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Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

<u> </u>	For the	2011 calendar year, or tax year beginning PIA1 1, 2011 and	ending P	PR 30, 2012	
В	Check if	C Name of organization		D Employer identific	ation number
	Addre	l e e e e e e e e e e e e e e e e e e e			
F	Name			58-18	361391
	Initial		Room/suite	E Telephone number	
F	return Termir		noon/suite		388-4916
-	—∣ated □⊓Amend				1,398,051.
<u> </u>	lretum □Applic	City or town, state or country, and ZIP + 4		G Gross receipts \$	
	⊥ltión pendir	HONKOL, LL /1211 /035		H(a) Is this a group re	
		F Name and address of principal officer: JOSEPH HAKIM		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	
		empt status: 501(c)(3) X 501(c)(4)	or 527	1	ist. (see instructions)
		te: N/A		H(c) Group exemption	
		organization	L Year	of formation 1983 M	State of legal domicile LA
	ert I	Summary	TDE CO	MANUATERY CITY	TETTO
ě	1	Briefly describe the organization's mission or most significant activities: PROV	IDE CC	MMUNITY CHAI	RITIES
%∭%3 & Governance					
- E	1	Check this box if the organization discontinued its operations or dispos	sed of more		
₹	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	
ુર્જી	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
₩ <u>₹</u>	6	Total number of volunteers (estimate if necessary)		6	0
وَچ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	76,413.
7 €	b	Net unrelated business taxable income from Form 990-T, line 34		7ь	48,096.
Revenue MAR 1 9			<u> </u>	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		107,990.	115,342.
	9	Program service revenue (Part VIII, line 2g)		10,119.	12,274.
38	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,061.	1,167.
, 20 CC	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,956.	36,704.
あ	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		112,214.	165,487.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
w	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	52,262.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be d	.02	Total fundraising expenses (Part IX, column (D), line 25)	0.		
Ä	17	Other expenses (Part IX, column (A), lines 11a 11d, 11624e)		359,958.	126,453.
	17	Table was a see Add last 12 17 (was a see Bart IX as Table Was 12 17 (<u> </u>	359,958.	178,715.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	 	-247,744.	-13,228.
<u>_ 8</u>	19	Revenue less expenses. Subtract line 18 from line 12		· · · · · · · · · · · · · · · · · · ·	End of Year
ts o				ginning of Current Year 605, 285.	592,479.
SSe	20	Total assets (Part X, line 16)	\vdash	14,870.	24,529.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) OGDEN, UT	<u> </u>	590,415.	567,950.
		Net assets or fund balances. Subtract line 21 from line 20		330,413.	307,330.
	art II	Signature Block		ante and to the heat of m	Languages and holiaf it in
		alties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	ct, and complete Declaration of preparer (other than officer) is based on all information of wh	iich preparei	nas any knowledge	2/12
		Signature of officer		Date	713
Sig		JOSEPH HAKIM, TREASURER			
He	re	Type or print name and title		, , , , , , , , , , , , , , , , , , , 	
				Date Check	PTIN
p - '		Print/Type preparer's name ELBERT L. VIA, JR.		20 12 1	
Pai					72-0922987
	parer			Firm's EIN ▶	12-0722301
USE	Only	Firm's address 1001 NORTH 7TH STREET		Dr	318) 387-3400
_		MONROE, LA 71201		Phone no (-	
		RS discuss this return with the preparer shown above? (see instructions)			
1320	001 01-2	13-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2011)

	Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission: NONE
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported. (Code) (Expenses \$ 116,799 • Including grants of \$
	TO PROVIDE THE COMMUNITY WITH PARADE ACTIVITIES DURING THE MARDI GRAS
	SEASON AND OTHER ACTIVITIES DURING THE YEAR
	(Code) (Expenses \$
	MAKE CHARITABLE CONTRIBUTIONS TO LOCAL OR NATIONAL CHARITIES
	(Code) (Expenses \$ including grants of \$) (Revenue \$)
_	Other program services (Describe in Schedule O.)
_	(Expenses \$ Including grants of \$) (Revenue \$) Total program service expenses ▶ 117,999.

•			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ļ
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		
•	Schedule D, Part III	8		X
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 temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	-	 	ļ
11				
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Ì	1
а		11a	x	
	Part VI	110		
Ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		Х
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	110		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c	х	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		+
d	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	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		1
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		Х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	1	X
	Schedule D, Parts XI, XII, and XIII	12a	 -	<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	406		x
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>~</u> -
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		X
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	 ^
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, Parts II and IV	15	-	<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		İ	,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	X
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_	<u> </u>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
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•		T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? 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		Х
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
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	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		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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		X
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		Ì	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	,	X
28	Was the organization a party to a business transaction 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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			17
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	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			v
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	İ	х
34	Was the organization related to any tax-exempt or taxable entity?	33		
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
252	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		$\frac{x}{x}$
	Did the organization have a controlled entity within the meaning of section of Ecotorio (Ecotorio): Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	054		
b	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		_
	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			
٠,	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?	<u> </u>	—	
	Note. All Form 990 filers are required to complete Schedule O	38	x	
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14a

Х

13c

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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.

	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 7									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>						
6	Did the organization have members or stockholders?	6	Х							
7a	7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?									
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		Х						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х						
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c		17						
13	Did the organization have a written whistleblower policy?	13		X						
14	Did the organization have a written document retention and destruction policy?	14		Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			v						
а	The organization's CEO, Executive Director, or top management official	15a		X						
b	Other officers or key employees of the organization	15b		Α						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v						
_	taxable entity during the year?	16a		<u>X</u>						
Þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	40.								
	exempt status with respect to such arrangements?	16b								
	tion C. Disclosure		-							
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ivallab	ie							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial							
	statements available to the public during the tax year.									
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion: 🕨		_						
	JOSEPH HAKIM - 318-338-3172									
13200	P O BOX 7853, MONROE, LA 71211		000	00444						

Form 990 (2011) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of "key employee."
- 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 neither the organizatio (A)	(B)	Jige		(C		اتونور.	.cal	(D)	(E)	(F)
Name and Title	Average hours per week	box,	not c	Posi heck ss pe	noin more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	кеу епфіоуве	Highest compensated employee	Former		organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CATHY DUCHESNE	10.00			 				_		
CAPTAIN	10.00	_		X	<u> </u>	\vdash	<u> </u>	0.	0.	0.
(2) MARY MOBLEY	10.00							2 050	0.	_
CAPTAIN	10.00	-		Х		┢		2,050.		0.
(3) VICKIE WHEELIS	10.00			x				0.	0.	0.
CAPTAIN	10.00	├	├-	^		├		0.		
(4) JOSEPH HAKIM	20.00			X				0.	0.	0.
TREASURER	20.00		├			\vdash			-	-
(5) LYNDA ALDERMAN SECRETARY	4.00			X				0.	0.	0.
(6) NANNETTE WHITE	1100	┢		-	\vdash	 				-
PARLIAMENTARIAN	4.00			x				0.	0.	0.
(7) DEMETRIA PETERS										
BOARD MEMBER AT LARGE	4.00			X				2,550.	0.	0.
(8) MIGNON SPEARMAN										
BOARD MEMBER AT LARGE	4.00		<u> </u>	Х			<u> </u>	0.	0.	0.
(9) PAM TISDALE BOARD MEMBER AT LARGE	4.00			х				0.	0.	0.
(10) MIKE PAHAL										
BINGO CHAIRMAN	20.00			Х			_	7,600.	0.	0.
							_			

Form 990 (2011)

FORT		IDO MIL							INC.		<u> </u>	<u> </u>	<u> </u>	ige c
Par	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)								ees (continued)					
•	(A) Name and title	(B) Average hours per	(do	not c , unle:	Posi heck i ss per id a di	C) ItION more rson	than	one h an	(D) Reportable compensation	(E) Reportable compensatio		am	(F) imate ount o	-
		week (describe hours for related organizations in Schedule O)	the or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	s	comp fro orga and	other pensate om the inization relate nization	on ed
	· · · · · · · · · · · · · · · · · · ·		-=	=	0	3	1 3							
							Ĺ		12 200					
c	Sub-total Total from continuation sheets to Part VI Total (add lines 1b and 1c)	II, Section A					^ ^ ^		12,200. 0. 12,200.		0. 0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed at	oove	e) wl	no re		0,000 of reportabl				0
3	Did the organization list any former officer,			e, ke	y en	nplo	yee	, or	highest compensated e	mployee on			Yes	No v
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su and related organizations greater than \$15	um of reportab	le co	-						the organization		4		x x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion f	rom	any	uni			idual for services		5		X_
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of com	pens	ation fr	om	
	the organization. Report compensation for (A) Name and business			endı ONI		<u>vith</u>	or w	ithir	n the organization's tax (B) Description of s		—- с	(C)		
	•				-	-			· · · · · · · · · · · · · · · · · · ·					
													_	
											<u>_</u>			
									·					
	Total number of independent contractors (i	including but n	ot li	mıte	d to	tho	se li	stec	d above) who received n	nore than		-17		

Form **990** (2011)

\$100,000 of compensation from the organization

Statement of Revenue Part VIII (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, 513, or 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 114,525. 1b **b** Membership dues 1c Fundraising events 1d d Related organizations Contributions, and Other Sim Government grants (contributions) 1e All other contributions, gifts, grants, and 817. similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ 115,342 h Total. Add lines 1a-1f Business Code 5,995 5,995. 711210 2 a PARADE INCOME Program Service Revenue 3,664. 3,664. **b** OTHER INCOME 711210 2,615 711210 2,615. GUEST FEE INCOME All other program service revenue 12,274. Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 1,167. 1,167. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) (II) Other (i) Securities 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See 75 Part IV, line 18 0. b Less: direct expenses 75. 75. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 1206209. Part IV, line 19 1191984. b Less: direct expenses 76,413. -62,188.14,225 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 62,984. and allowances 40,580. b Less: cost of goods sold 22,404. 22,404 Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a All other revenue Total. Add lines 11a-11d -39,709. 13,441 76,413. 165,487. Total revenue. See instructions

Form 990 (2011)

Form 990 (2011) 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).

	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
_	organizations in the United States See Part IV, line 21				······································
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	12 200		12 200	
_	trustees, and key employees	12,200.		12,200.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	35,840.		35,840.	
7	Other salaries and wages	35,040.		35,640.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	4,222.		4,222.	
0	Payroll taxes	7,222.		7,222.	
1	Fees for services (non-employees):				
a	Management				
b	Legal . L	2,583.		2,583.	
C	Accounting	2,303.		2,303.	
d	Lobbying Professional fundamental acquires See Bot IV line 17				
e 4	Professional fundraising services See Part IV, line 17		······································	· · · · · ·	
f	Investment management fees Other				
9 2	Advertising and promotion				
3	Office expenses	3,773.		3,773.	
4	Information technology	3,7731		3,,,3,	
5	Royalties				
6	Occupancy	2,098.		2,098.	
17	Travel	2,000.		2,030.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest	335.	335.		*
20 21	Payments to affiliates				· <u>·</u> · · · · ·
22	Depreciation, depletion, and amortization	8,621.	8,621.		
23	Insurance	-, -, -, -, -, -, -, -, -, -, -, -, -, -	-,		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line	Į.			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	PARADE EXPENSE	61,779.	61,779.		<u>. </u>
b	PARTY EXPENSE	27,680.	27,680.		
c	MISCELLANEOUS EXPENSE	5,385.	5,385.		
d	PROPERTY TAXES	4,372.	4,372.		
_	All other expenses	9,827.	9,827.		
25	Total functional expenses. Add lines 1 through 24e	178,715.	117,999.	60,716.	
. <u>5</u> 26	Joint costs. Complete this line only if the organization			, , , , , , , ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation		1		
	Check here ► If following SOP 98-2 (ASC 958-720)				

Balance Sheet (A) (B) Beginning of year End of year 163,499. 176,222. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 2,753. 173. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Assets 7 Notes and loans receivable, net 41,821. 46,441. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 391,275. 129,365. basis, Complete Part VI of Schedule D 10a 270,356. 261,910. 10b 10c b Less: accumulated depreciation 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 116,288. 117,451. 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 425 425. 15 15 Other assets. See Part IV, line 11 592,479. 23,172. 605,285. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 11,704. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 3,166. 1,357. 24,529. Schedule D 14,870. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here 🕨 🗓 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 590,415. 567,950. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 567,950. 590,415. 33 33 Total net assets or fund balances 592,479. 605,285. Total liabilities and net assets/fund balances

Form 990 (2011)

Form 990 (2011)

Form	990-W			on Unrelated				OMB No 1545-0976
Depa	rksheet) rtment of the Treasury	(a	ınd on İn	Tax-Exemposestment income for Private. Do not send to the in	vate Foundations)	FORM 990-	Т	2012
1		taxable income expected in the tax					1	
2	Tax on the amount	on line 1. See instructions for tax	computa	tion			2	
3	Alternative minimui	m tax (see instructions)					3	
4	Total Add lines 2 a	nd 3					4	
5	Estimated tax credit	ts (see instructions)					5	
6	Subtract line 5 from	n line 4					6	
7	Other taxes (see ins	structions)					7	
8	Total Add lines 6 a	nd 7					8_	
9	Credit for federal ta	x paid on fuels (see instructions)					9	
b	estimated tax paym Enter the tax showr zero or the tax year and enter the amou	n line 8 Note . If less than \$500, the lents Private foundations, see instruction on the 2011 return (see instruction was for less than 12 months, skip fint from line 10a on line 10c ix. Enter the smaller of line 10a or line	uctions ns) Caut this line	tion. If	10a	7 , 214 .		
	from line 10a on lin	e 10c			ADJUST		10c	7,240.
				(a)	(b)	(c)		(d)
11	Installment due da	ites (see instructions)	11	08/15/12	10/15/12	01/15/1	3	04/15/13
12	columns (a) througuses the annualized	ents. Enter 25% of line 10c in gh (d) unless the organization d income installment method, nal installment method, or is a d (see instructions)	12	1,810.	1,810.	1,8	10.	1,810.
13	2011 Overpaymen	t (see instructions)	13	-				
14	Payment due (Sul	htract line 13 from line 12 \	14	1.810.	1.810.	1.8	10.	1,810.

Form **990-W** (2012)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.	-					
	ne of organization	Empl	Employer identification number					
	TWIN CI	TIES KREWE OF JA	NUS, INC.		58-1861391			
Pa	ert I-A Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	rganization.			
2	Provide a description of the organize Political expenditures Volunteer hours	cation's direct and indirect politic	cal campaign activities	_				
Pa	rt I-B Complete if the org	janization is exempt und	er section 501(c)	(3).				
1				▶\$				
2	Enter the amount of any excise tax			5 ▶\$				
3		• •			Yes No			
	Was a correction made?		•		Yes No			
	If "Yes," describe in Part IV.							
Pa	art I-C Complete if the org	ganization is exempt und	der section 501(c)	, except section 501(c)(3).			
1	Enter the amount directly expended	d by the filing organization for se	ection 527 exempt func	tion activities				
2	Enter the amount of the filing organ	ization's funds contributed to of	ther organizations for s	ection 527				
	exempt function activities			▶\$				
3	3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,							
	line 17b			▶\$				
4	Did the filing organization file Form	1120-POL for this year?			Yes No			
5	,							
	made payments. For each organization contributions received that were pr							
	political action committee (PAC). If				te segregated forta or a			
	·	T	(c) EIN	(d) Amount paid from	(e) Amount of political			
	(a) Name	(b) Address	(G) EIIN	filing organization's funds. If none, enter -0	contributions received and promptly and directly delivered to a separate political organization If none, enter -0			

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

LHA

, Schedule C (Form 990 or 990 EZ) 2011	TWIN CITIE	S KREWE OF J	ANUS, INC.	58-	1861391 Page 2		
Part II-A Complete if the org	janization is ex	empt under sectio	n 501(c)(3) and file				
(election under sec	tion 501(h)).						
A Check 🕨 🔲 if the filing organiza	ition belongs to an a	affiliated group (and list ii	n Part IV each affiliated	group member's nai	me, address, EIN,		
expenses, and sha	re of excess lobbyin	g expenditures).					
B Check 🕨 🔲 if the filing organiza	tion checked box A	and "limited control" pro	ovisions apply.				
	ts on Lobbying Exp ditures" means am	oenditures ounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals		
1 a Total lobbying expenditures to infl	uence public opinio	n (grass roots lobbying)					
b Total lobbying expenditures to infl	uence a legislative b	ody (direct lobbying)					
c Total lobbying expenditures (add I	ines 1a and 1b)						
d Other exempt purpose expenditur	es						
e Total exempt purpose expenditure	es (add lines 1c and	1d)					
f Lobbying nontaxable amount. Ent	er the amount from	the following table in bot	h columns.				
If the amount on line 1e, column (a)	or (b) is: The le	obbying nontaxable am	ount is:				
Not over \$500,000	20%	of the amount on line 1e					
Over \$500,000 but not over \$1,00	0,000 \$100,	000 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	500,000 \$175,	000 plus 10% of the exc	ess over \$1,000,000				
Over \$1,500,000 but not over \$17	ess over \$1,500,000.						
Over \$17,000,000							
h Subtract line 1g from line 1a. If zei	g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a. If zero or less, enter -0- i Subtract line 1f from line 1c. If zero or less, enter -0-						
j If there is an amount other than ze	ero on either line 1h	or line 1ı, dıd the organız	ation file Form 4720				
reporting section 4911 tax for this	year?	<u> </u>			Yes No		
	zations that made a plumns below. See	veraging Period Under a section 501(h) election the instructions for line	n do not have to comp es 2a through 2f on pa				
	Lobbying Exp	enditures During 4-Ye	ar Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a Lobbying nontaxable amount							
b Lobbying ceiling amount							
(150% of line 2a, column(e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount					ļ		
e Grassroots ceiling amount (150% of line 2d, column (e))							
	I		1		1		

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C'(Form 990 or 990-EZ) 2011 TWIN CITIES KREWE OF JANUS, INC. 58-186139 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or e	ach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(6	9)	(t	o)
f the	o lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		[<u></u>		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i			-	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				-
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? III-B Complete if the organization is exempt under section 501(c)(4), secti		3		Х
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	(b) Part	III-A, lin	e 3, is
1	Dues, assessments and similar amounts from members	aal	<u>'</u>		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	Cai			
			2a		
	Current year		2b		
	Carryover from last year Total		2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
3	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-	2000	-		
4	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	Jointical	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; P	art II-A: and	Part II-B. lir	ne 1. Also, d	complete
	part for any additional information.			,	
					-
					<u> </u>

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Employer identification number Name of the organization 58-1861391 TWIN CITIES KREWE OF JANUS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year ► Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

Sche	dule D*(Form 990) 2011 TWIN CIT	TIES KREWE	OF	JANUS,	<u>INC.</u>		_	<u>58-18</u>	<u>6139</u> :	l Pa	age 2	
Pàr	t III Organizations Maintaining C	ollections of A	rt, His	torical Tre	easures, c	or Other	Simil	ar Asse	ts (conti	nued))	
3,	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following tha	t are a sig	nıficant	use of its	collection	ı item	IS	
	(check all that apply):											
а	Public exhibition	c	ı 🗔	Loan or exc	hange progra	ams						
ь	Scholarly research	•	• 🔲	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ellections and explain	in how t	hey further tl	he organizati	on's exem	pt purp	ose in Parl	XIV.			
5	During the year, did the organization solicit or											
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's co	ollection?				Yes		No	
Par	Escrow and Custodial Arrangereported an amount on Form 990, Par		ete if the	e organizatio	n answered	"Yes" to F	orm 990), Part IV, I	ine 9, or			
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not in	cluded		_			
	on Form 990, Part X?											
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:								
		·							Amount	1		
С	Beginning balance						1c					
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Yes		No	
	If "Yes," explain the arrangement in Part XIV.											
Par			nswered	"Yes" to Fo	rm 990, Part	IV, line 10						
·		(a) Current year	(b) F	Prior year	(c) Two year	rs back_ (c	f) Three	ears back	(e) Four	years	back	
1a	Beginning of year balance											
b	Contributions											
С	Net investment earnings, gains, and losses											
d	Grants or scholarships		l									
е	Other expenditures for facilities											
	and programs		l									
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	ent year end baland	ce (line 1	g, column (a	a)) held as:							
а	Board designated or quasi-endowment	•	%									
ь	Permanent endowment ▶	%										
	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.										
За	Are there endowment funds not in the posse		ation th	at are held a	ind administe	ered for the	organi	zation	_			
	by:									Yes	No	
	(i) unrelated organizations								3a(i)		<u></u>	
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sche	dule R?					3ь			
4	Describe in Part XIV the intended uses of the	organization's end	owment	funds.								
Par	t VI Land, Buildings, and Equipm											
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	ed	(d) Boo	k valu	е	
	, , , ,	basis (invest	ment)	basis	(other)	depr	eciation					
1a	Land			13	0,804.						04.	
ь	Buildings			25	8,640.	1	27,7	08.	13	0,9	32.	
c	Leasehold improvements					-						
d	Equipment .				1,831.		1,6	57.		1	74.	
e	Other											
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Par	t X, colu	mn (B), line 1	10(c).)			>	26	1,9	10.	

Schedule D (Form 990) 2011

(a) Description of seculincluding name of	irity or category	(b) Book value		(c) Method of valua ost or end-of-year mar	
(1) Financial derivatives			<u> </u>	<u>-</u>	
(2) Closely-held equity interests	<u> </u>				
(3) Other					
(A)			_		
(B)			<u> </u>		
(C) (D)			<u> </u>		
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col (b) must equal Form 990					
Part VIII Investments -	Program Related. See	e Form 990, Part X, line	∋ 13.		
(a) Description of inv		(b) Book value		(c) Method of valua ost or end-of-year mar	
(1) CERTIFICATES	OF DEPOSIT	117,451	COST		
(2)			<u> </u>		
(3)					
(4)					
(5)					
(6)					
(7)		·	_		
(8)					
(10)					
Total. (Col (b) must equal Form 990	. Part X, col (B) line 13)	117,451			
	See Form 990, Part X, line 1	15.			
	(a) [Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					<u> </u>
(6)					
(8)					. =
(9) (10)		<u></u>			············
Total. (Column (b) must equal Fo	orm 990. Part X. col (B) line	15.)		•	
	S. See Form 990, Part X, II				
	escription of liability		(b) Book value		
(1) Federal income taxes					
(2) CREDIT CARDS	PAYABLE		810		
(3) PAYROLL TAXE	S PAYABLE		547	<u>.</u>	
(4)				_	
(5)				_	
(6)				4	
(7)				4	
(8)				4	
(9)				-	
(10)				-	
(11)		05)	1,357	-	
Total. (Column (b) must equal For FIN 48 (ASC 740) Footnote In Part XIV. FIN 48 (ASC 740)	orm 990, Part X, col (B) line V, provide the text of the footnote to	the organization's financial sta	itements that reports the orga	anization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740) 132053 01-23-12			<u> </u>		edule D (Form 990) 201
01-23-12		_	_	JC11	n

	dule D'(Form 990) 2011 TWIN CITIES KREWE OF JANUS,				801391 Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fin	1	ements	<u> </u>
1.	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments .		7		
8	Other (Describe in Part XIV.)		8		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
Pa	t XII Reconciliation of Revenue per Audited Financial Statemen	nts With Re	venue per l	Return	
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:				
а	Net unrealized gains on investments	2a		4 1	
b	Donated services and use of facilities	2b		-	
c	Recoveries of prior year grants	2c		4	
d	Other (Describe in Part XIV.)	_2d		-	
е	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:			1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1	
ь	Other (Describe in Part XIV.)	4b		.	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With E	xpenses pei	<u>r Retur</u>	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a] [
b	Prior year adjustments	2b			
С	Other losses	2c]	
d	Other (Describe in Part XIV.)	2d]	
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
b	Other (Describe in Part XIV.)	4b		_	
	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	, lines 1a and 4	; Part IV, lines	1b and 2	b; Pårt V, line 4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
_					
				Schedu	ule D (Form 990) 2011

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Name of the organization					,	Employer ide	ntification number
TWIN CI	TIES KREWE OF JANU	s,	INC	•		58-1861	391
Part I Fundraising Activities required to complete this par	. Complete if the organization answe	ered "Y	'es" to	Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-ga govern dising of ding of lional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	□ No
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribution	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			_				
							
							_
Total			>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d It IS	exempt from re	egistration
			-				

Schedule G (Form 990 or 990-EZ) 2011

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2011

b If "Yes," explain: _

132082 01-23-12

Schedule G (Form 990 or 990-EZ) 2011 TWIN CITIES KREWE OF JANUS, INC. 58-1861391 Page 3
11 Does the organization operate gaming activities with nonmembers?
12` Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed
to administer charitable gaming?
13 Indicate the percentage of gaming activity operated in:
a The organization's facility
b An outside facility
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name ► MIKE PAHAL
Address ► 113 AYCOCK ROAD - MONROE, LA 71203
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party \$\begin{array}{c} & & & & & & & & & & & & & & & & & & &
Name ▶
Address ▶
16 Gaming manager information:
Name ► MIKE PAHAL
Gaming manager compensation ▶ \$
Description of services provided ► MEMBER WHO SCHEDULES AND OVERSEES GAMING ACTIVITIES
AND WORKS SESSIONS AS MANAGER. HE ALSO FILES ALL LOUISIANA GAMING
REPORTS.
X Director/officer Employee Independent contractor
17 Mandatory distributions:
a is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year ▶ \$
Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III,
lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)
132083 01-23-12 Schedule G (Form 990 or 990-FZ) 2011

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047
0044
2011
2011
Open to Public
Inspection

Department of the Treasury ► Attach to Form 990 or 990-EZ. Internal Revenue Service **Employer identification number** Name of the organization 58-1861391 TWIN CITIES KREWE OF JANUS, INC. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS WHO APPLIED AND WERE APPROVED BY A MEMBERSHIP COMMITTEE. FORM 990, PART VI, SECTION A, LINE 7A: GENERAL MEMBERSHIP ELECTS GOVERNING BODY. FORM 990, PART VI, SECTION A, LINE 7B: ANY ACTION BY THE BOARD IS SUBJECT TO BE OVERRIDDEN BY A QUORUM OF 15 MEMBERS OF THE GENERAL MEMBERSHIP. FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS PRIOR TO FILING. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION PROVIDES ITS DOCUMENTS UPON WRITTEN REQUEST. THE DOCUMENTS ARE PROVIDED AT THE ORGANIZATION OFFICE AT AN AGREED UPON TIME. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: PRIOR PERIOD ADJUSTMENTS: -9,237.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates

Identifying number

	N CITIES KREWE OF					PAGE 10	1/6 - /	58-1861391
Par	· 	erty under Section 1	79 NOTE: 17 YO	ou nave any iis	tea property	, complete Part		
	laximum amount (see instructions)						1	500,000.
	otal cost of section 179 property plac)			2	2 000 000
3 TI	hreshold cost of section 179 property	y before reduction	in limitation				3	2,000,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, ente	er -0-			4	
5 Do	ollar limitation for tax year Subtract line 4 from lin		-0- If marned fil				5	
6	(a) Description of p	roperty		(b) Cost (busin	ess use only)	(c) Electe	d cost	
7 Li	isted property. Enter the amount from	n line 29			7			
8 T	otal elected cost of section 179 prop	erty. Add amounts	s ın column (c), lines 6 and	7		8	
9 T	entative deduction. Enter the smalle	r of line 5 or line 8					9	
10 C	arryover of disallowed deduction from	m line 13 of your 2	010 Form 45	62			10	
11 B	usiness income limitation. Enter the	smaller of business	s income (no	t less than ze	ro) or line 5		11	
12 S	ection 179 expense deduction. Add	lines 9 and 10, but	do not ente	r more than li	ne 11		12	
13 C	arryover of disallowed deduction to 2	2012. Add lines 9 a	and 10, less	line 12	▶ 13			
Note:	Do not use Part II or Part III below for	or listed property. I	nstead, use	Part V				
Par	t II Special Depreciation Allow	ance and Other D	epreciation	(Do not inclu	de listed pro	perty.)		
14 S	pecial depreciation allowance for qua	alified property (otl	ner than liste	d property) pl	aced in serv	ce during		
th	ne tax year						14	
15 P	roperty subject to section 168(f)(1) el		15					
16 0	ther depreciation (including ACRS)						16	8,621.
Par	MACRS Depreciation (Do n	ot include listed pi	roperty.) (Se	e instructions)			
				ection A				
17 M	IACRS deductions for assets placed	in service in tax ye	ears beginnir	ng before 201	1		_ 17	
18 If	you are electing to group any assets placed in se							
	Section B - Asset		, 		Using the G	eneral Depreci	ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)	(d) Recover period	y (e) Convention	(f) Method	(g) Depreciation deduction
<u>19a</u>	3-year property	_					ļ <u>.</u>	
b	5-year property	_					ļ	
_ с	7-year property							
d	10-year property							
e_	15-year property	_						
f	20-year property	_						
g_	25-year property				25 yrs.		S/L	· · · · · · · · · · · · · · · · · · ·
.	Residential rental property	1			27.5 yrs	. <u>MM</u>	S/L	
h	nesidential ferital property	1			27.5 yrs	. <u>MM</u>	S/L	
	Non-regularital real property	/			39 yrs.	MM	S/L	
<u> </u>	Nonresidential real property	/				MM	S/L	
	Section C - Assets	Placed in Service	During 201	1 Tax Year U	sing the Alte	ernative Depre	ciation Sys	tem
20a	Class life						S/L	
ь	12-year				12 yrs.		S/L	
С	40-year	/			40 yrs.	MM	S/L	
Par		- , - ,						
	isted property. Enter amount from lin						21	
	otal. Add amounts from line 12, lines		es 19 and 2	0 ın column (a), and line 21	l .		-
	nter here and on the appropriate line	-			•		22	8,621.
	or assets shown above and placed in							· · · · · · · · · · · · · · · · · · ·
	ortion of the basis attributable to sec				23			
116251			acassata in					Form 4562 (2011)

For	rm 4562 (2011)	<u> </u>	N CITIE	<u>s kr</u>	EWE	<u> </u>	ANUS	<u>, I</u>	NC.			<u> 58-</u>	1861	<u> 391</u>	Page 2
P:	Listed Propert amusement.) Note: For any	- ,	•			·		•		-			·	Í	
	through (c) of S	Section A, ali	of Section B,	and Sec	tion C if	applica	ble.	Gedu	cilly lease	expens	e, comp	nete dili	y 24a, 2	40, COIUI 	IIIIS (ay
			on and Other I					nstruc	tions for la	mits for j	oasseng	ger autor	nobiles.)		
248	Do you have evidence to s	support the bu	siness/investme	nt use cla	aimed?		es 🗌	No	24b If "Y	es," is th	ne evid <u>e</u>	nce writ	ten?] Yes [□ No
	(a)	(b)	(c)		(d)		(e)		(f)	. ((g)	Τ ((h)	•	(i)
	Type of property	Date placed in	Business/ Investment		Cost or	l (bus	sis for depre siness/inve		Recovery		thod/		ciation		cted on 179
	(list vehicles first)	service	use percentag	e ot	her basis	(50.	use only		period	Conv	ention	aeai	uction		ost
25	Special depreciation alle	owance for c	ualified listed r	property	placed	ın servic	e during	the ta	ax year an	d					
	used more than 50% in				•						25	1			
26	Property used more tha			ss use:										*	
_			9	6			_								
				6											_
			9							i					
27	Property used 50% or le	ess in a qual	<u> </u>			<u> </u>	-			1					
	110,501.9 5505 557 1	1	9							S/L·]			
			 	6						S/L·			•	1	
_		··	9	1						S/L·	-				
28	Add amounts in column	(h) lines 25	<u> </u>		e and on	line 21	page 1			10.0	28			1	
	Add amounts in column						, pago 1					<u> </u>	29	<u> </u>	
<u> 25</u>	Add amounts in column	1 (1), 11110_20. 1					on Use	of Vet	nicles					<u> </u>	
Ca	mplete this section for ve	hicles used								or related	d nersor	n			
If v	ou provided vehicles to y	our employe	es. first answe	er the au	uestions	ın Secti	on C to	see if v	ou meet a	an excer	otion to	completi	ng this s	section fo	or
-	se vehicles.			4.					,						
					a)		b)		(c)	1	d)	1	e)	(1	n
20	Total business/investment	milae drivan d	uring the	-	nicle	1	hicle	۱ _۷	'ehicle	1	ncle	1	nicle	Veh	
JU	year (do not include comi		uning the	VEI	IICIO.	Vei	iicie	 '	GIIIÇIG	461	iicie	Vei	IICI6	7011	icie
24	• •		the year								-			 	
	Total commuting miles	-				-								 	
32	Total other personal (no	ncommuting	g) miles												
	driven					-		-				<u> </u>		 	
33	Total miles driven during														
	Add lines 30 through 32			V	NI -	V		V		V	l NI-	V	N-	Van	NI-
34	Was the vehicle availab	le for persor	iai use	Yes	No	Yes	No	Yes	No No	Yes	No_	Yes	No	Yes	No
	during off-duty hours?		•				 	_			-	+			
35	Was the vehicle used p		more			1									,
	than 5% owner or relate	•		- -			1		+			 		-	-
36	Is another vehicle availa	able for perso	onal						ļ						
	use?				I	<u> </u>		<u> </u>		<u> </u>	<u> </u>	ļ	ł		
			- Questions for	•	-					-					
An	swer these questions to	determine ıf	you meet an ex	ception	n to com	pleting	Section	3 for v	ehicles us	ed by er	nployee	s who a	re not m	nore than	5%
_	ners or related persons.														T
37	Do you maintain a writte	en policy sta	tement that pro	ohibits a	all persoi	nal use d	of vehicle	es, Inc	luding cor	nmuting	, by you	ır		Yes	No
	employees?													-	
38	Do you maintain a writte		•								our				
	employees? See the ins			• .		fficers, d	irectors	or 1%	or more	owners					ļ
39	Do you treat all use of v	ehicles by e	mployees as p	ersonal	use?										<u> </u>
40	Do you provide more th	an five vehic	les to your em	ployees	, obtain	Informat	tion from	your	employee	s about					
	the use of the vehicles,					-									ļ
41	Do you meet the require														
	Note: If your answer to	37, 38, 39 <u>,</u> 4	<u>0, or 41 is "Yes</u>	s," do ne	ot comp	lete Sec	tion B fo	r the c	covered ve	hicles.					
P	art VI Amortization				,			, .							
	(a) Description o	of consts	Date:	(b) mortization		(c) Amortizat	hle		(d) Code		(e) Amortiza		Δι	(f) mortization	
				begins		amount	t		section		period or pe		f	or this year	
42	Amortization of costs th	nat begins du	ırıng your 2011	tax yea	ar:										
_															
43	Amortization of costs th	nat began be	fore your 2011	tax yea	ar							43			
<u>44</u>	Total. Add amounts in	column (f). S	ee the instruct	ons for	where to	report						44			
116	252 11-18-11												F	orm 456 :	2 (2011)