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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

A FO	the 2012 calendar year, or tax year beginning MAY 1, 2012 and endin	g APR 30, 2					
B Che	C Name of organization	D Employer i	dentification number				
	ddress TWIN CITIES KREWE OF JANUS, INC.	1					
(/	ame Doing Business As		58-1861391				
	Number and street (or P 0 box if mail is not delivered to street address) Room	suite E Telephone	number				
[]	ermin- P O BOX 7853	3	318-388-4916				
<u></u>	mended city, town, or post office, state, and ZIP code	G Gross receipts	s 1,632,819.				
t	MONROE, LA 71211-7853	H(a) is this a g					
•	F Name and address of principal officer: JOSEPH HAKIM	for affiliat	F				
	SAME AS C ABOVE		ates included? Yes No				
	exempt status: 501(c)(3) 501(c) (4) ◀ (insert no) 4947(a)(1) or		ttach a list (see instructions)				
	bsite: ► N/A		emption number				
		Year of formation 13	83 M State of legal domicile LA				
Par	PROLITE	COMMINITY	CHARTTIES				
Activities & Governance	Briefly describe the organization's mission or most significant activities: PROVIDE	COMMONTAL	CHACITIES				
nar	2 Check this box if the organization discontinued its operations or disposed of	more than 25% of its	e net assets				
Ş	Number of voting members of the governing body (Part VI, line 1a)		3 10				
3	4 Number of independent voting members of the governing body (Part VI, line 1b)	(-	4 7				
တ္တ (၃)	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	ī	5 21				
¥	6 Total number of volunteers (estimate if necessary)		6 0				
5	7 a Total unrelated business revenue from Part VIII, column (C), line 12		7a = -10,258.				
٩ _	b Net unrelated business taxable income from Form 990-T, line 34		7b $-10,258.$				
	Received and grants (Rart VIII. line 1b) RECEIVED	Prior Year	Current Year				
<u>o</u>	Contributions and grants (Part VIII, line 1h)	115,3					
티	Program service revenue (Part VIII, line 2g)	12,2					
Revenue	O Investment income (Part VIII, column (A), lines 3, 4 an 676 7 2013		67. 0.				
_ 1	1 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,7					
-	2 Total revenue - add lines 8 through 11 (must equal Past VIII; oolumn (A); line 12)	165,4	 				
- 1	3 Grants and similar amounts paid (Part IX, column (A) ines (3)),		0. 0.				
ĺ.	4 Benefits paid to or for members (Part IX, column (A), line 4)	52,2					
ο I	5 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	32,2	0. 34,702.				
ben	6a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶0		•				
ă۱,	7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	126,4	53. 219,714.				
	8 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	178,7					
-	9 Revenue less expenses Subtract line 18 from line 12	-13,2					
28		Beginning of Curren					
	Total assets (Part X, line 16)	592,4	79. 440,008.				
Fund Balances	1 Total liabilities (Part X, line 26)	24,5					
	2 Net assets or fund balances Subtract line 21 from line 20	567,9	425,642.				
Par	······································						
	penalties of perjury, I declare that I have examined this return, including accompanying schedules and s						
true, c	errect, and complete Declaration of pueparer (other than officer) is based on all information of which pro-	eparer has any knowledg	Je				
	Signature of officer	Date	19-70-12				
Sign	[* -	Date					
Here	JOSEPH HAKIM, TREASURER Type or print name and title						
		Date	Check PTIN				
Paid	Print/Type preparer's name ELBERT L. VIA, JR.	17-71 12	f				
r aiu Prepai		Firm's					
Use Only Firm's address 1001 NORTH 7TH STREET							
,	MONROE, LA 71201	Phone	no (318) 387-3400				
Mav ti	ne IRS discuss this return with the preparer shown above? (see instructions)		X Yes No				
	12-10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)				

orm	n 990 (2012) TWIN CITIES KREWE OF JANUS, INC. 58-18	51391 Page 2
Pai	rt 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: NONE	
		· · · · · · · · · · · · · · · · · · ·
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	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
4a	revenue, if any, for each program service reported. (Code) (Expenses \$ 240,708 • including grants of \$) (Revenue \$	79,972.)
40	(Code)(Expenses \$240,708. including grants of \$) (Revenue \$	
	SEASON AND OTHER ACTIVITIES DURING THE YEAR	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
76	(Code) (Expenses \$	/
4c	(Code) (Expenses \$) (Revenue \$)	
	/ / Locality grand or / freeditor	/
		·
	Other program convices (Decembe in Schedule O.)	
4d	Other program services (Describe in Schedule O.)	١
	(Expenses \$ including grants of \$) (Revenue \$	
4e	Total program service expenses ▶ 240,708.	

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Part IV Checklist of Required Schedules

Form 990 (2012)

TWIN CITIES KREWE OF JANUS, INC.

			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	_		v
	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			
_	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	_	X	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Λ	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		_X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		X
	Schedule D, Parts XI and XII	12a		
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, 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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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>X</u>	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ъ		
		Form	990	(2012)

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X

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

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

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportat	ole gaming					
Ī	(gambling) winnings to prize winners?			1c				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return	2a	21					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	rns?		2b		X		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X			
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	X			
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorr	ty over, a	į				
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		X		
ь	If "Yes," enter the name of the foreign country:							
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accoun	its.					
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	action?		5b		Х		
	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 to	he orga	nızatıon solicit		İ			
	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 contribution	tions or	gifts		}			
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).				}	x		
а	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?							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u></u>			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requ	ured			١,,		
	to file Form 8282?			7c	ļ	X		
	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 of		t?	7e	<u> </u>	ļ		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		ļ		
	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		-		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fil	le a Form 1098-C?	7h	ļ	1		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			_		1		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tim	e during the year?	8	-,	 		
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?			9a	 	-		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	-	1		
10	Section 501(c)(7) organizations. Enter:	1400						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1				
11	Section 501(c)(12) organizations. Enter:	11a						
a	Gross income from members or shareholders	110		1				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	11b						
	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a	Ī	1		
		12b				1		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.			1				
13	Is the organization licensed to issue qualified health plans in more than one state?			13a	· · · · · ·	1		
а	Note. See the instructions for additional information the organization must report on Schedule O.					1		
L	Enter the amount of reserves the organization is required to maintain by the states in which the							
D	organization is licensed to issue qualified health plans	13b						
_	Enter the amount of reserves on hand	13c	-	1				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х		
. +0	and any and any payment and any payment and any			446				

232005 12-10-12

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.

	and the Beat Williams			X			
	Check if Schedule O contains a response to any question in this Part VI						
sec	tion A. Governing Body and Management		V				
	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No			
та	and the name of the same of th						
	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		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization have members or stockholders?	6	X				
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?	7a	X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	X				
ь	Each committee with authority to act on behalf of the governing body?	8b	X				
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			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)						
			Yes	No			
10a	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					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X				
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c					
13	Did the organization have a written whistleblower policy?	13		Х			
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?						
а	The organization's CEO, Executive Director, or top management official	15a		Х			
b	Other officers or key employees of the organization	15b		Х			
	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						
	taxable entity during the year?	16a		Х			
b	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						
	exempt status with respect to such arrangements?	16b					
Sec	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) is	avaılab	le				
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial				
	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	tion:	•				
	JOSEPH HAKIM - 318-338-3172						
	P O BOX 7853, MONROE, LA 71211						
23200			000	10010			

12-10-12

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

Section A. 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.

X Check this box if neither the organization	n nor any related	orga	aniza	ation	cor	npe	nsa	ted any current officer, o	director, or trustee.	
(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson is both an rector/trustee)		h an	'	compensation	amount of
	week		Jei ali		ii ectic	17(103	100,	1 110111	from related	other
	(list any hours for	Individual trustee or director				ъ		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	25 25 25			nsate	l	(W-2/1099-MISC)	(11 2 1000 111100)	organization
	organizations	#T	Institutional frustae		Key employee	Highest compensated employee	ļ	,		and related
	below	ndna	mpo	₩.	dua	losto	je l			organizations
	line)	in di	lust	Officer	Ş.	돌통	Former	<u> </u>		
(1) MARY CATHERINE DUCHESNE	10.00									
CAPTAIN		<u> </u>		X		<u> </u>		0.	0.	0.
(2) MARY MIGNON MICHAUD	10.00								_	_
CAPTAIN		ļ		Х		L	_	0.	0.	0.
(3) STEVE COURTEAU	10.00	4	1	_	ŀ	ł				
CAPTAIN		ļ		X		<u> </u>	_	0.	0.	0.
(4) JOSEPH HARIM	20.00									
TREASURER	1 - 1 - 0	┞		X	-	<u> </u>	<u> </u>	0.	0.	0.
(5) JANET BREARD	4.00	-		.,	1				_	
SECRETARY	4 00	<u> </u>	ļ	X	<u> </u>	<u> </u>	}	0.	0.	0.
(6) NANNETTE WHITE	4.00	1		ι,					^	•
PARLIAMENTARIAN	4 00			X		<u> </u>	├	0.	0.	0.
(7) REVIN CASTON	4.00	∤	1	,,	}					•
BOARD MEMBER AT LARGE	4 00	<u> </u>	├	Х	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(8) MARTHA MOBLEY	4.00	}		,,			ļ		_	^
BOARD MEMBER AT LARGE	4 00	_		Х	-	\vdash	_	0.	0.	0.
(9) PAM TISDALE	4.00	-		X				0.	0.	0.
BOARD MEMBER AT LARGE	20.00	-	-	^	<u> </u>	├		0.	<u> </u>	0.
(10) DEBBIE COPELAND	20.00	┨		X				0.	0.	0.
BINGO CHAIRMAN		\vdash		^		-	├-	- 0.		<u> </u>
		┨	ł	1	l	ł	l			
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		1								
					•		_			Form 900 (2012)

1 411	Section A. Officers, Directors, Trus		рюу	ees			gne	SLC						
	(A) Name and title	(B) Average hours per week	verage Position (do not check more than one box, unless person is both an					th an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimated amount of other		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional frustbe	Officer	Key employee	Highest compensated employee	Former	the	organizations (W-2/1099-MIS	anizations		pensa om th anizat d relat	e ion ed
						_								
					_	-		-			-			
				_							_			
						ļ		_						
]						į					
				-		ļ.—		-			_		_	_
				_	_	-		-			\dashv			
			-											
1b Sul		<u> </u>		1		L	>	Ь	0.	····	0.			0.
	tal from continuation sheets to Part VI tal (add lines 1b and 1c)	I, Section A					>		0.	<u> </u>	0.			0.
	al number of individuals (including but n	ot limited to th	ıose	liste	ed al	bove	e) wl	ho re	eceived more than \$100	,000 of reportable	<u> </u>			C
ÇOI	mpensation from the organization			-				-					Yes	No
	I the organization list any former officer, a 1a? <i>If "Yes," complete Schedule J for</i> s			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3		Х
4 For	any individual listed on line 1a, is the su	ım of reportab	le co						•	the organization	Ī			
	d related organizations greater than \$150 I any person listed on line 1a receive or a									dual for services	}	4		X
	dered to the organization? If "Yes," com B. Independent Contractors	plete Schedul	<u>e J f</u>	or s	uch	pers	son					5_		X
1 Co	mplete this table for your five highest co										pensa	ation f	rom	
the	organization. Report compensation for (A)	the calendar y	ear e	endı	ng v	vith	or w	<u>rithir</u>	n the organization's tax (B)	year.		(C	;)	
	Name and business	address	NC	INC	Ξ				Description of s	ervices	C	ompe		n
													_	_
								ļ						
								-						
						_		-		-		 -	•	_
							_							
	al number of independent contractors (i		ot lir	mite	d to		se li:	stec	d above) who received n	nore than				
\$10	00,000 of compensation from the organi	zation 🚩										Form !	9 90 (2012)

	rt ,v	***	Check if Schedule O con		se to any question i	n this 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
nts	1	а	Federated campaigns	1a					
ğ.		b	Membership dues	1b	25,845.				
S, C	ł	c	Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations	1d					
S.E		е	Government grants (contribu-	tions) 1e					
<u>s</u>	1		All other contributions, gifts, gran						
いま			similar amounts not included abo		73,139.				
ΞÃ		a	Noncash contributions included in lines		70,000.				
ğ Š	I		Total. Add lines 1a-1f	- · · · · · · · · · · · · · · · · · · ·	•	98,984.			
					Business Code				
ģ	2	а	OTHER INCOME		711210	60,989.	60,989.		
.≧ <u>~</u>	l		PARADE INCOME		711210	9,445.	9 445.		
Se Se	i	c	OTHER INCOME		711210	6,628.	6,628.		
E S		d	GUEST FEE INCOME		711210	2,910.	2,910,		
Program Service Revenue		e	00101 111 11101111		72220				<u></u>
Ę.	1	f	All other program service reve	90110	-				
	ĺ		Total. Add lines 2a-2f	ende	•	79,972.			
	3	<u> </u>	Investment income (including	dividende int					<u></u>
	"		other similar amounts)	dividends, int	erest, and			1	
	4		Income from investment of ta	v-evomnt hone	d proceeds				
	i			ix-exempt bond	proceeds				
	5		Royalties	() Pool	(v) Paranal		7,1	- m	
		_	Cross vents	(ı) Real	(II) Personal				
	6		Gross rents						
	l		Less: rental expenses						
			Rental income or (loss)	L					
	l		Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	s (II) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses		_				
			Gain or (loss)					:	
		d	Net gain or (loss)		•				
Other Revenue	8	а	Gross income from fundraisin including \$						
ě	}		contributions reported on line	e 1c). See					
F			Part IV, line 18		a 800.				
Ě	}	b	Less: direct expenses		b0.				
U	ļ	C	Net income or (loss) from fun-	draising events	s >	800.			800.
	9	a	Gross income from gaming a	ctivities. See					
			Part IV, line 19		a 1,453,063.				
	ļ	ь	Less: direct expenses		b 1,474,190.				
	1		Net income or (loss) from gar	ning activities	•	-21,127.		-10,258.	-10,869.
	1		Gross sales of inventory, less	_					
			and allowances		а				
		b	Less: cost of goods sold		b 46,441.				
	!		Net income or (loss) from sale	es of inventory		46,441.	ĺ		-46,441.
		_	Miscellaneous Revenu		Business Code	······································			
	11	a					1		
	l	b							
	ł	c			-				
		d	All other revenue		-				
)		Total. Add lines 11a-11d		—			 	
	12	J	Total revenue. See instructions			112,188.	79,972.	-10,258.	-56,510.
23200 12-10		_	. S. A. LOTOLINO. GOO HISTINGHOLIGHS	<u>-</u>					Form 990 (2012)

Section	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizatio <u>ns must co</u>	mplete column (A).						
	Check if Schedule O contains a response to any question in this Part IX									
	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									
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,									
	trustees, and key employees									
6	Compensation not included above, to disqualified	ļ								
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	32,006.	32,006.							
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits		2 776							
10	Payroll taxes	2,776.	2,776.							
11	Fees for services (non-employees):									
а	Management									
b	Legal									
С	Accounting									
d	Lobbying	· <u>-</u> ·								
е	Professional fundraising services See Part IV, line 17									
f	Investment management fees									
9	Other. (If line 11g amount exceeds 10% of line 25,									
	column (A) amount, list line 11g expenses on Sch O)	·								
12	Advertising and promotion	370.		370.						
13	Office expenses	370.								
14	Information technology		<u> </u>							
15	Royalties	<u> </u>								
16	Occupancy				· 					
17	Travel Payments of travel or entertainment expenses			-						
18	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings		·- ·	-						
20	Interest	93.	·	93.						
21	Payments to affiliates		-							
22	Depreciation, depletion, and amortization	8,663.		8,663.						
23	Insurance									
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)		11.da							
а	PARADE EXPENSE	184,126.	184,126.							
b	OFFICER EXPENSE	5,610.	5,610.							
С	PROPERTY TAXES	4,170.	·	4,170.						
d	DONATIONS	4,150.	4,150.	100						
е	All other expenses	12,532.	12,040.	492.						
25	Total functional expenses. Add lines 1 through 24e	254,496.	240,708.	13,788.	0.					
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 I if following SOP 98-2 (ASC 958-720)	. <u> </u>								

art X	Check if Schedule O contains a response to any question in this Part X			
	Officer if defiedule of contains a response to any question in this rait A	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	163,499.	1	46,796
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	2,753.	4	150
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
1	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
1	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 instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	46,441.	8	21,939
9	Prepaid expenses and deferred charges	'	9	
(Land, buildings, and equipment: cost or other		1 -	
''	basis. Complete Part VI of Schedule D 10a 391, 275			
Ь	120 020	261,910.	10c	253,247
11	Investments · publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments · program-related. See Part IV, line 11	117,451.	13	117,451
14	Intangible assets	11//1010	14	
15	Other assets. See Part IV, line 11	425.	15	425
16		592,479.		440,008
17	Total assets. Add lines 1 through 15 (must equal line 34)	23,172.	17	14,366
	Accounts payable and accrued expenses	23/172.		14,500
18	Grants payable		18	
19	Deferred revenue			
20	Tax-exempt bond liabilities		20	
21 22	Escrow or custodial account liability. Complete Part IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	and the second
22	Loans and other payables to current and former officers, directors, trustees,			
	key employees, highest compensated employees, and disqualified persons.		_	
1	Complete Part II of Schedule L	<u></u>	22	
23	Secured mortgages and notes payable to unrelated third parties		23_	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
j	parties, and other liabilities not included on lines 17-24). Complete Part X of	1 257		0
1	Schedule D	1,357.		14 266
26	Total liabilities. Add lines 17 through 25	24,529.	26	14,366
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
}	complete lines 27 through 29, and lines 33 and 34.	5.67.050		405 640
27	Unrestricted net assets	567,950.	27	425,642
28	Temporanly restricted net assets		28	
29	Permanently restricted net assets		29	
!	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	ļ		
27 28 29 30 31 32	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	567,950.	33	425,642
34	Total liabilities and net assets/fund balances	592,479.	34	440,008

orm	990 (2012) TWIN CITIES KREWE OF JANUS, INC.	58-186	1391	Pag	e 12				
	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,18					
2	Total expenses (must equal Part IX, column (A), line 25)	2	$\frac{254}{-142}$, 49					
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	567,950.						
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			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10	425	5,6	<u>42.</u>				
Pa	t XII Financial Statements and Reporting								
	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?		2a		<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis			1					
b	Were the organization's financial statements audited by an independent accountant?		2b	,	<u>X</u>				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,		1					
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		1					
	review, or compilation of its financial statements and selection of an independent accountant?		2c						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch			3					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audit		1	.,				
	Act and OMB Circular A-133?		3a		<u>X</u>				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ııred audıt							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	202	<u> </u>				
			Form	990 ((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

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.			
Nan	ne of organization			Emple	oyer identification number
	TWIN CI	TIES KREWE OF JA	NUS, INC.		58-1861391
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c)	or is a section 527 or	rganization.
2	Provide a description of the organiz Political expenditures Volunteer hours	ration's direct and indirect politic	al campaign activities	in Part IV. ▶\$	
Pa	ert I-B Complete if the org	anization is exempt und	er section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization und	er section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 495	5 ▶\$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4 a	Was a correction made?				└─ Yes └─ No
	If "Yes," describe in Part IV.		F04/-)	504/	-VO
		janization is exempt und			
	Enter the amount directly expended	. • •	•		
2	Enter the amount of the filing organ	ization's funds contributed to other	ner organizations for s	_	
_	exempt function activities			▶\$	
3	Total exempt function expenditures	a. Add lines 1 and 2. Enter here a	nd on Form 1120-POL		
	line 17b	4400 BOL (▶\$	Yes No
_	Did the filing organization file Form		N - f - II t	ما م	
5	Enter the names, addresses and er made payments. For each organiza	-			
	contributions received that were pr	· ·			•
	political action committee (PAC). If	• •			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political 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) 2012

LHA 232041

Schedule C (Form 990 or 990-	EZ) 2012 TWIN	CITIES	KREWE OF J	ANUS, INC.	58-	1861391 Page 2
			mpt under sectio	on 501(c)(3) and fil	ed Form 5768	
	der section 50					
				n Part IV each affiliated	group member's na	me, address, EIN,
. —	s, and share of exce		•			
B Check ► if the filing	g organization checl	red box A a	nd "limited control" pro	ovisions apply.		
(The term	Limits on Lob n "expenditures" n	- •	enditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence out	dio coloron	(grass roots lobbying)			-
b Total lobbying expenditu						+
c Total lobbying expenditu		_	dy (direct loppying)			+
d Other exempt purpose ex	•	u 10)			 	
e Total exempt purpose ex		e 10 and 1	<i>ત</i>)			
f Lobbying nontaxable am				th columns		
If the amount on line 1e, co			bying nontaxable am		·····	
Not over \$500,000	Jiuiiii (a) Ui (U) 15.		the amount on line 1e			
Over \$500,000 but not o	ver \$1,000,000		00 plus 15% of the exc			
Over \$1,000,000 but not			00 plus 10% of the exc			
Over \$1,500,000 but not			00 plus 5% of the exce			
Over \$17,000,000	Over \$17,000,000	\$1,000,		:SS OVEI \$1,300,000		
Over \$17,000,000		<u> </u>	.000.			
g Grassroots nontaxable a	mount (enter 25% c	of line 1f)				-
h Subtract line 1g from line	•	•		}		
i Subtract line 1f from line						
j If there is an amount other	·		line 11 did the organiz	ation file Form 4720		
reporting section 4911 ta		51 III 10 111 OI	ille II, did tile Organiz	ation life i onli 4720		Yes No
reporting section 4011 to	ax ioi tilis year :	4-Voor Av	eraging Period Under	Section 501/h)		
(Som	e organizations the			n do not have to comp	lete all of the five	
·	_		• • •	es 2a through 2f on pa		
	Lobi	bying Expe	nditures During 4-Yea	ar Averaging Period		
					····	T
Calendar year (or fiscal year beginning	ın) (a)	2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable am						
b Lobbying ceiling amount (150% of line 2a, column	i i					
(150% of line 2a, column	(e))	<u></u>				
T 4 11 11 1						
c Total lobbying expenditu	res		-			
d Grassroots nontaxable a	mount					
e Grassroots celling amour		·				
(150% of line 2d, column						
	` ''	•••••••	<u> </u>			+
f Grassroots lobbying expe	enditures					1

Schedule C (Form 990 or 990-EZ) 2012 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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description		(6	a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1 a	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: Volunteers?			•	
	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?				
9	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)?	ļ. <u></u>			
b	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				
<u> </u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(=)		
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5), or se	ction	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	X	37
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		<u>X</u>
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	F04(a)	3	-4:	X
Lai	Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	ion 50 1(c) i "No," O	R (b) Par	t III-A, lir	ne 3, is
	answered "Yes."		- 		
1	Dues, assessments and similar amounts from members		1	-	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	ical			
	expenses for which the section 527(f) tax was paid).		0-		
	Current year		_2a		
	Carryover from last year		2b		
_	Total		2c		_
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		_
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
_	expenditure next year?		5		
5	Taxable amount of lobbying and political expenditures (see instructions) **IV Supplemental Information	·	1 3	<u> </u>	
		Dort II.A /offul	etad araus	liet\r Dort II	A line 2:
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	art II-A (ailii	iated group	iist); Part II	·A, line 2;
and	Part II-B, line 1. Also, complete this part for any additional information.				
—					
—–				_	
—					
—		 -			
					_

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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.

2012
Open to Public Inspection

Name of the organization

TWIN CITIES KREWE OF JANUS, INC.

Employer identification number 58–1861391

Pai	TI Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	d only
	for charitable purposes and not for the benefit of the donor of		·
	impermissible private benefit?		Yes No
Pa	······································	ganization answered "Yes" to Form 990, Part i	
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	_	cally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ried 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the ord	LL
•	year▶	,	,
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements	- · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		the year
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense sta	tement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	r 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 (AS	SC 958), not to report in its revenue statement	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	GC 958), to report in its revenue statement and	d balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, 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		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gai	
	the following amounts required to be reported under SFAS 1	-	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		► \$ ► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Chler (Describe in Part XIII.) e Add lines 2a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information	Sche	dule D (Form 990) 2012 TWIN CITIES KREWE OF JANU	s, INC.	58-18613	91 Page 4
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			t III. lines 1a and 4: Part IV. lines	1h and 2h Part V	line 4: Part
	X, line	2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional informa	ation.	
					

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Department of the Treasury

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.

Name of the organization	Attach to Form 990 or Form 990-	=2.	see se	eparate instructions		A!E!A!
-	TIES KREWE OF JANU	JS,	INC	•	58-1861	ntification number 391
Part I Fundraising Activities required to complete this par	 Complete if the organization answers t. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, P If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	sed funds through any of the following Solicitars f Solicitary X Special Spe	ition of ition of I fundra I (includ profess	non-g gover alsing o ding o lonal f	overnment grants nment grants events fficers, directors, true undraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
			_			
			_			
		ļ				
				<u></u>		
				-		
		-				
		<u> </u>		<u> </u>		
Total						
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from r	egistration
			_			

Schedule G (Form 990 or 990-EZ) 2012

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

Schedule G (Form 990 or 990-EZ) 2012 TWIN CITIES KREWE OF JANUS, INC. 58-1861391 Page 2 Fundraising Events. Complete If the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000. (c) Other events (a) Event #1 (b) Event #2 (d) Total events CRAWFISH NONE (add col. (a) through BOIL col. (c)) (event type) (event type) (total number) 800. 800. Gross receipts 2 Less Contributions 800. 800. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 800 Net income summary. Combine line 3, column (d), and line 10 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. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 752,090. 21,770. 1,453,063. 679,203. Gross revenue 552,098. 8,716. 1,111,612. 550,798. 2 Cash prizes Direct Expenses Noncash prizes 46,067. 49,525. 95,592. Rent/facility costs 266,986. 97,154. 164,183. 5,649. Other direct expenses Yes Yes Volunteer labor 1,474,190 Direct expense summary. Add lines 2 through 5 in column (d) <21,127.> 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: LAX Yes a is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990 or 990-EZ) 2012

232082 01-07-13

Sch	edule G (Form 990 or 990-EZ) 2012 TWIN CITIES KREWE OF JANUS, INC. 58-	<u> 186139</u>	1 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	X No
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?	Yes Yes	X No
13	Indicate the percentage of gaming activity operated in:	1 1 .	
	The organization's facility		9.00 %
	An outside facility	13b 9	1.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ► MARY MIGNON MICHAUD	 -	
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name ► DEBBIE COPELAND		
	Gaming manager compensation \$		
	 -		
	Description of services provided ► MEMBER WHO SCHEDULES AND OVERSEES GAMING ACCORDANCE OF THE PROPERTY OF THE		IES
	AND WORKS SESSIONS AS MANAGER. HE ALSO FILES ALL LOUISIANA	SAMING	
	REPORTS.		
	X Director/officer Employee Independent contractor		
17	Mandatony dietributions:		
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	X No
ь	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 ▶ \$		
Pa	IT IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (III) and (v), an	d Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instru	ictions).
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			-
			
_			

22

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TWIN CITIES KREWE OF JANUS, INC.

Employer identification number 58-1861391

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribute amounts reported c Form 990, Part VIII, lin	noncash contrib	determini	_	s
1	Art · Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities · Closely held stock							
11	Securities - Partnership, LLC, or				1			
	trust interests							
12	Securities · Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts						.,	
23	Scientific specimens							
24	Archeological artifacts							
25	Other (ADVERTISING)	<u>X</u>	5	65,85	O. ADVERTISIN	G BI	LLI	NG
26	Other ()							
27	Other • ()							
<u> 28</u> _	Other (<u> </u>				
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29		 -		
							Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial of	contribution	, and which is not	required to be used for	exempt purposes for			
	the entire holding period?		-			30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p		•	-		31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	ıcıt, process, or sell nor	cash]]		
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a	ıs checked,			İ
	describe in Part II.	- -						<u> </u>
I H ^	For Panerwork Reduction Act Notice see	the lectrus	tions for Form 90	nn	Schedule N	A (Earm	000/	2012

232141 12-20-12

SCHEDULE.O (Form 990 or 990-EZ)

Department of the Treasury

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 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

TWIN CITIES KREWE OF JANUS, INC.	58-1861391
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HA	S 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 PR	OVIDED TO THE
BOARD MEMBERS PRIOR TO FILING.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION P	ROVIDES ITS
DOCUMENTS UPON WRITTEN REQUEST. THE DOCUMENTS ARE PROVIDE	D AT THE
ORGANIZATION OFFICE AT AN AGREED UPON TIME.	

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

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

➤ See separate instructions.

Business or activity to which this form relates

990

Identifying number

TWI	N CITIES KREWE OF	JANUS, IN	C	FOR	м 990	P#	AGE 10_		58-1861391
Par	Election To Expense Certain Prope	rty Under Section 1	79 Note: If you	have any lis	ted prope	rty, co	omplete Part \	/ before yo	ou complete Part I.
1 M	aximum amount (see instructions)	•				 -		1	500,000.
	otal cost of section 179 property place	ed in service (see	instructions)					2	
	reshold cost of section 179 property	•						3	2,000,000.
	eduction in limitation. Subtract line 3			٠.٠٠				4	
								5	·
	illar limitation for tax year Subtract line 4 from line		-0- If married filin	g separately, see (b) Cost (busin			(c) Elected		, , ,, ,, , , ,, ,, ,, ,, ,, ,, ,, ,, ,
6	(a) Description of pr	operty		(b) Cost (busin			(0) 2.00000		
			+	_		+			
									
					1	_			
7 Li	sted property. Enter the amount from	ı line 29			7	<u>' </u>			
	otal elected cost of section 179 prope		s in column (c)	, lines 6 and	7			8	
9 Te	entative deduction. Enter the smaller	of line 5 or line 8						9	
10 C	arryover of disallowed deduction from	n line 13 of your 2	011 Form 456	2				10	
	usiness income limitation. Enter the s					5		11	
12 S	ection 179 expense deduction. Add l	ines 9 and 10, but	do not enter	more than lu	ne 11			12	
	arryover of disallowed deduction to 2				▶ 1	3			
Note:	Do not use Part II or Part III below for	r listed property. i	nstead, use P	art V					
Par	Special Depreciation Allowa	nce and Other D	epreciation (Do not inclu	de listed p	orope	ty.)		
14 S	pecial depreciation allowance for qua	lified property (ot	ner than listed	l property) pl	laced in se	ervice	during		
th	e tax year							14	
15 P	roperty subject to section 168(f)(1) el	ection						15	
16 O	ther depreciation (including ACRS)							16	8,663.
Par	MACRS Depreciation (Do no	ot include listed p	roperty.) (See	instructions	.)				
			Sec	ction A					
17 M	ACRS deductions for assets placed	ın service in tax y	ears beginning	before 201	2			17	
	you are electing to group any assets placed in ser					here	▶ □]	
<u> </u>	Section B - Assets	Placed in Service	e During 201	2 Tax Year	Using the	Gene	eral Deprecia	tion Syste	em
	(a) Classification of property	(b) Month and year placed	(business/in	depreciation vestment use nstructions)	(d) Reco	overy	(e) Convention	(f) Method	(g) Depreciation deduction
		in service	only - see i	nstructions)	 				
<u>19a</u>	3-year property	4					_		
b_	5-year property	_			ļ		_		
С	7-year property				<u> </u>		<u>.</u>		
d	10-year property	_			1		- -		
e_	15-year property	_							
f	20-year property						1		
g_	25-year property				25 y	rs.		S/L	
	D. sails steel mandal manageds.	/			27.5	yrs.	MM	S/L	
h	Residential rental property	/			27.5	yrs.	MM	S/L	
		/			39 y	rs.	MM	S/L	
i	Nonresidential real property	/					MM	S/L	
	Section C - Assets	Placed in Service	During 2012	Tax Year U	sing the	Altern	ative Deprec	iation Sys	tem
20a	Class life							S/L	
b	12-year	7			12 y	rs	1	S/L	
С	40-year	/			40 y	rs.	MM	S/L	
	t IV Summary (See instructions.)	• • • • • • • • • • • • • • • • • • • •							
	isted property. Enter amount from lin	e 28						21	
	otal. Add amounts from line 12, lines		nes 19 and 20	ın column (d	g), and line	21.			
	nter here and on the appropriate line							22	8,663.
	or assets shown above and placed in								
	ortion of the basis attributable to sec		J Juli Jili Jou	., 511101 1110		23			
216251 12-28-	IIIA Fas Basanuaris Baductio		separate ins	tructions.					Form 4562 (2012)

44 Total. Add amounts in column (f). See the instructions for where to report

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44

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