

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments | 41,052 | 22 38,085 |
| 23 Land and buildings | 0 | 23 0 |
| 24 Other assets (describe in Schedule O) | 353 | 24 353 |
| 25 Total assets | 41,405 | 25 38,438 |
| 26 Total liabilities (describe in Schedule O) | 0 | 26 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 41,405 | 27 38,438 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Cultural Heritage, Education and Awareness
 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

| | | |
|--|------------|--------|
| 28 Mardi Gras ball celebrates the pageantry and cultral history of the Mardi Gras tradition 500 people benefit from this program a year. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 28,720 |
| 29 Mardi Gras parades promote awareness of the rich cultral heritage of the Mardi Gras tradition 35000 people benefit this year from two parades. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | 14,360 |
| 30 The organization awards scholarships to local high school seniors to attend college and provides donations to local nonprofit organizations Two scholarships and three grants were awarded this year. (Grants \$ 2,505) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | 2,505 |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) | 32 | 45,585 |

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------|--|--|---|--|
| James King Director | 2 | 0 | 0 | 0 |
| Brian Lord Director | 5 | 0 | 0 | 0 |
| Delores Moses Director | 5 | 0 | 0 | 0 |
| Sylvia Marengo Director | 2 | 0 | 0 | 0 |
| Kathleen Talley Director | 2 | 0 | 0 | 0 |
| Cecile Scaldone Director | 2 | 0 | 0 | 0 |
| Michael Moses President | 3 | 0 | 0 | 0 |
| Bobby Olson Vice President | 3 | 0 | 0 | 0 |
| Patty Ferguson Secretary | 3 | 0 | 0 | 0 |
| Michael Schlett Treasure | 5 | 0 | 0 | 0 |
| | | 0 | 0 | 0 |
| | | 0 | 0 | 0 |

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V

| | | Yes | No |
|-----|---|-----|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | ✓ |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | ✓ |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | ✓ |
| b | If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | |
| 35b | | | |
| 35c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | ✓ |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | ✓ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ | | |
| b | Did the organization file Form 1120-POL for this year? | | |
| 37b | | | |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | ✓ |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____ | | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 39a _____ | | |
| b | Gross receipts, included on line 9, for public use of club facilities 39b _____ | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____ | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | ✓ |
| 40b | | | |
| c | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | |
| d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | | ✓ |
| 40e | | | |
| 41 | List the states with which a copy of this return is filed ▶ MS | | |
| 42a | The organization's books are in care of ▶ Michael Schlett Telephone no. ▶ (228) 297-5766 Located at ▶ 4007 Searle Ave, Gulfport MS ZIP + 4 ▶ 39507 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | Yes | No |
| 42b | | | ✓ |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ _____ | | ✓ |
| 42c | | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ 0 | | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| 44a | | | |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | | ✓ |
| 44b | | | |
| c | Did the organization receive any payments for indoor tanning services during the year? | | ✓ |
| 44c | | | |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | |
| 44d | | | |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | ✓ |
| b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | | ✓ |
| 45b | | | |

| | | | |
|----|--|-----|-------------------------------------|
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | Yes | No |
| | | 46 | <input checked="" type="checkbox"/> |

Part VI Section 501(c)(3) organizations only.

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | | | |
|-----|--|-----|--|
| 47 | 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 | Yes | No |
| | | 47 | |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| | | b | If "Yes," was the related organization a section 527 organization? |
| 49b | | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

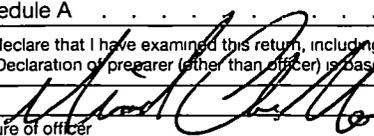
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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 Here |  | Date |
| | Signature of officer | 11-13-18 |
| | Michael Chase Moses, President | |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|---|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no | | | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col (a) through col (c)) |
|--|---|---|--|-------------------------------|--|
| | | <u>Dinner & Dance</u> (event type) | <u>Sales/Fishing Rodeo</u> (event type) | <u>None</u> (total number) | |
| Revenue | 1 Gross receipts | 14058.43 | 5623.67 | 0 | 19682.10 |
| | 2 Less: Contributions | 0 | 0 | 0 | 0 |
| | 3 Gross income (line 1 minus line 2) | 14058.43 | 5623.67 | 0 | 19682.10 |
| Direct Expenses | 4 Cash prizes | 2650 | 0 | 0 | 2650 |
| | 5 Noncash prizes | 0 | 0 | 0 | 0 |
| | 6 Rent/facility costs | 1000 | 0 | 0 | 1000 |
| | 7 Food and beverages | 997.49 | 0 | 0 | 997.49 |
| | 8 Entertainment | 300 | 0 | 0 | 300 |
| | 9 Other direct expenses | 845.35 | 224.63 | 0 | 1069.98 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 6017.47 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | 13664.63 | |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (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 | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | |

- 9** Enter the state(s) in which the organization conducts gaming activities: MS
- a** Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b** If "No," explain: Organization has checked with local officials and do not have to register for this activity.
-
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

Krewe of Gemini

Employer identification number

72-1391370

Form 990-EZ, Part I, Line 16 Other Expenses: Supplies: 77.13

Form 990-EZ, Part I, Line 16 Other Expenses: Insurance for Parade and Building: 5308.52

Form 990-EZ, Part I, Line 16 Other Expenses: Post Office and Bank Fees: 105.00

Form 990-EZ, Part I, Line 16 Other Expenses: Tickets and Supplies for Social Event: 896.49

Form 990-EZ, Part I, Line 16 Other Expenses: Fish Fry and General Meeting Supplies: 654.75

Form 990-EZ, Part I, Line 16 Other Expenses: Program Expense: Beads and Bling for Parade: 7024.35

Form 990-EZ, Part I, Line 16 Other Expenses: Program Expense: Food and Beverages for Parade Brunch: 1385.17

Form 990-EZ, Part I, Line 16 Other Expenses: Program Expense: Consumable Supplies for Parade: 2273.31

Form 990-EZ, Part I, Line 16 Other Expenses: Program Expense: Consumable Supplies for Mardi Gras Ball: 6816.13

Form 990-EZ, Part I, Line 16 Other Expenses: Program Expense: Food for Mardi Gras Ball: 6196.69

Form 990-EZ, Part I, Line 16 Other Expenses: Program Expense: Venue, Shuttle, and Rentals for Mardi Gras Ball: 13872.75

Form 990-EZ, Part I, Line 20, Other Assets: Inventory Adjustment: 353.00

Form 990-EZ, Part II, Line 24, Other Assets: Auction Inventory: Beginning of Year: 353.00, End of Year: 353.00

