Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2018

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

to www.irs.gov/Form990FZ for instructions and the latest information.

Open to Public Inspection

		nue Service		missone for mistraction				VV	
A For the 2018 calend		2018 calend	ar year, or tax year beginning	01 July	, 2018,	and ending) June	, 20 19
B Check if applicable			C Name of organization		<u> </u>	<u> </u>	D Emple	oyer identific	cation number
	Address cl	hange	Krewe of Gemini					72-139	1370
닏	Name change		Number and street (or P O box, if mail is r	not delivered to street add	ess)	Room/suite	E Telep	hone number	•
=	Initial retur		4007 Searle Avenue					(228) 54	1-4744
=	Amended	n/terminated	City or town, state or province, country, ar	nd ZIP or foreign postal co	de	ſΛU		p Exemption	on
=	Application		Gulfport, MS 39507			<u></u>	Num	ber 🕨	
G /	Account	ing Method	✓ Cash	ecify) 🕨		Н	Check >	▶	organization is not
i V	Vebsite	:► www.	kreweofgeminigulfport.com				required	to attach S	Schedule B
J T	ax-exem	npt status (che	eck anly one) — 501(c)(3) 🗸 501(c) (4) ◀ (insert no.) [4947(a)(1) o	r □527	(Form 99	90, 990-EZ,	or 990-PF)
		organization		Association					
			7b to line 9 to determine gross receipt		\$200,000 or 1	more, or if tota	ıl assets		
(Pa	rt II, colı	umn (B)) are \$	\$500,000 or more, file Form 990 instea	d of Form 990-EZ	•			▶ \$	73,888
P	art I	Revenu	e, Expenses, and Changes in	Net Assets or Fu	ind Balanc	es (see the	instruc	tions for	Part I)
		Check If	the organization used Schedule	O to respond to an	y question	in this Part I			🗸
	1	Contributio	ons, gifts, grants, and similar amou	unts received				1	19,459
	2	Program s	ervice revenue including governme	ent fees and contrac	ts		[2	32,902
	3	Membersh	ip dues and assessments				[3	0
	4	Investment	t income				[4	211
	5a	Gross amo	ount from sale of assets other than	inventory	. 5a		0		
	b	Less: cost	or other basis and sales expenses	S	. 5b		0		
	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c 0							
	6	Gaming and fundraising events:							
	а	Gross inc	ome from gaming (attach Sche	edule G if greater	than				
ĭe		\$15,000)			• 6a		495		
Revenue	b	<u></u>							
Re		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 20,822							
		sum of suc	ch gross income and contributions	s exceeds \$15,000) .	· 6b		20,822		
	С		ct expenses from gaming and fund		. 6с	<u> </u>	5,028		
	d		e or (loss) from gaming and fund	draising events (add	lines 6a an	d 6b and su	btract		
		line 6c) .				,		6d	16,289
	7a	Gross sale	s of inventory, less returns and all	owances	. <u>7a</u>		0		
	ь		of goods sold		. 7b		0		
	С	•	fit or (loss) from sales of inventory	(Subtract line 7b fror	n line 7a) .	<u> </u>		7c	0
	8		nue (describe in Schedule O) .		REC	EIVED_	· [·]	8	0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7	c, and 8	1120		1ယ္က▶	9	68,860
	10		d similar amounts paid (list in Sche		2	nine na	181	10	2,300
	11		aid to or for members		. УОИ.	2.0 2019	0-SX	11	0
es	12	Salaries, o	ther compensation, and employee	e benenis j.	· · · · · · · ·		기짜	12	0
Expenses	13	Profession	al fees and other payments to ind	ependent contractor	s · OGU	rena, U F		13	0
ğ	14	Occupanc	y, rent, utilities, and maintenance	.				14	3,134
Ú	1 .0	O	ublications, postage, and shipping				-	15	2,148
	16		enses (describe in Schedule O) .					16	58,142
_	17	Total expe	enses. Add lines 10 through 16 .	<u> </u>		· · ·	. ▶	17	65,725
ţ	18		(deficit) for the year (Subtract line				· .;	18	3,135
Net Assets	19		s or fund balances at beginning o						
As			ar figure reported on prior year's re					19	38,085
ļet	20		nges in net assets or fund balance					20	0
~	21	Net assets	or fund balances at end of year.	Combine lines 18 thr	ouah 20 🗼 .		. ▶	21	41.220

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2018)



	t II Balance Sheets (see the instructions f	or Part III				:
	Check if the organization used Schedule		nv auestion in this	Part II		·
	C.1001. II. II. Organization about Contoadio	c .sopo,ia to ai	., 445545171114116	(A) Beginning of year	i i	(B) End of year
22	Cash, savings, and investments			38,085	22	41,220
23	Land and buildings		[23	(
24	Other assets (describe in Schedule O)		[24	
25	Total assets		[38,085	25	41,220
26	Total liabilities (describe in Schedule O) .				26	
27	Net assets or fund balances (line 27 of column			38,085	27	41,220
Part		•		•		Expenses
\	Check if the organization used Schedule is the organization's primary exempt purpose?	'	· ·		(Red	quired for section
	, , , , ,			-		(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			_	anizations, optional for ers.)
28	Mardi Gras ball celebrates the pageantry and cultral	heritage of the Mardi	Gras tradition. 500	people benefit		
	from this program a year.					
	·	includes foreign gra			28a	39,309
	Mard Gras parades promote awareness of the rich cu					
	benefited this year from two parades					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗇	29a	16,337
	The organization awards scholarships to local high s					10,00
	to local nonprofit organizations Two scholarships a					
	· · · · · · · · · · · · · · · · · · ·	ıncludes foreign gra	ints, check here .	▶ 🗆	30a	2,300
	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ Џ	31a	1
Part	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key				32	1 . 07,040
Fall	Check if the organization used Schedule			•	nstru	ctions for Part IV)
	Official title organization used confedure	(b) Average	(c) Reportable	(d) Health benefits,		<u> L</u>
				(o) Health benefits,		
	(a) Name and title	hours per week	compensation	contributions to employ		
	(a) Name and title		compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and) Estimated amount of other compensation
Jame	(a) Name and title	hours per week	(Forms W-2/1099-MISC	contributions to employ benefit plans, and		
	s King	hours per week	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and		
Direc	s King	hours per week devoted to position	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	n C	
Direc Delor Direc	es King tor res Moses tor	hours per week devoted to position	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	n C	
Direc Delor Direc Sylvia	s King tor es Moses tor a Marengo	hours per week devoted to position 2	(Forms W ⁻ 2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0 0	
Direct Delor Direct Sylvia Direct	s King tor es Moses tor a Marengo tor	hours per week devoted to position	(Forms W ⁻ 2/1099-MISC (if not paid, enter -0-	contributions to employ benefit plans, and deferred compensatio	0	
Direct Direct Sylvia Direct Jasor	es King tor es Moses tor a Marengo tor n Bell	hours per week devoted to position 2 5	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	0 0	
Directorial Direct	tor res Moses tor a Marengo tor n Bell	hours per week devoted to position 2	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	0 0	
Directoric	is King tor res Moses tor a Marengo ttor n Bell ttor	hours per week devoted to position 2 5	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	0 0	
Directoric Directoric Directoric Directoric Directoric Michael Directoric Dir	es King tor res Moses tor a Marengo ttor n Bell ttor ael Moses	hours per week devoted to position 2 5	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	0 0	
Direct Delor Direct Sylvia Direct Jasor Direct Micha Presid	s King tor tes Moses tor a Marengo tor n Bell tor ael Moses dent	hours per week devoted to position 2 5	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensatio	0 0	
Directorial Direct	es King tor res Moses tor a Marengo ttor n Bell ttor ael Moses	hours per week devoted to position 2 5 2 3	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0	
Director Director Director Director Director Michael Bobb Vice I	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent by Olson President a Everitt	hours per week devoted to position 2 5 2 3	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0	
Directory Delor Directory Directory Directory Michael Presult Bobb Vice I Sheila	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent by Olson President a Everitt	hours per week devoted to position 2 5 2 3 4	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0	
Directory Delor Directory Directory Jasor Directory Micha Presid Bobb Vice I Sheila Secre	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent ey Olson President a Everitt etary ael Schlett	hours per week devoted to position 2 5 2 3 4	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0	
Directory Delor Directory Directory Jasor Directory Micha Presid Bobb Vice I Sheila Secre	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent ey Olson President a Everitt etary ael Schlett	hours per week devoted to position 2 5 2 3 4 4	(Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Directory Delor Directory Directory Jasor Directory Micha Presid Bobb Vice I Sheila Secre	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent ey Olson President a Everitt etary ael Schlett	hours per week devoted to position 2 5 2 3 4 4	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Directory Delor Directory Directory Jasor Directory Micha Presid Bobb Vice I Sheila Secre	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent ey Olson President a Everitt etary ael Schlett	hours per week devoted to position 2 5 2 3 4 4	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Directory Delor Directory Directory Directory Michael Presult Bobb Vice I Sheila	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent ey Olson President a Everitt etary ael Schlett	hours per week devoted to position 2 5 2 3 4 4	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Directory Delor Directory Directory Jasor Directory Micha Presid Bobb Vice I Sheila Secre	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent ey Olson President a Everitt etary ael Schlett	hours per week devoted to position 2 5 2 3 4 4	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Directory Delor Directory Directory Jasor Directory Micha Presid Bobb Vice I Sheila Secre	es King tor es Moses tor a Marengo tor n Bell tor ael Moses dent ey Olson President a Everitt etary ael Schlett	hours per week devoted to position 2 5 2 3 4 4	(Forms W-2/1099-MISO (if not paid, enter -0-)	contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	

Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			_
•	Instructions for Part v.) Check if the organization used Schedule O to respond to any question in this	s Pari	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	33		√
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)?	35a		√
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		•
c	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	35c		✓
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	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		<u> </u>	
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? .	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		✓
С	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			
е	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		228)29	7-576	6
	Located at ► 4007 Searle Ave, Gulfport MS ZIP + 4 ►	39	507	
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)?	42b	Yes	No ✓
	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).			
С	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 and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
			Yes	No
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		√
С	Did the organization receive any payments for indoor tanning services during the year?	44c		1
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			
45-	·	44d		
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	Form 990-FZ See instructions	45h		7

Page	4

Form **990-EZ** (2018)

								Yes	i No
		ne organization engage, directly or ir			on behalf of	or in opposi	tion 🏣		
	to car	ndidates for public office? If "Yes," o	complete Schedule C	, Part I			. 46	6	1
Part V	7 1.	Section 501(c)(3) Organizations	s Only						
		All section 501(c)(3) organization	s must answer que	stions 47-49b an	d 52, and	complete th	e tables	for lir	nes
		50 and 51.							
		Check if the organization used Scl	nedule O to respond	I to any question in	n this Part \	/I .			. П
				, ,				Yes	No
47	Did th	ne organization engage in lobbying	activities or have a	section 501(h) elec	tion in effec	ct during the	tax		
	year? If "Yes," complete Schedule C, Part II						. 47	7	
	•	organization a school as described in		•	e Schedule	E	<u> </u>	-	
		ne organization make any transfers to							+
		s," was the related organization a se		_			49	_	1-
		blete this table for the organization's							nd kay
		byees) who each received more than							
	empi	byces) who each received more than				alth benefits,	C, Critci	110110	
	/a\	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribution	ns to employee	(e) Estima	ated amo	ount of
	(a)	Name and title of each employee	devoted to position	(Forms W-2/1099-MIS		ns, and deferred	other c	ompensa	ation
			··-·	, , ,	com	pensation			
				-					
f	Total	number of other employees paid ov	er \$100,000	. •		_			
		olete this table for the organization'			nt contract	ors who each	n receive	d mor	e thar
	\$100,	000 of compensation from the orga	nization. If there is no	one, enter "None."					
	(a)	Name and business address of each independ	lent contractor	(b) Type of s	ervice	(c) Compens	ation	
	·			(-, -, -, -, -, -, -, -, -, -, -, -, -, -					
			· ·	-					İ
]					
				1					
						*			
				1					
d	Total	number of other independent contra	actors each receiving	over \$100,000	•				
		the organization complete Schedu	-		nanizations	must attack	h a		
		pleted Schedule A	ilo A: Note: All se					es 🗹	Nο
	<u>-</u>	of perjury, I declare that I have explined this	urn including accompan	vina schodulos and state	monte and to	the best of my ki			
		of perjury, I declare that I have exhimted this discomplete. Declaration of pregion (other than	Turn, including accompan officer) is based on all info	ormation of which prepar	er has any kno	wledge	nowieuge a	iiu belle	i, il 15
-		Meel & Idea			<u> </u>	11_14	-/6		
Sign		Signature of officer				Date	-17		
					•	Juli			
Here		Michael Chase Moses, President Type or print name and title	· · · · · ·				•		-
			Propagar's suggestive		Date	<u> </u>	DTIN		
Paid		Print/Type preparer's name	Preparer's signature		Date	Check	ıf PTIN	ı	
Prepa	arer					self-emplo	yed		
Use C		Firm's name ▶				Firm's ElN ▶			
		Firm's address ▶				Phone no			
May th	e IRS	discuss this return with the prepare	shown above? See	instructions		<u> </u>	✓ Ye	es 🗌	No

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Internal Revenue Service Employer identification number Name of the organization Krewe of Gemini Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. e Solicitation of non-government grants а f Solicitation of government grants ☐ Internet and email solicitations b □ Special fundraising events ☐ Phone solicitations ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have custody or control of contributions? (vi) Amount paid to (iv) Gross receipts (or retained by) (i) Name and address of individual (ii) Activity (or retained by) fundraiser listed in or entity (fundraiser) from activity organization col (i) Yes No 1 2 3 4 5 6 7 8 9 10 \blacktriangleright Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Cat No 50083H

Pa	irt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions					
	-		(a) Event #1 Dinner & Dance (event type)	(b) Event #2 Sales/Fishing Rodeo (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col (c))		
Revenue	1	Gross receipts	14055 93	6767 42		20823 35		
	2	Less: Contributions .	о	0		0		
	3	Gross income (line 1 minus line 2)	14055.93	6767 42		20823 35		
	4	Cash prizes	2700.00	. 0		2700.00		
	5	Noncash prizes	0	0		0		
Direct Expenses	6	Rent/facility costs	600.00	. 0		600.00		
Exp	7	Food and beverages .	1115.20	0		1115 20		
Direct	8	Entertainment	300.00	0		300.00		
	9	Other direct expenses .	210.85	103.39		314.24		
	10 11	Direct expense summary. Ad Net income summary. Subtra	_	• •	>	5029.44 15793.91		
Pa	rt III	Gaming. Complete if th \$15,000 on Form 990-E2		ered "Yes" on Form 9	990, Part IV, line 19,	or reported more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))		
<u>B</u>	1	Gross revenue				-		
ses	2	Cash prizes						
Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses .						
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summan	y. Subtract line 7 from li	ne 1, column (d)	>			
9	Er a Is b If	nter the state(s) in which the or the organization licensed to co "No," explain:	ganization conducts ga onduct gaming activities					
10			amıng licenses revoked	, suspended, or termina	ated during the tax year	? . ☐ Yes ☑ No		

Schedu	ule G (Form 990 or 990-EZ) 2018		Page 3				
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	✓ 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	⊘ No				
13	Indicate the percentage of gaming activity conducted in:						
a	The organization's facility		0.00 %				
b 14	An outside facility		<u> </u>				
	Name ► Michael Schlett	•					
	Address ► 4007 Searle Ave Gulfport, MS 39507						
15a	revenue?	☐ Yes	☑ No				
þ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the						
_	amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party.						
С	if Yes, enter name and address of the third party						
	Name ►						
	Address ►						
16	Gaming manager information:						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	□ Director/officer □ Employee □ Independent contractor						
17	Mandatory distributions:						
а	is the organization required under state law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license?	☐ Yes	✓ No				
b	· · · · · · · · · · · · · · · · · · ·						
Part	spent in the organization's own exempt activities during the tax year ▶ \$ 0 V Supplemental Information. Provide the explanations required by Part I, line 2b, columns (/\ a.a.d. /	ام مرم داد،				
rait	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions						
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

72-1391370 Krewe of Gemini Form 990-EZ, Part 1, Line 16, Other Expenses: Supplies: \$1625.60 Form 990-EZ, Part 1, Line 16, Other Expenses Insurance for Parade and Building \$5777.61 Form 990-EZ, Part 1, Line 16, Other Expenses WEB Page, Post Office & Bank Fees: \$899.48 Form 990-EZ, Part 1, Line 16, Other Expenses: Fish Fry and General Meeting Supplies: \$441.08 Form 990-EZ, Part 1, Line 16, Other Expenses: Food and Beverage for Parade Brunch: \$1797.93 Form 990-EZ, Part 1, Line 16, Other Expenses: Consumable Supplies for Parade: \$2395.06 Form 990-EZ, Part 1, Line 16, Other Expenses: Consumable Supplies for Mardi Gras Ball: \$8010.21 Form 990-EZ, Part 1, Line 16, Other Expenses: Food for Mardi Gras Ball: \$13453.14 Form 990-EZ, Part 1, Line 16, Other Expenses: Venue, Shuttle & Rentals for Mardi Gras Ball: 23742.34

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization	Employer identification number
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