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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

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the 2	2012 calen	dar year, or tax year beginning 8/01 , 2012, and ending	7/3	31		, 2013 .
В	Check if ap	plicable	С		D Employ		fication Number
	Addres	ss change	BREAUX BRIDGE CRAWFISH FESTIVAL		72-	12489	905 ·
	Name	change	ASSOCIATION ·	Ì	E Teleph		
	\vdash	return	P.O. BOX 25 ·		337	-332	-6655 ·
	Termir		BREAUX BRIDGE, LA 70517 ·	ŀ	331	_332	-0033
	\vdash	ded return		ŀ	C •	. (¢ (10 E21
			F Name and address of principal officer MARK BERNARD	l(a) is this a	G Gross		
	Applic	ation pending					
			SAME AS C ABOVE	(b) Are all i if 'No,' i	attach a list	(see inst	tructions) Yes No
<u> </u>		mpt status	501(c)(3) X 501(c) (4 ·) (insert no) 4947(a)(1) or 527				
J	Websi	te: ► WW		i(c) Group e			
K		organization	Corporation Trust X Association Other ► L Year of Formatio	n 1959) M:	State of le	egal domicile LA
Pa		Summar					
	1 Bri	iefly descri	be the organization's mission or most significant activities COMMUNITY	_BENE	FIT_OF	GANI	ZATION ·
e,							
Governance							
Ea						-	
Š	2 Ch	eck this bo		e than 25	5% of its	net ass	sets
			oting members of the governing body (Part VI, line 1a)			3	25
S			dependent voting members of the governing body (Part VI, line 1b)			4	25
ŧ			of individuals employed in calendar year 2012 (Part V, line 2a) of volunteers (estimate if necessary)			5	0
Activities &	1		ed business revenue from Part VIII, column (C), line 12			6 7a	400
٩	II .		business taxable income from Form 990-T. line 34			7 b	0.
	1 2 1 40	t dill'oldice	business taxable medice nonn onn 550-1, line 54	П.	ior Year	1 / B	
	8 Co	intributions	and grants (Part VIII, line 1h)	F1	ior rear		Current Year
ne	1		rice revenue (Part VIII, line 2g)			300.	- · · · · · · · · · · · · · · · · · · ·
Revenue	10 Inv	vestment in	ncome (Part VIII, column (A), lines 3, 4, and 7d) NOV 5 7 2013			292.	2 626
Æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		188,4		2,626.
	1		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		191,0		<u>174,546.</u> - 177,172.
: —			imilar amounts paid (Part IX, column (A), lines 1-3)	 	158,8		
	1	nefits paid	130,0	949.	6,675.		
A		laries, othe					
. 8	15 50						
Expenses	16a Pro	otessional	fundraising fees (Part IX, column (A), line 11e)				
× ď	b To	tal fundrais	sing expenses (Part IX, column (D), line 25) ►9,396.			`	
ш	17 Oth	her expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)		111,8	320.	97,423.
	18 Tot	tal expense	es Add lines 13-17 (must equal Part IX, column (A), line 25)		270,6		104,098.
	19 Re	venue less	expenses Subtract line 18 from line 12		-79,6		73,074.
8 8				Beginning	g of Curren		End of Year
aet: alar	20 Tot	tal assets ((Part X, line 16)	Jognini	380,0		453,109.
A Pa	21 Tot	tal habilitie	s (Part X, line 26)			0.	· 0.
Net.	22 Ne	t assets or	fund balances Subtract line 21 from line 20		380,0		
Da	<u> </u>	Signatur		l	_300,0	,33.1	· 453,109.
com	olete Declar	of perjury, i de ration of prepa	clare that I have examined this satura, including accompanying schedules and statements, and to the rer (other than officer) is based on all information of which preparer has any knowledge	e best of my	knowledge	and belie	et, it is true, correct, and
			Mak Alberras		11-	210	-12
Sic	.n	Signatur	e gr officer	Date	//		
Sig He	jii re		Mark I bernard - President				
110		Type of	print name and title				····
		 		1			PTIN
_			11-2	043	Eheck	J" [
Pa		RUSSELL	r Champagne, CPA RUSSELL F. Champagne, CPA	!	self employe	ed F	200300315
	eparer	Firm's name					
US	e Only	Firm's addre	ss 113 EAST BRIDGE STREET		Firm's EIN		1369868
			BREAUX BRIDGE, LA 70517		Phone no	(337)	332-4020
			s return with the preparer shown above? (see instructions)				X Yes No
BA	A For Pa	perwork Re	eduction Act Notice, see the separate instructions.	0113L 12/1	8/12		Form 990 (2012)

	990 (2012) BREAUX BRIDGE CRAWFISH FESTIVAL	72-1	24890)5	_ F	age 2
Par	t III Statement of Program Service Accomplishments			-		
	Check if Schedule O contains a response to any question in this Part III					
1	Briefly describe the organization's mission					
	COMMUNITY BENEFIT ORGANIZATION ·					
2	Did the organization undertake any significant program services during the year which were not listed on	the prior		<u></u>		
	Form 990 or 990-EZ?			Yes	X	No ·
	If 'Yes,' describe these new services on Schedule O				_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?		Yes	X	No -
	If 'Yes,' describe these changes on Schedule O		ت		ب	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount others, the total expenses, and revenue, if any, for each program service reported	es, as mount of gr	easured ants an	i by ex d alioc	pensi ations	es s to
4 a	(Code) (Expenses \$ 6,675. including grants of \$) (R	evenue	 \$)
	DONATIONS WERE MADE TO A FEW ORGANIZATIONS IN THE COMMUNITY FOR			OF		'
	BENEFITTING THE COMMUNITY AS A WHOLE; THEREFORE, THE NUMBER OF PH					
	INDETERMINABLE.	1120112	DEM	11 11.	_ <u></u>	
	TADDIDIVITADDD, -					
				-		
4 b	(Code) (Expenses \$ including grants of \$) (R	evenue	\$)
		. — — —				
		. – – – –				
		· -				
						
4 c	(Code) (Expenses \$ including grants of \$) (R	evenue	Ş)
		. 				
		- 				
				- -		
4 4	Other program services (Describe in Schedule O.)					
, ,	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 6,675.				,	
BAA	TEEA0102L 08/08/12			Form	990 ((2012)

			Yes	No
1	Is the organization described in section 501(c)(3) or $4947(a)(1)$ (other than a private foundation)? If 'Yes,' complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X ·
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	4. 2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
i	a Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete Schedule D, Part VI	11 a	Х	
!	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	11 b		Х
•	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		Х
•	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	11 d		Х
(e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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		X
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
l	b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 :	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	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
15	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		X
16	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	16		χ.
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
19	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		<u> X</u>
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Χ.
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 Ь		

Part IV: Checklist of Required Schedules (continued)

		1 1	162	ואט
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	Х	
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 27 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	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		x
ł	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(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		
C	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		Х
t	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
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		Х.
	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)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	از می از از می از از از میکرد را	المارية المارية المارية
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
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> </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		Χ.
	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		χ.
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> .
b	of Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
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		Χ.
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
AA		Form	990 (2	2012)

Form **990** (2012)

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 37[••		7
t	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1 b 0	.		-
,	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming	`_	l	
	(gambling) winnings to prize winners?	l l	1 c	X	•
2 8	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	2 a 0	`` -		
ŀ	If at least one is reported on line 2a, did the organization file all required federal employmen		2 b	- '	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ii	,			,
3:	Did the organization have unrelated business gross income of \$1,000 or more during the year		3 a		Х
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account.)	er authority over, a	4 a		Х
ł	olf 'Yes,' enter the name of the foreign country				
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and f	inancial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year [?]	5 a		Х
ł	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5ь		X
(If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	•	5 c		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х
ŀ	of Yes, did the organization include with every solicitation an express statement that such contribution tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).		👯	78 -	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly as a c	partly for goods and	;		
•	services provided to the payor?	land, to great the	7 a		<u> </u>
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it	was required to file	7.		
	Form 8282?	7 d	7 c		
	Hif 'Yes,' indicate the number of Forms 8282 filed during the year : Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e	•	}
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal ber Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file as required?		7 g		
١	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8	·	-
9	Sponsoring organizations maintaining donor advised funds.		. \2	₹ <u>.</u> .	7
á	Did the organization make any taxable distributions under section 4966?		9 a		
ŀ	Did the organization make a distribution to a donor, donor advisor, or related person?		9 Ь		
10	Section 501(c)(7) organizations. Enter		·n - ,	. ~ .	٠,
á	Initiation fees and capital contributions included on Part VIII, line 12	10 a			, ·
ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b	7.2		,
11	Section 501(c)(12) organizations. Enter			, ` , , , , ,	,
ā	Gross income from members or shareholders	11 a	,7,5	j. 1,50	17
ł	Gross income from other sources (Do not net amounts due or paid to other sources		,	4 35	
	against amounts due or received from them).	116	E (255)		
	Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu		12 a	11.0	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	126	. , 3	77	
	Section 501(c)(29) qualified nonprofit health insurance issuers.		12.		, *
ā	Is the organization licensed to issue qualified health plans in more than one state?		13 a		
	Note. See the instructions for additional information the organization must report on Schedu	le U	"()	•	
t	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	13Ы		7	
,	Enter the amount of reserves on hand	13 c		13. A.	1: [5
	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14 a		Х
	If 'Yes.' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14 b		

Part VI: Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1	a 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		1	,
	b Enter the number of voting members included in line 1a, above, who are independent 1 b	7.		23 m 3 13 g n 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	3		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	X	•
4	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	3		X
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	 	X
6	Did the organization have members or stockholders? SEE SCHEDULE 0 ·	6	Х	
7	a 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 O	7 a	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	7b	Х	
8	the following		8. 34 	ing finite
	a The governing body?	8 a		Х
	b Each committee with authority to act on behalf of the governing body?	8 b		X
9	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	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revi	enue	Code	∍.)
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		X
١	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 Ь		
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	5. 5.	10000	4.15.
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X	ì
I	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b		Х
•	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c		Х
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	•
15	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?			700 m
	The organization's CEO, Executive Director, or top management official	15 a		X
	b Other officers of key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)	- 7-	1-12-32°	14,70
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	7.7.2	X
ŀ	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	1,7 7 1,7 7 1,7 7		ۇ ، مىڭ
<u> </u>	organization's exempt status with respect to such arrangements?	16 b		
	List the states with which a copy of this Form 990 is required to be filed NONE.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availins pection. Indicate how you make these available. Check all that apply Own website. Another's website. X Upon request . Other (explain in Schedule O)	iable f	or pub	olic
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available the public during the tax year SEE SCHEDULE O	ole to		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organ	nzatio	n	
•	BBCFA P.O. BOX 25 BREAUX BRIDGE LA 70517 337-332-6655			

Part VII | 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

- 1 a 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)								
(A) Name and Title	(B) Average hours per week (list	one bo	er an	less (perso	more to solution more to more to solution more than the solution	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099-MISC)	related organizations (W 2/1099-MISC)	compensation from the organization and related organizations
(1) MARK BERNARD	0									
PRESIDENT	0							0.	0.	0.
(2) CHRIS LATIOLAIS ·	0									
DIRECTOR ·	0							0.	0.	0.
(3) GEORGE DOMINGUES .	0									
DIRECTOR ·	0							0.	0.	0.
(4) BYRON BLANCHARD .	0									
TREASURER ·	0							0.	0.	0.
(5) GENEE HEBERT ·	0									
DIRECTOR ·	0		ļ					0.	0.	0.
(6) ERROL LEBLANC ·	0									
VICE PRESIDENT	0						Ш	0.	0.	0.
7) JOHN POIRIER.	0									
DIRECTOR ·	0							0.	0.1	0.
(8) ANGELIQUE BERNARD ·	0									
PUBLICITY DIREC -	0							0.	0.	0.
(9) JIMMY DURIO	0		1				} }			
DIRECTOR ·	0			\Box				0.	0.	0
(10) DONNA BLANCHARD	0	.								
DIRECTOR ·	0							0.	0.	0.
(11) TAMMY DOMINGUES .	0	. [ļ					
DIRECTOR ·	0							0.	0.	0.
(12) PAUL LAVIOLLETTE	0	. 1	1	- 1						
FEST COORDINAT	0							0.	0.	0.
(13) EUGENE FAUCHEAUX ·	0	.]			Ţ					·— ·
DIRECTOR '	0]			0.	0.	0.
(14) PAULA FAUCHEAUX ·	0	.]	- 1		I					
DIRECTOR	0						L	0.	0.	0.

	(B)	(B) (C)		1						
(A) Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other			
	(list any hours for related organiza tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
	line)	.,	8	ŀ		ated				
(15) CRAIG OLIVIER · DIR AT LARGE ·	- 0							0.	0.	0.
(16) NATALIE BLANCHARD ·	0_									
SECRETARY (17) BLAISE BERNARD	0			<u> </u>	ļ <u>.</u> .	 		0.	0.	0.
DIRECTOR ·	1-8-							0.	0.	0.
(18) BLAKELEY BLANCHARD	0						H	,	<u> </u>	
DIRECTOR ·	0							0.	0.	0.
(19) CINDY BOREL ·	0_									
DIRECTOR ·	0					_		0.	0.	0.
(20) BRANDON DAVID	1 - 0 -									
DIRECTOR · (21) LEAH DAVID ·	0					 		0.	0.	0.
DIRECTOR ·	1-5-							0.	0.	0.
(22) SCOTT HEBERT ·	0							<u>_</u>		Ŭ.
DIRECTOR ·	0						L	0.	0.	0.
(23) DEBBIE MORROGH ·	0_								_	_
DIRECTOR · (24) KENNETH THIBODEAUX ·	0							0.	0.	0.
DIRECTOR ·	- 0-							0.	0.	0.
(25) GERALD BOREL	0-									_
DIRECTOR ·	0	لــــا					_	0.	<u>0.</u> 0.	0.
c Total from continuation sheets to Part VII, Section	n A						•	0.	0.	0.
d Total (add lines 1b and 1c)							•	0.	0.	0.
2 Total number of individuals (including but not limited to	those li	sted	abo	ve) v	vho i	recen	ved			
from the organization ► 0						_				
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such	r or trus Individu	tee, I	key	emp	oloy	ee, c	or hi	ghest compensate	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of r the organization and related organizations greater such individual	eportabl than \$1	e cor 50,00	npe)0?	nsa If 'Y	tion 'es'	and comp	oth olet	er compensation of e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue	compen	satio	n fro	om a	any	unre	late	d organization or	ındıvıdual	5 X
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	comple	ie 30	пеа	uie .	J 101	SUC	пр	erson		5 X
1 Complete this table for your five highest compensation	ited inde	pend	dent	cor	ntrac	tors	tha	t received more th	nan \$100,000 of	***
compensation from the organization Report compensation		the ca	len	dar y	ear_	endır	ng w	:	ganization's tax year	
(A) Name and business addre	ss							Description o	f services	(C) Compensation
										<u>-</u>
2 Total number of independent contractors (including but	not limit	led to	tho	se li	sted	abov	/e) \	who received more	than	
\$100,000 in compensation from the organization	0									
BAA	T	EEA01	108L	01/2	4/13					Form 990 (2012)

				CRAW	<u>FISH FESTIV</u>	AL _		72-1248905	Page 9
Pai	rt VI	III Statement of Rev	venue				····		
		Check if Schedule O	contains a	a respo	onse to any questi	on in this Part VIII			Г
,						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta: under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a	Federated campaigns		1 a	_				A
2 GR	ь	Membership dues		1 b					
Z ¥	c	: Fundraising events		1 c		The second secon			
5 ₹	d	Related organizations		1 d				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
S S	е	Government grants (contribution	ons).	1 e			1. 经基础的		H. 18175
5 2	,	All ather sente but one setter of							المراجعة الم
題を	'	All other contributions, gifts, g similar amounts not included	above	1f			W. 1. 2 4. 3. 1.		
N S	a	Noncash contributions include	1						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Total. Add lines 1a-1f		·· •	-		医感觉线线点		
***					Business Code	E			2
PROGRAM SERVICE REVENUE	2 a	1		-		and the site following the	and it is a market to the the	to confi to the	***** * ***
쮼	Ь								
2	ء ا				· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
SER	ا	 				-		· · · · · · · · · · · · · · · · · · ·	
₽	e								
8	f	All other program service	e revenue			 	 		
8		Total. Add lines 2a-2f		· [· · · · · · · · · · · · · · · · · · ·	4 Sept 2 4 5 5	77.25.37
		Investment income (incl	uding day	danda	interest and		my 2012 5 1 1/201 3 2		
	3	other similar amounts)	iuerius	, interest and	2,626.	2,626.			
	4	4 Income from investment of tax-exempt bond proceeds				. 2,020.	2,020.		
	5	Royalties			•				
			(i) Re	eal	(ii) Personal	Turk 12 C	CONTRACTOR OF	the the second of the second	g, vg , vg ,
	6a	Gross rents				12 点(変数で)	· 大学 12 12 13 14 14		
	Ь	Less rental expenses				·蒙哲為·獨特為			[1] "我们是一个人。" [1] "我们是一个人,我们是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一
	I .	Rental income or (loss)		-					1. 最高严重
	ſ	Net rental income or (lo	ss)		_	The second of the last	a di indicandi ca e daga d	in a la dadini ar a liba .	A CL AND SIE N
	ŀ		(i) Secu	rities	(ii) Other	1 10 10 10 10	Butte to a Amilia	S. 1. 50 - 1 - 1	S. C. (1950)
	/ a	Gross amount from sales of assets other than inventory				[1] 经设施			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
		· 1				ا المارية المعادة المارية الما المارية المارية الماري		1 18 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	0	Less cost or other basis and sales expenses					Man The	12 3 - 12 M	
	c	Gain or (loss)			 				
		Net gain or (loss)		· · · · · · · · · · · · · · · · · · ·	· •	To The Indiana State Com-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Britania (A).	The second second
		Gross income from fund	raicina oi	onto		man and following	NE- (150° - 3 1) - 1° 7	n white at the Wing of	the state of
3	Oa	(not including \$	raising ev	rents		医2000 高温点			· · · · · · · · · · · · · · · · · · ·
Ξ		of contributions reported	on line 1	c)			The state of the s		
×.		See Part IV, line 18		ā	616,905.	是这种是			
OTHER REVENUE	Ь	Less direct expenses		Ł		"是这些是是是是"。 第二章			
9	С	Net income or (loss) from	m fundrais	sına ev		174,546.		1 12 day 1 2 1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				_		503 Sec. 113 to	The first of the first	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Эа	Gross income from gam See Part IV, line 19	ing activit	.103		La This of the same			
		Less direct expenses		t	,			(1985) 14 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		Net income or (loss) from	m aamina	activi	ies ►	The state of the s	Red Markana (Co.)		,
						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3 4 1 1 1 1	
	1U a	Gross sales of inventory and allowances	, less rett	arris a				Carlotte States	
		Less cost of goods sold		Ł			一个小人		
		Net income or (loss) from		_	` 	To a section of the section of the	(Bir Later) i katilik bi bi -	psylling land days	produced in the second
ł		Miscellaneous Revenu			Business Code	Ta 1/4 2/50 144 4	AND THE STATES	The tight of the	2. T. C. F. 19
Ì	11 a					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The size of the state of	processor in the second	The Take to the con-
	b			-			<u> </u>		
J						 			
Ì	ų	All other revenue				 			
		Total. Add lines 11a-11d		L		 	2 38 NO ELS 147	of the family of	The grade to the first the same
	-					i .	and the second of the second o	the state of the s	

12 Total revenue. See instructions

Part IX | Statement of Functional Expenses

Sec.	tion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a r			nust complete column (^ /
		(A)	(B)	(C)	(D)
Do r 7b, d	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,675.	6,675.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	970.0	9,0,0.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				4
4	Benefits paid to or for members				1, 1, 1, 1,
5	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)				
а	Management				
b	Legal				
c	: Accounting	3,390.	•	3,390.	
d	Lobbying			7,555	
е	Professional fundraising services See Part IV, line 17		Act Charles of Section		
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, col-	7.60		7.60	
	umn (A) amt, list line 11g expenses on Sch O)	760.	<u>'</u>	760.	
	Advertising and promotion	1,739.		1,739.	
13	•	1,619.		1,619.	
14	Information technology				
15	Royalties	2 552		2 552	
16	Occupancy	2,660.	•	2,660.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,343.		6,343.	
	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses	· 不是一个		A State of the sta	
	in line 24e. If line 24e amount exceeds 10%		医毛头膜 经汇款法		
	of line 25, column (A) amount, list line 24e expenses on Schedule O)		[李] [[] [[] [] []	· 1997年 (1994年)	我们的我们来到!
_	CONTRACT LABOR	40.010	१.केट वर्ग विकित्त	40.013	Control Regions
		46,013.		46,013.	
	RENT EXPENSE	15,000.		15,000.	0.300
	BUSINESS DEVELOPMENT	9,396.		2 465	9,396.
	MISCELLANEOUS	2,465.		2,465.	
	All other expenses	8,038.	C C75	8,038.	0.200
25	Total functional expenses Add lines 1 through 24e	104,098.	6,675.	88,027.	9,396.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	60,867:	1	138,037.
	2	Savings and temporary cash investments	245,428:	2	247,977.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		-	
A	7	Notes and loans receivable, net		7	
A S E T S	8	Inventories for sale or use	3,983.	8	3,680.
Ī	9	Prepaid expenses and deferred charges	3, 363.	9	3,000.
Ū	10 a	Land, buildings, and equipment cost or other basis		,,,	
		Complete Part VI of Schedule D 10a 189, 945. Less accumulated depreciation 10b 126, 530.	69,757.	10 c	CO 41E
	11	Investments – publicly traded securities	09,131.	11	63,415.
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	380,035.	16	453,109.
	17	Accounts payable and accrued expenses	300,033.	17	433,103.
	18	Grants payable		18	
	19	Deferred revenue		19	·
L	20	Tax-exempt bond liabilities		20	
Ą	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
AB L L L T	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties	- · · · · · · · · · · · · · · · · · · ·	23	· · · · · · · · · · · · · · · · · · ·
S	24	Unsecured notes and loans payable to unrelated third parties.		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
N E		Organizations that follow SFAS 117 (ASC 958), check here ► and complete	The Thirty and the	′、	THE PROPERTY OF THE PROPERTY O
7		lines 27 through 29, and lines 33 and 34.		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	the state of the s
ASSETS	27	Unrestricted net assets		27	
Ĕ	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
0ZC+ 30		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
Ď	30	Capital stock or trust principal, or current funds		30	
В	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ç	32	Retained earnings, endowment, accumulated income, or other funds	380,035.	32	453,109.
BALAZCES	33	Total net assets or fund balances	380,035.	33	453,109.
	34	Total liabilities and net assets/fund balances	380,035.	34	453,109.
BA	4		····		Form 990 (2012)

Forn	1990 (2012) BREAUX BRIDGE CRAWFISH FESTIVAL	72-1248905	Page 12				
Pai	t 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	177,172.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,098.				
3	Revenue less expenses Subtract line 2 from line 1	3	73,074.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	380,035.				
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O).	9	0.				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	453,109.				
Pai	t XII ⁻ Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
	L. L. L.		Yes No				
1	Accounting method used to prepare the Form 990 X Cash • Accrual Other		135 4 5 00 5				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O						
2 2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X .				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	ewed on a					
	X Separate basis Consolidated basis Both consolidated and separate basis						
ı	Were the organization's financial statements audited by an independent accountant?		2 b X				
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a se	oarate					
	basis, consolidated basis, or both						
	Separate basis Consolidated basis Both consolidated and separate basis						
(: 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,	2 c X ·				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3 a	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
ŀ	o 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	3 b				
BAA			Form 990 (2012)				

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► 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

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations Complete Part III			
Name	of organization			Employer identifica	ation number
BRI	EAUX BRIDGE CRAWFIS	SH FESTIVAL		72-124890	5
Par	til-A Complete if the or	ganization is exempt under section	501(c) or is a sect	tion 527 organizatio	n.
1	Provide a description of the	organization's direct and indirect political ca	ampaign activities in F	Part IV.	
2	Political expenditures			► \$	
3	Volunteer hours				
Par	t I-B Complete if the o	rganization is exempt under sect	ion 501(c)(3).		
1	Enter the amount of any exc	ise tax incurred by the organization under s	section 4955	▶ \$	· · · · · · · · · · · · · · · · · · ·
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955	►\$	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for t	his year?		Yes No
4 a	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the o	rganization is exempt under sect	ion 501(c), exce	ot section 501(c)(3)).
1	Enter the amount directly ex	pended by the filing organization for section	527 exempt function	activities \$	·
2	Enter the amount of the filing function activities	g organization's funds contributed to other o	organizations for secti	on 527 exempt	
3	Total exempt function expen	ditures Add lines 1 and 2 Enter here and o	on Form 1120-POL,	►s	
4	Did the filing organization file	Form 1120-POL for this year?		•	Yes X No
5	organization made payments amount of political contribute	and employer identification number (EIN) of For each organization listed, enter the an ons received that were promptly and directly action committee (PAC). If additional space	nount paid from the fill y delivered to a senar	ling organization's funds	ch the filing 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) 2012

Schedule C (Form 990 or 990-EZ) 201	² BREAUX_BRID	GE CRAWFISH FEST s exempt under secti	'IVAL ion 501(c)(3) and f	72-1248 iled Form 5768 (election	
section 501((h)).				
A Check ► If the filing	ng organization belor	ngs to an affiliated group ((and list in Part IV eac	ch affiliated group member	s name,
address,	EIN, expenses, and	share of excess lobbying	expenditures)		
B Check ► I if the filing	ng organization chec	ked box A and 'limited coi	ntrol' provisions apply		
(The term		ing Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	ures to influence pub	lic opinion (grass roots lo	bbying)		
b Total lobbying expenditu	ures to influence a le	gislative body (direct lobb	ying)		
c Total lobbying expenditu	ures (add lines 1a an	d 1b)			
d Other exempt purpose e	expenditures				
e Total exempt purpose e	xpenditures (add line	es 1c and 1d)			
f Lobbying nontaxable am both columns	nount Enter the amo	ount from the following tab	ole in		
If the amount on line 1e, colu	umn (a) or (b) is	The lobbying nontaxable	amount is	in a State of	
Not over \$500,000 20% of the amount on line le					
Over \$500,000 but not over \$1,	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000				
Over \$1,000,000 but not over \$					h
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000			
g Grassroots nontaxable a	amount (enter 25% o	f line 1f)			
h Subtract line 1g from lin	ne 1a If zero or less,	enter -0-			
i Subtract line 1f from line	e 1c If zero or less,	enter -0-			
j If there is an amount off section 4911 tax for this	her than zero on eith year?	er line 1h or line 1i, did th	ne organization file Fo	rm 4720 reporting	Yes No
(Sor	me organizations tha	4-Year Averaging Period at made a section 501(h) e as below. See the instruct	lection do not have to		
	Lobby	ing Expenditures During	4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					

f Grassroots lobbying expenditures

c Total lobbying expenditures

amount

d Grassroots nontaxable

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012 BREAUX BRIDGE CRAWFISH FESTIVAL 72-1248905 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity Yes No **Amount** 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 123 a Volunteers? 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? 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? i Other activities? j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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). No Yes 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part ÍÍI-A, line 3, is answered 'Yes. Dues, assessments and similar amounts from members 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a **b** Carryover from last year 2 b 2 c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 0. Taxable amount of lobbying and political expenditures (see instructions) 5 0. Part IV 5 Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II B, line 1. Also, complete this part for any additional information

BAA

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public

Employer identification number

BREAUX BRIDGE CRAWFISH FESTIVAL ASSOCIATION 72-1248905 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 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 funds are the organization's property, subject to the organization's exclusive legal control? Yes No 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 Nο Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV. 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 Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year *5 Held at the End of the Tax Year a Total number of conservation easements. 2 a **b** Total acreage restricted by conservation easements 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c 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, and enforcement of the conservation easements it holds No 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 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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 XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items ► Ś Revenues included in Form 990, Part VIII, line 1. ÞŚ (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

Schedule D (Form 990) 2012 BREAU				72-124			Page 2
Part III Organizations Maintair	iing Collectio	ns of Art, Historic	al Treasures, or O	ther Similar Assets	(contin	ued)	
3 Using the organization's acquisition items (check all that apply)	on, accession, a	nd other records, che	ck any of the following	that are a significant us	se of its	collection	on
a Public exhibition		d Loan o	or exchange programs				
b Scholarly research		e Other					
c Preservation for future gener	ations	_					
4 Provide a description of the organ Part XIII		·	,	, , .	e in		
5 During the year, did the organiza to be sold to raise funds rather the	ian to be mainta	ined as part of the org	ganization's collection?	7	Yes		No
Part IV: Escrow and Custodial Arra reported an amount o	ngements. Com n Form 990,	Part X, line 21.	ion answered 'Yes' to	Form 990, Part IV, line	∌ 9, or		
1 a Is the organization an agent, trus on Form 990, Part X?		·		ner assets not included	Yes	[No
b If 'Yes,' explain the arrangement	in Part Airt and	complete the following	g table		Amoun		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1f			
2 a Did the organization include an a	mount on Form	990, Part X, line 21?			Yes		No
b If 'Yes,' explain the arrangement	in Part XIII Che	eck here if the explant	ion has been provided	In Part XIII			
Part V Endowment Funds. Co							
	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e)	Four yea	ars
1 a Beginning of year balance	<u></u>						
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the current	ear end balance (line	1g, column (a)) held	as			
a Board designated or quasi-endow	/ment ►	%					
b Permanent endowment ►	%						
c Temporarily restricted endowmen	it ►	%					
The percentages in lines 2a, 2b,	and 2c should e	qual 100%.					
3 a Are there endowment funds not in organization by	n the possession	of the organization th	hat are held and admi	nistered for the	[Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		
b If 'Yes' to 3a(II), are the related o	rganizations liste	ed as required on Sch	edule R?		3b		
4 Describe in Part XIII the intended	-						
Part VI Land, Buildings, and	Equipment.	See Form 990, P	art X, line 10.				
Description of property	(a	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) (Book va	lue
1 a Land			15,000.			15	,000.
b Buildings			62,375.	43,719.	•		,656.
c Leasehold improvements			48,374.	. 22,319.			,055.
d Equipment			55,256.	51,552.	•		,704.
e Other	_		8,940.	8,940.	•		0.
Total. Add lines 1a through 1e (Columi	n (d) must equal	Form 990, Part X. co		· •		63	.415.

Schedule **D** (Form 990) 2012

Part VII	Investments - Other Securities. See Fo	rm 990, Part X, line 1	2. N/A
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	al derivatives		
(2) Closely	-held equity interests	<u> </u>	
(3) Other			
(A)			
$\frac{(A)}{(B)}$			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			·
	n (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII	Investments - Program Related. See		line 13. N/A
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			end of year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
	n (b) must equal Form 990, Part X, column (B) line 13)	<u> </u>	THE TO SET ON THE THE SET OF THE SET OF
Part IX			T (1) D
		line 15. N/A scription	(b) Book value
(1)			(b) Book value
(1)			(b) Book value
(1) (2) (3)			(b) Book value
(1) (2) (3) (4)			(b) Book value
(1) (2) (3) (4) (5)			(b) Book value
(1) (2) (3) (4) (5) (6)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(1) (2) (3) (4) (5) (6) (7)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)		scription	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold	(a) De	scription 3), line 15)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold	(a) De	scription 3), line 15)	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Cold	umn (b) must equal Form 990, Part X, column (E) Other Liabilities. See Form 990, Part	scription 8), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colo Part X *	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colo	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X (1) Feder (2) (3) (4)	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X (2) (3) (4) (5)	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X (2) (3) (4) (5) (6)	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color (2) (3) (4) (5) (6) (7)	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colo Part X (1) Feder (2) (3) (4) (5) (6) (7) (8)	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colo Part X * (1) Feder (2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Colo Part X - (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10)	umn (b) must equal Form 990, Part X, column (E Other Liabilities. See Form 990, Part (a) Description of liability	Scription B), line 15) X, line 25	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color Part X - (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	umn (b) must equal Form 990, Part X, column (E) Other Liabilities. See Form 990, Part (a) Description of liability al income taxes	Scription 3), line 15) X, line 25 (b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Color (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total. (Color (11) Total. (Color (11) (11) (11)	umn (b) must equal Form 990, Part X, column (B) Other Liabilities. See Form 990, Part (a) Description of liability al income taxes	Scription 3), line 15) X, line 25 (b) Book value	

Schedule D (Form 990) 2012 BREAUX BRIDGE CRAWFISH FESTIVAL	72	-1248905 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per Return	
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		<u> </u>
a Net unrealized gains on investments	2 a	
b Donated services and use of facilities	2 b	***
c Recoveries of prior year grants.	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d		2 e
3 Subtract line 2e from line 1	_	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII).	4b	
c Add lines 4a and 4b.		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	·	5
Part XII* Reconciliation of Expenses per Audited Financial Statements	With Expenses per Petu	<u> </u>
Total expenses and losses per audited financial statements	VIIII Expenses per Iveta	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		1
a Donated services and use of facilities	2 a	, ·
b Prior year adjustments	2 b	
c Other losses	2 c	[]
d Other (Describe in Part XIII)	2 d	[-]
e Add lines 2a through 2d	20	2 e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	2.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	.
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b.		-4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5
Part XIII Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XII, lines 2d and 4b Also complete this part XII, lines 2d and 4b Also complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pa line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part XIII lines 2	rt III, lines 1a and 4, Part IV, li plete this part to provide any a	nes 1b and 2b, Part V, dditional information
		
BAA	8	Schedule D (Form 990) 2012

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL

ASSOCIATION

ASSOCIATION

ASSOCIATION

ASSOCIATION

ASSOCIATION

Employer identification number **ASSOCIATION** 72-1248905 Fundraising Activities. Complete if the organization answered 'Yes' to 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 Mail solicitations Solicitation of non-government grants Internet and email solicitations Ь Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations 2 a 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? XNo 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 (ii) Activity (iv) Gross receipts (v) Amount paid to (vi) Amount paid to (or retained by) (III) Did fundraiser or entity (fundraiser) from activity (or retained by) fundraiser listed in have custody or control of contributions? organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 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

Schadula C /	Æarm 000 a	r 990-EZ) 2012	שווגיםמם	DDIDCE	CDALIETCIL	DECORTING
Juliannie a (וט טככ ווווט ון	770-LL) 2012	DKEAUA	DKIDGG	CKAMEISH	FF.SIIVAL

72-1248905

Page 2

Part II. Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (d) Total events (add column (a) through column (c)) (b) Event #2 (c) Other events CRAWFISH FESTI (total number) (event type) (event type) 1 Gross receipts 616,905 616,905. 2 Less Charitable contributions Gross income (line 1 minus line 2) 616,905 616,905. Cash prizes Noncash prizes DIRECT Rent/facility costs 7 Food and beverages Entertainment Other direct expenses 442,359 442,359. Direct expense summary Add lines 4 through 9 in column (d) 442,359 Net income summary. Combine line 3, column (d), and line 10 174,546. 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. (b) Pull tabs/Instant (a) Bingo (c) Other gaming (d) Total gaming bingo/progressive bingo (add column (a) through column (c)) 1 Gross revenue 2 Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine lines 1, column (d) and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? Νo b If 'No,' explain 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' explain BAA Schedule G (Form 990 or 990-EZ) 2012 TEEA3702L 01/07/13

Sche	edule G (Form 990 or 990-EZ) 2012 BREAUX BRIDGE CRAWFISH FESTIVAL 7	2-1248905	5 Page 3
11			Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity for administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity operated in	1 1	
	The organization's facility	13 a	%
	An outside facility	13 b	 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and	records	
	Name •		
	Address >		
Ł	Does the organization have a contact with a third party from whom the organization receives gaming revenue of it 'Yes,' enter the amount of gaming revenue received by the organization \$ and the organization of gaming revenue retained by the third party \$ and the organization of gaming revenue retained by the third party \$ and the organization of gaming revenue retained by the third party	ne amount	Yes No
	Name •		
	Address >		i
16	Gaming manager information		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	in the	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or s organization's own exempt activities during the tax year > \$	pent in the	
Par	Supplemental Information. Complete this part to provide the explanations require columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as appliantly this part to provide any additional information (see instructions).	d by Part I cable. Also	, line 2b, complete

SCHEDULE I (Form 990)

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

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

1545-0047	12
OMB No	20

Open to Public

Department of the Treasury Internal Revenue Service	Attach to Form 990. ► Attach to Form 990.	Den to Fublic
Name of the organization	Employer	Employer identification number
BREAUX BRIDGE		72-1248905
Part F General Ir	Part [17] General Information on Grants and Assistance	
1 Does the organizathe selection crite	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?	X Yes ' No
)

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

XYes

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. SEE PART IV

Schedule I (Form 990) (2012)	11/30/12	TEEA3901L 11/30/12		s for Form 990.	see the Instruction	BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
0				1 table	ons listed in the line	3 Enter total number of other organizations listed in the line 1 table
			Traffic distribution		- Programme Programme	9 Enter 19th mindred of maintain 501/ch/2) and mindred of
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						(A)
						(5)
			•			
						(4)
						
						(3)
						
						(2)
						(1)
ption of (h) Purpose of grant ssistance or assistance	(f) Method of valuation (g) Description of (book, FMV, appraisal, other)	(e) Amount of non cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government

Page 2 (f) Description of non-cash assistance PartiV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other Part, III 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 (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 BREAUX BRIDGE CRAWFISH FESTIVAL ARE APPROVED BY THE MEMBERS OF THE ASSOCIATION. (b) Number of recipients additional information. (a) Type of grant or assistance Schedule I (Form 990) (2012)

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Schedule I (Form 990) (2012)

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SCHEDULE 0 (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.

► Attach to Form 990 or 990-EZ.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL	Employer identification number
ASSOCIATION	72-1248905
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY R	ELATIONSHIP OF OFFICERS, DIRECTORS, ETC.
EUGENE & PAULA FAUCHEAUX	
MARRIED .	
MARRIED ·	
GEORGE & TAMMY DOMINGUES :	
MARRIED	
BYRON & DONNA BLANCHARD ·	
MARRIED .	
JIMMY DURIO & GENEE HEBERT ·	
MAPRIFI .	
MARRIED ·	
MARK & BLAISE BERNARD	
FATHER & SON ·	
ANGELIQUE & BLAISE BERNARD ·	
MOTHER & SON .	
BRANDON & LEAH DAVID ·	
MARRIED .	
	:
BYRON & BLAKELEY BLANCHARD ·	

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL ASSOCIATION	Employer identification number 72–1248905
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFIC	ERS, DIRECTORS, ETC.
FATHER & DAUGHTER .	
DONNA & BLAKELEY BLANCHARD ·	
MOTHER & DAUGHTER ·	
TOTAL CONTENT TO THE PROPERTY OF THE PROPERTY	
CINDY & GERALD BOREL .	
MARRIED ·	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR S	HAREHOLDER
ACTIVE MEMBERSHIP IN THIS CORPORATION SHALL BE OPEN TO ANY I	PERSON EIGHTEEN YEARS OR
OLDER WHO IS IN SUPPORT OF THE OBJECTIVES OF THIS CORPORATION	DN. ACTIVE MEMBERS SHALL
PAY YEARLY DUES AND SHALL ENJOY ALL MEMBERSHIP PRIVILEGES.	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT G	OVERNING BODY
THE ELECTED DIRECTORS SHALL BE ELECTED FROM THE GENERAL MEME	BERSHIP. IN ORDER TO
ELECT DIRECTORS, EACH MEMBER OF THE CORPORATION WHOSE DUES A	ARE PAID IN FULL FOR THE
CURRENT FISCAL YEAR SHALL HAVE ONE VOTE AND A MAJORITY VOTE	OF THE QUORUM AS
ESTABLISHED BY THE BI-LAWS SHALL BE SUFFICIENT TO ELECT A DI	RECTOR.
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL	BY MEMBERS OR SHAREHOLDERS
A MAJORITY OF THE DIRECTORS SHALL CONSTITUTE A QUORUM AND A	QUORUM SHALL BE
NECESSARY TO CONSIDER ANY QUESTION THAT MAY COME BEFORE ANY	MEETING OF THE
DIRECTORS. ONCE A QUORUM IS PRESENT, THE ASSEMBLED DIRECTOR	RS MAY TRANSACT ANY
BUSINESS BY A MAJORITY VOTE OF THOSE DIRECTORS PRESENT.	
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
THE FORM IS REVIEWED BY THE PRESIDENT AND/OR TREASURER PRIOR	R TO SUBMITTING.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY	Y AVAILABLE
THE BI-LAWS AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON	REQUEST.