## **Short Form Return of Organization Exempt From Income Tax**

OMB No 1545-0047 2019

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

Open to Public

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

		of the Treasury Inue Service	► Go to www.irs.gov/Fort	m990EZ for instructions an	nd the late	est informat	ion. 🗘	ひり	шэрс	Jour		
A F	or the	r the 2019 calendar year, or tax year beginning April 1 , 2019, and ending			М	arch 3	31	<u> </u>	20			
Вс	Check if a	k if applicable C Name of organization D E			D Empl	D Employer identification number						
	Address o	change	The Shadow Barons				63-1227233					
$\overline{}$	Name cha	•	Number and street (or P O box if mail is no	ot delivered to street address)	· · · · · · · · · · · · · · · · · · ·	Room/suite	E Telephone number					
=	Initial retu	m/terminated	P O Box 2770					251-463-8775				
_	rınaı retur Amended		City or town, state or province, country, an	d ZIP or foreign postal code		]	F Grou	oup Exemption				
_		on pending	Daphne, AL 36526			O	Num	nber !	<u> </u>			
G A	Account	ting Method <sup>1</sup>	☐ Cash	ecify) ►		Н	Check I	▶ 🗸	If the organization is <b>n</b> o			
1 V	Vebsite	e:► www	theshadowbarons com						ach Sched			
JT	ax-exer	mpt status (che	eck only one) — 🔲 501(c)(3) 🔲 501(c)	( 7 ) ◀ (insert no ) ☐ 4947	7(a)(1) or	<b>□</b> 527	(Form 9	90, 99	0-EZ, or 99	0-PF)		
KF	orm of	organization	✓ Corporation ☐ Trust		Other _							
			7b to line 9 to determine gross receipt		,000 or mo	ore, or if tota	l assets					
(Par	rt II, col		\$500,000 or more, file Form 990 instead				•	▶ \$	5		4,62	
P	art I		e, Expenses, and Changes in									
		Check if	the organization used Schedule	O to respond to any que	estion in	this Part I			<u></u>		ľ	
	1,		ons, gifts, grants, and similar amou					1				
	2	Program s	ervice revenue including governme	ent fees and contracts				2				
	3	Membersh	up dues and assessments					3		17	4,62	
	4	Investment	tincome		٠, ٠,			4				
	5a	Gross amo	ount from sale of assets other than	inventory	5a				1			
	b		or other basis and sales expenses		5b							
	С	Gain or (lo	ss) from sale of assets other than I	nventory (subtract line 5b	from line	e 5a)		5c				
	6	_	ing and fundraising events:							= 1.7		
41	а		ome from gaming (attach Sche	=	١				REC	FIVE	=L	
Revenue		•			6a	<u> </u>		اسا				
Ne.	b		ome from fundraising events (not in			contribution	ıs	B618	MAR ]	1 8 2	በ21	
Re			aising events reported on line 1) (					m			<i>,</i>	
			ch gross income and contributions		6b			L				
	С		t expenses from gaming and fundi		6c			1	OGD	ĿΝ,	U	
	d		e or (loss) from gaming and fund	raising events (add lines	6a and	6b and sul	otract					
							•	6d				
	7a		s of inventory, less returns and allo		7a							
	b			· · · · · · · ·	7b							
	С		it or (loss) from sales of inventory (					7c				
	8		nue (describe in Schedule O)					8				
, —	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7d					9		17	4,62	
	10		d similar amounts paid (list in Schei					10				
1	11		aid to or for members					11		11	0,27	
. Se	12		ther compensation, and employee					12				
euš	13		al fees and other payments to inde					13 14				
Expenses	14		y, rent, utilities, and maintenance					15			1,44	
ш	15	O	ublications, postage, and shipping					16			6,90	
	16		enses (describe in Schedule O) .					17			0,79	
	17	lotal expe	enses. Add lines 10 through 16 . (deficit) for the year (subtract line 1	7 from line (1)	• •	<u>· · · ·</u>	. •	18			9,42 5,20	
şţ	18	Excess or	(deficit) for the year (subtract line 1 s or fund balances at beginning of	f year (from line 27 colu	 mn (Δ\\ (	 must sares	· · l	10	<u> </u>		5,20	
Assets	19 Net ass		s or fund balances at beginning of ar figure reported on prior year's re					19		17	E	
Vet Assets								20			5,59	
Net	20	Other char	nges in net assets or fund balances	s (explain in Schedule O)	20		· 🕍	21			0,63	
_	21 Net assets or fund bal		or fund balances at end of year. C	ombine lines 18 through	∠∪ .		. 💌	41		12	0,16	

	The Color of Charles the instructions	East David III	<del></del>	<del></del>		
Pa			av avoction in this	Dort II		
	Check if the organization used Schedule	O to respond to ar		(A) Beginning of year		✓ (B) End of year
00	Cook sevence and revestments			14,778		
22 23	Cash, savings, and investments		• • • • • • -	431,743		15,649 415,142
24	Other assets (describe in Schedule O)			3,606		1,800
25	Total assets			450,127		432,591
26	Total liabilities (describe in Schedule O)			314,535		312,424
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	135,592		120,167
Par						
	Check if the organization used Schedule					Expenses
Wha		Mardis Gras organiza				uired for section c)(3) and 501(c)(4)
Desc	ribe the organization's program service accomplis	shments for each or	futs three largest pr	rogram services.		nizations, optional for
	leasured by expenses. In a clear and concise m				other	<b>(3</b> )
pers	ons benefited, and other relevant information for ea	ach program title.				
28	Held a Mardis Gras ball in February 2020 for the orga	nızatıon's 250 memb	ers and their guests			
	(Grants \$ ) If this amount	ıncludes foreign gra	ints, check here .	▶ □	28a	54,841
29	Held a Mardis Gras parade in Daphne, Alabama in Fe	bruary 2020 with the	organization's memb	pers		
	participating on horses and floats					
	<del></del>	ıncludes foreign gra			29a	26,695
30	Held a "summer ball" in August 2019 for the organiza	ation's members and	their guests			
					00-	
		includes foreign gra			<u>30a</u>	23,986
31	Other program services (describe in Schedule O)				21.0	
20	(Grants \$ ) If this amount  Total program service expenses (add lines 28a	includes foreign gra	ints, check here .	· · ·	31a 32	4,755
						110,277
Par	Check if the organization used Schedule					_
	Officer if the organization used deficultie	1	(c) Reportable	(d) Health benefits,	Ť	· · · · <u>u</u>
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employed benefit plans, and		Estimated amount of their compensation
	(-,	devoted to position	(if not paid, enter -0-)	deferred compensation		ther compensation
Dame	on Henderson				1	
	esident	6	o			
	ey Walding	·				
	pard Chairman	3	0			
	Ford					
	easurer	3	o		1	
	Barnette					
	pard Member	]	.0			
	Strickland					
	pard Member		. 0			
Jame	s Hamrick					
В	oard Member		0			
Anth	ony Brunson	]				
	oard Member		0			
Jay F	arke	ļ				
В	pard Member		0	ļ		
Frani	Griffeth					
В	pard Member		<u> </u>	=	-	
Kevii	Haynes					
Bc	pard Member		0		+	
		-				
				ļ	+	
		1				

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Part	· · · · · · · · · · · · · · · · · · ·			
	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	103	✓
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	34		/
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		<b>✓</b>
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		<b>✓</b>
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		ļ
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		-
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved	30a		<b>-</b>
39	Section 501(c)(7) organizations. Enter:	1		
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 ▶ ; 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	<u></u>	
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 ▶	_		
42a	· · · · · · · · · · · · · · · · · · ·	251-46	3-877	5 
b	Located at ► 16559 County Road 3 Fairhope, AL 36532 ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	Na
D		42b	162	No ✓
	If "Yes," enter the name of the foreign country ▶	<u> </u>		- 1
	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		<b>√</b>
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	<b>D</b>
			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	<u></u>	
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		<u> </u>
c	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	<del></del>		
45	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<b>√</b>
b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			Ì
_	Form 990-EZ. See instructions	45b		<u> </u>

Page 4							
S	No						

								Yes	NO		
46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities on	behalf of or	in opposit	tion _				
		indidates for public office? If "Yes,"		, Part I	· · · ·	· · ·	·   4	6	<b>✓</b>		
Part	VI	Section 501(c)(3) Organization									
		All section 501(c)(3) organization	is must answer que	stions 47-49b and	52, and coi	npiete th	e table	s for IIr	nes		
		50 and 51.			hia Daut VII						
		Check if the organization used Sc	nedule O to respond	to any question in t	nis Part VI	· · ·	· · ·	<del></del>	<del>;!!</del>		
47	D4 4	h		t E01/b\ -la-t				Yes	No		
47		ne organization engage in lobbying ? If "Yes," complete Schedule C, Par		section 501(h) election in effect during the t			1				
40	•	•	\( \) \( \)			<u> </u>	7	+			
48		e organization a school as described i						8			
49a		he organization make any transfers t	-	_			_	9a	+-		
ь 50		es," was the related organization a se plete this table for the organization's						9b	20 100		
50		oyees) who each received more than									
		oyees, who each received more than	T	r				140110.			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	(d) Health benefits, contributions to employee (e) E			nated amo			
	ν-,		devoted to position	(Forms W-2/1099-MISC)	benefit plans, a compen		other	compensa	ation		
						ĺ					
	<del>-</del> -				į						
					<del> </del>						
						}					
		<del></del>									
f	Total	number of other employees paid ov	er \$100.000	. •	L . <u>.</u>						
51		plete this table for the organization			contractors	who each	receiv	ed mor	e than		
٠.		,000 of compensation from the orga			0011111001010	***************************************		30 111011	o man		
_	(0)	Name and business address of each independ	last contractor	(h) Tuna of cons		(0)	Compos				
	(4)	Name and business address of each independ	ient contractor	(b) Type of service (c) C			Compens	Compensation			
<b></b>											
							<u></u>				
						_					
d		number of other independent contra	-		<b></b>						
52		the organization complete Schedu	ule A? <b>Note:</b> All se	ction 501(c)(3) orgai	nizations mi	ust attach	a	_			
	comp	oleted Schedule A	<u> </u>	<u> </u>	<u>· · · · · </u>	<u>· · ·                                  </u>	.▶ <u> </u>	es 📙	<u>No</u>		
Under p	enalties	of perjury, I declare that I have examined this i	return, including accompany	ring schedules and stateme	nts, and to the i	est of my kn	owledge :	and belief	, it is		
true, cor	rect, an	d complete Declaration of preparer (other than	officer) is based on all into	mation of which preparer h	as any knowled	ge					
٠.		W-7 1 F1				2/16/	<u> </u>				
Sign		Signature of officer Date									
Here		Daniel T Ford Treasurer									
		Type or print name and title	10				T 57	.1			
Paid •		.Print/Type preparer's name	Preparer's signature	Dat	e	Check .	_if - PTII	<del></del>			
Prepa	arer		1		<del></del>	self-employ	/ed				
Use (		Firm's name ▶		<u> </u>		s EIN 🕨					
		Firm's address ▶			Phon	е по	<del></del>				
May th	ie IRS	discuss this return with the preparei	r snown above? See ii	nstructions	<u> </u>	<u> </u>	<u> </u>	es 🗌	No		

## 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

Department of the Treasury Internal Revenue Service Name of the organization

The Shadow Barons

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

63-1227233

Part I, line 16 General liability insurance for the organization						
		or "Member Dues Prepaid to Apply" was exclud (net fund balance). This amount of \$20,630 co				
fiscal year end.						
Part II, line 24:	Col.(A) Begin. of Year	Col (B) End of Year				
Accounts Receivable	2,556	0				
Prepaid Items	1,050	1,800				
Total Other Assets	3,606	1,800				
Part II, line 26	Col (A) Begin. of Year	Col (B) End of Year				
Accounts Payable	9,103	10,049				
Secured Note Payable	298,458	274,735	·			
Unsecured Loan Payable	6,974	10,000				
Member Dues Prepaid to Apply	0 (a)	17,640				
Total Liabilities	314,535	312,424				
Fn a - As noted above, should ha	ive reflected \$20,630					
Part III, line 31: Expenses totalin	g \$4,755 were incurred for th	e provision of food and beverages at general r	nembership meetings			
held during the year.						
			·····			