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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2011

Department of the Treasury

Open to Public Inspection

Inte	rnal Revenue	Service The organization may n	ave to use a copy of this return to satisfy s	state reporting	equil cilicilis		
A	For the 2	011 calendar year, or tax year beginning	8/01 , 20 11, ar	nd ending	7/31	, 201	
В	Check if ap				1	er Identification	Number
	Addres	s change BREAUX BRIDGE CRAWF:	SH FESTIVAL		72-	1248905	
	Name	change ASSOCIATION			E Telepho	ne number	
	Initial	P.O. BOX 25	NE 1 7		337-	-332-665	5
	Termin	BREAUX BRIDGE, LA 70)51 /				-
	Amen	led return			G Gross re	eceipts \$	489,073.
	Applic	ation pending F Name and address of principal officer	MARK BERNARD	H(a)) Is this a group return	n for affiliates?	Yes X No
	L ··	SAME AS C ABOVE		H(b)	Are all affiliates incl		Yes No
ī	Tax-exer	npt status 501(c)(3) X 501(c) (4) (insert no) 4947(a)(1) or	527	If 'No,' attach a list	(see instructions)	
J	Websi			H(c)	Group exemption nu	ımber ►	
ĸ	Form of		uation Other ► L Year	r of Formation		tate of legal dom	icile LA
		Summary			•		
		efly describe the organization's mission or	most significant activities COM	MUNITY	BENEFIT OR	GANIZATI	ON
a)							
Activities & Governance							
Ĕ							 -
ŏ			continued its operations or dispose	ed of more	than 25% of its	net assets	
- ক ক		mber of voting members of the governing		LX	ļ	3	25
es	1	mber of independent voting members of the		D)	İ	5	25 0
ΞΞ	1	tal number of individuals employed in cale tal number of volunteers (estimate if neces				6	400
Act		tal unrelated business revenue from Part				7a	0.
2/0		t unrelated business taxable income from				7b	0.
Revenue CC		, , ,	7.51		Prior Year	Cı	urrent Year
A	8 Co	ntributions and grants (Part VIII∦ line 1h)					
₽ĕ		ogram service revenue (Parti VIIIi, line 2g)			3	85.	300.
Ž Š		estment income (Part VIII, column (A),Hin				69.	2,292.
ے د		ner revenue (Part VIII, coluṃn ㈜), lines 5		<u> </u>	151,8		188,411.
<u>-</u>		tal revenue - add lines 8 through 11 (mus		12)	152,8		191,003.
<u>-</u> 		ants and similar amounts paid-(Part.ÌX, <u>.co</u>		Ĺ	7,0	50.	<u> 158,849.</u>
- 2		nefits paid to or for members (Part IX, col		ļ			
, ,	15 Sa	laries, other compensation, employee ben	efits (Part IX, column (A), lines 5-	-10)	<u> </u>		
Expenses	16a Pr	ofessional fundraising fees (Part IX, colum	n (A), line 11e)				
S E	b To	tal fundraising expenses (Part IX, column	(D), line 25) ► 20,	,596.			
ũ	17 Ot	ner expenses (Part IX, column (A), lines 1	la-11d, 11f-24e)		74,3	51.	111,820.
	1	tal expenses Add lines 13-17 (must equal		Γ	81,4		270,669.
	1	venue less expenses Subtract line 18 from			71,4		-79,666.
ъ §				E	Seginning of Curren		nd of Year
Net Assets or Fund Balancos	20 To	tal assets (Part X, line 16)			459,7		380,035.
A B	21 To	tal liabilities (Part X, line 26)			·	0.	0.
F S	22 Ne	t assets or fund balances. Subtract line 21	from line 20		459,7	01.	380,035.
Pa		Signature Block					
		of perjury, I declare that I have examined this return, increasing of preparer other than afficer to based on all info	luding accompanying schedules and stateme.	ents, and to the	best of my knowledge	and belief, it is t	rue, correct and
con	nplete Decla	ration of preparer (other than officer) to based on all info	rmation of which preparer has any knowledge	e			
		Must fram			12-6	16-12	
Sig	gn	Signature of officer	$\rightarrow 0$	_	Date		
He	ere	Murk L Bernard	Fresiden!		<u>.</u>	·= ·	
		Type or print name and title				 	
		1 "''	rer's signature	Date / 2/	Check	ıf PTIN	
Pa		RUSSELL F. CHAMPAGNE, CPA RUS	SELL F. CHAMPAGNE, CPA	10/01	self-employe	ed P0030	0315
	eparer	Firm's name <u>KOLDER</u> , CHAMPAGNE, S	LAVEN & COMPANY, LLC				
Us	e Only	Firm's address 113 EAST BRIDGE STRE	ET		Firm's ElN	► 72-13698	68
		BREAUX BRIDGE, LA 70	517		Phone no		-4020
Ма	y the IRS	discuss this return with the preparer show	n above? (see instructions)			X,	
		perwork Reduction Act Notice, see the se		TEEA01	13L 08/18/11		Form 990 (2011)

Form 990 (2011) BREAUX BRIDGE	CRAWFISH FESTIVAL	72-1248905	Page 2
	Service Accomplishments		
Check if Schedule O contains	a response to any question in this Part III		\Box
1 Briefly describe the organization's mi	ission		
COMMUNITY BENEFIT ORGAN	VIZATION		-
2 Did the organization undertake any s	ignificant program services during the year which were not lis	sted on the prior	
Form 990 or 990-EZ?		Yes	X No
If 'Yes,' describe these new services	on Schedule O	_	
3 Did the organization cease conducting	ig, or make significant changes in how it conducts, any progra	am services? Yes	X No
If 'Yes,' describe these changes on S	Schedule O		
4 Describe the organization's program	service accomplishments for each of its three largest program	n services, as measured by e	xpenses
Section 501(c)(3) and 501(c)(4) organ	nizations and section 4947(a)(1) trusts are required to report nue, if any, for each program service reported	the amount of grants and alle	ocations to
others, the total expenses, and rever	ide, if any, for each program service reported		
	150 040		
	158,849. including grants of \$) (Revenue \$)
	A FEW ORGANIZATIONS IN THE COMMUNITY F		
	TY AS A WHOLE; THEREFORE, THE NUMBER C	F PERSONS BENEFITT	ED 12
<u>INDETERMINABLE.</u>			
			 -
			- -
	·		
4b (Code Expenses \$)	including grants of \$) (Revenue \$)
			
			
		_ _	
4.0	and along months of the) (Davidania	
4c (Code) (Expenses \$	including grants of \$) (Revenue \$	
			
'			
4d Other program services (Describe in			
(Expenses \$	including grants of \$) (Revenu	<u>ue \$</u>)
4e Total program service expenses ▶	158,849		
BAA	TEEA0102L 07/05/11	Form	9 90 (2011)

Part IV Checklist of Required Schedules 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 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 Х for public office? If 'Yes,' complete Schedule C, Part I. **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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III. X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, 6 Part I Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 complete Schedule D, Part III Χ٠ Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV 9 х. 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 Χ٠ 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 a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D. Part VI **b** Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII* х . 11 b c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11 c χ. **d** Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX . Х 11 d 11 e х . e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f Χ٠ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete χ. Schedule D, Parts XI, XII, and XIII 12a 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, XII, and XIII is optional 12_b х . 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 14a Х 14a Did the organization maintain an office, employees, or agents outside of the United States? . . **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b х. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV 15 Χ. Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV. χ. 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Χ. column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, X lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 . Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III. 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2011) BREAUX BRIDGE CRAWFISH FESTIVAL
Partive Checklist of Required Schedules (continued)

		Γ	Yes	Na
0-	D. I. I]	162	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21_	·χ	•
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 ⁷ If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		_X_
24 a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х.
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		<u> </u>
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		<u>x</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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 of any of these persons? If 'Yes,' complete Schedule L, Part III	27		<u>x</u>
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):	影響		
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u> .
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Χ.
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		<u>x</u> :
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		<u> </u>
30	contributions? If 'Yes,' complete Schedule M	30		<u>X</u> :
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		_ <u></u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u> X ·</u>
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		<u>x</u> .
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>x</u> .
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> X ·</u>
t	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>X</u> .
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
ЗАА			990 (2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V			
		Yes	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	.		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	•
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 0	•		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule Q</i>	3b		
4a 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)?	4a		Х
b If 'Yes,' enter the name of the foreign country: ▶	. 1		
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		_	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		_X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a Does 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?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?.	7b		
c Did the organization roting the dollor of the value of the goods of services provided.			
Form 8282?	7с	ŀ	
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	[
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	_ 8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	. 1	j	
11 Section 501(c)(12) organizations. Enter:	. 1	Ì	
a Gross income from members or shareholders . 11a	.		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			i
a is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		

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. $\overline{\mathbf{X}}$ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1 a 25 1a Enter the number of voting members of the governing body at the end of the tax year 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. 25 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? SEE SCHEDULE O Did the organization delegate control over management duties customarily performed by or under the direct supervision X 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х Did the organization have members or stockholders? SEE SCHEDULE O 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE 0 Х **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? SEE SCH O Х 7_b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a 8Ь b Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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. q Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Χ . 10 a Did the organization have local chapters, branches, or affiliates?. b if 'Yes.' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 F operations are consistent with the organization's exempt purposes? Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 Х 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 120 13 13 Did the organization have a written whistleblower policy?.. Х 14 14 Did the organization have a written document retention and destruction policy? 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? 15 a a The organization's CEO, Executive Director, or top management official 15b X **b** Other officers of key employees of the organization. If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? 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 taken steps to safeguard the 16b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► N/A Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request • Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O . State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►BBCFA P.O. BOX 25 BREAUX BRIDGE LA 70517 337-332-6655

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Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

|X| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee -(C) Position **(B)** (A) Name and title (do not check more than one box unless person is both an officer Estimated amount of other Reportable compensation from related organizations (W-2/1099-MISC) Average hours Reportable compensation from and a director/trustee) compensation from the organization per week the organization (W 2/1099-MISC) Individual to or director (describe Former Institutional trustee employee Highest hours for related and related employee organiza-tions in Schedule O) compensated trustee (1) MARK BERNARD · 0. PRESIDENT · 0 0 0 (2) CHRIS LATIOLAIS DIRECTOR -0 0 0 0. (3) GEORGE DOMINGUES . 0. DIRECTOR · 0 0 0 (4) BYRON BLANCHARD . 0 0 0 0. TREASURER (5) GENEE HEBERT · DIRECTOR · 0 0 0 0. (6) ERROL LEBLANC VICE PRESIDENT 0 0 0. 0. JOHN POIRIER . DIRECTOR . 0 0 0 0. (8) ANGELIQUE BERNARD PUBLICITY DIREC 0 0. 0 0. (9) JIMMY DURIO DIRECTOR . 0 0 0 0. (10) RANDY PATIN . DIRECTOR . 0 0. 0 0. DONNA BLANCHARD DIRECTOR 0 0 0. 0. (12) TAMMY DOMINGUES . 0 0. 0 0. DIRECTOR • (13) PAUL LAVIOLLETTE FEST COORDINAT . 0 0. 0 0. (14) EUGENE FAUCHEAUX_ DIRECTOR . 0 0 0. 0.

(A) Name and title		offic	not co , unle	Pos heck ss pe d a d	rson Irecto	is bot or/trus	h an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	amo	(F) Estimate ount of o	other
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	or	from the ganizate nd relate ganizatio	on ed
(15) PAULA FAUCHEAUX · DIRECTOR ·	0							0	0			
(16) CRAIG OLIVIER .	0			-		-		0.	0.	<u> </u>		0.
DIR AT LARGE .	0							0.	0.	<u> </u>		0.
(17) NATALIE BLANCHARD · SECRETARY ·	0							0.	0.			0.
(18) BLAISE BERNARD · DIRECTOR ·	0							0.	0.			0.
(19) BLAKELEY BLANCHARD · DIRECTOR ·	0							0.	0.			0.
(20) CINDY BOREL · DIRECTOR ·	0_							0.	0.			0.
(21) BRANDON DAVID · DIRECTOR ·	0							0.	0.	ļ		0.
(22) LEAH DAVID · DIRECTOR ·	0							0.	0.			0.
23) SCOTT HEBERT · DIRECTOR ·	0							0.	0.	ļ		0.
Q24) DEBBIE MORROGH · DIRECTOR ·	0							0.	0.			0.
C25) KENNETH THIBODEAUX · DIRECTOR ·	0				<u></u>			0.	0.			0.
1 b Sub-total c Total from continuation sheets to Part VII, Section	^	•	٠	• • •		•	>	0.	0.			0.
d Total (add lines 1b and 1c)	^ .						•	0.	0.			-0.
2 Total number of individuals (including but not limited from the organization ► 0 -	d to the	se l	ısted	d ab	ove)) wh	o re	ceived more than	\$100,000 of repor	table co	mpens	sation
										Γ	Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such ii	or trus Idividu	tee, al	кеу	em	ploy	ee,	or hi	ighest compensate	ed employee 	. 3		X.
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater to	portabl	e co 50,0	mpe 00?	nsa If 'Y	tion ′es'	and com	l oth	er compensation f e Schedule J for	from		,	
 such individual Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' or services rendered to the organization? 	ompen	satio	n fr	om :	any I fo	unre	elate	ed organization or	 ındıvıdual	5		X
Section B. Independent Contractors	.c.mpici		<i>,,,,</i> ,,,,	u.c	- 10	. 54	υπ <u>ρ</u>				1	
 Complete this table for your five highest compensation from the organization. Report compe 	ed indensation	epen for	dent the	t cor cale	ntra nda	ctors r ye	tha ar ei	it received more th nding with or withi	nan \$100,000 of n the organization	's tax y	ear	
(A) Name and business addres	s							(B) Description of	of services	Compe	C) ensatio	on
					_							
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		t lım	ited	to t	hose	e list	ed a	above) who receive	ed more than			

Гаг	t VIII Statement of Revenue				, .
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns . 1 a b Membership dues 1 b c Fundraising events. 1 c d Related organizations e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f				
E O	g Noncash contributions included in Ins 1a-1f. \$	7			
8	h Total. Add lines 1a-1f				
Ä	Business Code	<u> </u>			
Ĕ	2a MEMBERSHIP DUES & ASSESSMENTS	300.	. 300.		
<u> </u>	b				
<u> </u>	d				
S E	e				
Ğ.	f All other program service revenue	<u> </u>			
<u></u>	g Total. Add lines 2a-2f	300.			
	3 Investment income (including dividends, interest and	0 000	0 000		
	other similar amounts) 4 Income from investment of tax-exempt bond proceeds	2,292.	· 2,292.		
	Income from investment of tax-exempt bond proceedsRoyalties	\			
	(i) Real (ii) Personal				
	6a Gross rents.]			
	b Less rental expenses				
	c Rental income or (loss)				<u> </u>
	d Net rental income or (loss)	<u> </u>			
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses				
1	c Gain or (loss)				
	d Net gain or (loss)	_			
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
<u> </u>	of contributions reported on line 1c).				
Ē,	See Part IV, line 18 a 486, 481. b Less: direct expenses b 298, 070.				
5	c Net income or (loss) from fundraising events	188,411.	1.		
	9a Gross income from gaming activities. See Part IV, line 19	100, 111.			
		4			ļ
	b Less: direct expenses c Net income or (loss) from gaming activities				
į	C Net income of (1033) from gaining activities :	-	 		
	10 a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b	1			 '
	c Net income or (loss) from sales of inventory				
[Miscellaneous Revenue Business Code				
ļ	¹¹ a	-			
	<u>b</u>				
	d All other revenue	 			
	e Total. Add lines 11a-11d	+			
	12 Total revenue. See instructions	191,003.	. 2,592.	0.	_ 0.

Page 10

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any question in this Part IX							
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	158,849.	158,849.					
2	Grants and other assistance to individuals in the United States See Part IV, line 22							
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.			
7	Other salaries and wages							
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions).		:					
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees)			,				
ā	Management							
ŀ	Legal				- · · · ·			
•	Accounting	4,975.		4,975.				
	Lobbying							
•	Professional fundraising services See Part IV, line 17							
1	Investment management fees							
(Other	113.		113.				
12	Advertising and promotion	3,965.		3,965.				
13	Office expenses	1,426.		1,426.				
14	Information technology							
15	Royalties			-				
16	Occupancy	3,493.		3,493.	•			
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings				·			
20	Interest	3,970.		3,970.				
21	Payments to affiliates				 			
22	Depreciation, depletion, and amortization	6,948.		6,948.				
23	Insurance							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	- , ,						
	CONTRACT LABOR	38,587.		38,587.				
	BUSINESS DEVELOPMENT	20,596.		<u>, , , , , , , , , , , , , , , ,</u>	20,596.			
	RENT EXPENSE	15,000.		15,000.				
	POSTAGE AND SHIPPING	2,830.		2,830.				
	e All other expenses	9,917.		9,917.				
	Total functional expenses. Add lines 1 through 24e	270,669.	158,849.	91,224.	20,596.			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	2,0,005.	200,015.	22/222	31,033			
	Check here ► if following SOP 98-2 (ASC 958-720)				- <u>-</u>			

Balance Sheet (B) End of year (A) Beginning of year 278,606 Cash - non-interest-bearing 1 60,867 2 100,303: 2 245,428 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L. . . . 5 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 instructions). 6 7 Notes and loans receivable, net 4,087 8 3,983. Inventories for sale or use Prepaid expenses and deferred charges 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D. ... 10 a 189,945 120,188 76,705: 10b 10 c 69,757. b Less. accumulated depreciation. Investments - publicly traded securities. 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 Other assets See Part IV, line 11 459,701 16 380,035 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, 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 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 0: 26 0. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ and complete lines 27 through 29 and lines 33 and 34. **27** 27 Unrestricted net assets . . . 28 28 Temporarily restricted net assets 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here FUZD 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 . 31 459,701: Retained earnings, endowment, accumulated income, or other funds 32 380,035 459,701: 380,035. 33 Total net assets or fund balances 33 459,701: 34 Total liabilities and net assets/fund balances 34 380,035.

BAA

Form 990 (2011)

Forr	n 990 (2011) BREAUX BRIDGE CRAWFISH FESTIVAL 7	2-1248905	Pa	age 12
Pa	rt XI [*] Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u>191,0</u>	<u> </u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	270,6	<u>569.•</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-79,6	<u> 566. •</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	459,7	701 <u>.</u> °
5	Other changes in net assets or fund balances (explain in Schedule O)	5		0.•
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	380,0	035.°
Pa	rt XII' Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
1	Accounting method used to prepare the Form 990 X Cash • Accrual Other		Yes	No
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	 		r jas
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	•
1	Were the organization's financial statements audited by an independent accountant?		2b	<u>x</u> .
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	2c X	•
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			. 1
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were separate basis, consolidated basis, or both	ssued on a		1
	X Separate basis • Consolidated basis Both consolidated and separate basis			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	he Single	3a	х.
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit	3ь	

Form **990** (2011)

BAA

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2011

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. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B

Section 527 organizations: Complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B. Do not complete Part II-A

	•	rganizations: Complete Part III	or Form 990-EZ, Part	v, line 35a (Proxy Tax),	then
_	of organization	<u> </u>		Employer identifica	ation number
BRE	EAUX BRIDGE CRAWFIS	H FESTIVAL ·		72-124890	5 •
Par	t I-A Complete if the or	ganization is exempt under section	on 501(c) or is a s	section 527 organiz	zation.
1	Provide a description of the o	organization's direct and indirect political of	ampaign activities in	Part IV.	
2	Political expenditures			. ►\$	
	Volunteer hours	·			
Par	t I-B Complete if the or	ganization is exempt under section	on 501(c)(3).		·
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	. ►\$	···
2	Enter the amount of any exc	ise tax incurred by organization managers	under section 4955	▶\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year?	• •	Yes No
4 a	Was a correction made?		• • •		∐Yes ∐No
	olf 'Yes,' describe in Part IV.				
Par		ganization is exempt under section			
1	Enter the amount directly exp	pended by the filing organization for section	n 527 exempt functio	n activities . 🟲 \$	
2	Enter the amount of the filing function activities	g organization's funds contributed to other .	organizations for sec	tion 527 exempt ►\$	
3	Total exempt function expendine 17b	ditures Add lines 1 and 2 Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	Form 1120-POL for this year?		•	Yes X No
5	organization made nayments	and employer identification number (EIN) s. For each organization listed, enter the a ons received that were promptly and direc I action committee (PAC) If additional spa	mount paid from the 1	iling organization's fund	ds Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				-	
(2)		,			
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2011

Scriedule C (Form 990 or 990-EZ) 201				72-124	
Part II-A Complete if section 501(n is exempt under se	ection 501(c)(3) an	d filed Form 5/68 (el	ection under
A Check ► If the filir	ng organization bel	ongs to an affiliated group	(and list in Part IV ea	ch affiliated group membe	er's name,
address,	EIN, expenses, ar	d share of excess lobbyin	g expenditures).		
B Check ► If the filing	ng organization che	cked box A and 'limited c	ontrol' provisions apply	<u> </u>	
(The term	(a) Filing orgaпization's totals	(b) Affiliated group totals			
1 a Total lobbying expenditi	ures to influence p	ublic opinion (grass roots	obbying).		
b Total lobbying expenditi	ures to influence a	legislative body (direct lot	bying).		
c Total lobbying expenditi	ures (add lines 1a	and 1b)			
d Other exempt purpose e					
e Total exempt purpose e	expenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable an both columns.	nount. Enter the ar	nount from the following to	able in		···
If the amount on line 1e, col	umn (a) or (h) is:	The lobbying nontaxable	amount is:		
Not over \$500,000	unin (a) or (b) is.	20% of the amount on line 1e.	umount 15	1	
Over \$500,000 but not over \$1	000 000	\$100,000 plus 15% of the exces	s over \$500 000		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the exces	*******		
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess			
	\$17,000,000	\$1,000,000	0VCI \$1,300,000.		
over \$17,000,000 g Grassroots nontaxable a	omount (ontor 25%			 	
-			• • • •	 	
h Subtract line 1g from lin					
i Subtract line 1f from lin		•	•••		
j If there is an amount ot section 4911 tax for this	ther than zero on e s year?	ther line 1h or line 1i, did	the organization file Fo	orm 4720 reporting	Yes No
(Som	e organizations the	4-Year Averaging Period at made a section 501(h) ones below. See the instruct	election do not have to	complete all of the five gh 2f.)	
	Lob	oying Expenditures Durin	g 4-Year Averaging Pe	riod	·
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable 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))					·
f Grassroots lobbying expenditures				Schodulo C (Form	n 990 or 990-EZ) 2011
UCM				JUHEUUIE C (FUIII	1 JJU UL JJU*LLZ1 ZU L

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	For	n 5768	
	(6)	(b)	
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	Yes	No	Amou	ınt
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	-		-	
a Volunteers?	1			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?		$\neg \uparrow$		
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	\vdash			
i Other activities?	-			
	┝─┤			
j Total Add lines 1c through 1:		}		
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	\vdash			
b If 'Yes,' enter the amount of any tax incurred under section 4912		-		
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or		
section 501(c)(6).				
				es No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	<u> </u>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? .			2	X
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3	X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	or s	ection	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' O answered 'Yes.'	R (b)	Part I	III-A, line S	5, IS
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year	Ì	2a		
b Carryover from last year		2b		
c Total		2 c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
Aggregate amount reported in section 6035(e)(1)(A) notices of nondeductible section roz(e) dues	ŀ	- 		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceed does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and police of the exceed the exceedable research to the exceedab	ss tical	4		0
expenditure next year?		5		<u> </u>
5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information		<u> </u>		<u> </u>
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, P. Also, complete this part for any additional information.		, and F	Part II-B, line	1
		-		

Schedule C (Form 990 or 990-EZ) 2011 BREAUX BRIDGE CRAWFISH FESTIVAL	72-1248905	Page 4
Part IV	Form 990 or 990-EZ) 2011 BREAUX BRIDGE CRAWFISH FESTIVAL Supplemental Information (continued)		
-			
-			

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number BREAUX BRIDGE CRAWFISH FESTIVAL 72-1248905 ASSOCIATION . Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year). 2 3 Aggregate 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 No Yes 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? Yes No Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, 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 an historically important land area Preservation of a certified historic structure Protection of natural habitat 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 2b **b** Total acreage restricted by conservation easements . . c 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, 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 $170(h)(4)(B)(i)^2$ Yes No In Part XIV, 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' to 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 XIV, 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

> \$

4 Describe in Part XIV the intended uses of	of the organization's endowme	ent tunas.		
Part VI Land, Buildings, and Equip	nent. See Form 990, Pa	rt X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		15,000.	• • • •	15,000.
b Buildings.		62,375.	· 42,833.	19,542.
c Leasehold improvements .		48,374.	19,094.	· 29,280.
d Equipment		55,256.	· 49,321.	· 5,935.
e Other		8,940.	· 8,940.	· 0.
Total. Add lines 1a through 1e (Column (d) n	nust equal Form 990, Part X, o	column (B), line 10(c)))	69,757.

b If 'Yes' to 3a(II), are the related organizations listed as required on Schedule R?

BAA

Schedule D (Form 990) 2011

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

(10) (11)

Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)

Schedule D (Form 990) 2011 BREAUX BRIDGE CRAWFISH FESTIVAL	72-124	18905	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		N/A ·	. ago .
1 Total revenue (Form 990, Part VIII, column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			·
3 Excess or (deficit) for the year. Subtract line 2 from line 1		<u>.</u>	
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities	•	-	 -
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV.)	•	-	-
9 Total adjustments (net) Add lines 4 through 8	•		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Return	N/A ·	
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	· ·		
a Net unrealized gains on investments			
b Donated services and use of facilities 2b			
c Recoveries of prior year grants			
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
	-		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1. a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIV.)			
c Add lines 4a and 4b	——————————————————————————————————————		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	4c		
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		rn N/A	
1 Total expenses and losses per audited financial statements	1	III N/A ·	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	· · ·		
a Donated services and use of facilities			
	_		
b Prior year adjustments			
d Other (Describe in Part XIV) e Add lines 2a through 2d			
	3		
1 1			
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 XIV).			
c Add lines 4a and 4b	4c		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part V, line 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comany additional information	rt IV, lines iplete this	1b and 2b; part to provide	•

Schedule D (Form 990) 2011 BREAUX BRIDGE CRAWFISH FESTIVAL	12-1246905	Page 5
Part XIV Supplemental Information (continued)		
		
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL **Employer identification number** 72-1248905 • ASSOCIATION Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants а Mail solicitations f Internet and email solicitations Solicitation of government grants b Special fundraising events Phone solicitations g c d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X No · Yes **b** If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (iii) Did fundraiser (iv) Gross receipts (vi) Amount paid to (or retained by) (ii) Activity (v) Amount paid to have custody or control of contributions? from activity (or retained by) organization fundraiser listed in column (i) Yes No 1 2 3 4 5 6 7 8 9 10 0. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Par	t II	Fundraising Events. Complete if more than \$15,000 of fundraising	the organization ar	nswered 'Yes' to Fo	orm 990, Part IV, III	ne 18, or reported	
		List events with gross receipts gre	eater than \$5,000.	s and gross income		illes i aliu ob.	
D			(a) Event #1 CRAWFISH FESTI	(b) Event #2	(c) Other events	(d) Total events (add column (a) through column (c))	
MCZM<m< b="">型</m<>	_		(event type)	(event type)	(total number)	496 401	
NUE		Gross receipts	486,481.	<u> </u>	 	486,481.	
		Less: Charitable contributions	406 401			496 401	
		Gross income (line 1 minus line 2) .	486,481.			486,481.	
	4	Cash prizes					
D	5	Noncash prizes .					
RECT	6	Rent/facility costs .					
	7	Food and beverages					
X P E	8	Entertainment					
EXPENSES	9	Other direct expenses	298,070.	<u> </u>		298,070.	
S	10	Direct expense summary Add lines 4 thr	ough 9 in column (d)		,	298,070.	
	11	Net income summary Combine line 3, co			•	188,411.	
Par	Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.						
REVERUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))	
 E	1	Gross revenue					
F	2	Cash prizes .					
DIRECT	3	Non-cash prizes .					
C S T E S	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes%	Yes%	Yes%		
	7	Direct expense summary. Add lines 2 thr	ough 5 in column (d).				
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7	>		
9	Ent	er the state(s) in which the organization of	poratos gamina activitis	ve.			
á	ls th	the organization licensed to operate gaming	g activities in each of th	nese states?		Yes No	
		re any of the organization's gaming license (es,' explain:	es revoked, suspended	or terminated during the	e tax year ⁹	Yes No	
BAA			TEEA3702L 0	01/24/12	Schedule G (Fo	rm 990 or 990-EZ) 2011	

72-1248905

Schedule G (Form 990 or 990-EZ) 2011 BREAUX BRIDGE CRAWFISH FESTIVAL

Schedule (G (Form 990 or 990-EZ) 201	1 BREAUX BRIDG	E CRAWFISH FEST	IVAL	72-1248	8905	Page 3
	the organization operate g					Yes	No
12 Is the admi	e organization a grantor, be nister charitable gaming?	neficiary or trustee of	a trust or a member of a	partnership or other	entity formed to	Yes	No
13 Indic	ate the percentage of gami	ng activity operated in	:		1 1		
	organization's facility	ing don't in operation in	•		13a		%
					13b		
	r the name and address of					3	
Nam	e 						
Addr	ess ►						
b If 'Ye	the organization have a coes,' enter the amount of gar aming revenue retained by the coes,' enter name and address	ning revenue received he third party • \$	by the organization ► \$			Yes	No
Nam	e -						7
Addr	ess ►						
16 Gam	ing manager information:						
Nam	e ►			·			
Gam	ing manager compensation	\$					
Desc	ription of services provided	·			. – – – – – –	· -	
	Director/officer	Employee	Independ	ent contractor			
17 Man	datory distributions						
	e organization required und gaming license? r the amount of distribution					. Yes	No
	nization's own exempt activ						
Part IV	Supplemental Inform columns (III) and (V), this part to provide a	nation. Complete t and Part III, lines	his part to provide t 9, 9b, 10b, 15b, 15	c, 16, and 17b, as	equired by Pa s applicable. <i>I</i>	rt I, line 2 Also comp	lete
		-					
			·		····		
BAA	-		TEEA3703L 05/20/11		Schedule G (Form	n 990 or 990	-EZ) 2011

BAA

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

201

OMB No 1545-0047

Open to Public Inspection

2 Employer identification number 72-1248905 Pa成图 General Information on Grants and Assistance BREAUX BRIDGE CRAWFISH FESTIVAL Department of the Treasury Internal Revenue Service Name of the organization

X Yes Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Rants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II can be duplicated if additional space is needed	additional space is n						
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CITY OF BREAUX BRIDGE 101 BERARD STREET BREAIX BRIDGE 1.A 70517	CITY OF	CITY OF	U	150.324	HOOK	IMPROVEMENTS TO	IMPROVEMENTS TO
(3)	,						
(4)							
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !							
<u>ω</u>							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government o	rganizations listed i	in the line 1 table			A	0

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations listed in the line 1 table

Partill™ Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. 72-1248905 BREAUX BRIDGE CRAWFISH FESTIVAL Schedule 1 (Form 990) (2011)

Page 2

(f) Description of non-cash assistance RatilV: Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) FOR NON-CASH ASSISTANCE (IMPROVEMENTS TO THE PARK), THE IMPROVEMENTS ARE SUBMITTED TO THE CITY FOR APPROVAL. ONCE APPROVED BY THE CITY, THE IMPROVEMENTS ARE THEN APPROVED BY THE MEMBERS OF ASSOCIATION. EACH MONTH THE FUNDS BEING SPENT FOR THE IMPROVEMENTS (d) Amount of non-cash assistance PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S. (c) Amount of cash grant ARE APPROVED BY THE MEMBERS OF THE ASSOCIATION (b) Number of recipients (a) Type of grant or assistance ო 4 Ŋ 9 0

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Schedule I (Form 990) (2011)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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 Inspection

ASSOCIATION ASSOCIATION	72–1248905
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP	OF OFFICERS, DIRECTORS, ETC.
EUGENE_& PAULA_FAUCHEAUX	
MARRIED .	
MARK & ANGELIQUE BERNARD .	
MARRIED ·	
GEORGE & TAMMY DOMINGUES .	
MARRIED ·	
BYRON & DONNA BLANCHARD .	
MARRIED ·	
JIMMY_DURIO_&_GENEE_HEBERT	
MARRIED .	
MARK & BLAISE BERNARD .	
FATHER & SON '	
ANGELIQUE & BLAISE BERNARD ·	
MOTHER & SON .	
DDANDON C LEAU DANTD	
BRANDON & LEAH DAVID :	
MARRIED :	
BYRON & BLAKELEY BLANCHARD .	

dule O (Form 990 or 990-EZ) 2011 of the organization BREAUX BRIDGE CRAWFISH FESTIVAL	Employer identification number
ASSOCIATION PESTIVAL	72-1248905
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP	OF OFFICERS, DIRECTORS, ETC.
FATHER & DAUGHTER .	
DONNA & BLAKELEY BLANCHARD ·	
MOTHER & DAUGHTER '	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMB	ERS OR SHAREHOLDER
ACTIVE MEMBERSHIP IN THIS CORPORATION SHALL BE OPEN	TO ANY PERSON EIGHTEEN YEARS OR
OLDER WHO IS IN SUPPORT OF THE OBJECTIVES OF THIS CO	RPORATION. ACTIVE MEMBERS SHAL
PAY YEARLY DUES AND SHALL ENJOY ALL MEMBERSHIP PRIVI	LEGES. ·
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS	ELECT GOVERNING BODY
THE ELECTED DIRECTORS SHALL BE ELECTED FROM THE GENE	RAL MEMBERSHIP. IN ORDER TO
ELECT DIRECTORS, EACH MEMBER OF THE CORPORATION WHOS	E DUES ARE PAID IN FULL FOR THE
CURRENT FISCAL YEAR SHALL HAVE ONE VOTE AND A MAJORI	TY VOTE OF THE QUORUM AS
ESTABLISHED BY THE BI-LAWS SHALL BE SUFFICIENT TO EL	ECT A DIRECTOR.
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY AF	PROVAL BY MEMBERS OR SHAREHOLD
A MAJORITY OF THE DIRECTORS SHALL CONSTITUTE A QUORU	M AND A QUORUM SHALL BE
NECESSARY TO CONSIDER ANY QUESTION THAT MAY COME BEF	ORE ANY MEETING OF THE
DIRECTORS. ONCE A QUORUM IS PRESENT, THE ASSEMBLED	DIRECTORS MAY TRANSACT ANY
BUSINESS BY A MAJORITY VOTE OF THOSE DIRECTORS PRESE	NT. ·
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE FORM IS REVIEWED BY THE PRESIDENT AND/OR TREASUR	ER PRIOR TO SUBMITTING.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS	PUBLICLY AVAILABLE
THE BI-LAWS AND THE FINANCIAL STATEMENTS ARE AVAILAB	LE UPON REQUEST. ·

(Rev January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue		► File a sep	oarate appli	cation for each return.		
If you are	e filing for an	Automatic 3-Month Extension, con	nplete only	Part I and check this box		► X
-	-			n, complete only Part II (on page 2 of th	ıs form)	
Do not com	plete Part II un	nless you have already been grante	d an autom	natic 3-month extension on a previously t	filed Form 88	368
request an e	required to file extension of tir With Certain Po	Form 990-T), or an additional (not ne to file any of the forms listed in	: automatic) Part I or Pa ust be sent	d a 3-month automatic extension of time 3-month extension of time. You can eleart II with the exception of Form 8870, Into the IRS in paper format (see instructive Charities & Nonprofits.	ectronically fi iformation Ri	le Form 8868 to eturn for Transfers
PadleA	utomatic 3-	Month Extension of Time.	nlv subm	nit original (no copies needed).		
				-month extension - check this box and	complete Pa	rt I only
All other cor income tax i		luding 1120-C filers), partnerships,	REMICS, a	nd trusts must use Form 7004 to reques	t an extensio	on of time to file
				Enter filer's identif		
T	Name of exempt	organization or other filer, see instructions			Employer ident	ification number (EIN) or
Type or print	ASSOCIAT				X 72-12	
File by the due date for	Number, street, a	and room or suite number. If a PO box, see in	structions		Social sec	curity number (SSN)
filing your return See	P.O. BOX					
City, town or post office, state, and ZIP code For a foreign address, see instructions						
	BREAUX B	RIDGE, LA 70517				
Enter the Re	eturn code for	the return that this application is fo	r (file a sep	parate application for each return)		01
Application Is For			Return Code	Application Is For		Return Code
Form 990			01	Form 990-T (corporation)		07
Form 990-Bl	-		02	Form 1041-A		08
Form 990-E2			01	Form 4720		09
Form 990-Pf		04 Form 5227 10				
Form 990-T (section 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12						
Form 990-T	(trust other tha	an above)	06	Form 8870	·	12
Telephon If the org If this is check the exter I I reque	e No 337. ganization doe for a Group Re is box nsion is for est an automat	If it is for part of the group, c	digit Group heck this b ition require		this is for th mes and EIN	e whole group, Is of all members
The ex ► X		the organization's return for: r 20 or nning <u>8/01</u> , 20_ <u>11</u> _	, and endir	ng 7/31 ,20 12		
2 If the t		d in line 1 is for less than 12 mont		_	al return	
3a If this nonref	application is t undable credit	or Form 990-BL, 990-PF, 990-T, 47 s See instructions	20, or 6069), enter the tentative tax, less any	3a \$	0.
payme	nts made Incl	ude any prior year overpayment al	lowed as a		3b \$	0.
EFTPS	(Electronic Fo	ct line 3b from line 3a. Include you ederal Tax Payment System) See	instructions	<u> </u>	3c \$	0.
Caution. If y payment ins		o make an electronic fund withdraw	val with this	s Form 8868, see Form 8453-EO and For	m 8879-EO	ior