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Short Form
Return of Organization Exempt From Income TaxUnder 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.

2011

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A For the 2011 calendar year, or tax year beginning 07/01 , 2011, and ending 06/30 , 2012		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pend		
C The Krewe of Amalee Inc. 112 N Florida Avenue DeLand, FL 32720		
D Employer identification no. 26-3100028		
E Telephone number (386) 738-2525		
F Group Exemption Number ►		
G Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		
I Website: ► www.kreweofamalee.org		
J Tax-exempt status (check only one) - <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check ► <input checked="" 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 ► \$ 127,568.		
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	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 43,425.
	4 Investment income	4 320.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
	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 exceed \$15,000)	6b 83,823.
	c Less direct expenses from gaming and fundraising events	6c 77,989.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 5,834.
	7a Gross sales of inventory, less returns and allowances	7a
	b Less: cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 49,579.
	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13 425.	
14 Occupancy, rent, utilities, and maintenance	14 29,481.	
15 Printing, publications, postage, and shipping	15 3,088.	
16 Other expenses (describe in Schedule O)	16 33,250.	
17 Total expenses Add lines 10 through 16	17 66,244.	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -16,665.	
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)	19 124,526.	
20 Other changes in net assets or fund balances (explain in Schedule O)	20	
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 107,861.	

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 the year	(B) End of year
22 Cash, savings, and investments	124,526.	22 107,861.
23 Land and Buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	124,526.	25 107,861.
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	124,526.	27 107,861.

Part III Statement of Program Service Accomplishments (see the Instructions 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? Charitable Benefit to Community

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28			Raised funds through the Mardi Gras on Mainstreet event that were then donated back to the community and local charitable organizations (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here .. ► <input type="checkbox"/>	28a	5,130.
29			Raised funds through the Annual Krewe Ball that were then donated back to the community and local charitable organizations (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here .. ► <input type="checkbox"/>	29a	28,120.
30			 (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here .. ► <input type="checkbox"/>	30a	
31			Other program services (attach schedule) (Grants \$ <input type="checkbox"/>) If this amount includes foreign grants, check here .. ► <input type="checkbox"/>	31a	
32			Total program service expenses (add lines 28a through 31a) .. ► <input type="checkbox"/>	32	33,250.

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 (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
Freda Smith	Asst Chairma	0.	0.	0.
Attached	2	0.	0.	0.
Susan Batten	Chairman	0.	0.	0.
Attached	2	0.	0.	0.
Jennette Sekula	Treasurer	0.	0.	0.
Attached	2	0.	0.	0.

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

	Yes	No
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 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
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on line 2, 6a, and 7a, among others)?	35a	X
b If "Yes," to line 35a, has the organization filed a Form 990T for the year? If "No," provide an explanation in Schedule O	35b	X
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
37 a Enter amount of political expenditures direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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 unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____, section 4955 ► _____	40b	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 become aware of 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 Form 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	40e	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		
41 List the states with which a copy of this return is filed ► None		
42 a The organization's books are in care of ► Jennette Sekula Tel no ► 386-738-2525 Located at ► 603 Stratford Drive, DeLand, FL ZIP + 4 ► 32724		
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)?	42b	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.? If "Yes", enter the name of the foreign country ► _____	42c	X
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 within the meaning of section 512(b)(13)?	45a	X
45b 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 instr)	45b	

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	X

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
---	----	---

49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
--	-----	---

49 b If "Yes," was the related organization(s) a section 527 organization?	49b	
--	-----	--

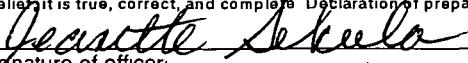
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"	
--	--

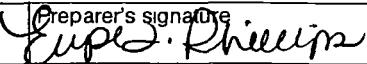
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation from the organization (Forms W-2/1099-MISC)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000	►	
51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"	►	

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) compensation
None		

d Total number of other independent contractors each receiving over \$100,000	►	
52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	►	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Sign Here	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	
	 Signature of officer: Jeanette Sekula	
	Type or print name and title: Jeanette Sekula Treasurer	

Print preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Elyse Phillips		12/19/12	<input type="checkbox"/>	P00889922

Paid Preparer Use Only	Firm's name	Elyse T. Phillips CPA PA	Firm's EIN	20-0846034
	Firm's address	Post Office Box 91 DeLand, FL 32721	Phone no	(386) 785-0466

May the IRS discuss this return with the preparer shown above? See instructions	►	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

The Krewe of Amalee Inc.

Employer identification number

26-3100028

Part I Reason for Public Charity Status (All organizations must complete this part) (See the instructions)

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A Federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more public supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**.

Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III-Functionally Integrated d Type III-Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (describe on lines 1-8 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) Organized in the U.S.?		(v) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) _____	_____	_____							
(B) _____	_____	_____							
(C) _____	_____	_____							
(D) _____	_____	_____							
(E) _____	_____	_____							
Total									

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

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Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")		40,937.	56,973.	51,978.	43,425	193,313.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		98,415.	98,228.	100,541.	83,823	381,007.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1 through 5		139,352.	155,201.	152,519.	127,248	574,320.
7a Amounts included on lines 1,2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Total on lines 7a and 7b						
8 Public Support (Subtract ln 7c frm ln 6)						574,320.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		139,352.	155,201.	152,519.	127,248	574,320.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Total of lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total Support (Add lns 9, 10c, 11 & 12)						574,320.

14 First Five Years: If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	%
16 Public Support Percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Public Support Percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	%
18 Public Support Percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2011: If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3 % support tests - 2010: If the organization did not check the box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

20 Private Foundation: If the organization did not check the box on line 14, 19a, or 19b, check this box and see instructions ►

Part II Fundraising Events. (Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.)

Revenue	(a) Event #1 Mardi Gras on Mainstreet (event type)	(b) Event #2 Annual Krewe Ball (event type)	(c) Other Events (total number)	(d) Total Events (Add Col. (a) through Col. (c))
1 Gross receipts	27,634.	56,189.		83,823.
2 Less Charitable contributions				
3 Gross revenue (line 1 minus line 2) . . .	27,634.	56,189.		83,823.
Direct Expenses				
4 Cash prizes . . .				
5 Noncash prizes				
6 Rent/facility costs . . .		4,000.		4,000.
7 Food and beverages . . .		20,874.		20,874.
8 Entertainment . . .		20,713.		20,713.
9 Other direct expenses . . .	22,504.	9,898.		32,402.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (77,989.)
11 Net income summary Combine lines 3, column (d) and line 10				► 5,834.

Part III **Gaming.** (Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a)

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add Col (a) through Col (c))
1 Gross revenue				
2 Direct Expenses				
3 Cash prizes				
4 Noncash prizes				
5 Rent/facility costs				
6 Other direct expenses				
7 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
8 Direct expense summary Add lines 2 through 5 in column (d)				► ()
9 Net gaming income summary Combine lines 1 column d, and 7				►

9 Enter the state(s) in which the organization operates gaming activities _____

a. Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," Explain.—

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," Explain: _____

Schedule O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

The Krewe of Amalee Inc.

Employer identification number
26-3100028

Page 1 - Line 16, Other expenses

<u>Description</u>	<u>Total</u>
Charitable Contributions	33,250.
Totals:	33,250.

Part IV - Names and Addresses

Freda Smith
1435 Covered Bridge Drive, DeLand, FL 32724

Susan Batten
1555 Stone Road, DeLand, FL 32722

Jennette Sekula
603 Stratford Drive, DeLand, FL 32724