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Form **990**

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)

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 2009 Open to Public Inspection ► The organization may have to use a copy of this return to satisfy state reporting requirements , 2010 Feb D Employer Identification Number 72-0748480 Telephone number (985) 384-6195 70381 G Gross receipts \$ 179,317 H(a) Is this a group return for affiliates? Yes No H(b) Are all affiliates included? Yes If 'No.' attach a list (see instructions) H(c) Group exemption number 🏲 L Year of Formation 1968 M State of legal domicile Preserve the Mardi Gras Traditions more than 25% of its assets; 3 Ĭ A /! 4 1 3 5 6 1B ,7a 0. 7h **Prior Year Current Year** 39,975 62,856. 51,984. 20,312. 1,392 304. 18,758. 14,390. 102,230. 107.741. 0. 144,630. 106,653. 144,630. 106,653. -36,889-4,423. Beginning of Year End of Year 90,684 86,261. 90,684 86,261.

For the 2009 calendar year, or tax year beginning Mar 1 . 2009, and ending C Name of organization Check if applicable Please use IRS label Address change Krewe of Galatea, Inc. or print or type. See Number and street (or P O box if mail is not delivered to street addr) Name change specific Instruc-Box 1932 Instial return City, town or country State ZIP code + 4 Termination Morgan City Amended return F Name and address of principal officer Application pending Bonnie Leonard 4010 Chennault St Morgan City LA 70380 Tax-exempt status X 501(c) (4) ◄ (insert no) 4947(a)(1) or Website: ► x Trust Form of organization Corporation Other > Association Part I Summary Briefly describe the organization's mission or most significant activities Activities & Governance If the organization discontinued its operations or disposed of Check this box ► Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, Icolumn (C), ine 12 b Net unrelated business taxable income from Form 990-T, line 34 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2q) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Signature officei re Type or print name and title Date Preparer's identifying number (see instructions) Check if self-employed Paid Preparer's signature Pre-06/07/10 Adams parer's Adams & Johnson, Firm's name (or yours if self-employed), CPA's Use Post Office Box 729 EIN Only 70392 395-9545 LΑ (985) Patterson Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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46	Total p	rogra	m service	expenses	>			98,3	308.												

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1,	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	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	3	_	Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		_X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, of X as applicable .	11	х	
•	 Did the organization report an amount for land, buildings and equipment in Part X, line 10⁹ If 'Yes,' complete Schedule D, Part VI 	, 		
•	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
(Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 		,	
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 	3%		
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 			
	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional . 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E .	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
I	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part L	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		Х

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
C	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		х
ı	b Is the organization 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	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		х
	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31		31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)^2$ If 'Yes,' complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	х	

			Yes	No
1,	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1 a 0			
ŀ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
(Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	_ x	
2 8	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
21	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
ı	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4:	a 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)?	4a		x
ı	o 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.			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
!	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .	5 b		Х
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	_5c		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	_6b	!	
7	Organizations that may receive deductible contributions under section 170(c).	**		
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
(Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7f</u>		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a	1	· `
	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			İ
11	Section 501(c)(12) organizations. Enter.			ļ
	a Gross income from other members or shareholders			
١	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	l	
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

BAA

Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A.	Governing	Body a	nd N	lanage	ement														
							•												Yes	No
		number of vo	•		~	~							1 a							1
		number of vo	_			-					•		1 b							,
2	Did any of officer, d	officer, director irector, trustee	, trustee, or key en	or key nploye	r emplo ee?	yee hav	ve a fa	mily re	elations	ship or a	a busine	ss rela	ation	ship w	ith an	y other	· -	2		X
3	Did the o	rganization del s, directors or	legate con	ntrol o	ver mar	nageme	ent duti a man	ies cu	stomar ent coi	ily perfo	ormed by	y or ur persor	nder n?	the dir	ect su	ıpervisi	on	3		х
4		rganization ma	-	-		•		-				p 0.00.						4		X
		prior Form 99	, ,	_		J														
5	Did the o	rganization be	come awa	re du	ring the	year of	f a mai	terial (diversi	on of the	e organi	zation	's as	sets?			L	5		X
6	Does the	organization h	nave memi	bers c	or stock	holders	? .										L	6		_X
7 8	Does the	organization h	nave meml	bers,	stockho	lders, c	or other	r pers	ons wh	no may	elect one	e or m	ore i	nembe	ers of	the		7a		Х
ŀ	Are any	decisions of the	e governin	ıg boc	ły subje	ct to ap	proval	l by m	ember	s, stock	holders,	or oth	ner p	ersons	?			7b	_X	
8	Did the o	rganization coi	ntemporar	neous	ly docur	ment th	e mee	tıngs l	held or	written	actions	under	take	n durin	g the	year b	у			I E
á		rning body?															-	8a	Х	t
	•	nmittee with au	uthority to	act o	n behal	f of the	goveri	ning b	ody?									8ь	Х	
9	Is there a	any officer, dire	ector or trueddress? <i>I</i>	ustee, f 'Yes	or key	employ	ee liste names	ed in l	Part VI	I, Section	on A, wh	no can	not l	oe read	hed a	at the		9		х
Sec			(This Se										equi	red b	y the	Inter	rnal	- 1		
	enue_Code		`							,			•							
																	_		Yes	No
10	Does the	organization h	nave local	chapt	ers, bra	anches,	or affi	liates	7									0 a		<u>X</u>
i	If 'Yes,' o and bran	does the organ ches to ensure	zation ha	ve wr	itten po is are c	licies ai onsistei	nd prod nt with	cedure those	es gove e of the	erning the organization	ne activit zation?	ties of	suci	n chap	ters, a	affiliate	s,	оь		
11	Has the	organization pr	ovided a	сору с	of this F	orm 99	0 to all	I mem	bers o	f its gov	erning b	ody b	efore	filing	the fo	orm?	. [1	1	X	
11/	A Describe	ın Schedule O	the proce	ess, ıf	any, us	sed by t	the org	janizat	tion to	review t	this Forn	n 990						·		
		organization h						-										2a		X
ı	Are office to conflic	ers, directors o ts?	r trustees	, and	key em	ployees	s requii	red to	disclo	se annu	ally intei	rests t	that o	could g	ive ris	se		2b		
•	Does the	organization r O how this is	egularly a done	nd co	nsisten	tly mon	itor an	d enfo	orce co	mpliand	e with th	he pol	ıcy [?]	If 'Yes	,' des	cribe in	'	12c		
13	Does the	organization h	nave a writ	tten w	/histlebl	lower po	olicy?										. [3		X
14	Does the	organization h	nave a wri	tten d	ocumer	nt retent	tion an	nd des	tructio	n policy	?						L.	4		<u>X</u>
15	Did the persons,	rocess for dete comparability	ermining o data, and	ompe conte	nsation mporar	of the neous s	followi ubstan	ing pe itiation	rsons i	nclude : deliber	a review ation an	and a	appro ision	val by	ındep	oenden	t			
		nization's CEC																5 a		_X
1		icers of key en			-												Ŀ	5 b		<u>X</u>
	If 'Yes' to	line 15a or 15	5b, descrit	oe the	proces	s in Sc	hedule	O. (S	See ins	truction	s)									
16	Did the o	rganization invring the year?	vest in, co	ntrıbu	te asse	ts to, or	r partic	cipate	ın a jo	ınt vent	ure or si	mılar	arrar	igemei	nt with	n a taxa	able -	6a		X
ł	If 'Yes,' I in joint v	nas the organizenture arrange the respect to s	zation ado ements und	pted a	a writtei oplicable	n policy e federa	or pro al tax la					zatıon guard	to ev	valuate organiz	its p ation'	articipa s exem	ition ipt	Ібь	~	
Sec		Disclosure		gerner	113			_	-			•		<u> </u>			!_	<u>, U D </u>		<u> </u>
		tates with whi		of the	s Form	990 is r	require	d to b	e filed	>										
	Section (5104 requires a	an organiz	ation	to make	e its Foi	rms 10	023 (oı	r 1024	ıf applic										public
	_ ·	website	· —		's webs			$\overline{}$	pon re											
19	Describe statemer	ın Schedule C its available to	whether the public	(and i	f so, ho	w) the	organi	zation	make	s its gov	erning o	docum	ents	, confli	ct of	ınterest	policy	, ar	nd fina	ancial
20	State the	name, physic	al address													of the				
	► <u>Jan_C</u>	<u>ovington</u>	- -	M_	orgar	J	 -		_ <u>Ci</u> t	Y		_ <u>L</u> /	<u>4</u>	7038	0		(98	5)_3	8 <u>4</u> -:	3 <u>262</u>

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees, and former such persons

Check this box if the organization did not	compens	ate an	y CL	ırrer	nt of	ficer,	dire	tor, or trustee		
(A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week	or director	o anstitutional trustee	Offirer	all Key emphyee	ap High est compensated employee) Farnei	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Mrs Bonnie Leonard										
President	3.00			Х	<u> </u>	ļ		0.	0.	0.
Mrs Charlotte Opperman Vice- President	3.00			x				0.	0.	0.
Mrs Carrie Stansbury	2 00								0	2
Secretary	3.00			Х	\vdash		H	0.	0.	
Mrs. Jan Covington Treasurer	3.00			Х				0.	0.	0.
Mrs. Gail Davis										
Director	3.00	X						0.	0.	0.
Mrs. Charlotte Opperman										
Director	3.00	Х						0.	0.	0.
Mrs. Mary Ann Adams				ĺ	l					_
Director	3.00	X	_	_	L		<u> </u>	0.	0.	0.
Mrs. Myrle_Barousse							1			
Director	3.00	X	_		├-	├	├—	0.	0.	0.
<pre>Mrs. Tammie Beattie Director</pre>	3.00	х					į	0.	0.	0.
Mrs. Linda Arceneaux Director	3.00	v						0.	0.	0.
Mrs. Jane Langley	3.00	 ^`	_	\vdash	ТТ				· · · · · · · · · · · · · · · · · · ·	
Director	3.00	х						0.	0.	0.
Mrs Helen Solar Captain	3.00	x						0.	0.	0.
Mrs. Sandra Ratcliff	3.00			 -	T		t	<u> </u>		
Director	3.00	x				}		0.	o.	0.

Form 990 (2009) Krewe of Galatea, Inc.									72-074848	
Part VII Section A. Officers, Directors, Trust	ees, K	(ey	Em			es,	and			
(A)	(B) Average	Pocit	hon (() chack	-	nat an	.nha	(D)	(E)	(F)
Name and Title	hours per week	•		Officer			Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	-									
	-					_				
1 b Total	-						•	0.	0.	0.
2 Total number of individuals (including but not limite from the organization	d to tho	se lı	stec	l ab	ove)	who	o rec	ceived more than	\$100,000 in reporta	able compensation
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it 4 For any individual listed on line 1a, is the sum of rethe organization and related organizations greater translational 	<i>ndıvıdua</i> portable	al. e cor	nne	nsa	lion	and	oth	er compensation	from	Yes No
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens hedule	atio <i>I for</i>	n fro	om a h pe	any e <i>rso</i>	unre n	late	d organization fo	services	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensat	ad Inda		lont			10.50	the	t recovered more t	hon \$100,000 of	
compensation from the organization.	eu mae	Penc	2011	COI	illac	.1015	uia	t received more t	11211 \$100,000 01	
Name and business addres	is						-	(B Description	of Services	(C) Compensation
									-	
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	but not	lımı	ted	to ti	nose	list	ed a	bove) who receiv	ed more than	

-		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2,0	1a Federated campaigns . 1a			· ·	ı
IN STA	b Membership dues 1b 62,856.				
R S	c Fundraising events 1c				
E A	d Related organizations 1 d				1
S. A.	e Government grants (contributions) 1 e				
SIS					,
물빔	f All other contributions, gifts, grants, and similar amounts not included above				1
N O	g Noncash contribns included in lns 1a-1f ⁻ \$				
용취	h Total. Add lines 1a-1f	62,856.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	Business Code			~~	
Ę.	2a Court, Dance & Social 900099	20,312.	20,312.	0.	0.
#	b				
ջ	c				
SE	d			<u></u>	
ΑĀ	e				
8	f All other program service revenue				
<u>E</u>	g Total. Add lines 2a-2f	20,312.			
	3 Investment income (including dividends, interest and other similar amounts)	204	204	0	
		304.	304.	0.	0.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal				
	6a Gross Rents				
	b Less: rental expenses			}	٤.
	c Rental income or (loss)			,	
	d Net rental income or (loss)	***			
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory				,
	b Less. cost or other basis				.
	and sales expenses				<u> </u>
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$				
Ž.	of contributions reported on line 1c)				
OTHER REVE	See Part IV, line 18 . a 95,845.				,
불	b Less: direct expenses b 77,087.	** * # F F F F F F F F F F F F F F F F F			
0	c Net income or (loss) from fundraising events	18,758.	18,758.	0.	<u> </u>
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b	-			
	c Net income or (loss) from sales of inventory	_			
	Miscellaneous Revenue Business Code	}		-	
	11a				
	b				
	¢				
	d All other revenue	-	 		
	e Total. Add lines Tra-Tru	102 220	20 274		
	12 Total revenue. See instructions	102,230.	39,374.	0.	<u> </u>

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (C) (B) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Fundraising Program service Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustées, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) 9 Other employee benefits Payroll taxes Fees for services (non-employees) a Management **b** Legal 625. 0. 625. 0. c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 1,017. 0 1,017 0. 13 Office expenses 14 Information technology 15 Royalties 813. 813. 0. 0. 16 Occupancy 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 7,376 5,076. 23 2,300. 0. Insurance Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 0. 22,308. 22,308. 0. a Ball Expense 40,027. 40,027. 0. 0. **b** Costumes 0. 2,826. 2,826. 0. c Court Expense d Parade_Expense___ 0. 22,515. 22,515. Ο. 0. 7,519. 7,519. 0. e Sets and Scenery 1,627. 0. f All other expenses . 1,627. 0. 8<u>,</u>345. 25 Total functional expenses. Add lines 1 through 24f 106,653. 98,308. 0. Joint costs. Check here ► ____ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational

Form 990 (2009)

campaign and fundraising solicitation

Ра	<u>rt X</u>	Balance Sheet	(A) Beginning of year		(B) End of year
_	1	Cash — non-interest-bearing .	5,259.	1	836.
	2	Savings and temporary cash investments .		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			•
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	<u></u>
Ş	7	Notes and loans receivable, net .	_	7	
A S E T S	8	Inventories for sale or use		8	
Ś	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis. 10a 85, 425.			1
		Complete Part VI of Schedule D		-	
	b	Less accumulated depreciation 10b	85,425.	10 c	85,425.
	11	Investments — publicly-traded securities	<u>-</u>	11_	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets .		14	
	15	Other assets See Part IV, line 11	 	15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	90,684.	16	86,261.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
į	20	Tax-exempt bond liabilities .		20	·····
A B I L	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21_	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
- 1		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D .		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117, check here ► and complete lines			,
I A		27 through 29 and lines 33 and 34.			
Ş	27	Unrestricted net assets	- -	27	
Ę		Temporarily restricted net assets		28	<u> </u>
O R	29	Permanently restricted net assets		29	
_		Organizations that do not follow SFAS 117, check here ► X and complete			
Ę D Z D	20	lines 30 through 34.		30	
	30	Capital stock or trust principal, or current funds		31	<u> </u>
Ă	31	Paid-in or capital surplus, or land, building, and equipment fund	90,684.	32	06 261
BALAZCES	32	Retained earnings, endowment, accumulated income, or other funds	90,684.	33	86,261. 86,261.
Ę	33	Total helphytos and not essets found balances.	90,684.	34	86,261.
	34_	Total liabilities and net assets/fund balances	90,004.) 4	Form 990 (2009)

BAA

Form **990** (2009)

form 990 (2009) Krewe of Galatea, Inc.	72-0748480	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. <u>2</u> a	Х	<u> </u>
b Were the organization's financial statements audited by an independent accountant? .	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	rsight of the audit,	х	
If the organization changed either its oversight process or selection process during the tax year, explin Schedule O.	laın		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year vectorsolidated basis, separate basis, or both	were issued on a		i
X Separate basis Consolidated basis Both consolidated and separate basis	TO COMP MATERIAL		i
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	rth in the Single		х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	o the required audit 3b		

BAA

Form **990** (2009)

SCHEDULE D (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection

Employer Identification number

Kre	ewe of Galatea, Inc.				72-0748480	
Pai		r Advised Funds or Oth o Form 990, Part IV, line	er Similar Funds e 6.	or Acco	ounts Complete	e if
		(a) Donor advised	funds	(b) F	unds and other acc	counts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)			-		
4	Aggregate value at end of year					
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in donor e legal control?	advised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or do	ing that grant funds mor advisor or for any	nay be other	Yes	☐ No
Pai	t II Conservation Easements Comple	ete if the organization ar	swered 'Yes' to F	orm 99	0, Part IV, line	7.
	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g , r	recreation or pleasure)	Preservation of ar	n historica	illy important land	area
	Protection of natural habitat		Preservation of ce	ertified his	toric structure	
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organizations day of the tax year.	on held a qualified conservati	on contribution in the	form of a	conservation ease	ement on the
					Held at the End o	f the Year
í	Total number of conservation easements			2a		
	Total acreage restricted by conservation ease			2b		
	Number of conservation easements on a certi		lin (a) .	2c		
	Number of conservation easements included i	• • •	<u> </u>	2d		
3	Number of conservation easements modified,	transferred, released, extingu	ished, or terminated l	by the org	janization during th	ne tax
4	Number of states where property subject to co	onservation easement is locati	ed ►			
5	Does the organization have a written policy re and enforcement of the conservation easement	nt it holds?	•		ations, Yes	☐ No
6	Staff and volunteer hours devoted to monitorii during the year	ng, inspecting, and enforcing	conservation easeme	nts 		
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing cons	ervation easements	\$_		
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of section	n	Yes	☐ No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	ports conservation easements to the organization's financial	in its revenue and ex statements that desc	pense sta ribes the	atement, and balar organization's acc	nce sheet, and ounting for
Pai	Complete if the organization ans	ections of Art, Historical wered 'Yes' to Form 990	Treasures, or Ot , Part IV, line 8.	her Sim	ilar Assets	
1 6	a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial stateme	olic exhibition, education, or re	search in furtherance	and batar of public	nce sheet works of service, provide, i	art, historical n Part XIV,
1	o If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	er SFAS 116, to report in its re blic exhibition, education, or re	venue statement and search in furtherance	balance s of public	service, provide th	ne following
	(i) Revenues included in Form 990, Part VIII,	, line 1			►\$ ►\$	
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or oth 116 relating to these items	er sımılar assets for fı	nancial g	ain, provide the fo	llowing
	a Revenues included in Form 990, Part VIII, line	e 1			- \$	
ı	Assets included in Form 990, Part X				► \$	

Schedule D (Form 990) 2009 Krewe						72-0748			Page 2
Part III Organizations Mainta				orical	Treasures, or	Other Similar Ass	ets (c	ontinu	ied)
3 Using the organization's acquisit items (check all that apply):	ion accession	and oth	_	•	•	at are a significant use	e of its	collecti	on
a Public exhibition				or exc	hange programs				
b Scholarly research			e U Other						
c Preservation for future generation of the organical Provide a description of the organical Provides and Pro		lections	and explain how	w they	further the organiz	ation's exempt purpos	e in		
Part XIV. 5 During the year, did the organiza assets to be sold to raise funds it	ation solicit or	receive	donations of ar	t, histo	orical treasures, or	other similar	Yes	Г	□No
Part IV Escrow and Custodia 9, or reported an amo	l Arrangen	nents	Complete if o	rgan				rt IV,	
1a is the organization an agent, true included on Form 990, Part X?						r assets not . [Yes		No
b If 'Yes,' explain the arrangement	t in Part XIV a	and com	nplete the follow	ing tat	ole		Amoun		
c Beginning balance						1c			
d Additions during the year						1d			
e Distributions during the year						1e			
f Ending balance						1f			
2a Did the organization include an a	amount on Fo	rm 990,	Part X, line 21?	•		,	Yes		No
b If 'Yes,' explain the arrangement	t in Part XIV					•	_	•••	_
Part V Endowment Funds Co	mplete if o	rganız	ation answer	ed 'Y	es' to Form 990), Part IV, line 10.			
	(a) Current	year	(b) Prior yea	r	(c) Two years back	(d) Three years back	(e)	Four year	s back
1 a Beginning of year balance									
b Contributions									
c Net Investment earnings, gains, and losses					*		,	*3	Ē
d Grants or scholarships									
e Other expenditures for facilities and programs						*			
f Administrative expenses					3				
g End of year balance							<u> </u>		
2 Provide the estimated percentag	e of the year	end bal	lance held as						
a Board designated or quasi-endov	wment 🕨		8						
b Permanent endowment ►	%								
c Term endowment ►									
3a Are there endowment funds not	in the posses	sion of	the organization	that a	re held and admin	stered for the	г		
organization by.	·		_					Yes	No
(i) unrelated organizations					•		3a(i)		<u> </u>
(ii) related organizations							3a(ii)		<u> </u>
b If 'Yes' to 3a(ıı), are the related	_						3b		Ь
4 Describe in Part XIV the intende						lima 10			
Part VI Investments-Land, B									
Description of investmen		(a) Cos	st or other basis nvestment)		Cost or other oasis (other)	(c) Accumulated Depreciation	(a)	Book V	
1 a Land	•		5,000.		0.	-			<u>,000.</u>
b Buildings			80,425.		0.			80	<u>,425.</u>
c Leasehold improvements		<u> </u>							
d Equipment	•	ļ							
e Other									
Total. Add lines 1a through 1e (Colum	nn (d) must ed	ual For	m 990, Part X, o	columi	(B), line 10(c))	<u> </u>			,425.
RΔΔ						Sched	lule D (Form 9	90) 2009

Part VII	Investments-Other Securities See	Form 990, Part X, line 12	<u> </u>
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial o			
Closely-he	ld equity interests		
Other			
			
	 		
 Total. <i>(Colu</i>	mn (b) must equal Form 990 Part X, col (B) line 12.)		
	Investments-Program Related (Se	e Form 990, Part X, line	13)
	(a) Description of investment type	(b) Book value	(c) Method of valuation
		(-,	Cost or end-of-year market value
Total. (Colur	mn (b) must equal Form 990, Part X, Col. (B) line 13.)	>	
Part IX	Other Assets (See Form 990, Part	X, line 15)	
		Description	(b) Book value
		•	
Total. (Co	olumn (b) must equal Form 990, Part X, col (E	3), line 15)	>
Part X	Other Liabilities (See Form 990, Pa		
1 41 1 1	(a) Description of Liability	(b) Amount	
Federal In	come Taxes	377	
r cucrar in	come raxes		
	· · · · · · · · · · · · · · · · · · ·		
-			
			
	mn (b) must equal Form 990, Part X, col. (B) line 25)		
2. FIN 48	Footnote. In Part XIV, provide the text of the	footnote to the organization's fir	nancial statements that reports the organization's liability

Schedule D (Form 990) 2009 Krewe of Galatea, Inc.

72-0748480

Page 3

		-0/4	8480	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII,column (A), line 12)	.		
,2	Total expenses (Form 990, Part IX, column (A), line 25)	_		
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-		
4	Net unrealized gains (losses) on investments	Ļ		
5	Donated services and use of facilities	F		
6	Investment expenses .	Ļ		
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
;	a Net unrealized gains on investments			
1	b Donated services and use of facilities 2b			
	Recoveries of prior year grants . 2c			
	d Other (Describe in Part XIV)			
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
;	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)			
	c Add lines 4a and 4b	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25			
	a Donated services and use of facilities 2a			
	b Prior year adjustments] }		
	C Other losses 2c	1 [
	d Other (Describe in Part XIV)	1		
	e Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	b Other (Describe in Part XIV)	1		
	c Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		
	rt XIV Supplemental Information	1 3 1		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this parmation	, lines art to p	1b and 2b; rovide any	Part V, additional
			- -	

Schedule D	(Form 990) 2009	Krewe of Gal	atea, Inc.			72-0748480	Page 5
Part XIV	Supplementa	Krewe of Gal	ontinued)		 		
		i iniorinacion (co	Trainaca)				
							
_							
							
							
					-		
	. – – – – – – –						_ ·
		-					
							
		-					
-							
				-			
					. – – – – – –		
		_					

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

Name of the organization	Employer identification number
Krewe of Galatea, Inc.	72-0748480
Pt VI-B, Line 11A Treasurer responsible for reviewing tax return	n
Pt_VI-C, Line 19 Any interested party can request a copy.	
Pt_VI-A, Line 7b Board of Directors_vote.	