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Change of Accounting Period
Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2015 calendar year, or tax year beginning MAY 1, 2015 and ending JUIN 30.

Inspection

OMB No 1545-0047

	neck if	C Name of organization		D Employer identific	ation number			
Address		S MUTN CIMIEC VDENE OF TANKE THE						
<u> </u>	∫change ⊺Name	TWIN CITIES KREWE OF JANUS, INC.		061201				
<u> </u>	Jchange ∏nitial	Doing business as		361391				
	Jreturn]F₁nal	·	Room/suite	1				
L	return/ termin-	P O BOX 7853			318-388-4916			
_	ated Amende	City or town, state or province, country, and ZIP or foreign postal code			G Gross receipts \$ 23,911.			
<u> </u>	return Applica	MONROE, LA /1211-/653		H(a) Is this a group re				
	Ition pending	Finame and address of principal officer. OBEFH HARIM		for subordinates				
		SAME AS C ABOVE	H(b) Are all subordinates in					
		mpt status 501(c)(3) _X 501(c)(4) ◀ (insert no.) 4947(a)(1)	or 52		list (see instructions)			
		e: ▶ N/A	 	H(c) Group exemption				
		organization X Corporation	L Yea	r of formation: 1983 M	State of legal domicile: LA			
Pa		Summary	TDD O	OLOGOTITMU CULL	TMT TG			
Governance	1 E	Briefly describe the organization's mission or most significant activities PROV	IDE C	OMMUNITY CHA	RITIES			
.uai	2	Check this box if the organization discontinued its operations or dispo	sed of mo	re than 25% of its net as	sets			
ve		Number of voting members of the governing body (Part VI, line 1a)		3	10			
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)		4	7			
ళ	l	Fotal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0			
ıţe]	Fotal number of volunteers (estimate if necessary)		6	0			
Activities &	ŀ	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
ĕ		Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
		vocalionator results and the second s		Prior Year	Current Year			
4.	8	Contributions and grants (Part VIII, line 1h)		149,669.	11,667.			
Revenue	l	Program service revenue (Part VIII, line 2g)	91,697.	346.				
š		investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,129.	598.				
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,585.	4,870.			
		Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)		268,080.	17,481.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	ļ	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ē	1	Total fundraising expenses (Part IX, column (D), line 25)	0.					
Ϋ́	i	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		337,777.	58,952.			
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		337,777.	58,952.			
`	L	Revenue less expenses Subtract line 18 from line 12		-69,697.	-41,471.			
or			E	Beginning of Current Year	End of Year			
Assets or Balances	20	Total assets (Part X, line 16)		421,797.	380,736.			
ASS	21	Total liabilities (Part X, line 26)		104,156.	44,339.			
Net A Fund	22	Net assets or fund balances Subtract line 21 from line 20		317,641.	336,397.			
	art II	Signature Block						
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedul	es and state	ments, and to the best of m	y knowledge and belief, it is			
true [, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepar	er has any knowledge.				
ر ک		Mila		1 -	14-16			
ॢ Sıg	in	Signature of officer		Date				
´He	re	JOSEPH HAKIM, TREASURER						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature	,	Date Check	PTIN			
Pai		ELBERT L. VIA, JR.	1	- 1 4 - 1 6 self-employ				
	parer	Firm's name VIA & VIA, APAC	_ \ 	Firm's EIN	72-0922987			
Use	Only	Firm's address ▶ 1001 NORTH 7TH STREET			441			
		MONROE, LA 71201		Phone no (3				
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No			

Form **990** (2015)

	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission NONE
	— MONE
_	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
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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 \$52,672. including grants of \$) (Revenue \$
	SEASON AND OTHER ACTIVITIES DURING THE YEAR
	(Code) (Expenses \$
	MAKE CHARITABLE CONTRIBUTIONS TO LOCAL OR NATIONAL CHARITIES
	(Code) (Expenses \$ including grants of \$) (Revenue \$
	(Code) (Expenses 5 including grants of 5) (Hevenue 5
	Other program convece (December in Schodule O.)
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)

			Yes	No
	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
	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		v
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
3	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	<u> </u>	-22	_
Ū	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			1
	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	<u> </u>	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, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
р	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	-	X
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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	110	-	
u	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	Х	_==
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		LX.
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	 	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	 	X
14a	· · · · · · · · · · · · · · · · · · ·	14a		X
р				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			.
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	 -	<u> </u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		_v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	-	X
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"	1-	
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	1	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>	T^-	† -
	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,"			1
	complete Schedule G, Part III	19		<u> </u>
		Ear	~ QQN	2016

	990 (2015) TWIN CITIES KREWE OF JANUS, INC. 58-186 **IV Checklist of Required Schedules (continued)	1391	<u>P</u>	age 4
ı- ar	Try Oncomist of Nequilled Continued		Yes	No
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	-	
21	domestic government on Part IX, column (A), line 17 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 or for domestic individuals 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		l	1
	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		}	1
	Schedule K If "No", go to line 25a	24a		X
b	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		<u> </u>
d	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), 501(c)(4), and 501(c)(29) 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	ļ	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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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			1 37
	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)	00-		
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200	 	 ^
C	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		<u> </u>	+
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		†==
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			1
-	Schedule N, Part II	32	1	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	L.	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			T
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	·	1	1
	If "Yes," complete Schedule R, Part V, line 2	_36	 	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	37	1	X

Form **990** 2015)

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

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

Form 990 (2015) TWIN CITIES KREWE OF JANUS, INC.
Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096 Erier O-If not applicable Enter the number of Forms W-2G included in fine 1a Enter O-If not applicable Diff the organization comply with backup withhoding 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, filed for the calendar year ending with or within the year covered by this return if a teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 6 as greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? If Y-Yes, 1 and filed Form 950 or for the year? "If Y'', 5 time 8 did Form 800 or 15,000 or more during the year? If Y-Yes, 1 and filed Form 950 or for the year? "If Y'', 5 time 8 did Form 950 or have an explanate or other authority over, a financial account in a foreign country! Section as bank account, security and a sequential contributions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) See instructions of filing requirements for FinCEN Form 184, Report of Foreign Bank and Financial Accounts (FBAR) By the year of the sar of the foreign country IP- See instructions of filing requirements for FinCEN Form 184, Report of Foreign Bank and Financial Accounts (FBAR) By the year of the sar of the foreign country IP- See instructions of filing requirements for FinCEN Form 184, Report of Foreign Bank and Financial Accounts (FBAR) By the year of the sar of the foreign country IP- See instructions of the degration of the foreign country IP- See instructions of the filing and the year of the year of the sar of the filing and the year of the year of the year of the sar		Check if Schedule O contains a response or note to any line in this Part V			
be Enter the number of Forms W/2G included in line 1s. Enter 0 if not applicable				Yes	No
Description of the programation comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) without payer ending with or within the year covered by this return. 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 3b I'll teleast on as exported on line 2a, old 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). 3b I'll teleast on the see in the see i	1a		T		_
(gambling) wannings to prize winners? 2a Enter the number of employees reported on Form W3, Transinital of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 3b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3c Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3c If Yes, 1 and if tide a form 950 To for the year? If "No, 1 for it 8b, provide an eviplantion in Schedule O 4d 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 bark account, securities account, or other financial account)? 4d If Yes, 1 and it file a form 950 To for the year? If "No, 1 for its 8b, provide an eviplantion in Schedule O 5d If Yes, 2 enter the name of the foreign country (such as a bark account, securities account, or other financial account)? 5d Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shelter transaction? 6d If Yes, 1 on the Sun of St, did the organization file Form 88861? 6d Does the organization shell environment of the very solicitation an express statement that such contributions or gifts were not tax deductible? 6d Did the organization shelt were not tax deductible as charitable contributions under section 170(c). 6d Did the organization environment of the very solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 9d If Yes, 1 did the organization environment in excess of 375 made partly as contribution and partly for goods and services provided or 1 form 3 to 3 for many receive deductible and 1 form 3 form	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 1b if st least one is reported on line 2a, did the organization file all required foderal employment tax returns? Note, if the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a Us the organization have unrested bisuaness gross income of \$10,000 or more during the year? 3a X 3b if 1'ves, 'has if filed a Form 990-T for this year? If 'No,' io fine 3b, provide an explanation or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 3b Was the organization have unrest to FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5b Was the organization and the organization file Form 886-T? 5b Was the organization and pross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions any contributions that were not tax deductible as charitable contributions any contributions that were not tax deductible as charitable contributions and partly for goods and services provided? 5c If 'Yes,' indicate the number of Forms 8862 file duming the year 5d If 'Yes,' indicate the number of Forms 8862 file duming the year 5d If 'Yes,' indicate the number of Forms 8862 file duming the year 5d If 'Yes,' indicate the number of Forms 8862 filed duming the year 5d If 'Yes,' indicate the number of Forms 8862 filed duming the year 5d If 'Yes,' indicate the number of Forms 8862 filed duming the year 6d If 'Yes,' indicate the number of Forms 8862 filed duming the year 7d If 'Yes,' indicate the number of Forms 8862 filed duming the year 8d Portional Province of the year, pay premiums, directly or indirectly, on a personal benefit contract? 7d If the organization received a contribution of care, boats, and paying the year? 8d Portional Province of the year, pay premiums, directly or indirectly, on	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
field for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required for entire than 250. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross mome of \$1,000 or more during the year? 4b If "Yes," has if field a Form 950-FT for this year? If "No." to line 3b, provide an explanation in Schedule O 4c A rany 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, or other financial accountly over, a financial account in a foreign country (such as a bank account, or other financial account) 5c West the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uses the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Wires," ode 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 of a charitable contributions? 6c Wires," 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 notify the donor of the value of the goods or services provided? 8d If "Yes," did the organization reserve a payment in excess of \$75 made partly size anotifiation and partly for goods and services provided to the Form 8822? 8d If "Yes," indicate the number of Forms 8822 filed during the year 9d Did the organization reserved a contribution of qualified milleteution property for which it was required to the Form 8890 as required? 1b If the organization reserved a contribution of cars, boats, arplanes, or other vehicles, did the organ		(gambling) winnings to prize winners?	1c		
b 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 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, "has it filed a Form 990-T for this year? If YNo," to line 3b, provide an explanation in Schedule 0 4c At any time 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 accounts (FBAR) 5b If Yes, "the the name of the foreign country! ➤ See instructions for filing requirements for FinCBN Form 114, Paport of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes, "to line Sair Sb, did the organization that if was or as a parry to a prohibited tax shelter transaction? 5c If Yes, "to line Sair Sb, did the organization that if was or as a parry to a prohibited tax shelter transaction? 5c If Yes, "to line Sair Sb, did the organization file Form 8986-17? 6d Dest the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6d Different than yreceive deductible contributions under section 170(c). 7a Different that may receive deductible contributions under section 170(c). 7b If Yes, "did the organization notify the donor of the value of the goods or services provided? 7c Variable than yreceived additional the year objects of targetise personal property for which it was required to the Form 8282? 6d If Yes, "indicate the number of Forms 8282 filed during the year. 6 but the organization exceived a contribution of qualified intellectual property, and the organization file Form 899 as required? 7d If If the organization have excess business holdings at any time du	2a				
Shote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a If 'Yes, 'has if lied a Form 990°T for the year? If 'NO,' to line 3b, provide an explanation in Schedule O 4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? You have a bank account, securities a count, or other financial account)? 4a X 5b If 'Yes,' enter the name of the foreign country. □ 5ce instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If a was the organization of the organization file Form 8886.17 6c If 'Yes,' to line 5a or 5b, dut the organization file Form 8886.17 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soloid any contributions that were not tax deductible? 6c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If 'Yes,' did the organization set was deductible contributions under section 170(c). 6d If the organization set an amy receive deductible contributions under section 170(c). 6d If the organization set a simple in excess of \$75 made party is a confrabition and party for goods and services provided to the Form 8282? 6d If 'Yes,' indicate the number of Forms 8282 fleid during the year 6d If the organization review a payment in excess of \$75 made party is a confrabition of organization set year. 7a If If the organization review a payment in excess of \$75 made party is a confrabition of the organization set form 8289 as required? 7b If 'Yes,' indicate the number of Forms 8282 fleid during the year 9c If					
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TWIN CITIES KREWE OF JANUS, INC. Form 990 (2015) 58-1861391 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 Check if Schedule O contains a response or note to any line in this Part VI Section 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 10 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. b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Х Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? X 3 X 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 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X a8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c 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 Did the organization have a written document retention and destruction policy? 14 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 Х **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)

Section C. Disclosure

taxable entity during the year?

7 List the states with which a copy of this Form 990 is required to be filed ► NONE

8 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)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

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

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, address, and telephone number of the person who possesses the organization's books and records ► _ JOSEPH HAKIM - 318-338-3172

P O BOX 7853, MONROE, LA 71211

exempt status with respect to such arrangements?

Form 990 (2015)

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TWIN CITIES KREWE OF JANUS, INC.

58-1861391

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	>)			(D)	(E)	(F)
Name and Title	Average	/40	not c	Posi	tıon			Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	is bot	h an	compensation	compensation	amount of
	week	-	er an	dad	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	eord	ᇐ			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	шреп		(** 27 1033 141100)		and related
	below	ıd ual	utto	1	Key employee	est co	<u> </u>			organizations
	line)	횰	lustil	Officer	Key	Highest compensated employee	퉏			
(1) DEBBIE COPLEN	10.00									
CAPTAIN				X	L.,					
(2) STEVE TURNER	10.00									
CAPTAIN	1	<u> </u>	<u> </u>	X				<u> </u>		<u></u>
(3) KEITH JOYNER	10.00]								
CAPTAIN				X						
(4) JOSEPH HAKIM	20.00									
TREASURER		ļ	<u> </u>	X		<u> </u>	<u> </u>			
(5) TENNIE MCFARLIN	4.00]								
SECRETARY			┖	X				<u>.</u>		
(6) NANNETTE WHITE	4.00									
PARLIAMENTARIAN			<u> </u>	X		_				
(7) PAM TISDALE	4.00	1								
BOARD MEMBER AT LARGE		ļ		X		<u> </u>	_	ļ		
(8) DONNA TOLAR	4.00	1		ļ	ļ					
BOARD MEMBER AT LARGE		_		X		\perp	_			
(9) BLAKE LEBLANC	4.00	-	Ì	Ì			Ì			Ì
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Form 99										58-18	<u> 61391</u>	P	age 8
Part V	Outditive Officers, Directors, Trus		ploy	ees,			ghe	st C		es (continued)			
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	tee or director	not c	ss pe	more rson irecto	than is bot or/trus	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC	con con orç ar	(F) stimate mount other opensa rom th ganizat id relat	of ation ie tion ted
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			-										
1b S	ub-total		<u> </u>	<u> </u>	L	<u> </u>	1						
	otal from continuation sheets to Part \	/II, Section A											
2 To	otal (add lines 1b and 1c) otal number of individuals (including but ompensation from the organization	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$10	0,000 of reportable			-
		-		•		•						Yes	No
	id the organization list any former office ne 1a? If "Yes," complete Schedule J for			e, ke	ey er	mplo	oyee	, or	highest compensated (employee on	3		x
	or any individual listed on line 1a, is the s nd related organizations greater than \$1									the organization	4		х
	id any person listed on line 1a receive or							relat	ed organization or indiv	vidual for services	-		
	endered to the organization? If "Yes," con in B. Independent Contractors	mplete Schedu	e J	tor s	<u>uch</u>	per	son				5	<u> </u>	X
	omplete this table for your five highest o									•	ensation	from	
	ne organization Report compensation fo		/ear	enu	iiig v	WILII	OI V	VILLI III	(B)		(C)	
	Name and busines	s address	N	ON	E				Description of	services	Comp	ensatio	on ————
		<u>_</u>											
	otal number of independent contractors 100,000 of compensation from the orgal		not I	imite	ed to	the	ose 1	ste	d above) who received	more than			
532008											Form	990	2015)

	*L VII	Check if Schedule O conta		or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 a	a Federated campaigns	1a					
ion.	b	b Membership dues	1b					
Am Am	С	c Fundraising events	1c					
ia G	d	d Related organizations	1d					
J.S.	е	e Government grants (contributi	ons) 1e					
e ro	f	f All other contributions, gifts, grant	ts, and					
혈美		similar amounts not included abov	/e 1f	11,667.				
Contributions, Gifts, Grants and Other Similar Amounts	g	g Noncash contributions included in lines	1a-1f \$					
<u>0</u> <u>9</u>	h	h Total. Add lines 1a-1f			11,667.			<u> </u>
				Business Code				
<u>i</u>	2 a	a THROW INCOME		711210	346.	346.		
e G	b	b						
S L	c	c						
gra Re	C	d						
Program Service Revenue		e					*	
_		f All other program service reve	nue		346.			
	3	g Total. Add lines 2a-2f Investment income (including	dividende inter	oot and	340.			
	3	other similar amounts)	dividends, inter	est, and	598.	598.		
	4	Income from investment of tax	k-exempt bond :	·		3,0.		
	5	Royalties	cocinpt bond	Diocecus -				
	•	,	(i) Real	(ii) Personal				
	6 a	a Gross rents	(7)	(4) 1 3:001.01				
	b	b Less rental expenses						
	c	c Rental income or (loss)						
	c	d Net rental income or (loss)						
i	7 a	a Gross amount from sales of	(ı) Securities	(ii) Other				
		assets other than inventory						
	Ł	b Less cost or other basis						
		and sales expenses			:			
	C	c Gain or (loss)						
	(d Net gain or (loss)		<u> </u>				
Other Revenue	8 8	a Gross income from fundraising sincluding \$						
ev.		contributions reported on line	1c) See					
er F		Part IV, line 18	a					
贲		b Less direct expenses	t	6,430.				
		c Net income or (loss) from fund	-	<u> </u>	4,870.			4,870.
	9 8	a Gross income from gaming ac	ctivities See			j		
		Part IV, line 19	a					
		b Less direct expenses	t	ــــــا۰				
		c Net income or (loss) from gam	•	<u> </u>				
	10 8	a Gross sales of inventory, less						
	١.	and allowances	a					
	l .	b Less cost of goods sold	t sa of inventors	·				
		C Net income or (loss) from sale		Pusinasa Carla		-		
	11 :	Miscellaneous Revenu		Business Code				
						 		
	l	С						
	İ	d All other revenue				-		
	1	e Total. Add lines 11a-11d		<u> </u>				
	12	<u>-</u>			17,481.	944.	0	4,870.

Form 990 (2015) TWIN CITIES K Part IX Statement of Functional Expenses

<u>560110</u>	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			impiete column (A)	
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	-	·		
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22		·		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<u></u>
4	Benefits paid to or for members				1-11
5	Compensation of current officers, directors,				
	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)				····
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				•
•	section 401(k) and 403(b) employer contributions)			<u> </u>	
9	Other employee benefits Payroll taxes			·	
10	Fees for services (non-employees)			* -	
11	Management				
a	Legal		-		
b	Accounting				
d	Lobbying		***	-	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	11,667.	11,667.		*
13	Office expenses	2,051.		2,051.	
14	Information technology				
15	Royalties	**********			
16	Occupancy	2,785.		2,785.	
17	Travel			****	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1,444.		1 4 4 4	
22	Depreciation, depletion, and amortization	1,444.		1,444.	
23 24	Insurance Other expenses. Itemize expenses not covered				
24	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	990T IRS UNRELATED BUSI	39,316.	39,316.		
b	BANK CHARGES	739.			
С	NSF CHECK	300.			-
d	PARADE EXPENSE	266.	<u> </u>		
е	All other expenses	384.			
25	Total functional expenses. Add lines 1 through 24e	58,952.		6,280.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 136,264. 54,364. Cash · non-interest-bearing 1 119,580. 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 2,737. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8,770. 9,570. Inventories for sale or use 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10a 391,275. basis Complete Part VI of Schedule D 156,798. 235,921. 234,477. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 425. 425. Other assets See Part IV, line 11 15 15 421,797. 380,736. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 43,807. 44,018 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 iabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 321. 25 321. 44,128. 339. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 377,669. 336,397. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

> 380,736. Form **990** (2015)

<u>336,397.</u>

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

377,669

421,797.

33

34

	990 (2015) TWIN CITIES KREWE OF JANUS, INC. 58	<u>-1861391</u>	Pa	ge 12
Par	TXI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)		7,4	
2	Total expenses (must equal Part IX, column (A), line 25)		<u>8,9</u>	
3	Revenue less expenses Subtract line 2 from line 1		1,4	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	37	7,6	<u>69.</u>
5	Net unrealized gains (losses) on investments5			
6	Donated services and use of facilities 6			
7	Investment expenses			
8	Prior period adjustments 8			
9	Other changes in net assets or fund balances (explain in Schedule O)		1	99.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B)) 10	33	6,3	<u>97.</u>
Par	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			Щ.
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	ı		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
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 bas	ıs,		İ
	consolidated basis, or both.		1	1
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the auditorial to the support of the support	lit,		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	ļ	L
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule	0		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single A	Audit		
	Act and OMB Circular A-133?	<u>3a</u>	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required a	audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	1	1

Form **990** (2015)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

2015

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

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

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizati	ons Complete Part III			
	ne of organization	ons complete i ait iii		Emple	oyer identification number
	•	TIES KREWE OF JA	MIS THE		58-1861391
Pa	rt I-A Complete if the organization	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization
					9
4	Provide a description of the organiza	ation's direct and indirect politic	ral campaign activities i	in Part IV	
	Political expenditures	and the direct and mandet point	oar campaign activities i		
	Volunteer hours			•	
3	Volunteer flours				
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)	(3).	
1	Enter the amount of any excise tax i	ncurred by the organization un	der section 4955	▶\$	
2	Enter the amount of any excise tax i	ncurred by organization manag	ers under section 4955	▶ \$	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4 a	Was a correction made?				Yes No
	of "Yes," describe in Part IV				
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c)	, except section 501(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities > \$	
2	Enter the amount of the filing organi	zation's funds contributed to o	ther organizations for so	ection 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures	Add lines 1 and 2 Enter here	and on Form 1120-POL		
	line 17b			▶\$	
4	Did the filing organization file Form	1120-POL for this year?			└── Yes └── No
5	Enter the names, addresses and en	iployer identification number (E	IN) of all section 527 po	olitical organizations to which	h the filing organization
	made payments For each organization	•	~ -		•
	contributions received that were pro	• •		•	te segregated fund or a
	political action committee (PAC) If	additional space is needed, pro	vide information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lulius il none, enter -o-	delivered to a separate
					political organization
					If none, enter -0-
				-	
			1		
				 	
					

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

Schedule C (Form 990 or 990-EZ) 2015

LHA 532041 10-05-15

Schedule C (Form 990 or 990 EZ) 2015	T.M.T.N.	CITIES	KREWE OF	IANUS, INC.	58-:	<u>1861391 Page 2</u>
Part II-A Complete if the org	anızatıc	ın ıs exer	npt under section	on 501(c)(3) and file	ed Form 5768 (election under
section 501(h)).				B		
				n Part IV each affiliated (group member's nai	ne, address, EIN,
expenses, and share		, ,				
B Check I if the filing organizat	ion check	ed box A ar	nd "limited control" pr	ovisions apply		
Limit	s on Lobi	oying Expe	nditures		(a) Filing	(b) Affiliated group
(The term "expend	litures" m	eans amou	ints paid or incurred	.)	organization's totals	totals
		. ,				-
1a Total lobbying expenditures to influ	•		,	-		·
b Total lobbying expenditures to influ		-	ly (direct lobbying)	-		
c Total lobbying expenditures (add lii		d 1b)		_		ļ
d Other exempt purpose expenditure	es			L		
e Total exempt purpose expenditure:			•	L		
f Lobbying nontaxable amount Ente	r the amo	unt from the	e following table in bo	th columns		
If the amount on line 1e, column (a) o	r (b) is:		bying nontaxable an			
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 ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	9 \$225,000 plus 5% of the excess over \$1,500,000				
Over \$17,000,000		\$1,000,	000			
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a If zero	o or less, e	enter -0-				
i Subtract line 1f from line 1c If zero	or less, e	nter -0-				
J If there is an amount other than ze	ro on eithe	er line 1h or	line 1i, did the organiz	zation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations th		a section 5	eraging Period Unde 01(h) election do not ate instructions for l	t have to complete all o	f the five columns	below.
	Lobi	oying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year						
(or fiscal year beginning in)	(a)	2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures				-		
d Grassroots nontaxable amount				 		
e Grassroots ceiling amount						
(150% of line 2d, column (e))					<u> </u>	
f Creenroots labbums expenditures						

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 TWIN CITIES KREWE OF JANUS, INC. 58-1861391 Page 3 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)).

or ea	ch "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	lobbying activity.	Yes	No	No Amou	
1	During the year, did the filing organization attempt to influence foreign, national, state or	 			
	ocal legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of				
а	/olunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?			_	
_	Direct contact with legislators, their staffs, government officials, or a legislative body?			_	
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?	<u> </u>		_	
-	Total Add lines 1c through 1i	-			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-	
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	5047	\(\frac{1}{2}\)		
Pan	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	ion sui(c)(5), or se	ction	
	301(0)(0).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		T 1	X	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3		X
1	answered "Yes." Dues, assessments and similar amounts from members		1		
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical			
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	'	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	excess			_
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	•	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	IV Supplemental Information		···	<u> </u>	~
>rovi	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro	up list), Part	II-A, lines 1	and 2 (see	
	ctions), and Part II-B, line 1 Also, complete this part for any additional information	-p,, · ·	,		
_				 	
			_		

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

Complete if the organization answered "Yes" on 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.

2015
Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number TWIN CITIES KREWE OF JANUS, INC 58-1861391 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 3 Aggregate value of 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? Conservation Easements. Complete if the organization answered "Yes" on 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 a 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear > Number of states where property subject to conservation easement is located 5 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, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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 conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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) Revenue included on 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 Revenue included on 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) 2015

		<u> </u>							<u>61391</u>	
Par	III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	r Othe	r Simila	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	are a sı	gnificant	use of its	collection i	tems
	(check all that apply)									
а	Public exhibition	d	L	oan or excl	hange progran	ns				
b	Scholarly research	е		Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exer	npt purpo	se in Par	t XIII	
5	During the year, did the organization solicit or	r receive donations o	of art, his	storical treas	sures, or othe	r sımılar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgar	nization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered "\	Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21								
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for d	contribution	s or other ass	ets not	ıncluded			
	on Form 990, Part X?								Yes	No No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
									Amount	
С	Beginning balance						1c			
	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	escrow or cu	ustodiał accou	ınt lıabıl	litv?		Yes	☐ No
	If "Yes," explain the arrangement in Part XIII						-			
Par										
		(a) Current year		rior year	(c) Two years			years back	(e) Four y	ears back
1a	Beginning of year balance	<u> </u>	\-/-		107 7		(4)	, 00, 0 2 00.	(0) (00.)	
h	Contributions					1	_	·		
	Net investment earnings, gains, and losses				 					
٦	Grants or scholarships									
u	Other expenditures for facilities				 					
-	·									
_	and programs								 	
	Administrative expenses				 				-	
g	End of year balance	rent year and halane	o (lino 1	a column () hold as				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balant	%	g, column (a	a)) Held as					
a	Board designated or quasi-endowment									
-	Permanent endowment									
С	Temporarily restricted endowment	%								
•	The percentages on lines 2a, 2b, and 2c sho	·		- A				4		
Зa	Are there endowment funds not in the posse	ession of the organiz	ation the	at are neid a	ina administer	ea for t	ne organi	zation	Г	
	by									res No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations	-4							3a(iı)	-
D	If "Yes" on line 3a(ii), are the related organization				,				_3b	
4_	Describe in Part XIII the intended uses of the		owment	tunds						
Pa	t VI Land, Buildings, and Equipm		O D-+ 1		0 5 - 000	.	1 40			
	Complete if the organization answere									
	Description of property	(a) Cost or o			t or other		ccumulat	L L	(d) Book	value
		basis (invest	ment)	-	(other)	ae	preciation	1	4 2 2	004
	Land	<u> </u>			30,804.		155 2	-		,804.
b	Buildings			25	58,640.		<u> 155,0</u>	108.	103	,632.
С	Leasehold improvements				1 004	_		100		
	Equipment	<u> </u>		<u> </u>	1,831.		1,7	90.		41.
	Other			1						
Tota	I. Add lines 1a through 1e (Column (d) must (equal Form 990. Par	ווולסס אד	mn (R) line	70C)				フマム	477

Schedule D (Form 990) 2015

532053 09-21-15

Part XI Reconciliation of Revenue per Audited Final		58-1861391 Page
Complete if the organization answered "Yes" on Form 990		e per neturn.
Total revenue, gains, and other support per audited financial state		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d	<u> </u>	
3 Subtract line 2e from line 1		2e
4 Amounts included on Form 990, Part VIII, line 12, but not on line	1	3
a Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b	40	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Pa	art I line 12)	5
Part XII Reconciliation of Expenses per Audited Fina		
Complete if the organization answered "Yes" on Form 990	•	335 ps. 11 34 1111
Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, F	Part I, line 18)	5
lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part t	o provide any additional information	
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		·
532054 09-21-15		Schedule D (Form 990) 20:

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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.

m990. Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

Name of the organization						Employer ide	ntification number
	<u> FIES KREWE OF JANU</u>					58-1861	
Part I Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 1	7 Form 990-E2	I fiers are not
Indicate whether the organization raise a	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursi	ion of ion of fundra (includ	non-go goveri ising of ling of onal f	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
			-				
	4						
			-				
	<u> </u>	 					
					<u> </u>		
			<u> </u>		-		
Total			>		<u> </u>		
3 List all states in which the organization or licensing	on is registered or licensed to solicit	contrib	oution	s or has been notifie	d it is	exempt from	registration
				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	<del></del>				··		
		-					
	<del></del>						·
				<del></del>			

Т		of tilingraiging avent contributions and	aross income on Form 000	.F7 Ince 1 and 6h 1 ict a	wante with arose rocor	ate areater than &E AAA
	of fundraising event contributions and gr		(a) Event #1 TEXAS	(b) Event #2	(c) Other events  NONE	(d) Total events (add col (a) through
			HOLD 'EM (event type)	(event type)	(total number)	col (c))
	1	Gross receipts	11,300.			11,300.
2	2	Less Contributions				
13	3	Gross income (line 1 minus line 2)	11,300.		· · · · · · · · · · · · · · · · · · ·	11,300
4	4	Cash prizes	6,299.			6,299
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	9	Entertainment Other direct expenses	131.			131
		Direct expense summary Add lines 4 through	=		<b>&gt;</b>	6,430
'ar		Net income summary Subtract line 10 from II Gaming. Complete if the organization	n line 3, column (d) on answered "Yes" on Forn	1 990, Part IV, line 19, or	reported more than	4,870
_ _		\$15,000 on Form 990-EZ, ine 6a	<del></del>			
200			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c)
					· · · · · · · · · · · · · · · · · · ·	
+	1	Gross revenue				
		Gross revenue  Cash prizes				
- Appropria						
- Appropria	2	Cash prizes				
השפתו באספווספים	2	Cash prizes  Noncash prizes				
Decorporation of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	2 3 4	Cash prizes  Noncash prizes  Rent/facility costs	Yes%	Yes % No	Yes %	
מפני בער בארטיים	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses	No No			
מפני בער בארטיים	2 3 4 5	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 thro	ugh 5 in column (d)			
a a	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 thro  Net gaming income summary Subtract lines the state(s) in which the organization counter organization licensed to conduct gaming	ugh 5 in column (d)  e 7 from line 1, column (d)  nducts gaming activities I g activities in each of these	No No		X Yes N
a a	2 3 4 5 6 7 8	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 thro  Net gaming income summary Subtract lines the state(s) in which the organization co	ugh 5 in column (d)  e 7 from line 1, column (d)  nducts gaming activities I g activities in each of these	No No		
a b Da	2 3 4 5 6 7 8 En ls '	Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary Add lines 2 thro  Net gaming income summary Subtract lines the state(s) in which the organization counter organization licensed to conduct gaming	No  ugh 5 in column (d)  ie 7 from line 1, column (d)  inducts gaming activities I  g activities in each of these  is revoked, suspended or t	No No A A A A A A States?	No ►	

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2015 TWIN CITIES KREWE OF JANUS, INC. 58-	<u> 1861391</u>	. Page <b>3</b>
11	Does the organization conduct 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 conducted in		
а	The organization's facility		.00 %
	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 records		
	Name ▶ MARY MIGNON MICHAUD		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	of f "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	: If "Yes," enter name and address of the third party		
	Name .		
	Address		···
16	Gaming manager information		
	Name ▶ DEBBIE COPELAND		
	Gaming manager compensation > \$		
	Description of converse provided & MEMBER MUO CCUEDINEC AND OVERCERC CANTING A	OMT177M1	· FG
	Description of services provided MEMBER WHO SCHEDULES AND OVERSEES GAMING A AND WORKS SESSIONS AS MANAGER. HE ALSO FILES ALL LOUISIANA		.ES
	REPORTS.	SAMIING	
	REPORTS.		
	X Director/officer Employee Independent contractor		
17	Mandatory distributions		
á	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
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III,	lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable Also provide any additional information (see instructions)		·
			<u>-</u>
_			<del></del> -
_			<del></del> -
_			

Schedule G (Form 990 or 990-EZ) 2015

532083 09-14-15

### **SCHEDULE O**

'(Form 990 or 990-EZ)

Name of the organization

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection Employer identification number TWIN CITTES KREWE OF JANUS 58-1861391

TWIN CITIES REWE OF URNOS, INC. 58-1861391
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WHO APPLIED AND WERE APPROVED BY A MEMBERSHIP
COMMITTEE.
FORM 990, PART VI, SECTION A, LINE 7A:
GENERAL MEMBERSHIP ELECTS GOVERNING BODY.
TODA COO DADE UT GEGETON A LINE 7D.
FORM 990, PART VI, SECTION A, LINE 7B:
ANY ACTION BY THE BOARD IS SUBJECT TO BE OVERRIDDEN BY A QUORUM OF 15
MEMBERS OF THE GENERAL MEMBERSHIP.
FORM 990, PART VI, SECTION B, LINE 11:
THE FORM 990 IS PROVIDED TO THE BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION PROVIDES ITS DOCUMENTS UPON WRITTEN REQUEST. THE DOCUMENTS
ARE PROVIDED AT THE ORGANIZATION OFFICE AT AN AGREED UPON TIME.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
ADJUSTMENT 199.