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Short Form
Return of Organization Exempt From Income Tax

2011

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$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 2011 calendar year, or tax year beginning		Apr 1	, 2011, and ending Mar 31	, 2012
B Check if applicable	C Name of organization			D Employer identification number
Address change	KREWE OF BILGE INC.			31-1579657
Name change	Number and street (or P O. box, if mail is not delivered to street address)			E Telephone number
Initial return	155 ROBERT STREET			(985) 640-6778
Terminated	City or town, state or country, and ZIP + 4			F Group Exemption Number
Amended return	SLIDELL LA 70458			►
Application pending				
G Accounting Method:	<input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►			H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website:	► N/A			
J Tax-exempt status (ck only one) —	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) (7)	►(insert no)	4947(a)(1) or 527
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.				
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 101,528.				
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)				
Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>				
REVENUE	1 Contributions, gifts, grants, and similar amounts received	5a	1	51,855.
	2 Program service revenue including government fees and contracts	5b	2	46,010.
	3 Membership dues and assessments	5c	3	1,216.
	4 Investment income		4	
	5a Gross amount from sale of assets other than inventory		5	
	b Less: cost or other basis and sales expenses	6a	6	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6b	7	
	6 Gaming and fundraising events	6c	8	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)		9	2,447.
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		10	101,528.
c Less: direct expenses from gaming and fundraising events		11		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		12		
7a Gross sales of inventory, less returns and allowances	7a	13	6,180.	
b Less: cost of goods sold	7b	14	21,377.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	15	6,467.	
8 Other revenue (describe in Schedule O)		16	58,535.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		17	92,559.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	RECEIVED	18	8,969.
	11 Benefits paid to or for members	OSC	19	102,498.
	12 Salaries, other compensation, and employee benefits	JAN 25 2013	20	
	13 Professional fees and other payments to independent contractors	OGDEN, UT	21	111,467.
	14 Occupancy, rent, utilities, and maintenance	See Form 990-EZ, Part I, Line 8 Other Revenue		
	15 Printing, publications, postage, and shipping			
	16 Other expenses (describe in Schedule O)			
	17 Total expenses. Add lines 10 through 16			
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)			
	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)			
20 Other changes in net assets or fund balances (explain in Schedule O)				
21 Net assets or fund balances at end of year. Combine lines 18 through 20				

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2011)

65
13

Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	102,498.22	106,256.
23	Land and buildings	0.23	0.
24	Other assets (describe in Schedule O)	0.24	5,211.
25	Total assets	102,498.25	111,467.
26	Total liabilities (describe in Schedule O)	0.26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	102,498.27	111,467.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28	-----		

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	-----		

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	-----		

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Wayne Dunn 109 Lorelei Circle Slidell LA 70458	Captain 2.00	0.	0.	0.
Don Gutelius 13005 Stone Lake Drive Folsom LA 70437	President 5.00	0.	0.	0.
Bobby Juge 158 Moonraker Drive Slidell LA 70458	Vice President 3.00	0.	0.	0.
Henry Quick 149 Pebble Beach Drive Slidell LA 70458	Vice President 3.00	0.	0.	0.
Sylvia Bush 109 Intrepid Drive Slidell LA 70458	Vice President 3.00	0.	0.	0.
Patricia Gebbia 807 Amber Court Slidell LA 70461	Treasurer 4.00	0.	0.	0.
Nancy Wyant 302 Charles Court Slidell LA 70458	Secretary 4.00	0.	0.	0.
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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O 33 X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a X

b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35b

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35c X

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 X

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

b Did the organization file Form 1120-POL for this year? 38a X

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 tax year covered by this return? 38b

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39a 0. 39b X

39 Section 501(c)(7) organizations. Enter: 40a X

a Initiation fees and capital contributions included on line 9 40b

b Gross receipts, included on line 9, for public use of club facilities 40c X

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 40d X

section 4911 ► ; section 4912 ► ; section 4955 ► 40e X

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b

c 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 40c X

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d X

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 40e X

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

42a The organization's books are in care of ► Patricia Gebbia Telephone no. ► (985) 640-6778
 Located at ► 807 Amber Court Slidell LA ZIP + 4 ► 70458 42b X

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)? 42c X

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 X

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 and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44a X

b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44b X

c Did the organization receive any payments for indoor tanning services during the year? 44c X

d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44d

45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a X

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b X

2011

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

**Open to Public
Inspection**

**Department of the Treasury
Internal Revenue Service**

Name of the organization

KREWE OF BILGE INC.

Employer identification number

31-1579657

Part III ----- Social Club organized to participate in various events -----
----- throughout the year including meetings, dances and a -----
----- Mardi Gras Parade. -----

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)

MISCELLANEOUS REVENUE 2,447.

Total 2,447.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

CASH AWARDS AND PRIZES 6,543.

BANK CHARGES 2.

INSURANCE 2,849.

OTHER EXPENSE 1,304.

DECORATIONS 4,259.

DRINKS/FOOD 43,578.

Total 58,535.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
<u>PREPAID EXPENSES</u>	<u>0.</u>	<u>1,912.</u>
<u>SECURITY DEPOSIT</u>	<u>0.</u>	<u>3,299.</u>
Total	<u>0.</u>	<u>5,211.</u>

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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See Instructions	Name of exempt organization or other filer, see instructions.	<input type="checkbox"/> Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	<input type="checkbox"/> Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	<input type="checkbox"/>

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► _____

Telephone No. ► _____

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 is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20_____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► calendar year 20_____ or

► tax year beginning _____, 20_____, and ending _____, 20_____.

2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. Krewe of Bilge Inc.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 31-1579657
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. 155 Robert Street PMB 301	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Slidell LA 70458-3647	

Enter the Return code for the return that this application is for (file a separate application for each return)

P a

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-BL	02
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **Pat Gebbia**

Telephone No. ► **985-640-6778** 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 is for.

4 I request an additional 3-month extension of time until **February 15**, 20 **13** .

5 For calendar year **2011**, or other tax year beginning **April 1**, 20 **11**, and ending **March 31**, 20 **12** .

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension **Due to Hurricane Isaac, taxpayer was delayed in providing CPA with necessary paperwork to complete return. In addition, taxpayer was notified by IRS of adjustments to previous years' Form 990s. CPA would like to review the IRS response to taxpayer on these previous years to ensure accurate preparation of year 2011 return.**

8a 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.

8a	\$
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b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.

8b	\$
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c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

8c	\$
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Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Pat Gebbia

Title ► **Treasurer**

Date ► **11/13/12**

Form 8868 (Rev. 1-2012)