG

Form 990-EZ

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 tung 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 \$500,000 and total
assets less than \$1,250,000 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.

OMB No. 1545-1150

2009

Open to Public Inspection

		of the Treasury		assets less than \$1,2 The organization may have to us	50,000 at the end of the year may se a copy of this return to satisfy s	use this tate rep	s torm. <i>orting r</i> ea	uirements.		ln	spection
		nue Service le 2009 calenda	ar year.	or tax year beginning			nd endi				, 20
_							ــــــــــــــــــــــــــــــــــــــ	loyer id	entifica	ation number	
$\overline{}$		s change	use IRS	The Bon Temps Social Club o	of San Deigo				3	3 0959	3505
=	Name o	-	hange print or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telep			rte E Telep	hone n	umber			
_	Initial re		type. See	3330 Columbia Street					619 291 4322		
님		Specific City or town, state or country, and ZIP + 4			F Grou	ID EXE	motion	· · · · · · · · · · · · · · · · · · ·			
H		ed return ition pending	instruc- tions.	San Diego, CA 92103					nber I	-	n/a
느				ations and 4947(a)(1) nonexen	ant charitable truete must a	ttach	GA				ash Accrual
	• Se	ecuon au r(c)(a)		auons and 4547 (a)(1) nonexen pleted Schedule A (Form 990		uauı		Other (specify			AGT ET MOOTGE
								heck ▶ 🗹			ration is not
	M-1						,			-	
	Website: ► required to attach Schedule B (Form 990, Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).										
_				ration is not a section 509(a)(3) s						ora tha	m \$25,000 A
	Check			ration is not a section 509(a)(3) sum is not required, but if the or							н ф23,000. А
				9 to determine gross receipts; if					• •		365590
	art	Revenu	e Fyr	enses, and Changes in	Net Assets or Fund Ba	lance	es (See	the instru	ctions	s for	
	1			s, grants, and similar amour					1		858
	1								2		273553
	2			evenue including governmer			• •		3		1990
	3		-	and assessments			• •		4		229
	4				nuonton.	50	• •	• • • •	 -		
	5			m sale of assets other than i	-	5a 5b			1 1		
	1			r basis and sales expenses			20 50		5c		
0				n sale of assets other than in ivities (complete applicable parts of					SC		
Revenue	6	•				ııı Aanım	ng, alca	THE E	1		
9	1		•		of contributions	ا ۔م ا					
ď	'I .	reported o				6a			1		
	, '			nses other than fundraising e	-	6b	C-\				
	1 _			ss) from special events and a			ine baj	 87967	6c		
	7			entory, less returns and allo		7a		25035	4		
	1	b Less: cost				7b	·· -		1 _		62022
	1 .			ss) from sales of inventory (S		a) .		· · · ·	7c		62932 994
	8								8		
	9			dd lines 1, 2, 3, 4, 50, 60, 70		· ·		<u> > </u>	9		340555
	10			r amounts paid (attach scho	dule)				10		
	11	Benefits p	aid to d	r for members		• •			11		
0	12	Salaries, c	ther co	mpensation, and employee	Depetits III				12	-	444470
xoenses	13			and other payments to inde	1≥ (1)				13	-	114173
Ž	14	Occupano	y, rent,	utilities, and maintenance ons, postage, and shipping					14		9592
ш	15	Printing, p	uplicat	ons, postage, and snipping	<u> </u>				15		3267
	16			describe ► See attached					16	 -	210507
	17			Add lines 10 through 16 .					17	-	337539
4	18			for the year (Subtract line 1					18		3016
ğ	19			d balances at beginning of					١		
Net Assets	[]	-	-	e reported on prior year's ret					19		23052
ţ	20		_	net assets or fund balances					20	 	
	27	Net assets	s or fun	d balances at end of year. C	ombine lines 18 through 2	0 .		.	21	4	26068
	art	Balanc	e She	ts. If Total assets on line 25		uu or r					
				(See the instructions for F	•		L.	A) Beginning o			(B) End of year
				ivestments			· _	1	38994		15837
2							· _			23	
2	4	Other assets	(descril				_)		2450	-	1100
2		Total assets					· _		41444		155937
2				Payables and deffe			_)		18392		129869
_				palances (line 27 of column			<u>. </u>		23052		26068
E-	v Dri	and Act and D	202040	k Reduction Act Notice, see t	he senarate instructions.		Cat	No 108421		Forr	m 990-EZ (2009)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cillia	190-EZ (2003)					Page 4
Par	Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses
What is the organization's primary exempt purpose? Promote the appreciation of Cajun Music and culture						ired for section
Desc)(3) and 501(c)(4) sizations and section				
manr	ner, describe the services provided, the number of	of persons benefited, and o	other relevant infor	rmation for		a)(1) trusts; optional
each	program title.					hers.)
28	Gator by the Bay cultural festival attracted over 9,000	0 visitors to dance lessons, I	ive music performa	nces,		
	cultural workshops and cooking demonstrations.					
	**************************************]	
	(Grants \$ 26219) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	28a	308380
29	Monthly programs attract 1600 vititors per year to liv	e music performances and d	lance lessons			
			_			
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	22778
30	Dance pavillion stage at December Nights celebratio	n had the potential to touch	200,000 attendees v	vith		
	lessons and live music performances] .	
					Ì	,
	(Grants \$) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	6382
31	Other program services (attach schedule)					
		includes foreign grants, che	eck here	. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a t			>	32	337540
Par	List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not compensa	ted. (See the	instruc	tions 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) Contributio employee benefit deferred compe	plans &	(e) Expense account and other allowances
Al G	ardner	DunidantMariana				
6381	Amherst St San Diego CA 92115	President/Various	0		0	0
Jan I	Maxted	Sec /Various				
1515	West Lewis, San Diego Ca 92103	Sec /various	٥		0	0
Bill (Corwin	VP/Various				
4760	Del Monte Ave San Diego Ca 92107	vr/various	0		0	0
Greg	Benusa	VP/Various				
8409	B Summerdale Road San Diego CA 92126	VE/Various	0		0	0
Barb	ara Dwyer	Sec/Various				
3916	Sequoia St San Diego CA 92109	Sec/ Various	0	_	0	0
Caro	le Osborne	membership/Various				
3340	6th Ave San Diego CA 92106	membersmp/various	0		0	0
Marg	aret Sohn	Treas/Various		}		
	35th St. San Diego Ca 92116	Treas/ various	0		0	0
Stev	e Petty	board member/various				
2993	3 Redwood Dr Canyon City CA 92587	board member various	0		0	0
`	y Todd	board member/various				
4019	Goldfinch St #216 San Diego CA 92103		0		0	0
·					ļ	
				ļ		
		{	[
						······································
						· · · · · · · · · · · · · · · · · · ·
]			
]			
		ļ			 i	
		 	 			
		-			1	

Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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 why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a none			
b	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
38a	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 outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	40e		✓
41	List the states with which a copy of this return is filed. ▶ California			
42a	The organization of books are in our of the second	519 29	1 4322	2
	Located at ► 3330 Columbia St San Diego CA ZIP + 4 ►	921	03	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	V	NI -
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	400	Yes	NO /
	account)?	42b		V
	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.?	42c		1
_	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		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year		 -	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	1		
	Form 990-EZ	44		√
45	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	45		1
-		m 99 0	LE7	(2000)

1	Page	. 4

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) r 47(a)(1) nonexempt ad 51.	nonexempt charit charitable trusts m	able trusts only. A nust answer question	di sec ons 40	tion 5-49	<u> </u>
	Did the organization engage in direct or indirect					Yes	No
	candidates for public office? If "Yes," complete :				46		1
	Did the organization engage in lobbying activities				47		1
	Is the organization a school as described in section				48		1
	Did the organization make any transfers to an ex				49a		√
	If "Yes," was the related organization a section 5				49b		
50	Complete this table for the organization's five hi employees) who each received more than \$100,	000 of compensation	from the organization	n. If there is none, en	truste ter "N	one."	а кеу
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati	on (d) Contributions to employee benefit plans & deferred compensation	aci	Expension allows	end
None							
		 			ļ		
		ļ					
					l		
					 		
					Ì		
					t		
51	Complete this table for the organization's five \$100,000 of compensation from the organizatio (a) Name and address of each independent contractor	n. If there is none, ent	er "None."	Type of service		more	
None							
				· · · · ·			
							
				1			
			. <u>. </u>				
d	Total number of other independent contractors of	each receiving over \$1	100,000▶				
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including acci of preparer (other than offic	ompanying schedules and er) is based on all informa	statements, and to the beaton of which preparer has	st of my any kno	knowl	edge e.
Sign Here	Signature of officer Jan Maxted, Sec Type or print name and title						
Paid	Preparer's	Da	self-	Preparer's identifying nu	mber (Se	e instruc	tions)
Prepare	Firm's name (or		employed ▶	LI EIN ►			
Use On	yours if self-employed), address, and ZIP + 4			Phone no ▶			
May th	e IRS discuss this return with the preparer show	n above? See instruct	ions		Yes		No (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Employer identification number

33 0959505 The Bon Temps Social Club of San Diego Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R 🗹 An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated d Type III-Other a 🗌 Type i e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) 11g(ii) (II) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support organization (i) organized in the above or IRC section governing document? col. (i) of your (see instructions)) support? Yes No Yes Yes No

Total

	ule A (Form 990 or 990-EZ) 2009			<u> </u>	********	1.4=60:-	Page Z
Par	(Complete only if you check					and 170(b)(1)(A)(vi)
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						<u> </u>
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .		<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for organization, check this box and stop he	ore	<u> </u>				
Sec	tion C. Computation of Public Su	pport Perce	ntage			,	
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	1, column (f))		14	<u>%</u>
15	Public support percentage from 2008 Sc	•	-			15	<u>%</u>
16a	33% % support test-2009. If the organi				line 14 is 331/3	% or more, che	eck this box
	and stop here. The organization qualifies						▶ 🗆
b	33% % support test-2008. If the organi						
	box and stop here. The organization qua		-				
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum reacts the "facts-and-circum reacts".	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Par	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstances the facts-and-circumstances test—2008 for the facts-and-circumstances the facts-and-circumstanc	facts-and-circui ances" test. The	nstances" test, e organization qu	check this box alifies as a publi	and stop here. cly supported o	Explain in Part rganization .	fV how the ▶ □
	•			-			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you checke	a the box or	i line 9 of Par	(1.)			
	tion A. Public Support		······································	 			
Ca	ilendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1915	2915	1830	3419	858	10937
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	140832	149613	216666	301202	361520	1169833
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge	440747	452520	249496	204024	20270	4400770
6	Total. Add lines 1 through 5	142747	152528	218496	304621	362378	1180770
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)					_	1180770
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	142747	152528	218496	304621	362378	1180770
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			17	275	229	521
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b			17	275	229	521
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						·
13	Total support. (Add lines 9, 10c, 11, and 12.)	142747	152528	218513	304896	362607	1181291
14	First five years. If the Form 990 is for organization, check this box and stop	here			-		```.'
Sec	tion C. Computation of Public Su	pport Percer	ntage				<u></u>
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S			e 13, column (1	f)) 	15 16	100 % 100 %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200	•	• •	-		17 18	0 %
18 19a		anization did n	ot check the bo	ox on line 14, a	nd line 15 is n	nore than 331/4 9	%, and line _
b	17 is not more than 33%%, check this b 33%% support tests—2008. If the organ line 18 is not more than 33%%, check this	ization did not	check a box on	line 14 or line 1	9a, and line 1	6 is more than	331/4 %, and
20	Private foundation. If the organization	-	_	•	•		_

ichequie a (F	om 990 or 990-E2) 2009 Page - Page -	٠
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	_
<u> </u>		
		-
		-
		-
		_
		-
		-
		-
		-
		-
••••		-
		-
		
-		-
•••		-
·		
		•-

The Bon Temps Social Club of San Diego 33 0959505 Year Ended 12/2009 Form 990EZ

Line 16 Other expenses

Talent fees	58,105
Equipment rent	50,229
Host/Hostess	385
Decorations	542
Promotion	24,407
Food and beverage	1,269
Other project expenses	15,267
Bank Charges	2,606
Taxes and Licenses	9,096
Insurance	5,740
Administrative Support	3,075
Donations	7,962
Transportation	6,146
Site Labor	8,911
Parking	2,126
Security	8,245
Miscellaneous Expense	2,373
Volunteer Expenses	4,022
	210,507

Line 35a

Revenue reported on line 7a:

This revenue is from the sale of t-shirts and other related items at the Gator by the bay festival and is part of the revenue fothe festival which is realted ot the organization's tax exempt purpose.