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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Deparament of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2012 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Krewe of Chronos, Inc. Doing Business As Address change Number and street (or PO box if mail is not delivered to street address) Telephone number Name change Initial return PO Box 661 (985) 446-5079 Terminated City, town or post office, state, and ZIP code 70301 20,566 Thibodaux Gross receipts \$ Amended return F Name and address of principal officer Yes X No Application pending H(a) is this a group return for affiliates? Brian Roundtree 135 Lake Howard Avenue, Thibodaux, LA 70301 H(b) Are all affiliates included? If "No," attach a list (see instructions) 501(c)(3) X | 501(c) (7 4947(a)(1) or) < (insert no) Tax-exempt status Website: ▶ http://www.kreweofchronos.com/ H(c) Group exemption number ▶ |x| K Form of organization Corporation L Year of formation 2012 M State of legal domicile LA Part I Summary Briefly describe the organization's mission or most significant activities Promote the celebration and custom of Mardi Gras by producing an annual tableau and ball for the members followed by a Mardi Gras Activities & Governance parade for the general public. The tableau and ball serves for the introduction of the newly selected King and Queen and their court Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 11 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 239 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 7b Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 20,566 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0 20,566 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 15 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 9.184 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 0 9,184 19 Revenue less expenses Subtract line 18 from line 12 0 11,382 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 11,382 21 Total liabilities (Part X, line 26) 0 Net assets or fund balances. Subtract line 21 from line 20 11,382 Part II Signature Block Under penalties of perjury, I declare that have examined this periury including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete (other than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Here Brian Roundtree Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Paid self-employed Stephen Varvaro Stephen Varvaro 5/29/2013 P01206647 **Preparer** Firm's EIN > 72-0984663 Firm's name Stephen A. Varvaro CPA PC **Use Only** Firm's address ► 1920 Bayou Road, Thibodaux, LA 70301 (985) 448-2400 Phone no X Yes May the IRS discuss this return with the preparer shown above? (see instructions)



Form 9	90 (2012) Krewe of Chronos, Inc.	90-0902202 Page Z
Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
٠,		
	Gras in the local community Adults and children alike are encouraged to attend the parade	
	to view the costumes and decorated floats. Local school bands and other marching groups	
	are given an opportunity to participate and entertain the public	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
•	services?	Yes X No
	If "Yes," describe these changes on Schedule O	
4		as as measured by
4	Describe the organization's program service accomplishments for each of its three largest program service	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and a	illocations to others,
	the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 8,586 including grants of \$) (Rever	nue \$ 20,566)
	The agree instead and all a second about the facility of the second and the facility of Changes to the multiple	
	during the Mardi Gras season Members worked to produce a tableau and ball for the selection of	
	the King, Queen, and royal court. Work was also done on acquiring and producing the decorations,	
	Krewe of Chronos parade	
4b	(Code) (Expenses \$including grants of \$) (Rever	nue \$)

_		

4c	(Code) (Expenses \$ including grants of \$) (Rever	nue \$
	/ (Losdo / (Losdo) \$\psi / (Note)	ιαο ψ
	•••••••••••••••••••••••••••••••••••••••	
	•	

4d	Other program services (Describe in Schedule O)	
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$	0)
4e	Total program service expenses ► 8,586	

Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

If "Yes," complete Schedule G, Part III

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

Х

18

19

20a

19? Note. All Form 990 filers are required to complete Schedule O

0-090	2202	P	age 4
		Yes	No
	21		<u> </u>
	21		X
	23		X
	24a		×
	24b		X
	24c		X X X
	24d	ļ	<u> </u>
	25a		
	25b		
	26		X

Form s	990 (2012) Krewe of Chronos, Inc	90-0902202	Pi	age 🐣
Par	t IV Checklist of Required Schedules (continued)			
04	Did the annual transfer of the CC 000 of transfer and although the property of the contract of	<u> </u>	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			^
22	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	ł		
	24b through 24d and complete Schedule K. If "No," go to line 25.	. 24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		X
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	<u>24c</u>		X
	Did the organization act as an "on behalf of' issuer for bonds outstanding at any time during the year?	24d		X
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		
þ	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	ļ		ļ
	990-EZ? If "Yes," complete Schedule L, Part I	. 25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
27	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	/ 26	<u> </u>	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			1
	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,	+ 1		-^-
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions).	ع ح		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	a.z.	X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	l	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	. 29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		ļ	
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?	1		1
	If "Yes," complete Schedule N, Part II	. 32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ł	١.,
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,		ŀ	
05-	III, or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		X
D	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2			1
36	• • • • • • • • • • • • • • • • • • • •	35b	\vdash	
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36	-	X
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	"-	 	 ^
	and organization complete confedure of and provide explanations in deficult of for half vi, lines. The and	ı	1	

Part V

Riewe of Chronos, inc	90-0302202
Statements Regarding Other IRS Filings and Tax	Compliance

	Check if Schedule O contains a response to any question in this Part V	<u> </u>		ᆚ_
		The second second	es l	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		
20	gaming (gambling) winnings to prize winners?	10		
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	والأقد		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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	1 1	ļ.	
	account)?	4a		X
þ	If "Yes," enter the name of the foreign country		į,	
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	+	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	00		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
•	organization, have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	90		Ÿ
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		X X
10	Section 501(c)(7) organizations. Enter		ورود	
a	Initiation fees and capital contributions included on Part VIII, line 12 . 10a 2,426			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 0			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
C	Enter the amount of reserves on hand			÷
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "You " hope it filed a Form 730 to report those payments? If "No." provide an explanation in School 10 O	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Sect	ion A. Governing Body and Management					
_				Y	'es	No
1a		1a	11	l l	ļ	
			1			
					- 9	
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				i	Į.	
2		inp with		2		Х
3	· · · · · · · · · · · · · · · · · · ·	the direct	F	-		- ^-
•	If there are material differences in voting nights among members of the governing body, or if the governing body delegated broad authority to an executive committee or smillar committee, explain in Schedule O be Enter the number of voting members included in line 1s, above, who are independent. 1b 1c Did any officer, director, trustee, or key employee? Did any officer, director, trustee, or key employee? 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filled? Did the organization have members or stockholders? Did the organization of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? Each committee wit			3		Х
4	• • • • • • • • • • • • • • • • • • • •	=			_	X
5				5		X
6				5		X
7a		appoint		\top		
			7	a	1	Х
b		3,				
			7	b		Χ
8	· · · · · · · · · · · · · · · · · · ·	n during				
а	The governing body?		8	a	X	
b	Each committee with authority to act on behalf of the governing body?.		8	b	X	
9		eached			1	
		•		9		X
<u>Sect</u>	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenu	e Cod		- 1	
40				-	/es	No
10a		-ht	10	0a		Х
Đ		•				
110				Ob 1a	\dashv	Х
		he illing the lottin? .		l d	انتند	<u> </u>
			12	22		Х
		aive rise to conflicts		2b		
		-	` "		\dashv	
•			1:	2c		
13				3		Х
14		•		4		Х
15		val by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	and decision?			1	
а	The organization's CEO, Executive Director, or top management official		15	5a		Х
b			1	5b		X
	·					
16a		gement				
	· • • •		10	6a		<u> </u>
b			ļ			
		guard				
		<u> </u>	10	6b		
		 		-		
17 18		O T (Sastian 504)				
18		- i (Section 501(6)(3)S C	oniy)		
		volain in Schodiile	0)			
19		•	•			
	policy, and financial statements available to the public during the tax year	Commot of filterest				
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the	<u>,</u>			
	organization Stephen Varvaro CPA	985-448-				
	1920 Bayou Road, Thibodaux, LA 70301					

orm 990 (2012)	Krewe of Chronos, Inc	-,								90-09022	02 Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C		es, K	ey	Em	plo	yees	s, F	lighest Comp	ensated	
•	Check if Schedule O contains a re		/ que	estic	on i	n th	is Pa	art '	VII		🔲
ection A.	Officers, Directors, Trustees, Key E	mployees, and I	Highe	est (Con	npe	nsate	d E	mployees		
a Complete t	this table for all persons required to be I	isted. Report cor	mpen	satı	on f	or th	ne cal	lend	lar year ending v	vith or within the	
 List all of compensation List all of List the List the 	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount ation. Enter -0- in columns (D), (E), and (F) if no compensation was paid if of the organization's current key employees, if any See instructions for definition of "key employee" ne organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) and reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the and any related organizations										
	of the organization's former officers, ke eportable compensation from the organ							ed e	mployees who r	eceived more that	an
rganization, i list persons in compensated	of the organization's former directors of more than \$10,000 of reportable compe in the following order individual trustees employees, and former such persons. Its box if neither the organization nor any	ensation from the or directors; ins	orga titutio	niza	atior trus	n an tees	d any s, offi	rel cers	ated organizations, key employees	ns s, highest	the
(A) Name and Title		(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than c	ne an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Mark La	аНауе	5 00									
President		0.00			Х						
(2) Justin 7		5 00									
(rewe Captai		0 00			X	-					
(3) Brian R	Counatree	5 00									
reasurer (4) Ryan M	lyband	0 00 5 00		┝	Х			_			
/ice Presiden	~	0 00			х						
(5)					^						
(6)								<u> </u>			
(7)							-				
(8)											-
(9)								_			
10)								1			
11)											
12)											
13)											

90-0902202

	Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do r	not ch unles	Pos neck ss pe	tion more	than o	one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	E an con f organ	(F) istimated mount of other npensation from the ganization id related janizations
(15)							ted.					
		<u>.</u>			_						-	
						_				<u>.</u>	-	
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(20)											1	
(21)	-				H			<u> </u>			_	
(22)								_	[+	
(23)												
(24)									· 			
(25)												,-
1b	Sub-total		1]	<u> </u>	<u> </u>	<u> </u>	•	0		0	(
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c).	ection A					•	>	0	 	0	
2	Total number of individuals (including but not lir reportable compensation from the organization		sted a	bov	/e) v 0	vho	recei	vec	more than \$100),000 of		
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched		-	-	ioye	e, c	or higi	hes	t compensated		3	Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual	of reportable cor	npen	satio							4	X
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye				-			_		vidual	5	X
	tion B. Independent Contractors		-11				414			#400 000 -f		
1	Complete this table for your five highest compe compensation from the organization Report co year										's tax	
_	(A) Name and business add	ress							(B) Description of se	vices	(C Compe	C) Insation
									- -			
								\vdash				
												(
2	Total number of independent contractors (included more than \$100,000 of compensation from the		ted to ►	tho	se	ıste	d abo 0		wno received			

90-0902202

Krewe of Chronos, Inc.

Par	t VIII	Statement of Revenue Check if Schedule O contains	a response to a	inv allestion in th	ıs Part VIII			. 🗀
•				, ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
23 25	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	<u>1b</u>	18,140				
s, G Amo	С	Fundraising events .	<u>1c</u>	0				
Giff	d	Related organizations	<u>1d</u>	0				
ons, Sim	e	Government grants (contribution		9				
her	f	All other contributions, gifts, gran		2 426				
d di		similar amounts not included about Noncash contributions included in I		2,426				
a C	g h	Total. Add lines 1a–1f .	illes la-li. p		20,566			
_		Total. Add lines 1a-11 .		Business Code	20,500			
Program Service Revenue	2a				0			
Rev	b				0			
93	C				0			
e Z	d				0		· -	
S	е				0			
gra	f	All other program service revenu			0			
Pro	g	Total. Add lines 2a-2f			0			
	3	Investment income (including div	/idends, interest,	and				
		other similar amounts) .			0			
	4	Income from investment of tax-e	xempt bond prod	ceeds >	0			
	5	Royalties		•	0			
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)	0					
	d	Net rental income or (loss)		<u> </u>	0			ļ
	7a	Gross amount from sales of	(ı) Securities	(II) Other				
		assets other than inventory	0	0				
	b	Less cost or other basis	1 _]
		and sales expenses	0					
	C	Gain or (loss)	0	0				
	d	Net gain or (loss)	•	· •	0			
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line See Part IV, line 18	0 1c) a	0				
¥		Less direct expenses	b	0			ļ <u></u>	<u> </u>
•		Net income or (loss) from fundra	-	<u> </u>	0			
	9a	Gross income from gaming activ	rities					
		See Part IV, line 19 .	. а	0				
		Less direct expenses	. b	0		· · · · · ·		
		Net income or (loss) from gamin	g activities .	<u> </u>	0			ļ
	10a	Gross sales of inventory, less		_				
		returns and allowances .	. а	0				
		Less cost of goods sold .	b	0				ļ
	<u> </u>	Net income or (loss) from sales	of inventory	<u>, ▶</u>	0			.
	<u> </u>	Miscellaneous Revenue		Business Code	<u> </u>	-	 	
	11a				0			
	b				0			
	C				0		-	
	d	All other revenue	•		0	-	1	 -
	e	Total. Add lines 11a–11d	•		0		 	
	12	Total revenue. See instructions			20,566	l o	ıl c	11 (

Form 990 (2012) Krewe of Chronos, Inc

Part IX Statement of Functional Expenses

•	on 501(c)(3) and 501(c)(4) organizations must complete all Check if Schedule O contains a response to any				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and			,	
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22	0			
3	Grants and other assistance to governments,		İ	•	
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B).	0	<u> </u>		
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits .	0	<u>.</u>		
10	Payroll taxes .	0			
11	Fees for services (non-employees)				
а	Management	0	·		
b	Legal	0			
С	Accounting .	0	· — .		
d	Lobbying .	0			
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0	 		
12	Advertising and promotion .	0	·		
13	Office expenses	0			
14	Information technology	0			
15	Royalties .	0		·=··	
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials.	. 0			
19	Conferences, conventions, and meetings .	478		478	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	. <u>.</u>		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Costumes	3,000	3,000		
þ	Tableau, Ball, and Parade	5,586	5,586		
С	Licenses and Fees	120		120	
d		0			
е	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	9,184	8,586	598	Q
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here	}			
	following SOP 98-2 (ASC 958-720)		_		

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part >	x		
	,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	11,382
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section		<u> </u>	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	i		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary		<u> </u>	
sts		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or		[
		other basis Complete Part VI of Schedule D 10a	ol		
	b	Less accumulated depreciation 10b	0 0	10c	0
	11	Investments—publicly traded securities	. 0	11	0
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	. 0	13	0
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	0	16	11,382
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	***
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors,			1
Liabilities		trustees, key employees, highest compensated employees, and		1	
abi		disqualified persons Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	. 0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete			
		Part X of Schedule D	0	25	0
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ all	nd		
Ses		complete lines 27 through 29, and lines 33 and 34.		İ	
aŭ	27	Unrestricted net assets		27	
3ai	28	Temporarily restricted net assets .	-	28	
핃	29	Permanently restricted net assets		29	
٦		·		<u> </u>	
ř		Organizations that do not follow SFAS 117 (ASC958), check here	na		
Net Assets or Fund Balances		complete lines 30 through 34.		ļ	
se	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund.		31	
det	32	Retained earnings, endowment, accumulated income, or other funds .		32	11,382
~	33	Total net assets or fund balances	0	+	11,382
	34	Total liabilities and net assets/fund balances	. 0	34	11,382

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			Ę	
<u>1</u> ·	Total revenue (must equal Part VIII, column (A), line 12)	1		20,	566
2	Total expenses (must equal Part IX, column (A), line 25)	2	-	9,	184
3	Revenue less expenses. Subtract line 2 from line 1	3		11,	382
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4			0
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	1			
	column (B))	10		11,	382
Part				Г	\neg
	Check if Schedule O contains a response to any question in this Part XII	<u> </u>		Yes	 No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		2a	X	
_	X Separate basis				
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.	•	2b		X
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
			Form 9	90 (2	2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public

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.

Open to Pu Inspection

Internal Revenue Service Employer identification number Name of the organization 90-0902202 Krewe of Chronos, Inc. Form 990 Part VI Section B Line 11b The treasurer has the sole authority to review, approve, and sign form 990 Form 990 Part VI Section C Line 19 Documents are available for viewing upon written request via the mailing address for the organization on form 990

Name of the organization	Employer identification number
	90-0902202
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