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Form 990

For the 2013 calendar year, or tax year beginning

ASSOCIATION

P.O. BOX 25

BREAUX BRIDGE CRAWFISH FESTIVAL

BREAUX BRIDGE, LA 70517

Department of the Treasury Internal Revenue Service

Check if applicable

Name change

Initial return

Terminated

Use Only

Firm's address

183 S BEADLE RD

BAA For Paperwork Reduction Act Notice, see the separate instructions.

May the IRS discuss this return with the preparer shown above? (see instructions)

LAFAYETTE, LA 70508-4211

Return of Organization Exempt From Income Tax

2013

2014

D Employer Identification Number

337-332-6655

72-1248905

E Telephone number

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

► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

2013, and ending

Quento Public

Inspection

OMB No. 1545-0047

Amended return G Gross receipts \$ F Name and address of principal officer MARK BERNARD H(a) Is this a group return for subordinates Application pending Yes H(b) Are all subordinates included?
If 'No,' attach a list (see instructions) SAME AS C ABOVE Yes Tax-exempt status 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or Website: ► WWW.BBCRAWFEST.COM H(c) Group exemption number Form of organization Trust Other > 1959 M State of legal domicile Corporation Association L Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: Governance Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2013 (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 400 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2,626. 2,610. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 174,546. 255,202. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 177,172 257,812 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 6,675 8,210 14 Benefits paid to or for members (Part IX, column 风后便) V后口 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, colume (A), line 1e) b Total fundraising expenses (Part IX, column (D), line 25) 9,736. 17 Other expenses (Part IX, column (A), lines 11a 11 97,423. 145,638. 18 Total expenses Add lines 13-17 (must equal Part X column 104,098 153,848. Revenue less expenses. Subtract line 18 from line 12 73,074. 103,964. Beginning of Current Year **End of Year** Total assets (Part X, line 16) 453,109. 716,879. Total liabilities (Part X, line 26) 21 159,806. Net assets or fund balances Subtract line 21 from line 20 453,109 557,073. Part II Signature Block Under penalties of perjury, I declare that I have exacomplete Declaration of preparer (other than office n, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and ill information of which preparer has any knowledge Sign Here Type or print name and titl Print/Type preparer's name Preparer's signature RUSSELL F. CHAMPAGNE, CPA RUSSELL F. CHAMPAGNE, CPA Paid self-employed P00300315 Preparer Firm's name KOLDER, CHAMPAGNE, SLAVEN & CO

Firm's EIN ► 72-1369868

(337)

232-4141

Yes

Form 990 (2013)

Phone no

TEEA0113L 11/08/13

Form	990 (2013) BREAUX BRIDGE CRAWFISH FESTIVAL	72-1	248905	Page 2
Part	t,III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line 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 ti	he prior		
	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 progra	ım services?	Yes	X No .
	If 'Yes,' describe these changes on Schedule O			
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the amount of the section 4947(a)(1) trusts are required to report the section 4947(a)(1) trusts are required to the section 4947(a)(1) trusts are requ	n services, as i	measured by	expenses
	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	ount of grants ar	nd allocations	to
	, and the same of			
42	(Code:) (Expenses \$ 8,210. including grants of \$) (Revenue	Ś	```
	DONATIONS WERE MADE TO A FEW ORGANIZATIONS IN THE COMMUNITY F			
	BENEFITTING THE COMMUNITY AS A WHOLE; THEREFORE, THE NUMBER O			
	INDETERMINABLE.	E TEKSONS	DEMERTI	1ED_13
			-	
	(Code) (Expenses \$ including grants of \$) (Revenue	ė	
40	Code	_) (Nevenue	٧	
4 c	: (Code:) (Expenses \$ including grants of \$	_) (Revenue	\$)
				
	Other program services (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenu	e \$)
4 e	e Total program service expenses ► 8,210.			

			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		Х
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		X ·
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.			
1	a Did the organization report an amount for land, buildings and equipment in Part X, line 10 ⁹ If 'Yes,' complete Schedule D, Part VI	11 a	Х	•
ì	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 Ь		X
•	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	_	X
	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	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		Χ.
12 a	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
	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 and XII is optional	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
١	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		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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		Χ.
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		<u>X</u>
_ {	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2013) BREAUX BRIDGE CRAWFISH FESTIVAL

Part IV: Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government 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 or 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, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25a.	24a		X
ŀ	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		
(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
ì	s 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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		х
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)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		يون يور پايل دونيو دونيو
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28ь		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		X
	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		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		
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		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u> .
ŀ	olf '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	35Ь		
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	_	Х
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	٠
BAA		Form	990 (2013)

Form 990 (2013) BREAUX BRIDGE CRAWFISH FESTIVAL Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V	·			. $oxdamma$
	1		Yes	No
1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1 a 42		فيتو	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	^		
c Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?	eportable gaming	1 c	X X	· · · · · ·
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		4 3 3	,	- "
ments, filed for the calendar year ending with or within the year covered by this return	[2 a] 0			, - ·
b If at least one is reported on line 2a, did the organization file all required federal employmen Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in		2 b	٠.	* #- 3,
3a Did the organization have unrelated business gross income of \$1,000 or more during the year	•	[2,1,1]	- "	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	ai [*]	3 a		
		36		
4a 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank accoun	inancial account)?	4 a	,	Х
b If 'Yes,' enter the name of the foreign country	<u></u>		, `-1.	4, 15
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and F		13 1	است	X
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	•	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shell at 15 Year to lead to a security file Form 8895 T2	ter transaction?	5 b		Λ
c 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
b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 ь		,
7 Organizations that may receive deductible contributions under section 170(c).			- 14 h	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and payment services provided to the payor?	partly for goods and	7 a	الْمَارَ أَنَّا	ا بر آمور معالم
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7ь		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is Form 8282?	was required to file	7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	12.		# Tub 1
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e	c. 14	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f	•	
g If the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
h 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) supporti	na arganizations Did the	FO. T	",2	~4~ ·
supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	nave excess business	8	إسماء الم	- ''
9 Sponsoring organizations maintaining donor advised funds.		32.50	2-18-31	F 1 _ ~ (,)
a Did the organization make any taxable distributions under section 4966?.		9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 ь		
10 Section 501(c)(7) organizations. Enter				ي الإس
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		The state of the s	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		,	
11 Section 501(c)(12) organizations. Enter.				T 2 - \$
a Gross income from members or shareholders .	11 a	· - 1		- Car
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 6	; ,		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	of Form 1041?	12 a		- 1•
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b	r + X	; *	`.^`
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		1.52		'₹` -⟨£'
a 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 O	, < -		i. [1.2]
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	13Ь		_	••
c Enter the amount of reserves on hand.	13c		•	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14 a]	Х
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14 b		
3AA TEE AD OS 07/02/13		Form	000 /	2012

Form 990 (2013) BREAUX BRIDGE CRAWFISH FESTIVAL 72-1248905 Page 6 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. X Check if Schedule O contains a response or note to any line in this Part VI Section 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 1 2 of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 25 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 X 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents 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? SEE SCHEDULE O 6 Did the organization have members or stockholders? 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 Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH 0 stockholders, or other persons other than the governing body? 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? 8 a X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10 a 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 operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O X 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a 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 was done Х 120 X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent 7. persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a Х X **b** Other officers of key employees of the organization 15_b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) į 16 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 Х 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 organization's exempt status with respect to such arrangements? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > NONE 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. Other (explain in Schedule O) 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 ·

Form 990 (2013)	BREATIX	BRIDGE	CRAWFISH	FESTIVAL

72-1248905

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

Check if Schedule O contains a response or note to any line 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

 $|\overline{X}|$ 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	er Officer and a director/trusteer						(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				j			0.	0.	0.
(2) CHRIS LATIOLAIS DIRECTOR	00							0.	0.	0.
(3) GEORGE DOMINGUES	0						\vdash	0.	0.	<u> </u>
DIRECTOR	15							0.	0.	0.
(4) BYRON BLANCHARD	0									<u></u>
TREASURER	1 0							0.	0.1	0.
(5) GENEE HEBERT	0									<u>v.</u>
DIRECTOR	0							0.	0.	0.
(6) ERROL LEBLANC	0									
DIRECTOR	0							0.	0.	0.
(7) JOHN POIRIER	0			ĺ	Ĩ					
DIRECTOR	0							0.	0.	0.
(8) ANGELIQUE BERNARD PUBLICITY DIREC	0 -							0.	0.	0.
(9) JIMMY DURIO	0			一				- 0.		
DIRECTOR	0			_				0.	0.	0.
(10) TAMMY DOMINGUES SECRETARY	0 -			-				0.	0.1	0.
(11) PAUL LAVIOLLETTE	0		\dashv				\dashv	<u> </u>		<u> </u>
FEST COORDINAT	0							0.	0.	0.
(12) EUGENE FAUCHEAUX	0				i					
DIRECTOR	0			_	_			0.	0.	0.
(13) PAULA FAUCHEAUX	0	. 1						·		
DIRECTOR	0				_			0.	0.	0.
(14) CRAIG OLIVIER	0				Ì				}	
VICE PRESIDENT	0							0.	0.	0.

Part VII Section A. Officers, Directors, Tru	stees, l	Key	Em	plo	ye	es,	and	d Highest Con	pensated Emp	loyees (continued)
	(B)	ļ		(0	•					
(A) Name and title	Average hours per	box,	unle	heck ss pe	erson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for	or dire	Institut	Officer	Key er	Highes	Forme	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related
	related organiza - tions below	Individual trustee or director	nstitutional trustee	•	Key employee	t comp	1			organizations
	dotted line)	stee	ustee			Highest compensated employee				
(15) BLAISE BERNARD · DIRECTOR	0-							0.	0.	0.
(16) BLAKELEY BLANCHARD · DIRECTOR ·	0_0	1						0.	0.	0.
(17) CINDY BOREL DIRECTOR	- 0							0.	0.	0.
(18) BRANDON DAVID ·								0.		
DIRECTOR · (19) LEAH DAVID	0	\Box							0.	0.
DIRECTOR (20) SCOTT HEBERT	0 0							0.	0.	0.
DIRECTOR AT LAR · (21) DEBBIE MORROGH ·	0							0.	0.	0.
DIRECTOR · (22) KENNETH THIBODEAUX ·	0							0.	0.	0.
DIRECTOR (23) GERALD BOREL	0						-	0.	0.	0.
DIRECTOR · (24) MICHELYN BERNARD	0	ļ						0.	0.	0.
DIRECTOR · (25) DELL HEBERT ·	0				 	-	-	0.	0.	0.
DIRECTOR ·	0]					>	0.	0.	0.
c Total from continuation sheets to Part VII, Section	on A						•	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those I	ısted	abov	ve) v	who	recei	ved	more than \$100,00	00 of reportable comp	pensation
3 Did the organization list any former officer, direct	tor, or tru	stee.	kev	/ em	olar	vee.	or t	nighest compensa	ted employee	Yes No
on line 1a? If Yes, complete Schedule J for such 4 For any individual listed on line 1a, is the sum of	h ındıvıdı.	ıal						•		3 X
the organization and related organizations greate such individual	r than \$1	50,00	00?	If 'Y	es'	com	plet	te Schedule J for	•	4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes Section B. Independent Contractors	comper ,' comple	satio te Sc	n fre	om Iule	any J fo	unre r suc	late ch p	ed organization or person	ındıvıdual	5 X
Complete this table for your five highest compensation from the organization. Report compensation.	sated ind	epend	deni	t co	ntra vear	ctors	tha	at received more t	han \$100,000 of	<u> </u>
(A) Name and business addr					,		<u> </u>	Description)	(C) Compensation
					_					
2 Total number of independent contractors (including b		ited to	o tho	ose 1	iste	d abo	ve)	who received more	than -	
\$100,000 of compensation from the organization	- 0								<u> </u>	Form 990 (2013

Par	t.VI	II Statement of Rev							
		Check if Schedule O	contains	a respo	onse or note to ar		/III		<u> </u>
			· .	٠.		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S S	1 a	Federated campaigns		1 a	····		Y		
ZAN.	b	Membership dues		1 b					
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	С	Fundraising events		1 c	 	· 2006年 2017		18 July 22	
	d	Related organizations		1 d	•		The street		
	е	Government grants (contributi	ons)	1 e			12 1/2 2 1 2		
BUTION THER S	f	All other contributions, gifts, q similar amounts not included	grants, and above	1f			11 464		
N S	g	Noncash contributions included	i in lines 1a-	1f \$]	,-		
<u>8</u> ₹	h	Total. Add lines 1a-1f					- " " "	1	
REVENUE	2 a				Business Code				·, ·
JCE	c								
ER	d								
AM S	е								
GE,	f	All other program service	ce revenu	e					
<u> </u>	g	Total. Add lines 2a-2f					1 m 1 m 1 m	対決論できる	
	3	Investment income (incother similar amounts)	luding div	ıdends	, interest and				
	4					2,610.	2,610.	•	
	4 Income from investment of tax-exempt bo5 Royalties			bona proceeds. >					
	כ	Royallies	(ı) Rı	eal	(ii) Personal	رمه د الاختراب	To have good to the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	6.2	Gross rents	(1) / (1)		(1) 1 61361181				
		Less rental expenses	~			11300			
		Rental income or (loss)							The same of
		Net rental income or (lo	oss)		<u> </u>	The state of the s	- 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	الاستعمالية عادات والمساعة للكالمالكات الا	management and the
		Gross amount from sales of	(ı) Secu	rities	(II) Other	Carlo and State Carlo	新できたができていますをいく。	The state of the s	
	, u	assets other than inventory				11、海流电流量			The state of the s
	b	Less cost or other basis and sales expenses				2 2			
	c	Gain or (loss)				Alpre .			AUV 1
	d	Net gain or (loss)			•				
OTHER REVENUE	8 a	Gross income from fund (not including \$	_						A CONTRACTOR OF THE PROPERTY O
EVE		of contributions reporte	d on line	1c).				逐步。	
E8 1		See Part IV, line 18		a	370,070.				
든		Less direct expenses		b	315,474.				
		Net income or (loss) from Gross income from game See Part IV, line 19				255,202			
		Less direct expenses		a h		1. C.	海河德 丁马提		
		Net income or (loss) from	om damin	o activi	ties >	1	الله منه المسلم	\$ *.	·
		• •	_	_		F 45 - F -	a Branch of	~ 7	
	iva	Gross sales of inventor and allowances	y, 1655 fet	.ums a				,	,
	b	Less cost of goods sole	d	b					
	c	Net income or (loss) fro		of inver	ntory .				
		Miscellaneous Reven	ue		Business Code		و ما تما شده فده الاسا	The state of the state of	- 1 - 1 - 1
	11 a						ļ <u>-</u>		
	b								
	C	Allanda			· · · · · · · · · · · · · · · · · · ·				
	_	All other revenue .	<u>ا</u>	L					-
		Total. Add lines 11a-11			•				· · · · · · -
	12	Total revenue. See inst	iuctions		······	257,812.	2,610.	<u> </u>	<u> </u>

Part IX . Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX.							
	Check if Schedule O contains a		,	· · · · · · · · · · · · · · · · · · ·				
	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			
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	8,210.	8,210.					
2	Grants and other assistance to individuals in the United States See Part IV, line 22 .			4.2	1. July 1871, 45			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16							
4	Benefits paid to or for members				93			
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 403(b) employer contributions).							
9	Other employee benefits				[
10	Payroll taxes							
11	Fees for services (non-employees)							
2	Management							
	Legal				<u> </u>			
	: Accounting	2,770.	 	2,770.				
	Lobbying	2,770.		2,110.				
	Professional fundraising services See Part IV, line 17		15 - 20 C 30 C					
-	Investment management fees		16 - "2h" or Min					
	Other (If line 11g amt exceeds 10% of line 25, column			<u> </u>				
y	(A) amount, list line 11g expenses on Schedule (1)	442.	•_	442.				
12	Advertising and promotion .	29,427.		29,427.				
13	Office expenses	1,542.		1,542.				
14	Information technology .							
15	Royalties							
16	Occupancy	3,870.		3,870.				
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	2,851.	•	2,851.	•			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	9,169.	•	9,169.	•			
23	Insurance							
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses		production of the second		A State of the sta			
	in line 24e If line 24e amount exceeds 10%							
	of line 25, column (A) amount, list line 24e expenses on Schedule O)		Bo and the fact					
9	•	39,618.		39,618.				
	CONTRACT LABOR	29,736.	 	39,010.	20 726			
	BUSINESS DEVELOPMENT		<u> </u>	15 000	29,736.			
	7-W	15,000.	-	15,000.	•			
	TELEPHONE	2,489.	 	2,489.	 			
	All other expenses.	8,724.	0.010	8,724.	20.725			
25		153,848.	· 8,210.	115,902.	29,736.			
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)		:					

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing.	138,037.	• 1	126,726.
	2	Savings and temporary cash investments	247,977.	· 2	250,474.
	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		6	
A S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use	3,680.	8	4,295.
T S	9	Prepaid expenses and deferred charges	3,000.	9	3,233.
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 471,083			
	ь	Less accumulated depreciation 10b 135, 699	63,415.	10c	335,384.
	11	Investments – publicly traded securities.	307 220.	11	333/301.
	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)	453,109.	.16	716,879.
\neg	17	Accounts payable and accrued expenses .	455,109.	17	110,013.
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ABILITIES	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	· Server Server
į	23	Secured mortgages and notes payable to unrelated third parties		23	159,806.
Š	24	Unsecured notes and loans payable to unrelated third parties		24	137,000.
	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	159,806.
NET A		Organizations that follow SFAS 117 (ASC 958), check here ► and complete lines 27 through 29, and lines 33 and 34.		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second of th
ş	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
OR R	29	Permanently restricted net assets .		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.		7	
FUZO	30	Capital stock or trust principal, or current funds .		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds	453,109.	∙32	557,073.
B女し女之い世の	33	Total net assets or fund balances	453,109.	∙33	557,073.
Š	34	Total liabilities and net assets/fund balances	453,109.	.34	716,879.
BA	1				Form 990 (2013)

Forn	n 990 (2013) BREAUX BRIDGE CRAWFISH FESTIVAL 72	2-1248905	Pa	age 12
Pai	rt XI≅ Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	257,8	812.
2	Total expenses (must equal Part IX, column (A), line 25) .	2	153,8	
3	Revenue less expenses Subtract line 2 from line 1	3	103,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	453,	
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	557,(
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			Y A STORY
2	a 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 revie separate basis, consolidated basis, or both	wed on a		1 - 3 F
	X Separate basis · Consolidated basis Both consolidated and separate basis			
	b 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 separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	erate		
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audience, or compilation of its financial statements and selection of an independent accountant?	iit,	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		獨等	
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?	!	3 a	X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a or audits, explain why in Schedule O and describe any steps taken to undergo such audits	udit	3 b	

Form 990 (2013)

BAA

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

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. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 35c (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations Complete Part III.

1101110	or organ	112811011			Employer identific	auon number			
		BRIDGE CRAWFIS			72-124890				
			rganization is exempt under section			zation.			
			organization's direct and indirect political o	campaign activities in	Part IV.				
		cal expenditures			\$; <u> </u>			
		nteer hours		F04 () (0)		 			
<u> </u>		<u> </u>	rganization is exempt under section	· · · · · ·					
1		•	ise tax incurred by the organization under		▶ \$				
2		•	ise tax incurred by organization managers		► \$	·			
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No			
		a correction made?		•	•	Yes No			
	-	s, describe in Part IV.							
Pa			rganization is exempt under section						
1	Enter	the amount directly ex	pended by the filing organization for section	on 527 exempt function	n activities 🕨 🗦	S			
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities								
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b								
4	Did the filing organization file Form 1120-POL for this year?								
5	organ	nization made payments	and employer identification number (EIN) s. For each organization listed, enter the ais received that were promptly and directly delil action committee (PAC). If additional spanning actions are committed to the committee (PAC).	mount paid from the fi	iling organization's fun litical organization, such	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) 2013

Schedule C (Form 990 or 990-EZ) 20	13 BREAUX BRIDO	GE CRAWFISH FEST	IVAL	72-124	8905 Page 2
Part II-A Complete if section 501	the organization	is exempt under se	ction 501(c)(3) an		
address	, EIN, expenses, and	s to an affiliated group (and share of excess lobbying ked box A and 'limited co	g expenditures)	- ,	ne,
(The term	Limits on Lobbyi 'expenditures' mear	ng Expenditures ns amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
a Total lobbying expendil b Total lobbying expendil c Total lobbying expendil d Other exempt purpose e Total exempt purpose f Lobbying nontaxable all both columns.	tures to influence a le tures (add lines 1a ar expenditures expenditures (add line	egislative body (direct lob nd 1b) es 1c and 1d)	bying).		
If the amount on line 1e, co Not over \$500,000 Over \$500,000 but not over \$ Over \$1,000,000 but not over Over \$1,500,000 but not over Over \$17,000,000 g Grassroots nontaxable h Subtract line 1g from lif i Subtract line 1f from lif	\$1,000,000 \$ \$1,500,000 \$ \$17,000,000 \$ amount (enter 25% cone 1a If zero or less	, enter -0-	s over \$500,000. s over \$1,000,000		
section 4911 tax for thi	s year? 4 ne organizations that	Year Averaging Period	Under Section 501(h) lection do not have to	complete all of the five	Yes No
		s below. See the instruct ring Expenditures During		<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a 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					
RAA				0.1 1.1 0.0	m 990 or 990-E7) 2013

Part.II-B: Complete if the organization is exempt under section 501(c)(3) and has NC (election under section 501(h)).	T file	d For	m 5768
For each West reasons to least 1 the second of Cod III and the second	(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
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?			
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?	ļ		
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	45 72.5	77 7-	
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	"	-	part of the
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?	l,		
Part III-A Complete if the organization is exempt under section 501(c)(4), section 50	(c)(5)	Or	
section 501(c)(6).		, 01	
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			1 X ·
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 50	(c)(5)	05.6	
(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	Part II	II-A, I	ine 3, 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).		\$5.7% \$3.	
a Current year		2a	
b Carryover from last year		2 b	
c Total		2 c	· · · · · · · · · · · · · · · · · · ·
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	
• 1.35 -3-10 m. 1.5-10 m.		36.5	
4 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
5 Taxable amount of lobbying and political expenditures (see instructions)		5	<u>0.</u>
Part IV Supplemental Information			<u> </u>
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro Part II-B, line 1 Also, complete this part for any additional information	up list)	, Part	II-A, line 2, and
Take in Digital Complete time part for any additional information			

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name	of the organization			Employer identification nu		
זממ	TAILY DOINGE COMMETCH EECHIMAT					
	EAUX BRIDGE CRAWFISH FESTIVAL SOCIATION			72-1248905		
Par		r Advised Funds or Oth	er Similar Fund			
· u	Complete if the organization answ	wered 'Yes' to Form 990	, Part IV, line 6.			
		(a) Donor advised	funds	(b) Funds and other accou	nts	
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year).					
4	Aggregate value at end of year					
5	5 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					
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?				∏No	
Pai	t II " Conservation Easements.					
	Complete if the organization ans	wered 'Yes' to Form 990), Part IV, line 7.			
1	Purpose(s) of conservation easements held by	the organization (check all t	hat apply)			
	Preservation of land for public use (e g , r	ecreation or education)	Preservation of	an historically important land are	ea	
	Protection of natural habitat		Preservation of	a certified historic structure		
	Preservation of open space		_			
2	Complete lines 2a through 2d if the organization hast day of the tax year	neld a qualified conservation co	ntribution in the form (
	Total a subsection and a subsection			Held at the End of the	Tax Year	
	a Total number of conservation easements			2 a		
	Total acreage restricted by conservation ease		1 4-3	2 b		
	Number of conservation easements on a certification		` ,	2 c		
	d Number of conservation easements included in structure listed in the National Register			2 d		
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished	or terminated by the	organization during the		
4	Number of states where property subject to conse	rvation easement is located 🟲				
5	Does the organization have a written policy re and enforcement of the conservation easemer		ng, inspection, hand	ling of violations,	No	
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conse	rvation easements du	ring the year		
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation	on easements during t	the year		
8	Does each conservation easement reported or	n line 2(d) above satisfy the r	equirements of secti	on 170(h)(4)(B)(i) Yes	□No	
9	and section 170(h)(4)(B)(ii)? 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					
Dás	conservation easements. † Organizations Maintaining Colle				itilig for	
rai	Complete if the organization ansi	wered 'Yes' to Form 990	, Part IV, line 8.			
1 8	a If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education	on, or research in furth	e statement and balance sheet we nerance of public service, provide,	works of	
ł	o If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items	r SFAS 116 (ASC 958), to repor public exhibition, education, o	ort in its revenue st or research in furthera	atement and balance sheet work nce of public service, provide the	s of art,	
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$		
	(ii) Assets included in Form 990, Part X			► \$		
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other sim 116 (ASC 958) relating to the	ilar assets for financia se items	· · · ·		
ä	a Revenues included in Form 990, Part VIII, line	:1		. ►\$		
ŧ	Assets included in Form 990, Part X .			. ►\$		

Schedule D (Form 990) 2013 BREA	UX BRIDGE	CRA	WFISH FEST	IVAI		72-12	248905	_	Page 2
Part III Organizations Mainta	ining Colle	ction	s of Art, Hist	orica	l Treasures, o	r Other Similar A	ssets (d	contini	Jed)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
a Public exhibition d Loan or exchange programs									
b Scholarly research			e 🔲 Othei	r					
c Preservation for future gene									
4 Provide a description of the organic Part XIII					_				
5 During the year, did the organizato be sold to raise funds rather to	ation solicit or	receive	donations of a	rt, hist	orical treasures, o	or other similar assets	Ye	. [No
								<u> </u>	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1 a Is the organization an agent, tru	stee custodia	n or of	her intermedian	y for c	ontributions or of	her assets not include			
on Form 990, Part X?					•	ner assets flot include	ິ່ ∏ Yes	; [No
b If 'Yes,' explain the arrangement	t in Part XIII a	nd com	plete the follow	ing tal	ole			`	
							Amour	nt	
c Beginning balance						1 c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance .2a Did the organization include an a	amount on For	- 000	Port V June 21	2		11			7.54
b If 'Yes,' explain the arrangement					as heen provide	t in Part VIII	Yes	·	No
bit 700, explain the arrangement	CINT CIT XIII	JIICCK I	icie ii iiie expia	1100111	ias been provided	IIII alt Allt	•	L	
Part V Endowment Funds. C	Complete if	the or	ganization ar	nswei	red 'Yes' to Fo	rm 990. Part IV.	ne 10.		
	(a) Current		(b) Prior yea	į	(c) Two years bac			Four year	s back
1 a Beginning of year balance.									
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 percentag	e of the currer	nt year	end balance (lir	ne 1g,	column (a)) held	as			
a Board designated or quasi-endowrr			%						
b Permanent endowment									
c Temporarily restricted endowmer			_ %						
The percentages in lines 2a, 2b,	and 2c should	equal	100%						
3 a Are there endowment funds not in	the possession	of the c	organization that a	are hel	d and administered	I for the	1	Yes	N.
organization by (i) unrelated organizations							32(1)	res	No
(ii) related organizations							3a(i) 3a(ii)		
b If 'Yes' to 3a(II), are the related	organizations l	isted a	s required on Se	chedul	e R?		3b		
4 Describe in Part XIII the intended uses of the organization's endowment funds									
Part VI Land, Buildings, and					· 	 ·			
Complete if the organ			'Yes' to Forn	n 990), Part IV, line	11a. See Form 9	90, Pari	X, lır	ne 10.
Description of property	i		t or other basis		Cost or other	(c) Accumulated	(d)	Book va	alue
1 a Land		(11	vestment)		pasis (other)	depreciation	<u> </u>		
b Buildings	` <u>}</u>				15,000. 62,375.		+		<u>, 000 .</u>
c Leasehold improvements.	}				329,512.	· 44,606 · 28,732	- T		<u>,769.</u> 780
d Equipment	}				55, 256.	53,421	+		<u>,780.</u> ,835.
e Other .	}				8,940.	8,940	1.		<u>, 633.</u> 0.
Total. Add lines 1a through 1e (Colum	nn (d) must eq	ual Foi	rm 990, Part X,	colum		. 0,540	-	335	, 384.

BAA

335, 384. -Schedule **D** (Form 990) 2013

Part VII Investments - Other Securities.	IN	N/A
		, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	,	
(3) Other		
(A)		
(B)		
(C)		
(D) (E)		
(F)		
(G)		
(H)	·· ···	
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.	-	N/A
Complete if the organization answered		, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
_(1)		
_(2)		
(3)		·
(4)		
(5)		
(6)		
(7)	·	
(8)		<u> </u>
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		
Part IX Other Assets.	N/A	
		, Part IV, line 11d. See Form 990, Part X, line 15.
	scription	(b) Book value
(1) (2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	2) / 15)	•
Total. (Column (b) must equal Form 990, Part X, column (b)	3), IINE 15)	
Part X Other Liabilities. Complete if the organization answered 'Yes' to Fo	orm 990 Part IV line 11	e or 11f See Form 990 Part X line 25
(a) Description of liability	(b) Book value	6 of 111, 000 Form 550, Fare X, mic 25
(1) Federal income taxes	- 	
(2)		
(3)		The state of the s
(4)		
(5)		
(6) (7)		
(7)	 	
(9)		
(10)	 	
(11)		
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	•	A
2. Liability for uncertain tax positions. In Part XIII, provide the text of the for		
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote is	nas been provided in Part XIII	<u> </u>
5 A A		0 1 1 5 6 000 0013

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 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 c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial Statements C Omplete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total expenses and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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 IV, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part II, lines 1 and 4, Part IV, lines 1b and 2b, Part V, line 2F, Part XII, lines 2d and 4b, Rand Part XIII, lines 2d and 4b. Also complete this part to provide any additional information. Provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1 and 4, Part IV, lines 1b and 2b, Part V, Ime 4, Part X, Ime 2, Part XI, lines 2d and 4b, Also complete this part to provide any additional information.	Part XI Reconciliation of Revenue per Audited Financial State	ments With Rever	ue per Return. N/A	
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 c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 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 XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements C Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities b Piror year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part.XIII Supplemental Information.	Complete if the organization answered 'Yes' to Form 99	0, Part IV, line 12	a.	
a Net unrealized gains on investments b Donaled services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 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 XIII) c Add lines 4a and 4b 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII, Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements Complete if the organization answered Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donaled services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 2 2e 3 Subtract line 2e from line 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Parit.XIII. Supplemental Information.	The state of the s		1	
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5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 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 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	b Other (Describe in Part XIII)	4 b		
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1 Total expenses and losses per audited financial statements 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 c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	Part XII. Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return. 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 c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	Complete if the organization answered 'Yes' to Form 99	0, Part IV, line 12	а.	
a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII. Supplemental Information.	Total expenses and losses per audited financial statements		. 1	
b Prior year adjustments c Other losses c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII. Supplemental Information.	2 Amounts included on line 1 but not on Form 990, Part IX, line 25		1.02	
c Other losses d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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 b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII. Supplemental Information.	a Donated services and use of facilities	2 a		
d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 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. b Other (Describe in Part XIII.) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII. Supplemental Information.	b Prior year adjustments	2 b	Part of the same o	
e Add lines 2a through 2d. 3 Subtract line 2e from line 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. b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	c Other losses .	2 c	[# <u>[</u>]	
3 Subtract line 2e from line 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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	d Other (Describe in Part XIII.)	2 d	133	
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 b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	e Add lines 2a through 2d.		2 e	
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information.	3 Subtract line 2e from line 1		3	
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c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information.	a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	1. 41	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information.		4 b		
Part XIII Supplemental Information.		•		
		18)	5	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, 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 any additional information.				
ine 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a ar	nd 4, Part IV, lines 1b	and 2b, Part V,	
	line 4; Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also	o complete this part to	and 2b, Part V, provide any additional informa	ation.

BAA

Schedule **D** (Form 990) 2013

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.

at www.irs.gov/form990.

9, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.
Information about Schedule G (Form 990 or 990-EZ) and its instructions is

OMB No 1545 0047

Open to Public

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL 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 b Internet and email solicitations Solicitation of government grants ¢ Phone solicitations Special fundraising events ď 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? Yes X No 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 (vi) Amount paid to (or retained by) (iv) Gross receipts (iii) Did fundraiser (v) Amount paid to or entity (fundraiser) from activity (or retained by) have custody or control
of contributions? fundraiser listed in organization column (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total 0. 3 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

Schedule G :	(Form 990 or	990-FZ) 2013	RRFAIIY	RRIDGE	CBAMETCH	FESTIVAL

72-1248905

Page 2

_		more than \$15,000 of fundraising List events with gross receipts gr	eater than \$5,000.			
R			(a) Event #1 . CRAWFISH FESTI (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVERUE	1	Gross receipts	570,676.	·		570,676.
Ĕ	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	570,676.			570,676.
	4	Cash prizes				
	5	Noncash prizes .				
D I RECT	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment .				
EXPESSES	9	Other direct expenses	315,474.			315,474.
Š	10 11	Direct expense summary Add lines 4 the Net income summary Subtract line 10 fr	• , ,		•	315,474. 255,202.
Par	t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	
REVEZUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ĕ ——	1	Gross revenue				
-	2	Cash prizes				
D-RECT	3	Noncash prizes				ļ
Č S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes 8	Yes %	
	7	Direct expense summary Add lines 2 the	rough 5 in column (d)		•	
	8	Net gaming income summary Subtract I	line 7 from line 1, colum	nn (d)	>	
ŀ	Is the last of the	er the state(s) in which the organization of the organization licensed to operate gaminologic explain:	g activities in each of th	nese states? .	e tax year?	Yes No
t	o If 'Y 	'es,' explain				
BAA			TEEA3702L (06/26/13	Schedule G (For	m 990 or 990-EZ) 2013

Sche	dule G (Form 990 or 990-EZ) 2013 BREAUX BRIDGE CRAWFIS	H FESTIVAL 7.	2-12489	05	Page 3
	Does the organization operate gaming activities with nonmembers?			Yes	No
12	is the organization a grantor, beneficiary or trustee of a trust or a member administer charitable gaming? $. \\$	of a partnership or other entity formed to		Yes	No
13	Indicate the percentage of gaming activity operated in		1 1		
	The organization's facility		13a		%
ь	An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's	gaming/special events books and records	:		
	Name •			~	<i></i>
	Address •				
15 a	Does the organization have a contact with a third party from whom the	e organization receives gaming revenue	97	Yes	∏No
ь	If 'Yes,' enter the amount of gaming revenue received by the organiz	ation► \$ and the	ne armount		
	of gaming revenue retained by the third party > \$				
c	If 'Yes,' enter name and address of the third party				
	Name •				. – – – -
	Address ►				i
	Address				
16	Gaming manager information				
	Name •				
	Gaming manager compensation ► \$				
	Description of services provided				
	Director/officer Employee	Independent contractor			
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distribution state gaming license?	s from the gaming proceeds to retain the		Yes	No
b	Enter the amount of distributions required under state law to be distributed	to other exempt organizations or spent in	the		
_	organization's own exempt activities during the tax year ► \$,		
Par	t IV'. Supplemental Information. Provide the explanation and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b information (see instructions).	ns required by Part I, line 2b, color, as applicable. Also provide an	umns (ii y additio	i) and (v nal	/),
					
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			0.45	0 000 =	70.0013
BAA	TEEA3703L 0	6/26/13 Schedule (رr orm ۶۶ و	u or yyu.L	L) ZUIS

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 RELATIONSHIP	OF OFFICERS, DIRECTORS, ETC.
EUGENE & PAULA FAUCHEAUX .	
MARRIED	
MARK & ANGELIQUE BERNARD .	
MADDIED '	
MARKIED	
GEORGE & TAMMY DOMINGUES ·	
MARRIED :	
BYRON & DONNA BLANCHARD ·	
MARRIED '	
JIMMY DURIO & GENEE HEBERT '	
MARRIED '	
MARK & BLAISE BERNARD	
FATHER & SON .	
ANCELTABLE C DIATCE DEDNADD .	
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 O	F OFFICERS, DIRECTORS, ETC.
FATHER & DAUGHTER ·	
DONNA & BLAKELEY BLANCHARD .	·
MOTHER & DAUGHTER .	
CINDY & GERALD BOREL .	·
MARRIED _	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBE	RS OR SHAREHOLDER
ACTIVE MEMBERSHIP IN THIS CORPORATION SHALL BE OPEN TO	D ANY PERSON EIGHTEEN YEARS OR
OLDER WHO IS IN SUPPORT OF THE OBJECTIVES OF THIS COR	PORATION. ACTIVE MEMBERS SHALL
PAY YEARLY DUES AND SHALL ENJOY ALL MEMBERSHIP PRIVILE	EGES. '
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS E	LECT GOVERNING BODY
THE ELECTED DIRECTORS SHALL BE ELECTED FROM THE GENERAL	AL MEMBERSHIP. IN ORDER TO
ELECT DIRECTORS, EACH MEMBER OF THE CORPORATION WHOSE	DUES ARE PAID IN FULL FOR THE
CURRENT FISCAL YEAR SHALL HAVE ONE VOTE AND A MAJORITY	Y VOTE OF THE QUORUM AS
ESTABLISHED BY THE BI-LAWS SHALL BE SUFFICIENT TO ELEC	CT A DIRECTOR. ·
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APP	ROVAL 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	RE ANY MEETING OF THE
DIRECTORS. ONCE A QUORUM IS PRESENT, THE ASSEMBLED DI	RECTORS 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 TREASURED	R PRIOR TO SUBMITTING.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS P	UBLICLY AVAILABLE
THE BI-LAWS AND THE FINANCIAL STATEMENTS ARE AVAILABLE	E UPON REQUEST. ·