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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or the	2013 calendar year, or tax year beginning APR 1, 2013 and ending	MAR 31, 2014	
B c	heck if pplicable	C Name of organization	D Employer identific	ation number
	Address change	MYSTIC KREWE OF NYX		
	Name   Change   Initial	Doing Business As		132800
느	return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
<u>_</u>	Termin-	ZUI SI CHARLES AVENUE, SUITE II4-3/6	504-2	289-7047
LX.	Amende return	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,611,510.
L	Applica	I NEW ORLEANS, LA /UI/U	H(a) Is this a group re	
	pending	F Name and address of principal officer JULIE LEA	for subordinates'	Yes X No
		SAME AS C ABOVE	H(b) Are all subordinates in	cluded? Yes No
ΙT	ax-exe	mpt status	527 If "No," attach a	list (see instructions)
		e: ► WWW.KREWEOFNYX.ORG	H(c) Group exemption	n number
			rear of formation: 2011 M	
		Summary		
4		Briefly describe the organization's mission or most significant activities MEMBERSH	IP DUES AND AS	SSESSMENTS
Activities & Governance		PROVIDE THE FUNDS NECESSARY FOR THE ORGANIZA		
ua	-	Check this box  if the organization discontinued its operations or disposed of r		
Ve	l	Number of voting members of the governing body (Part VI, line 1a)	3	
ဗိ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>5</u>
50	ł	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)	5	<u></u>
tre			6	1217
ţi		Fotal number of volunteers (estimate if necessary)	<del></del>	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
2	р	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue		2	Prior Year	Current Year
, a	l .	Contributions and grants (Part VIII, line 1h)	0.	0.
e 'e		Program service revenue (Part VIII, line 2g)	663,735.	893,400.
È.	l	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	178.	0.
ر 2	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	120,400.	147,491.
	12 7	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	784,313.	1,040,891.
Expenses	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,659.	3,028.
2		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Sa	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	44,567.
SES.	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ŽŽ.	b 7	Total fundraising expenses (Part IX, column (D), line 25)		
<b>-</b> m	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	667,875.	981,000.
	18 7	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	669,534.	1,028,595.
	19 F	Revenue less expenses Subtract line 18 from line 12	114,779.	12,296.
580	1	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Sets	20	Total assets (Part X, line 16)	202,143.	206,554.
ABB	21	Lotal liabilities (Part X. line 26)	20,556.	12,671.
Net Assets or Fund Balances	22 1	Net assets or fund balances Subtract line 21 from line 20 GDEN, UT	181,587.	193,883.
Pa	art II	Signature Block		
Und	er penal	Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	tatements, and to the best of m	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which pre		
		- The	7-8	160
Sigi	n	Signature of officer	Date	
Her		JULIE LEA, PRESIDENT/CAPTAIN		
		Type or print name and title		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Paid		JAMES R. KELLEY, JR CPA	07/22/16 self-employ	P00024393
	parer	Firm's name CARRIGEE MOORE LEVY & FLYNN LLP	Firm's EIN ▶	72-1404739
	-	Firm's address 3300 WEST ESPLANADE AVE, SUITE 213		<del></del>
		METAIRIE, LA 70002-7406	Phone no. (5	04)833-3106
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

orm	990 (2013) MYSTIC KREWE OF NYX	45-1432800 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission	
	MEMBERSHIP DUES AND ASSESSMENTS PROVIDE THE FUNDS NECESS	SARY FOR THE
	ORGANIZATION TO PUT ON THE MARDI GRAS PARADE AND CARNIVA	
	ENJOYMENT AND CULTURAL ENHANCEMENT OF THE CITIZENS OF NE	
	LOUISIANA, SURROUNDING PARISHES AND OUT OF STATE VISITOR	
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 expenses
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	
	revenue, if any, for each program service reported	sis, the total expenses, and
4a	0.000	ue \$ 1,040,891.)
40	(Code) (Expenses \$	
	THE GENERAL PUBLIC.	NI AND GOOD OF
	THE GENERAL PUBLIC.	
		<del></del>
		<del></del>
4b	(Code) (Expenses \$) (Revenue)	ue\$)
	<del></del>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$)
4d	Other program services (Describe in Schedule O.)	
<del>-u</del>		1
4e	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses ► 873,226 •	
70	O / J , Z Z U •	Form <b>990</b> (2012)

Form 990 (2013) MYSTIC KREWE OF NYX
Part IV Checklist of Required Schedules

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	ŀ		ı
	If "Yes," complete Schedule A	_1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		<del></del>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٠	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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			İ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1		
	Part VI	11a	X	<u> </u>
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 16? If "Yes," complete Schedule D, Part VII	11b	<del> </del>	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			١.,
	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	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	<del> </del>
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 45		X
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Α_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a		x
_	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	120	<del> </del>	<del>  ^</del>
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	ļ	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		İ	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	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		1	
	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,"			7.7
	complete Schedule G, Part III	19	+	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		X
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			(2013
		LOIL		\ZU   3

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Form 990 (2013) MYSTIC KREWE OF NYX
Part IV Checklist of Required Schedules (continued)

			res	140
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		·	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
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	ļ		
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<del></del>
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<del></del>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,	26		х
27	complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	<u> </u>		<del></del>
20	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			}
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ļ	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<del> </del>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34_	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<del> </del>	X
þ	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	35b	-	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	$\vdash$	-
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<del> </del>	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	x	
	Note. All Form 990 filers are required to complete Schedule O			(2013)
		. 5111		,_ 0 . 0,

MYSTIC KREWE OF NYX

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or potent.

1a Enter the number reported in Box 3 of Form 1096. Enter - of not applicable Enter the number of Forms W3G encluded in in a 1a. Enter - of ind applicable Od the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.  feed for the calendar year ending with or within the year covered by this return  8 If at least one is reported on line 28, did the organization file all required dederal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions) 3 Did the organization have unretated business gross income of \$1,000 or more dumpt the year?  8 If 'Yes, 'an it filed a Form 990. For this year? If 'No,' to file 3b, provide an explanation in Schedule O  8 If 'Yes,' an it filed a Form 990. For this year? If 'No,' to file 3b, provide an explanation in Schedule O  9 If 'Yes,' an it filed a Form 990. For this year? If 'No,' to file 3b, provide an explanation in Schedule O  9 If 'Yes,' an it filed a Form 990. For this year? If 'No,' to file 3b, provide an explanation in Schedule O  9 If 'Yes,' an it filed a Form 990. For this year? If 'No,' to file 3b, provide an explanation in Schedule O  9 See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts.  5 Was the organization aparty to a prohibete tax shelter transaction?  5 If 'Yes,' to line 5a or 5b, did the organization file Form 8886. T?  6 Des the organization party to a prohibete tax shelter transaction?  6 If 'Yes,' to line 5a or 5b, did the organization file Form 8898 that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deducible as charidable contributions?  9 If 'Yes,' to line 6a or 5b, did the organization file Form 8809 that year?  9 If 'Yes,' to line 6a or 5b, did the organization file Form 8809 that year?		Check if Schedule O contains a response or note to any line in this Part V				لكيا
be Enter the number of Forms W.G. included in line 1a. Enter 0.f. Inci applicable					Yes	No
o Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Effet the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, feet for the calendar year ending with or within the year covered by this return.  5 If at least one is reported on line 28, did the organization file all required federal employment tax returns?  Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-fel (see instructions)  3a Did the organization have unretated business gross income of \$1,000 or more dumpt the year?  5 If "Yss," has it filed a form 990.1 for this year? If "No," to file 3b, provide an explanation in Schedule O  5 If "Yss," and the duming the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5 If "Yss," and the feath foreign country.  5 See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization by the organization that was or is a party to a prohibited tax shafter transaction?  6 If "Yes," to line 5a or 5b, did the organization file Form 8898.17  6 Does the organization have amountal gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that were not tax deductible as charitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If "Yes," and the organization include with every solotation an anycloty, or an apersonal benefit contract?  9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 If the organization received a contrib	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a (	<u> </u>		
(gambhing) winnings to prize winners?  2 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  1 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 is and 2a is greater than 250, you may be required to e-file (see instructions)  3a. DM file organization have urrelated business gross income of \$1,000 or more during the year?  3b. DM file organization have urrelated business gross income of \$1,000 or more during the year?  4c. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5c. If "Yes," enter the name of the foreign country, §————————————————————————————————————	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b (	1		
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements,	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
Mote. If the sum of lines is and 2a is greater than 250, you may be required to e-file (see instructions)   3a		(gambling) winnings to prize winners?	1	1c		
bill fall least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business gross income of \$1,000 or more during the year of \$1,000 or more during the year of \$1,000 or more during the year of \$1,000 or more during the year of \$1,000 or more during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account, in a foreign country (such as a bank account, securities account, or other financial account)?  See instructions for filing requirements for Form TD F 90·22 1, Report of Foreign Bank and Financial Accounts.  Was the organization a party to a prohibitived tax shelfer transaction at any time during the tax year?  So Did any taxable party notify the organization that it was or is a party to a prohibited tax shelfer transaction?  If "Yes," to line 5a or 5b, did the organization file Form 88861?  Boes the organization and party to a prohibited tax shelfer transaction?  If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  If "Yes," did the organization moltify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangetic parts and partly for goods and services provided to the payor?  To Did the organization received a contribution of underectly, to pay premiums on a personal benefit contract?  If you have a payment in excess of \$75 made party sa a contribution of underectly and party to goods and services provided to the payor?  To Did the organization received a contribution of underectly or indirectly or an apersonal benefit contract?  If you have a payment in excess of \$75 made party sa a contribution of underectly and payor and year and year and year and year and year and ye	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return	2a			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4f No, *to line 3b, provide an explanation in Schedule O  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 account)?  4a X any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If *Yes,* other the name of the foreign country. ►  See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts.  5c Was the organization stop the organization that it was or is a party to a prohibited tax shelfer transaction?  6c If *Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  6c If *Yes,* to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelfer transaction?  6c If *Yes,* to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  6d If *Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d If *Yes,* did the organization on bright he donor of the value of the goods or services provided?  8d If *Yes,* did the organization include the party of the value of the goods or services provided?  9d If *Yes,* did the organization in clinicate the number of Forms 8282 filed during the year  7d If Yes,* did the organization received a contribution of qualified intellectual property, did the organization file F	þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		X
b if "Yes," insa st field a Form 990-T for this year? If *No." to kine 35, provide an explanation in Schedule O  4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  4 If "Yes," enter the name of the foreign country. ►  5 See instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts.  5 West the organization aparty to a prohibited tax shelter fransaction at any time during the tax year?  5 Let b Did any taxable party notify the organization that this was or is a party to a prohibited tax shelter transaction?  5 Let b Did any taxable party notify the organization that this was or is a party to a prohibited tax shelter transaction?  5 Let b Did any taxable party notify the organization that this was or is a party to a prohibited tax shelter transaction?  5 Let b Did any taxable party notify the organization that this was or is a party to a prohibited tax shelter transaction?  5 Let b Did the organization shelt are not tax deductible contributions?  6 Let b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6 Let b Did the organization shelt may receive deductible contributions under section 170(c).  8 Did the organization shelt may receive deductible contributions under section 170(c).  9 Let b If "Yes," indicate the number of Forms 8282 filed during the year.  9 Let b Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  9 Let b organization developed a contribution of cars, boats, anghales, or other vehicles, did the organization shelt promised shops and the section 4966?  9 Sponsoring organizations maintaining donor advised funds and section 599(s) (3) supporting organizations. Did the supporting organization make any taxable distri		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)			
4a All any time during the calendar year, did the organization have an interest into or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "Yes," enter the name of the foreign country. ►  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  See in Free in the See Filling Report of Foreign Bank and Financial Accounts.  See If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  See If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  To Organizations that may receive deductible contributions under section 170(c).  Bit If "Yes," did the organization mortly the donor of the value of the goods or sexences provided?  To If "Yes," did the organization mortly the donor of the value of the goods or sexences provided?  To Id the organization segment on nortly the donor of the value of the goods or sexences provided?  If If the organization received any contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
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45-1432800 Form 990 (2013) MYSTIC KREWE OF NYX 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 O. 5 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7b X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa The governing body? Х 8b **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a X 10a Did the organization have local chapters, branches, or affiliates? 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 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization 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		2		
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?					
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
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17	List the states with which a copy of this form 500 is required to be made
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) available
	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, and financial
	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 organization:
	JENNIFER EDWARDS - 504-289-7047

ST CHARLES AVENUE, STE 114-376, NEW ORLEANS,

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Form 990 (2013)

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do		Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unie	ss per	son i	s bot	n an	compensation	compensation	amount of
	week				, 00.0			from the	from related organizations	other
	(list any hours for	drect				-		organization	(W-2/1099-MISC)	compensation from the
	related	50 93	stee			nsate		(W-2/1099-MISC)	(** 2, 1000 ,00,	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		, ,		and related
	below	ndua	tutor	   55	Key employee	loyee	ner			organizations
	line)	皇	ıst	Officer	Key	물통	Former			***
(1) JULIE LEA	20.00								1	
PRESIDENT/CAPTAIN			L	X		L.		10,800.	0.	0.
(2) SANDRA SIMPSON	20.00	1				}				
VICE PRESIDENT		<u> </u>		X				4,050.	0.	0.
(3) LORI SEUZENEAU	20.00						l		_	
EXECUTIVE DIRECTOR_		ļ	L	X		<u> </u>		6,750.	0.	0.
(4) CHERYL BRAUD	10.00	1				Ì			_	
DIRECTOR OF FUNDRAISING		<u> </u>	╙	X				4,050.	0.	0 .
(5) JENNIFER EDWARDS	20.00	4				Ì				_
SECRETARY/TREASURER		<u> </u>		X	_	<u> </u>		5,400.	0.	0
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Part	VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees.	and	d Hi	ghes	st C	ompensated Employee	es (continued)			
	(A)	(B)				<del>2 )</del>			(D)	(E)		(F)	
	Name and title	Average	- 1.0		Pos	ition			Reportable	Reportable	E	stimate	d
		hours per	box	, unle:	ss pe	rson	than o	h an	compensation	compensation	a	mount o	of
		week		cer an	of a d	recto	or/trus	tee)	from	from related		other	
		(list any hours for	recto			ŀ			the	organizations	- 1	npensat	
		related	eord	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		rom the ganizati	
		organizations	truste	al trus		ag.	mper.		(** 27 1000 111100)			d relate	
		below	Individual trustee or director	Institutional trustee	   =	Key emptoyee	Highest compensated employee	نو			org	anızatıd	ons
		line)	텰	ınst	Officer	ě	돌를	Former			╽		
		ļ	<u> </u>				1_			<del></del>			
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		<u> </u>	<del>                                     </del>				+						
			1										
1h	Sub-total				<u> </u>			<b>—</b>	31,050.	0			0.
	Total from continuation sheets to Part V	II. Section A						•	0.	Ō			0.
	Total (add lines 1b and 1c)	, 000						•	31,050.	0			0.
	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	ho r	·				
	compensation from the organization						•			•			0
												Yes	No
3	Did the organization list any former officer	, director, or tr	uste	e, ke	ey ei	mple	oyee	, or	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s	such individual									3		X
4	For any individual listed on line 1a, is the si	um of reportab	le c	omp	ens	atioi	n an	d ot	her compensation from	the organization	1		
	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete	Sch	edul	e J	for such individual		4	1	X
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion	from	an	y uni	relat	ted organization or indiv	idual for services			ļ
	rendered to the organization? If "Yes," con	nplete Schedui	e J	for s	uch	per	son				5	J	X
	ion B. Independent Contractors											_	
	Complete this table for your five highest co										nsatior	from	
	the organization. Report compensation for	the calendar y	ear	end	ing v	with	or w	/ithii		year			
	(A) Name and business	addross			_				(B) Description of	services		(C) ensatio	ın
	ivaine and business		Ŋ	ON:	ഥ				Description of	50. VICO3	Comp	J. 134110	
					_								
	· · ·												
2	Total number of independent contractors	(includina but r	not I	ımıte	ed to	the	ose l	ste	d above) who received r	nore than		-	
-	\$100,000 of compensation from the organ	_	• •		- ••		0						
	T. T. T. T. T. T. T. T. T. T. T. T. T. T			-						<del></del>	For	n <b>990</b> (	(2013)

Par	ťV	111	Statement of Rever	nue					
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
	·					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
rvice Contributions, Gifts, Grants and Other Similar Amounts	2	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f  PARADE REVENUE	ats, and lets a ta-1f \$	Business Code	893,400.			312 314
Program Service Revenue		c d e f	All other program service reve						
			Total. Add lines 2a-2f		<b></b>	893,400.			
	3 4 5		Investment income (including other similar amounts) Income from investment of ta Royalties	x-exempt bond	proceeds				
	6	b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(II) Personal				
		а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	(i) Securities	(ii) Other				
nue		d	Gain or (loss) Net gain or (loss) Gross income from fundraisir including \$	ng events (not	<b>D</b> .				
Other Revenue		С	contributions reported on line Part IV, line 18 Less direct expenses Net income or (loss) from fun	a 1c). See a b draising events					
		b	Gross income from gaming at Part IV, line 19 Less direct expenses Net income or (loss) from gar	a t ning activities					
		b	Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	a b	717,970. 570,619.		147,351.		
	11	b	Miscellaneous Revenu		Business Code 900099	140.	140.		
	12		All other revenue  Total. Add lines 11a-11d  Total revenue See instructions.	,	<b>&gt;</b>	140. 1,040,891.	1,040,891.	0	. 0

# Form 990 (2013) MYSTIC KREWE OF NYX Part IX Statement of Functional Expenses

	n 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				X
	t include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
	Grants and other assistance to governments and				
	rganizations in the United States. See Part IV, line 21				
	Grants and other assistance to individuals in	2 020	2 020		
	he United States See Part IV, line 22	3,028.	3,028.		
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	Jnited States. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	41,400.		41,400.	
	rustees, and key employees Compensation not included above, to disqualified	41,400.		41,400.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	İ			
	Other salaries and wages				<del></del>
	Pension plan accruals and contributions (include		-		<del></del>
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes	3,167.		3,167.	
	Fees for services (non-employees)	3,10,1			
	Management				
	_egal	628.		628.	
	Accounting	3,100.		3,100.	<del></del>
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O.)	4,353.		4,353.	
	Advertising and promotion				
	Office expenses				
14	nformation technology				
15 F	Royalties				<u></u>
16 (	Occupancy	28,800.		28,800.	
17	Travel	6,742.		6,742.	
18 F	Payments of travel or entertainment expenses				
1	for any federal, state, or local public officials				
19 (	Conferences, conventions, and meetings				·
<b>20</b>	nterest				
21	Payments to affiliates		<del></del> _	<u> </u>	
<b>22</b>	Depreciation, depletion, and amortization	444.		444.	
	Insurance	22,922.	22,922.		
	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)				
	RECEPTIONS/BANQUETS	349,562.	349,562.		
	FLOATS	220,550.	220,550.		
C	DECORATIONS	64,897.	64,897.		
d	COSTUMES	52,984.	52,984.		
	All other expenses SEE SCH O	226,018.	<u>159,283.</u>	66,735.	
25	Total functional expenses Add lines 1 through 24e	1,028,595.	873,226.	155,369.	0
	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 If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		195,632.	1	65,842.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	ormer officers, directors,			
		trustees, key employees, and highest compensations	ated employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sections	tion 501(c)(9) voluntary			
छ		employees' beneficiary organizations (see instr)			6	
Assets	7	Notes and loans receivable, net			7	
ĕ	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 2,315.			
	b	Less. accumulated depreciation	10b 1,648.	1,111.	10c	667.
	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		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,400.	15	140,045.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	202,143.	16	206,554.
	17	Accounts payable and accrued expenses	,	11,660.	17	
	18	Grants payable			18	
	19	Deferred revenue		8,250.	19	9,300.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Ś	22	Loans and other payables to current and forme	r officers, directors, trustees,			
Liabilities		key employees, highest compensated employe	es, and disqualified persons			
abi		Complete Part II of Schedule L			22	
<b>=</b>	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa	ayables to related third			
	1	parties, and other liabilities not included on line	s 17-24) Complete Part X of			
		Schedule D		646.		3,371.
	26	Total liabilities. Add lines 17 through 25		20,556.	26	12,671.
		Organizations that follow SFAS 117 (ASC 95	8), check here 🕨 📖 and		] [	
S		complete lines 27 through 29, and lines 33 a	nd 34.			
Š	27	Unrestricted net assets			27	
3ala	28	Temporarily restricted net assets			28	
ğ	29	Permanently restricted net assets			29	<del></del>
Ŧ		Organizations that do not follow SFAS 117 (/	ASC 958), check here 🕨 🗶			
٥		and complete lines 30 through 34.				_
ets	30	Capital stock or trust principal, or current funds	3	0.	-	0
18S	31	Paid-in or capital surplus, or land, building, or e	quipment fund	0.		0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds	181,587.	1	193,883
Ź	33	Total net assets or fund balances		181,587		193,883
	34	Total liabilities and net assets/fund balances		202,143.	34	206,554.

Form **990** (2013)

	990 (2013) MYSTIC KREWE OF NYX	45-14	32800	Page	<u> 12</u>
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	···		[	<u>_</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,040		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,02		
3	Revenue less expenses Subtract line 2 from line 1	3		<u>2,29</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u> </u>	1,58	<u>7.</u>
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	19	3,88	<u>3.</u>
Pa	rt XII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			L	<u></u>
				Yes	No_
1	Accounting method used to prepare the Form 990 Cash Accrual Other		-	1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
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 reviewed	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 separate	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			ĺ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	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	edule O		1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	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	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	<b>990</b> (2	2013)

### SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990. Name of the organization

MYSTIC KREWE OF NYX

Employer identification number

45-1432800 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

<u>Sche</u>		KREWE OF N						<u> 32800</u>	
Par	t III   Organizations Maintaining Co	ollections of A	rt, Hist	orical Tr	easures, or C	ther Si	milar Asse	ts(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following that are	a signific	ant use of its	collection i	tems
	(check all that apply)								
a	Public exhibition	c	<b>,</b> 🔲 (	oan or exc	hange programs				
b	Scholarly research	€		Other	• , •				
c	Preservation for future generations								
4	Provide a description of the organization's co	illections and explai	n how th	ev further ti	he organization's	exempt p	uroose in Parl	t XIII	
5	During the year, did the organization solicit or	•		-	•		· ·		
	to be sold to raise funds rather than to be ma					iiiidi dooc		Yes	☐ No
Par	t IV Escrow and Custodial Arrang					" to Form	990 Part IV I		
	reported an amount on Form 990, Part	•	CIC II IIIC	organizatio	m answered Tee		000,1 att 10,1	5, 0.	
15	Is the organization an agent, trustee, custodia	<del></del>	diany for o	contribution	ne or other assets	not inclu	ded		
10	on Form 990, Part X?	an or other intermed	ulary lor (	Continuation	is of other assets	i not inclu		Yes	□ No
				abla				_ res	NO
ь	If "Yes," explain the arrangement in Part XIII a	and complete the to	pilowing t	able				<del></del>	
						-		Amount	
C	Beginning balance						1c		
q	Additions during the year					ļ	1d		
е	Distributions during the year						1e		
f	Ending balance					Ĺ	1f [		
2a	Did the organization include an amount on Fo						<u> </u>	J Yes	∐_ No
	If "Yes," explain the arrangement in Part XIII								<u> </u>
Par	t V Endowment Funds. Complete if	the organization a	nswered	"Yes" to Fo	rm 990, Part IV, I	ine 10.			
	Ĺ	(a) Current year	(b) P	rior year	(c) Two years ba	ck (d) Th	ree years back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions					]			
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities	· · · · · · · · · · · · · · · · · · ·	1		<del></del>	_	<del></del>		
·	and programs		Ì						
	· -		<del>                                     </del>		<del> </del>				
T	Administrative expenses	<del></del>	+		<del> </del>		<del></del> -		
9	End of year balance		<u> </u>	<del></del>				<u> </u>	
2	Provide the estimated percentage of the curre	ent year end balan		g, column (a	a)) held as:				
а	Board designated or quasi-endowment		%						
þ	Permanent endowment	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c shou	ild equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organia	zation tha	at are held a	and administered	for the or	ganization		
	by							\Y	res No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required	on Sched	dule R?				3b	
4	Describe in Part XIII the intended uses of the	•						<u></u>	
	rt VI Land, Buildings, and Equipm								
	Complete if the organization answered		0, Part IV	, line 11a S	See Form 990, Pa	ırt X, line 1	0.		
	Description of property	(a) Cost or				(c) Accum		(d) Book	value
	Description of property	basis (invest		· ·	(other)	depreci		( <b>a</b> ) 500	14.40
	Lond	22313 (1111030		- 23/0	(=)				
	Land								
b	Buildings								
С	Leasehold improvements				2 215		640		6.07
	Equipment				2,315.		,648.		667.
	Other		-	<u> </u>					
Tota	L Add lines 1a through 1e. (Column (d) must ea	qual Form 990 Par	t X colur	nn (R) line	10(c))				667.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CREDIT CARD PAYABLE	3,371.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part X, col. (	B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

78190\_\_1

## **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

**Employer identification number** 

Open to Public

Internal Revenue Service Name of the organization ▶ Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

45-1432800 MYSTIC KREWE OF NYX FORM 990, PART V, LINE 1C: EXPLANATION: THIS RETURN IS BEING AMENDED TO INCLUDE THE ACTIVITY OF NYX GODDESSES WHICH IS A SUBSIDIARY OF MYSTIC KREWE OF NYX. SCHEDULE R SHOWS THE INCOME RECEIVED FROM NYX GODDESSES AND THE INTERCOMPANY TRANSACTIONS. FORM 990, PART VI, SECTION A, LINE 6: EXPLANATION: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: EXPLANATION: THE ORGANIZATION'S EXECUTIVE COMMITTEE HAS THE RIGHT TO APPOINT MEMBERS TO THE GOVERNING BOARD. FORM 990, PART VI, SECTION B, LINE 11: EXPLANATION: A COPY OF THE FORM 990 IS DISTRIBUTED TO BOARD MEMBERS FOR REVIEW. ONCE THE TAX RETURN IS APPROVED BY THE CAPTAIN, IT IS SIGNED AND FILED WITH THE IRS. FORM 990, PART VI, SECTION C, LINE 19: EXPLANATION: NO DOCUMENTS AVAILABLE TO THE PUBLIC. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: MARCHING BANDS: 50,685. PROGRAM SERVICE EXPENSES MANAGEMENT AND GENERAL EXPENSES

Schedule O (Form 990 or 990-EZ) (2013)

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

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization	Employer identification number
MYSTIC KREWE OF NYX	45-1432800
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	50,685.
KREWE MERCHANDISE:	
PROGRAM SERVICE EXPENSES	29,185.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	29,185.
BANK FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	23,875.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	23,875.
RENTALS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	16,049.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	16,049.
DOUBLOONS:	
PROGRAM SERVICE EXPENSES	15,722.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,722.
<u>INVITATIONS:</u> 332212 00-04-13	Schedule O (Form 990 or 990-EZ) (2013

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization  MYSTIC KREWE OF NYX	Employer identification number 45-1432800
PROGRAM SERVICE EXPENSES	14,218.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
MOMAL TURNING	14.010
TOTAL EXPENSES	14,210.
FAVORS:	
PROGRAM SERVICE EXPENSES	12,999.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,999.
HARNESS:	
PROGRAM SERVICE EXPENSES	12,836.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	12,836.
MEALS FOR MEETINGS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	7,859.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	7,859.
SECURITY:	
PROGRAM SERVICE EXPENSES	6,085.
MANAGEMENT AND GENERAL EXPENSES	0.
	0.
FUNDRAISING EXPENSES	6,085.
TOTAL EXPENSES 332212 09-04-13	Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization	Page 2  Employer identification number
MYSTIC KREWE OF NYX	45-1432800
PHOTOGRAPHY:	
PROGRAM SERVICE EXPENSES	6,025.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	6,025
TELEPHONE:	
PROGRAM SERVICE EXPENSES	. 0.
MANAGEMENT AND GENERAL EXPENSES	5,392.
FUNDRAISING EXPENSES	0 .
TOTAL EXPENSES	5,392
EVENT STAFFING:	
PROGRAM SERVICE EXPENSES	4,589
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	4,589
OFFICE SUPPLIES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	3,116
FUNDRAISING EXPENSES	0
	3,116
OFFICE UTILITIES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	2,784
332212 09-04-13 21	Schedule O (Form 990 or 990-EZ) (201

\* 6 \*

Schedule O (Form 990 or 990 EZ) (2013)  Name of the organization	Page 2  Employer identification number
MYSTIC KREWE OF NYX	45-1432800
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,784.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	2,246.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,246.
WEBSITE FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,987.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,987.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	1,822.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,822.
REPAIRS & MAINTENANCE:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	1,734
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	1,734
POSTAGE:	
332212 09-04-13 2.2	Schedule O (Form 990 or 990-EZ) (2013

Schedule O (Form 990 or 990 EZ) (2013)  Name of the organization  MYSTIC KREWE OF NYX	Employer identification number $45-1432800$
PROGRAM SERVICE EXPENSES	1,682.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,682.
GIFTS:	
PROGRAM SERVICE EXPENSES	1,200.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,200.
NSF CHECKS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,073.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,073.
PERMITS:	
PROGRAM SERVICE EXPENSES	750.
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	750
FLOWERS:	
PROGRAM SERVICE EXPENSES	565
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0
TOTAL EXPENSES 332212 09-04-13	5 6 5 Schedule O (Form 990 or 990-EZ) (2013

Schedule O (Form 990 or 990-EZ) (2013)  Name of the organization	Page 2  Employer identification number
MYSTIC KREWE OF NYX	45-1432800
PARKING:	
DROCDAM SERVICE EXPENSES	495
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	
TOTAL EXPENSES	495
OFFICE SECURITY:	
DDOCDAM CEDUTCE EVDENCEC	0
	441
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	441
ARTWORK:	
PROGRAM SERVICE EXPENSES	425
MANAGEMENT AND GENERAL EXPENSES	0
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	425
PRINTING & COPYING:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	169
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	169
ANNUAL FEE:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	10
332212 09-04-13 2.4	Schedule O (Form 990 or 990-EZ) (201

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

►Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions. Related Organizations and Unrelated Partnerships

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 45-1432800

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33 MYSTIC KREWE OF NYX Name of the organization Part

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity	rolling
				;			
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions Complete if the organization ans	swered "Yes" on Form 990, Par	t IV, line 34 because	t had one or more re	elated tax-exempt	

Primary activity

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

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Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 MYSTIC KREWE OF NYX

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year

		3	5	3		9	3	3	9	6	(8)
(a)  Name, address, and EIN  of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)		total ne	of /ear ts	No nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		General or Percentage managing ownership partner?
						:					
Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization of Related Organizations Taxable as a Corporation or Trust Complete of the organization of related Organization	ganizations Taxable a rporation or trust durin	ig the tax y	crporation or Trust Cotax year (b) Primary activity	(c) (state or foreign	e organization answers (d)  Direct controlling entity	wered "Yes" on Fo  (e)  Type of entity (C corp, S corp, or fuest)	orm 990, Part IV, I  (f) Share of total	t IV, line 34 total	(g) Share of Peen over assets	d one or more (h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
NYX GODDESSES - 90-0880271 201 ST, CHARLES AVE, STE, 114 MEN OBLEANG TA 70170-1000		SALE OF SUPPLIES MEMBERS FOR ENTERTAINMENT	UPPLIES TO OR MENT	country)	MYSTIC KREWE OF NYX	C CORP	71.	717,970.	8,804,	1008	X es No
un (gwanny)											
		į									

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Schedule R (Form 990) 2013 >

Schedule R (Form 990) 2013 MYSTIC KREWE OF NYX

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Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV2	Yes No
Beceipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity     Gift grant, or capital contribution to related organization(s)				at ta
d Loans or loan guarantees to or for related organization(s)				Td X
e Loans or loan guarantees by related organization(s)				1e X
f Dividends from related organization(s)				# X
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				1h X
<ul> <li>i Exchange of assets with related organization(s)</li> </ul>				i=
j Lease of facilities, equipment, or other assets to related organization(s)				1; X
k Lease of facilities, equipment, or other assets from related organization(s)				1k X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			
	ion(s)			t '
<ul> <li>Snaring of paid employees with related organization(s)</li> </ul>				10
p Reimbursement paid to related organization(s) for expenses				Tp X
<ul> <li>Reimbursement paid by related organization(s) for expenses</li> </ul>				19 X
r Other transfer of cash or property to related organization(s)				
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1) NYX GODDESSES	တ	122,256.	256. CHECK VALUE	
(2)				
(3)				
(4)				
(5)				
(9)				
332,163 09-12-13	28		Schedule	Schedule R (Form 990) 2013

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Schedule R (Form 990) 2013 MYSTIC KREWE OF NYX

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

						•
(k)	Percentage ownership					Schedule R (Form 990) 2013
9	General or managing partner?					
(i)	code v-USI mount in box 20 of Schedule K-1 (Form 1065)					Schedule
(r)	tonate allocations?					
		:		 	 	
(6)	Share of end-of-year assets		:			
1	Share of total income					
(e)	6 partners sec 501(c)(3) orgs 7					
(g)	Predominant income par (related, unrelated, excluded from tax — under section 512-514)					
(0)	Legal domicile (state or foreign country)	ł				
(q)	Primary activity					
(a) (b) (c) (d)	Name, address, and EIN of entity					