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SCANNED DEC 182014

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

Open to Public Inspection

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.

and ending APR 30, 2014 A For the 2013 calendar year, or tax year beginning MAY 1, 2013 D Employer identification number C Name of organization Address change TWIN CITIES KREWE OF JANUS, INC.]Name]change 58-1861391 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated P O BOX 7853 318-388-4916 Amende 762,935. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Applica-71211-7853 MONROE, LA H(a) Is this a group return pending F Name and address of principal officer: JOSEPH HAKIM Yes X No for subordinates? SAME AS C ABOVE Yes H(b) Are all subordinates included? ___ 501(c)(3) X 501(c) (4947(a)(1) or If "No," attach a list. (see instructions) Tax-exempt status: (insert no) J Website: ► N/A **H(c)** Group exemption number ▶ K Form of organization X Corporation Other > Year of formation 1983 M State of legal domicile LA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: PROVIDE COMMUNITY CHARITIES Governance Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets 10 3 Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 0 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) 6 84,402. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -34,688.b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 98,984. 51,089. Contributions and grants (Part VIII, line 1h) 73,932. 79,972 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 65,662.-66,768. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 112,188. 190,683. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0 -Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 34,782. 15,928. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 219,714. 198,616. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 254,496. 214,544. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -142,308.-23,861. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 440,008. 350,457. 20 Total assets (Part X, line 16) 14,366.32,746. 21 Total liabilities (Part X, line 26) 425,642. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign JOSEPH HAKIM, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name P01224206 ELBERT L. VIA, JR. Paid self-emotoved Firm's name VIA & VIA, APAC 72-0922987 Preparer Firm's EIN Firm's address 1001 NORTH 7TH STREET Use Only Phone no (318) 387-3400 MONROE, LA 71201

No

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

	990 (2013) TWIN CITIES KREWE OF JANUS, INC. 58-1861391 Page 2
Ра	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III 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? 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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code) (Expenses \$ 205,881 · including grants of \$) (Revenue \$ 190,683 ·
4a	(Code) (Expenses 205,881. including grants of \$) (Revenue \$ 190,883. TO PROVIDE THE COMMUNITY WITH PARADE ACTIVITIES DURING THE MARDI GRAS SEASON AND OTHER ACTIVITIES DURING THE YEAR
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$
	,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 205,881.
<u>4e</u>	Total program service expenses ► 205,881.

			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			1
	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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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.			
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 16? 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		X
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			
	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			
	Schedule D, Parts XI and XII	12a		<u>X</u> _
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_	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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		1	l
	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,			١
	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		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		1,	
	complete Schedule G, Part III	19	X	17
	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?	20b	000	100:-
		Form	990	(2013)

Part IV Checklist of Required Schedules (continued)

			Yes_	No
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			
	Schedule J .	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	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		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b_		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			17
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		1	77
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		v
	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			х
	Schedule N, Part II	32_		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
•	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Λ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24		Х
^ -	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
2P	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
36		36		
27	If "Yes," complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		Х
20	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?	5,		
38	Note. All Form 990 filers are required to complete Schedule O	38	х	
	Note: All Form 330 mets are required to complete ocheonic o		990 (2012
		. 01111	330 ((2010

TWIN CITIES KREWE OF JANUS, 58-1861391 INC. Page 5 Form 990 (2013) Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 1b b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did 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 W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За Х 3ь b If "Yes," has it filed a Form 990-T for this year? If "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 Х 4a 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 filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit X 6a any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6ь were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 7 X a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х 7c to file Form 8282? 7di d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9b **b** Did the organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: 10a a initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: 11 a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

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14a

X

13c

c Enter the amount of reserves on hand

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

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

Form 990 (2013) TWIN CITIES KREWE OF JANUS, INC.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response or changes in Schedule Q. See instructions.

	to line 6a, 6b, 6i 10b below, describe the circumstances, processes, or charges in schedule 6. See instructions.							
	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0							
Ь	Enter the number of voting members included in line 1a, above, who are independent 7							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			v				
_	officer, director, trustee, or key employee?	2		<u>X</u> _				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х				
	of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	Х					
6	Did the organization have members or stockholders?		7.					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a	Х					
	more members of the governing body?	/ 0	**					
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b	Х					
	persons other than the governing body?	7.0	71					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X					
_	The governing body? Fight assembles with authority to get an habelf of the governing body?	8b	X					
ь	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	00						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х				
S00	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
Jec	HOIT B. F Olicies (This Section B requests information about policies not required by the michial revenue seets)		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
	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?	10ь						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	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		X				
14	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
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		X				
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		<u> </u>				
<u>Sec</u>	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	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, and	d finar	cial					
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion: 🕨						
	JOSEPH HAKIM - 318-338-3172							
	P O BOX 7853, MONROE, LA 71211	Ear	000	(2013)				
		CISTIT						

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.

X Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	///		Pos			One	Reportable	Reportable	Estimated
	hours per	box	, unle	check more than one less person is both an and a director/trustee)			h an	compensation	compensation	amount of
	week	<u> </u>	- α · α ·	1		7,7003	,	from the	from related	other
	(list any hours for	trustate or director		1		5	Former	organization	organizations (W-2/1099-MISC)	compensation from the
	related	8	155 156 156		l	asat		(W-2/1099-MISC)	(** 2) 1000 *********************************	organization
	organizations	E E	Institutional trustee		8	Ĕ.	ļ	,		and related
	below	Individual t	l gg	8	Key employee	ple st	Ē			organizations
	line)	릴	<u>ह</u>	SE SE	ङ्	₹5	P.			
(1) MARY CATHERINE DUCHESNE	10.00									•
CAPTAIN	10.00			X		<u> </u>		0.	0.	0.
(2) MARY MIGNON MICHAUD	10.00	ļ								_
CAPTAIN	 		ļ_	X		_		0.	0.	0.
(3) STEVE COURTEAU	10.00	-								•
CAPTAIN		_	<u> </u>	X	<u> </u>	ļ		0.	0.	0.
(4) JOSEPH HAKIM	20.00	1			1					_
TREASURER				Х				0.	0.	0.
(5) JANET BREARD	4.00	4								
SECRETARY		<u> </u>	ļ	X		ļ	_	0.	0.	0.
(6) NANNETTE WHITE	4.00	-					İ			_
PARLIAMENTARIAN	4 00		<u> </u>	X	_	ļ	<u> </u>	0.	0.	0.
(7) KEVIN CASTON	4.00	-								
BOARD MEMBER AT LARGE	4 00		_	X	ļ	┝	<u> </u>	0.	0.	0.
(8) MARTHA MOBLEY	4.00	4] .						
BOARD MEMBER AT LARGE		ــــ	_	X	├	⊢		0.	0.	0.
(9) PAM TISDALE	4.00	ł		.,						_
BOARD MEMBER AT LARGE	100 00	<u> </u>		X	_	⊢	<u> </u>	0.	0.	0.
(10) DEBBIE COPELAND	20.00	1		١.,	ĺ	ĺ				
BINGO CHAIRMAN			_	X	<u> </u>	_		0.	0.	0.
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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated

1b Sub-total

d Total (add lines 1b and 1c)

(A) Name and title Average hours per week (list any hours for related organizations below line) Average hours below line) Average hours per week (list any hours for related organizations below line) Average hours below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization line) Average hours per week (list any hours for related organization (line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours per week (list any hours for line) Average hours	990 (2013) TWIN CIT VII Section A. Officers, Directors, Trus									58-1861 es (continued)	<u> </u>		age 8
Sub-total Sub-total from continuation sheets to Part VII, Section A Total from continuation sheets to the Continuation sh	(A)	(B) Average	(do	not ci	Posi heck ss pe	c) Ition more rson i	than	one h an	(D) Reportable	(E) Reportable		stimate	
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total fund lines 1b and 1c) O . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .		(list any hours for related organizations below	reek officer and a director/trustee) from the organizations (W-2/1099-MISC) grants and g				com fr org an	pensa om the anizat d relat	ation ie tion ted				
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total fund lines 1b and 1c) O . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .													
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total from continuation sheets to Part VII, Section A O . O . O . Yes No Including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization gives any individual state of line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total fund lines 1b and 1c. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) O . O . O . O . O . O . O . O				-									
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total fund lines 1b and 1c) O . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .									-				
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Total from continuation sheets to Part VII, Section A O . O . O . Yes No Including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization gives any individual state of line 1a; is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total fund lines 1b and 1c. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) O . O . O . O . O . O . O . O													
Total from continuation sheets to Part VII, Section A Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Total fund lines 1b and 1c) O . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .									0	0			
Compensation from the organization Yes No		'II, Section A						>	0.	0.			0.
Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ion B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bove	e) wt	no re	eceived more than \$100	,000 of reportable	_		C
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person To B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)				e, ke	ey er	nplo	yee	, or l	nighest compensated er	nployee on	3	Yes	
rendered to the organization? If "Yes," complete Schedule J for such person 5 X on B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual		4		Х
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C)	rendered to the organization? If "Yes," cor										5_		Х
											ation ·	from	
		s address	N	INC	Ξ					ervices C			n

(A)		(B)	(C)
Name and business address	NONE	Description of services	Compensation
Total number of independent contractors (including but	t not limited to these	listed above) who received more than	<u> </u>

lotal number of independent contractors (inclu 0 \$100,000 of compensation from the organization

				KREWE OF	JANUS, INC	•	58-1861	391 Page 9
Pa	rt VI	II Statement of Rever	nue	_				
		Check if Schedule O cont	tains a response	or note to any lin				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns	. 1a					
irar		Membership dues	1b	45,355.				
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events	1c					
Sift lar,	d	Related organizations	1d					
imi	е	Government grants (contribut	tions) 1e					
tion S	f	All other contributions, gifts, gran	its, and	-				
the		similar amounts not included abo	ove 1f	5,734.				
d of	g	Noncash contributions included in lines	s 1a-1f \$					
မှ ငိ	h	Total. Add lines 1a-1f	· 		51,089.			
				Business Code				
9		THROW INCOME		711210	62,672.	62,672. 5,740.		
ē Ži	b	OTHER INCOME		711210	5,740.	5,740.		
Sen	С	PARADE INCOME		711210	5,520.	5,520.		
Program Service Revenue	d							
6	е	·	·		-		,	
ā	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<u> </u>	73,932.			
	3	Investment income (including	ı dıvıdends, ınte	rest, and				
		other similar amounts)		•				
	4	Income from investment of ta	x-exempt bond	proceeds				
	5	Royalties		<u> </u>	···· · · · · · · · · · · · · · · · · ·		** * * * * * * * * * * * * * * * * * * *	
			(i) Real	(II) Personal				
		Gross rents						
		Less: rental expenses						
		: Rental income or (loss)		1				
		Net rental income or (loss)		P				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)					:	
		Net gain or (loss)						
Ē	8 а	Gross income from fundraisin	_					
Ver		including \$ contributions reported on line						
æ		Part IV, line 18		321.165				
Other Revenue		Less: direct expenses		321,165. 339,905.				
ಠ		: Net income or (loss) from fund		D	-18,740.			-18,740.
	9 a Gross income from gaming activities. See Part IV, line 19 a 316,			316,749.				
	ь	Less: direct expenses	ì	316,749. 232,347.				
		: Net income or (loss) from gan			84,402.		84,402.	
		Gross sales of inventory, less						
		and allowances		a				
	ь	Less: cost of goods sold		b				
		: Net income or (loss) from sale				<u> </u>		
		Miscellaneous Revenu		Business Code				
	11 a					<u> </u>		
	b							
	c							
		All other revenue .						
		Total Add lines 11a-11d	** * *					

190,683.

84,402. -18,740.

Secu	on 501(c)(3) and 501(c)(4) organizations must comp			mpiete column (A).	
Do	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			¥	
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u></u>
5	Compensation of current officers, directors,			j	
	trustees, and key employees			 -	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	14,718.	14,718.		
7	Other salaries and wages	14,/10.	14,/10.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
		·		-	
9 10	Other employee benefits Payroll taxes	1,210.	1,210.		
11	Fees for services (non-employees):				
''a	Management				
b	Legal				
c	Accounting				·
ď	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)				
12	Advertising and promotion	35,000.	35,000.		
13	Office expenses	2,108.	2,108.		
14	Information technology				
15	Royalties	22 001	22 001		
16	Occupancy	32,881.	32,881.		
17	Travel			<u> </u>	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			-	
20	Interest Earth Ear				
21 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)				
а	DONATIONS	67,974.	67,974.		
b	PARADE EXPENSE	31,030.	31,030.		
С	GRAND BALL EXPENSE	12,452.	12,452.		
d	NSF	2,082.	2,082.		
е	All other expenses	6,426.	6,426.	0.550	
25_	Total functional expenses. Add lines 1 through 24e	214,544.	205,881.	8,663.	0.
26	Joint costs. Complete this line only if the organization			ļ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Part	X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		. [46,796.	1	39,301
	2	Savings and temporary cash investments				2	44,711
	3	Pledges and grants receivable, net	-	3			
	4	Accounts receivable, net	150.	4	11,155		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensations					
		Part II of Schedule L		' '		5	
ľ	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	•	•			
		employers and sponsoring organizations of sec					
က္က		employees' beneficiary organizations (see instr).		l'		6	
Assets	7	Notes and loans receivable, net				7	
&	8	Inventories for sale or use			21,939.	8	10,281
	9	Prepaid expenses and deferred charges				9	
.		Land, buildings, and equipment: cost or other	1	ı	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		basis. Complete Part VI of Schedule D	10a	391,275.			
	b	Less: accumulated depreciation	10b	146,691.	253,247.	10c	244,584
.	11	Investments - publicly traded securities		'		11	
ı i	12	Investments - other securities. See Part IV, line		12			
- 1	13	Investments - program-related. See Part IV, line			117,451.	13	
- 1	14	Intangible assets		14			
1	15	Other assets. See Part IV, line 11	i i	425.	15	425	
- 1	16	Total assets. Add lines 1 through 15 (must equ	34)	440,008.	16	350,457	
	17	Accounts payable and accrued expenses		14,366.	17	350,457 32,425	
- 1	18	Grants payable		18			
- 1	19	Deferred revenue		19	***		
	20	Tax-exempt bond liabilities	Ī		20	• • • • • • • • • • • • • • • • • • • •	
	21	Escrow or custodial account liability. Complete	of Schedule D		21		
I.	22	Loans and other payables to current and former		, , , , , , , , , , , , , , , , , , ,			
ig		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L	•	, ,		22	
, ٿ	23	Secured mortgages and notes payable to unrela	ated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelate		·		24	
	25	Other liabilities (including federal income tax, pa		·			
		parties, and other liabilities not included on lines		!			
		Schedule D		, ,	0.	25	321
. ا	26	Total liabilities. Add lines 17 through 25		Ī	14,366.	26	32,746
		Organizations that follow SFAS 117 (ASC 958	3), che	ck here ▶ X and			
တ္သ		complete lines 27 through 29, and lines 33 ar					
Net Assets or Fund Balances	27	Unrestricted net assets			425,642.	27	317,711
ala S	28	Temporarily restricted net assets		. [28	
B	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117 (A					
<u> </u>		and complete lines 30 through 34.					
हु	30	Capital stock or trust principal, or current funds		.		30_	
SS	31	Paid in or capital surplus, or land, building, or ed		ent fund		31	
<u>ا ۲</u>	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances	,		425,642.	33	317,711
	34	Total liabilities and net assets/fund balances			440,008.	34	350,457

Form	990 (2013) TWIN CITIES KREWE OF JANUS, INC.	58-186	1391	Page	₃ 1 <u>2</u>			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			100					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	190	68	3.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,54 3,86				
3	· · · · · · · · · · · · · · · · · · ·							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	425	,64	<u>Z •</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	-84	,07				
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,		215					
	column (B))	10	31	7,71	<u>. 1 •</u>			
Pa	rt XIII Financial Statements and Reporting			r				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>, l</u>	No.			
			-	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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis			1	v			
b	Were the organization's financial statements audited by an independent accountant?		2b	-	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:			1				
	Separate basis Consolidated basis Both consolidated and separate basis			1				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Scho							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit	3a	- 1	х			
Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit	_					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200 /2				
			Form 9	9 9U (2	U13)			

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

➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. ➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

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	itions: Complete Part III			
	ne of organization			Empl	oyer identification number
	TWIN_CI	TIES KREWE OF JA	ANUS, INC.		<u>58-1861</u> 391
P	art I-A Complete if the or	ganization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politi	ical campaign activities	_	
Pa	ort I-B Complete if the or	ganization is exempt un	der section 501(c)	(3).	
1	Enter the amount of any excise tax	incurred by the organization un	ider section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manage	gers under section 495	5 ▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720	o for this year?		Yes No
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV.		der eastion E01/a	avant parties E01/	2)(3)
	art I-C Complete if the or				
_	Enter the amount directly expende		•		
2	Enter the amount of the filing organ exempt function activities	nization's funds contributed to d	otner organizations for s	section 527	
3	Total exempt function expenditures	e Add lines 1 and 2 Enter here	and on Form 1120-POI	•	
Ŭ	line 17b	3. Add lines 1 and 2. Linter here	and on Form 11201 Of		
4	Did the filing organization file Form	1120-POL for this year?		•	Yes No
5	Enter the names, addresses and el made payments. For each organiza contributions received that were pi political action committee (PAC). If	mployer identification number (E ation listed, enter the amount pa comptly and directly delivered to	aid from the filing organ a separate political org	ization's funds Also enter th ganization, such as a separa	e amount of political
					(a) Amount of political
	(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) 2013

LHA 332041

332041 11-08-13

Sched	Jule C (Form 990 or 990-EZ) 2013	rwin	CITIES	KREWE OF J	ANUS, INC.	58-	1861391 Page 2
	II-A Complete if the org	anizatio	on is exer	npt under sectio	n 501(c)(3) and fil	ed Form 5768	
	(election under sec						
A Ch	eck 🕨 🔲 if the filing organizat	ion belon	gs to an affi	lated group (and list in	Part IV each affiliated	group member's nar	me, address, EIN,
	expenses, and share	e of exces	ss lobbying (expenditures).			
B Ch	eck 🕨 🔛 if the filing organizat	ion check	ced box A ar	nd "limited control" pro	ovisions apply.		
	Limit	s on Lob	bying Expe	nditures		(a) Filing	(b) Affiliated group
				nts paid or incurred.)		organization's totals	totals
1 a	Total lobbying expenditures to influ	ence pub	olic opinion (grass roots lobbying)			
b	Total lobbying expenditures to influ	ence a le	gislative boo	dy (direct lobbying)			
С	Total lobbying expenditures (add lii	nes 1a an	d 1b)				
d	Other exempt purpose expenditure	s					
е	Total exempt purpose expenditures	s (add line	es 1c and 1c	0)			
f	Lobbying nontaxable amount. Ente	r the amo	ount from the	e following table in bot	h columns.		
	If the amount on line 1e, column (a) or	r (b) is:	The lob	bying nontaxable am	ount is:		
	Not over \$500,000		20% of	the amount on line 1e.			
	Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.		
	Over \$1,000,000 but not over \$1,5	00,000		0 plus 10% of the exc			
_ F	Over \$1,500,000 but not over \$17,			0 plus 5% of the exce			
ſ	Over \$17,000,000		\$1,000,0	000.			
_							
g	Grassroots nontaxable amount (en	ter 25% c	of line 1f)				
h	Subtract line 1g from line 1a. If zero	or less,	enter -0-				
i	Subtract line 1f from line 1c. If zero	or less, e	enter -0-				
j	If there is an amount other than zer	o on eith	er line 1h or	line 1i, did the organiz	ation file Form 4720		
	reporting section 4911 tax for this	year?					Yes No
				eraging Period Under		-l-AII -d Ab- dive	
					n do not have to comp es 2a through 2f on pa		
				nditures During 4-Yea		.90,	
-		LOD	bying Exper	laitules During 4-1et	Averaging renou	<u></u> .	Т
	Calendar year (or fiscal year beginning in)	(a)	2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a	Lobbying nontaxable amount						
	Lobbying ceiling amount						
_	(150% of line 2a, column(e))						
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `						
c	Total lobbying expenditures						
d	Grassroots nontaxable amount						
	Grassroots ceiling amount						
	(150% of line 2d, column (e))						
f	Grassroots lobbying expenditures			<u> </u>			

Schedule C (Form 990 or 990-EZ) 2013

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)).

f the lobbying activity. 1 During the year, did the filing organization attempt to influence foreign, national, state or			(6)	
4. Durang the year did the filing properties attempt to influence foreign national state or	Yes	No	Amo	ount
1 During the year, did the filing organization attempt to influence foreign, national, state or	,,			
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?		ĺ		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?			_	
e Publications, or published or broadcast statements?				<u>.</u> .
f Grants to other organizations for lobbying purposes?		_		
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			<u> </u>	
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		<u> </u>		
Part III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	tion 501(c)	(5), or se	ection	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2_		X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), sect		3		X
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." 1 Dues, assessments and similar amounts from members		1		
	tical			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	licai			
a Current year		2a]	
b Carryover from last year		2b		
c Total		2c		
		3		
	VCACE	-		_
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political	4	1	
and a state of the				
expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions)		5		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TWIN CITTES KDEWE OF INNIE TNO Employer identification number 5.9_1.861.391

Pa	ti Organizations Maintaining Donor Advised		- Acco	30-1001391
Fa			or Accou	arts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	(a) Donor advised funds	(b) Fus	nds and other accounts
_	Total supplies of and of suppl	(a) Donor advised folids	(0) 1 01	ids 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 wri		sea tunas	
_	are the organization's property, subject to the organization's ex			L Yes L No
6	Did the organization inform all grantees, donors, and donor adv		-	
	for charitable purposes and not for the benefit of the donor or c	onor advisor, or for any other purpose	conterring	
Pa	Impermissible private benefit?) - 4 N/ b 7	Yes No
			an IV, line 7.	<u> </u>
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or edu	· —		
	Protection of natural habitat	Preservation of a cert	ified historic	structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form	of a conserva	ation easement on the last
	day of the tax year.		r	
				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 struct		2c	
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic structi		
	listed in the National Register		<u>2</u> d	<u></u>
3	Number of conservation easements modified, transferred, relea	sed, extinguished, or terminated by the	e organization	n during the tax
	year ▶			
4	Number of states where property subject to conservation easer	ment is located		
5	Does the organization have a written policy regarding the period	dic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it he	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, an			
7	Amount of expenses incurred in monitoring, inspecting, and en			\$
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirements of section 170	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense	statement, a	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	n's financial statements that describes	the organizat	tion's accounting for
· ·	conservation easements.			
Pa	Till Organizations Maintaining Collections of A		ther Simil	ar Assets.
	Complete if the organization answered "Yes" to Form 99			
1a	If the organization elected, as permitted under SFAS 116 (ASC $$			
	historical treasures, or other similar assets held for public exhib	ition, education, or research in furthera	nce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC $$			
	treasures, or other similar assets held for public exhibition, education,	cation, or research in furtherance of pul	blic service, p	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 treasures	ures, or other similar assets for financia	ıl gaın, provid	le
	the following amounts required to be reported under SFAS 116	(ASC 958) relating to these items:		
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.

Schedule D (Form 990) 2013

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<u>Sche</u>	dule D (Form 990) 2013 TWIN CI	TIES KREW	OF	JANUS,	INC.		!	58-18	86139	1 Page 2
Par	fill Organizations Maintaining C	Collections of A	Art, His	torical Tr	easures,	or Other	Simila	ar Asse	ts(contir	nued)
3	Using the organization's acquisition, accessi									
	(check all that apply):									
а	Public exhibition		d 🔲	Loan or exc	hange progr	ams				
b	Scholarly research		e 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	an how ti	hey further tl	he organizatı	on's exem	pt purpo	se in Pai	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er sımılar a	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	inization's co	ollection?			<u>L</u>	Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa	-	lete if the	e organizatio	n answered	"Yes" to F	orm 990	, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other interme	ediary for	contribution	s or other as	sets not in	ncluded			
	on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table:						
									Amount	<u> </u>
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21?						_ Yes	∟ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete	f the organization a	nswered	'Yes' to For	rm 990, Part	IV, line 10	<u></u>			
		(a) Current year	(b) F	nor year	(c) Two yea	rs back (c	1) Three y	ears back	(e) Four	years back
1a	Beginning of year balance				<u> </u>					
b	Contributions		 						-	
C	Net investment earnings, gains, and losses		1							
d	Grants or scholarships		-						ļ	
e	Other expenditures for facilities									
	and programs		 						1	
f	Administrative expenses		<u> </u>		·-·					
9	End of year balance		<u> </u>						L	
2	Provide the estimated percentage of the cur	rent year end balan		g, column (a	ı)) held as:					
a	Board designated or quasi-endowment		%							
þ	Permanent endowment	%								
C	Temporarily restricted endowment	%								
_	The percentages in lines 2a, 2b, and 2c shou	•								
За	Are there endowment funds not in the posse	ession of the organi	zation the	at are held a	nd administe	ered for the	e organiz	ation	Г	<u></u>
	by:									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	-	C-b-	Jula Do					3a(ii)	
_	If "Yes" to 3a(ii), are the related organizations	•							3b	
4 Do.	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		ownent	iulius.						
1 41	Complete if the organization answere		Ω Part I\	/ line 11a S	ee Form 990	Part X lin	ne 10			
					or other		umulate	<u>d</u>	(d) Post	c value
	Description of property	(a) Cost or basis (invest		, , ,	or other (other)	, ,	cumulate eciation	٠	(d) Book	value
10	Land	2003 (11463)			0,804.	Jopi			130	0,804.
	Land Buildings				8,640.	1.	44,95	50 -		3,690.
	Leasehold improvements	<u> </u>		 	-,					-, -, -, -,
	Equipment			 	1,831.		1,74	11.		90.
	Other				_,,	-				
	. Add lines 1a through 1e. (Column (d) must e	agual Form 990. Par	t X. colui	mn (B). line 1	O(c).)			•	24	4,584.

Schedule D (Form 990) 2013

<u>1</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYROLL LIABILITIES	321.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	321.

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

Schedule D (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

Open To Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Name of the organization TWIN CI	TIES KREWE OF JANU	ıs,	INC			Employer ide 58-1861	ntification number 391
	Complete if the organization answe						
Indicate whether the organization raise	sed funds through any of the following Solicitates for Solicitates g X Special	tion of tion of fundra (includerofess	non-g gover alsing ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees o	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co or con contribu	ustody troi 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				
					_ ·-		
			-				
					_		
		 	_				
- Total		L	>				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit of	contrib	utions	or has been notified	it is e	xempt from re	egistration
				- · 			
				<u>.</u>			

332081 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

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

	edu Irt i		e organization answered	"Yes" to Form 990, Par	t IV, line 18, or reported	
		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	events with gross receip	(d) Total events (add col (a) through
9			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
(A)	5	Noncash prizes	<u> </u>			
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li			>	
Pa	rt I	Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
	Γ	\$15,000 on Form 990-EZ, line 6a.		(h) Dull taba (instant		(d) Total compa (odd
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
Revenue	1	Gross revenue	268,415.	316,749.	52,750.	637,914.
ses	2	Cash prizes	261,519.	232,347.	26,533.	520,399.
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses	51,853.			51,853.
	6	Volunteer labor	Yes % X No	Yes % X No	Yes % X No	
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		. •	572,252.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			65,662.
9	Ent	ter the state(s) in which the organization opera	tes gaming activities: L	ıA		
а	is t	he organization licensed to operate gaming ac No,* explain:	tivities in each of these			X Yes No
		ere any of the organization's gaming licenses re Yes," explain:	•		year?	Yes X No
3320	82 09	3-12-13			Schedule G (For	rm 990 or 990-EZ) 2013

Schedule G (Form 990 or 990 EZ) 2013 TWIN CITIES KREWE OF JANUS, INC.	58-1861391 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 X No
13 Indicate the percentage of gaming activity operated in:	
a The organization's facility	13a 9.00 %
b An outside facility	13b 91.00 %
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	cords:
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 If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the a	mount
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 GAM	ING ACTIVITIES
AND WORKS SESSIONS AS MANAGER. HE ALSO FILES ALL LOUIS	
REPORTS.	
X Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	Yes X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spe	ent in the
organization's own exempt activities during the tax year ▶ \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), are	
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instr	uctions).

SCHEDULE O (Form 990 or 990-EZ)

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

TWIN CITIES KREWE OF JANUS, INC.	58-1861391
FORM 990, PART VI, SECTION A, LINE 6:	
EXPLANATION: THE ORGANIZATION HAS MEMBERS WHO APPLIED AND	WERE APPROVED BY
A MEMBERSHIP COMMITTEE.	
FORM 990, PART VI, SECTION A, LINE 7A:	
EXPLANATION: GENERAL MEMBERSHIP ELECTS GOVERNING BODY.	
FORM 990, PART VI, SECTION A, LINE 7B:	
EXPLANATION: ANY ACTION BY THE BOARD IS SUBJECT TO BE OVE	RRIDDEN BY A
QUORUM OF 15 MEMBERS OF THE GENERAL MEMBERSHIP.	
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS	S PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION PROVIDES ITS DOCUMENTS UPON	WRITTEN REQUEST.
THE DOCUMENTS ARE PROVIDED AT THE ORGANIZATION OFFICE AT	AN AGREED UPON
TIME.	
	

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Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property) See separate instructions.

► Attach to your tax return.

Business or activity to which this form relates

990

OMB No 1545-0172

Identifying number

Sequence No 179

TWIN CITIES KREWE OF JANUS, INC. FORM 990 PAGE 10 <u> 58-1861391</u>

	Aximum amount (see instructions)	orty onder occion to	s Note. If you have tally its	itea property, o		1	500,000.
	otal cost of section 179 property pla	ced in service (see	instructions)		•	2	
	reshold cost of section 179 propert	•	· ·	-	•	3	2,000,000.
	eduction in limitation. Subtract line 3	•		•		4	
_	llar limitation for tax year Subtract line 4 from lin		•	e instructions		5	
6	(a) Description of p		(b) Cost (busin		(c) Elected	cost	
		<u> </u>					
							
						-	
7 1	sted property. Enter the amount from	m line 20		7			
	sted property. Enter the amount from		in column (c) lines 6 and			8	
	entative deduction. Enter the smalle	•	in column (c), imes o ano	•		9	
	arryover of disallowed deduction from		112 Form 4562			10	
	usiness income limitation. Enter the			ro) or line 5		11	
	ection 179 expense deduction. Add					12	
	·			▶ 13		12	
	arryover of disallowed deduction to an arryover of disallowed deduction to a dedu			<u> </u>		ļ	
Par	*******			de listed prope	rty 1		
	pecial depreciation allowance for qu	alitied property (oth	er than listed property) p	aced in service	auring	44	
	e tax year	1 .				14	
	operty subject to section 168(f)(1) e	lection				15	8,663
	ther depreciation (including ACRS)	-a iluda bakad au	anatul (Cas instructions	· · · · · · · · · · · · · · · · · · ·		16	0,003
Par	MACRS Depreciation (Do n	ot include listed pr	Section A)			
						17	
	ACRS deductions for assets placed	•				┐ ├ <u>-!-</u>	
18_ If y	ou are electing to group any assets placed in se Section B - Asset		nto one or more general asset acc e During 2013 Tax Year		eral Deprecia	tion Syste	e m
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property	7 1					
	7-year property	7 1					
	10-year property	_					
e	15-year property	_					
_ 	20-year property	_					
_ -	25-year property	_	······	25 yrs.		S/L	
R	20 your property			27.5 yrs.	ММ	S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	 -
		,		39 yrs.	MM	S/L	
i	Nonresidential real property	/		Ja yis.	MM	S/L	
	Section C - Assets		During 2013 Tax Year U	sing the Altern			stem
 20a	Class life		<u></u>	T	1	S/L	
<u>208</u> b	12-year	-		12 yrs.		S/L	
_ _	40-year			40 yrs.	ММ	S/L	
Par		· · · · · · ·	··-	,		<u> </u>	
	sted property. Enter amount from lir					21	
	sted property. Enter amount from itr otal. Add amounts from line 12, lines		on 10 and 20 in column (n) and line 21	•		
	otal. Add amounts from line 12, lines of the there and on the appropriate lines					22	8,663
ᇤ	iter here and on the appropriate line	is or your return. Pa	armeranipa and a corpora	いいいっ こうせき いろい	· .	1 44	

316251 12-19-13 LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

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portion of the basis attributable to section 263A costs

23

ge 2

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Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)						
Note: For an through (c) o	y vehicle for whicl f Section A, all of	n you are using Section B. and	the standard n	nileage rate or de nolicable.	educting leas	se expense, complete only24a, 24b, columns
			OCCION ON W	pr. 000.0.		
Section A				<u> </u>	tructions for	limits for passenger automobiles.)

24a Do you have evidence to s	upport the bu	siness/investment	use claimed?	Yes No	24b If "Y	es," is the	evider	nce writter	1? 🗀] Yes [No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Metho Conver	od/	(h) Deprecia deduct		Elec sectio co	n 179
25 Special depreciation allo	wance for q	ualified listed pro	operty placed in s	ervice during the t	ax year an	d					/
used more than 50% in	a qualified b	usiness use					25				
26 Property used more tha	n 50% in a q	ualified busines:	s use:								
		- %									
		%									
		%									
27 Property used 50% or le	ess in a quali	fied business us	e:								
<u> </u>		%				S/L·	ļ				
		%				S/L·					
		%				S/L·					
28 Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	21, page 1			28				
29 Add amounts in column	• • •	•							29		

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		(a	1)	(t	-	(4	•	(0	•	(4	•	(1	•
30	Total business/investment miles driven during the	Veh	icle	Veh	ıcle	Veh	ıcle	Veh	ıcle	Veh	ııcle	Veh	ncle
	year (do not include commuting miles)												
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year.	ļ)		ļ						ļ	
	Add lines 30 through 32												
34	Was the vehicle available for personal use	Yes	No	Yes	No								
	during off-duty hours?												
35	Was the vehicle used primarily by a more			:									
	than 5% owner or related person?												
36	Is another vehicle available for personal												
	use?					1						l	

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5%

	more of related persons.					
37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No			
	employees?					
38	8 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your					
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners					
39	Do you treat all use of vehicles by employees as personal use?					
40	Do you provide more than five vehicles to your employees, obtain information from your employees about					
	the use of the vehicles, and retain the information received?					
41	Do you meet the requirements concerning qualified automobile demonstration use?					
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.					
	must 1/1 A marking tion					

Part VI Amortization												
(a) Description of costs		(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year						
42	42 Amortization of costs that begins during your 2013 tax year:											
		: [<u>.</u>									
43	Amortization of costs that began before your	43										
44	Total. Add amounts in column (f). See the ins	44										

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