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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

Open to Public Inspection

AF	or the			2014	
B Ci	heck if oplicatole	C Name of organization	D Employer	identifica	tion number
	Address	BAYOU AREA CHILDREN'S FOUNDATION, INC.			
	Name change			72-11	59614
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st	ute E Telephone	number	
	Termin-	· ·		(985)	851 <u>-2433</u>
	Amende		G Gross receipt	s \$	137,572.
	Applica tion		H(a) Is this a	group retu	ırn
	pending	F Name and address of principal officer ROSARIO O'CONNELL, SH	SP for subo	rdinates?	Yes X No
		P.O. BOX 2866, HOUMA, LA 70361	H(b) Are all sub-	ordinates incli	uded? Yes No
1 T	ax-exe	mpt status X 501(c)(3)	527 If "No,"	attach a lis	st (see instructions)
		e: ▶ N/A	H(c) Group e	xemption	number 🕨
K F	orm of	organization: X Corporation Trust Association Other ► L Y	ear of formation: 1	<u>989 м :</u>	State of legal domicile: L A
Pa		Summary			
မွ		Briefly describe the organization's mission or most significant activities TO PROVI	<u>DE HOUSIN</u>	G FOR	LOUIS
Activities & Governance	-	INFANT CRISIS CENTER	Ab 050/ -4-	44	-4-
/err		Check this box In the organization discontinued its operations or disposed of n	nore than 25% of I		ets
é ဗိ	1	Number of voting members of the governing body (Part VI, line 1a)		3	
%	_	Number of independent voting members of the governing body (Part VI, line 1b)		4	
ijes	_	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	(
Ęį	6	Total number of volunteers (estimate if necessary)		6	
Ac	7a]	Total unrelated business revenue from Part VIII, column (C) line 12 PSCSIVED		7a	0,
_	l d	Net unrelated business taxable income from Form 990-T, line 34	ñol	7b	0.
		Seattle than and grants (Bot VIII line 1b) FEB 2 6 2015	Prior Year	125.	Current Year 2,975
% ≥		Softmoutions and grants (Part VIII, line III)	[(2)] Z ,	0.	2,973
∬∜′JS Revenue		Program service revenue (Part VIII, line 2g)	20 21	482.	31,670
Be €	ŀ	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	1 31,	0.	1,070
	1	Other revenue (r art viii, column (A), intes 3, ou, oc, so, 100, and 110, a	33	607.	35,715
<u>n</u> —	·	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,	0.	0,
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0
v en		Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)			
EXF		Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	// 3	394.	87,309
	i	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		394.	87,309
í		Revenue less expenses Subtract line 18 from line 12		787.>	<51,594
	19 1	nevertue less expenses. Subtract line 16 from line 12	Beginning of Curre		End of Year
ets (20 -	Total assets (Part X, line 16)	1,082,		1,024,446
Assi	l	Total liabilities (Part X, line 26)		234.	0
Net Assets or Fund Balances	l	Net assets or fund balances Subtract line 21 from line 20	1,076,		1,024,446
		Signature Block	= 10,01	0 20 1	2,022,120
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	atements, and to the	best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of which prep			-
		Wester Wosarie O' Connell		-18-15	-
Sıgı	n	Signature of officer	Date		
Her		ROSARIO O'CONNELL, SH SP, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name	Date	Check] PTIN
Paid	ı	PAMELA FREMEN, CPA Pan F	1 26115	sett-employed	
Prep	arer	Firm's name BEYER, STAGNI, & COMPANY, CPAS	Firm'	s EIN 🛌	72-1110140
Use	Only	Firm's address 1620 POLK STREET	Ì		
		HOUMA, LA 70360	Phon	e no. (98	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2013

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

NOTE: EXTENSION WAS APPROVED THROUGH 41515, GV6

A COPY OF IRS NOTICE CPAILA IS ATTACHED.

	int III Statement of Program Service Accomplishments	4 Page ∠
- 4	Check if Schedule O contains a response or note to any line in this Part III	[]
_	Briefly describe the organization's mission:	
1	TO PROVIDE HOUSING FOR "LOUIS INFANT CRISIS CENTER".	
	TO PROVIDE HOUSING FOR LOUIS INFAMI CRISIS CENTER .	
	Did the expension undertake any prooffs at a second of the control	
2	Did the organization undertake any significant program services during the year which were not listed on	. .
		es X No
_	If "Yes," describe these new services on Schedule O	
3		es 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 services, as measured by exper	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expension	es, and
	revenue, if any, for each program service reported	
4a)
	THE ORGANIZATION PROVIDES HOUSING INCLUDING BUILDINGS, MAINTENANC	E, AND
	INSURANCE FOR THE BUILDINGS TO "LOUIS INFANT CRISIS CENTER," AN	
	ORGANIZATION EXEMPT FROM INCOME TAXES UNDER SEC. 501(C)(3).	·······
		-
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		·
		
		·
4c	(Code) (Expenses \$)
		_
4d	Other program services (Describe in Schedule O.)	
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 81,907.	

Form 990 (2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	1	X	v
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		X
3	public office? If "Yes," complete Schedule C, Part I	_		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		X
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		X
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		X
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X	
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	11b		X
С	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	11c		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	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X_
ī	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			v
100	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	_11f		X
124	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza		<u> </u>
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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	17		X
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		X_
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>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h	i l	ı

Page 4

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 2? If "Yes," complete Schedule I, Parts I and III	22		X
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? If "Yes," complete			
	Schedule J	_23		X
24a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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		<u> </u>
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		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
С	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
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_	<u> </u>	X
30	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		_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>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33	\vdash	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
05-	Part V, line 1	_34	_	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
00	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?			17
27	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	\vdash	X
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		,	
	Mote. Zan onni 990 illero are required to complete ochequie O	<u> 38</u>	X .	

Form 990 (2013) BAYOU AREA CHILDREN'S FOUNDATION, INC. 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_X_
b	If "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 Financial Accounts			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	_6a	_	X
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	- -		v
А	If "Yes," indicate the number of Forms 8282 filed during the year	7с		X
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 41
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders . 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
	Enter the amount of reserves on hand [13c] Did the organization receive any payments for indoor tanning services during the tax year?	465		v
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		<u>X</u>
<u>U</u>	in 183, mas it med a form 720 to report mese payments in 190, provide an explanation in Schedule O	14b	990	(0040)

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

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	_		X
Sec	tion A. Governing Body and Management			
			Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year	51		
	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.		,	
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5]		
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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>
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?	6		<u>X</u> _
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	<u>7</u> a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	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	9	X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	_13		X
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			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
b	Other officers or key employees of the organization	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
тьа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
D	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 take steps to safeguard the organization's			
Sec	exempt status with respect to such arrangements?	16b	L	
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed NONE	-		
17	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	ove-let		
10	for public inspection. Indicate how you made these available. Check all that apply.	availat	n u	
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	.d €≈ -	!	
19	statements available to the public during the tax year	io tinar	icial	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	-		
20	KATHY CHAUVIN - (985) 857-3577	แบท. 🏴	_	
	4084 HWY 311, HOUMA, LA 70360			

Form 990 (2013)	BAYOU	AREA	CHILDREN'S	FOUNDATION,	INC.	7
D 13/11 O	1010			17 - :		

72-1159614

Page 7

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

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

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

(A)	(B)			(0	C)			ed any current officer, o	(E)	(F)
Name and Title	Average	(do	(do not che		ition more	l than	one	Reportable	Reportable	Estimated
	hours per	box, unless person is bot officer and a director/trus			ıs bot	h an	compensation	compensation	amount of	
	week (list any hours for							from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below (ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) ROY M BEYER, CPA	5.00									
DIRECTOR		X				ļ		0.	0.	0.
(2) ROSARIO O'CONNELL, SH SP	20.00	-								_
PRESIDENT	-		-	X		<u> </u>		0.	0.	0.
(3) CAROLYN MCNABB	5.00	1		.						0
SECRETARY	·		_	X				0.	0.	0.
		1				l				
				<u> </u>						 .
			_							
										_
			_							
			_							
							-			
			<u> </u>			<u> </u>	_			
	†		1			T				

Par	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)_				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable	Reportable		Es	timate	ed
	•	hours per					than is bot		compensation	compensation			nount	
		week	offi	cer an	dad	irecto	or/trus	tee)	from	from related			other	
	•	(list any	흟						the	organizations		com	pensa	tion
		hours for	틀	۱	ĺ		필		organization	(W-2/1099-MISC)	fr	om the	Э
		related	ste o	uste	ĺ		eusa		(W-2/1099-MISC)			org	anızatı	on
		organizations	Ę	튵	Ì	oyee	E					and	d relate	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	뺼				orga	ınızatı	ons
		line)	르	Ξ	통	Key	물통	70.						
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			L				<u>L</u> _							
1b	Sub-total							ightharpoonup	0.		0.	_		0.
С	Total from continuation sheets to Part VI	I, Section A						ightharpoonup	0.		0.			0.
d	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ai	bove	e) wh	no re	eceived more than \$100	,000 of reportable			_	
	compensation from the organization	-												0
													Yes	No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y er	nplo	yee.	or I	highest compensated e	mplovee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual			•					•	İ	3		X
4	For any individual listed on line 1a, is the su		le co	amp	ensa	ation	n and	d oth	ner compensation from	the organization				
•	and related organizations greater than \$150	=							•	ano organization		4	ŀ	Х
5	Did any person listed on line 1a receive or a									dual for services		-		
3	rendered to the organization? If "Yes," com					-		CIAL	ed organization of indivi	dual for services		_		v
Sec	tion B. Independent Contractors	piete Schedul	- 0 1	01 31	JCII .	pers	SUII				!	5		<u> X</u>
		manageted in	400						hat th	\$100,000 of some		-1 1		
1	Complete this table for your five highest co the organization Report compensation for									•	ens	ation t	rom	
		ine calendar y	ear	enai	ng v	vitti	OI W	IKTIRI		/ear				
	(A) Name and business	address	BT/	``	-				(B) Description of s	envices	C	Ompe		
			TAC	INC	<u>`</u>					CIVICES		ompe		<u> </u>
								\dashv						
								\dashv		-				
						_		+						
										İ				
								\dashv						
2	Total number of independent contractors (i	ncluding but a	Ot I	mito	d to	the	سا مو		l ahove) who recoved ~	ore than				
_	\$100,000 of compensation from the organi		J. 11		u		30 III	, ccu	above, who leceived it	ioro urari				
	T. D. D. D. C. C. C. C. C. C. C. C. C. C. C. C. C.						<u> </u>							

		Check if Schedule O con-	tains a response or note to any li	ne in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Fundraising events Related organizations Government grants (contributions, gifts, grants) Similar amounts not included about	ove 1f 2,975.	2,975.			
Program Service Revenue				<u>e</u>			
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties	dividends, interest, and	19,023.			19,023.
	6 a b c d	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	(i) Real (ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities (ii) Other 102,500. 12,004 (iii) Other 101,857. 0 (iii) Other 101,857. 0 (iii) Other 102,004 (iii) Other 102,00				12,647.
Other Revenue	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18 Less direct expenses	of	12,01,			12,027.
0	9 a b	Net income or (loss) from fun Gross income from gaming a Part IV, line 19 Less. direct expenses	ctivities See a b	- -			
	10 a b	Net income or (loss) from gar Gross sales of inventory, less and allowances Less cost of goods sold Net income or (loss) from sale	a b ses of inventory				
Other Revenue Revenue Revenue	11 a b c			e			
		Total Add lines 11a-11d		35 715			32 740

Form **990** (2013)

332009 10-29-13 Form 990 (2013) BAYOU AREA CH
Part IX Statement of Functional Expenses

Secu	Charle of School of Contains a response			трівсе соштіт (А).	
Do	Check if Schedule O contains a response to tinclude amounts reported on lines 6b.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		CAPCINGES	general expenses	expenses
•	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			·- ·- · · · · · · · · · · · · · · · · ·	
_	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
_	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				- ·-
	trustees, and key employees				
6	Compensation not included above, to disqualified			-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes 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):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,080.		5,080.	
9	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	322.		322.	
14	Information technology				
15	Royalties	205	205		
16	Occupancy	385.	385.		
17	Travel	894.	894.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	1,000.	1,000.		
19	· · · · · · · · · · · · · · · · · · ·	1,000.	1,000.		
20 21	Interest Payments to affiliates	-			
22	Depreciation, depletion, and amortization	24,331.	24,331.		
23	Insurance	958.	958.		
24	Other expenses. Itemize expenses not covered		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS & MAINTENANCE	54,339.	54,339.		
b		- 7		-	
c					
d					······································
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	87,309.	81,907.	5,402.	0.
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 or note to any line in this Part X (A) (B) Beginning of year End of year 24,839. Cash · non-interest-bearing 2,277. 1 **2** Savings and temporary cash investments 13,593. 1,025 2 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 instr). Complete Part II of Sch L 6 7 Notes and loans receivable, net 7 Inventones for sale or use 8 213. 262. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 837,415. basis Complete Part VI of Schedule D 10a 462,768. 398,978. b Less accumulated depreciation 10b 374,647. 10c 644,650. 11 Investments - publicly traded securities 646,234. 11 12 Investments · other securities See Part IV, line 11 1. 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 1,082,274. 1,024,446 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 6,234. 17 Accounts payable and accrued expenses 17 0. 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 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 6.234. 0. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. 1,076,040. Retained earnings, endowment, accumulated income, or other funds 1,024,446. 32 1,076,040. 33 Total net assets or fund balances 1,024,446. 33

> , 024, 446. Form **990** (2013)

082,274

Total liabilities and net assets/fund balances

<u>-orm</u>	990 (2013) BATOU AREA CHIDDREN S FOUNDATION, INC.	<u> </u>	T33014	Page 12
Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	, <u>-</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>5,715.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>7,309.</u>
3	Rèvenue less expenses Subtract line 2 from line 1	3	<5	<u>1,594.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,07	<u>6,040.</u>
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	1,02	4,446.
Pa	t 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	0		ļ
2a	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 reviewed	d on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,	ļ ļ	
	consolidated basis, or both		,	
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		ľ
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt		1
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36	

Form **990** (2013)

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Internal Revenue Service Name of the organization

BAYOU AREA CHILDREN'S FOUNDATION, INC.

Employer identification number

			BAYOU A	REA CHILDREN	<u> 'S FO</u>	UNDAT	ION,	INC.		7	2-115961	4
Pa	irt I	Reason	for Public Char	rity Status (All organiz	ations mus	st complet	e this part) See inst	tructions			
Γhe	orgar	nization is not a	a private foundation	because it is: (For lines	1 through 1	11, check	only one b	ox)				
1		A church, co	nvention of churche	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)).			
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)							
3				ital service organization		n section	170(b)(1)	(A)(iii).				
4				operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospital's n	ame.
		city, and stat								•	•	•
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or or	erated by	a governi	mental uni	t describ	ped in	
An organization operated for the benefit of a college or university owned or operated by a governmental section 170(b)(1)(A)(iv). (Complete Part II)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										d in
		section 170(b)(1)(A)(vi). (Complete Part II)										
8		•		section 170(b)(1)(A)(vi).	(Complete	Part II)						
9				eives (1) more than 33			rom contri	butions, m	nembershi	n fees, a	and aross recein	ts from
				nctions - subject to certa								
				axable income (less sect							-	
			509(a)(2). (Complete	· · · · · · · · · · · · · · · · · · ·					, 3-			
10		An organizati	on organized and o	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	1).			
11	\mathbf{X}								-	y out the	purposes of or	e or
		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that										
		describes the	e type of supporting	organization and compl	ete lines 1	le through	11h					
		a X Type	l b 🔙 T	ypell c 🔲 T	ype III - Fur	nctionally	ntegrated	c	ј 🔲 Тур	e III - No	n-functionally in	tegrated
е		By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified	persons other t	han
		foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f		If the organiz	If the organization received a written determination from the IRS that it is a Type II, Type III									
		supporting organization, check this box										
g		Since August	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?									
		(i) A perso	(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No									s No
		the governing body of the supported organization?										
		(ii) A famıly	(ii) A family member of a person described in (i) above?									
		(iii) A 35% d	(iii) A 35% controlled entity of a person described in (i) or (ii) above?									<u> </u>
h		Provide the f	ollowing information	about the supported or	ganızatıon(s)						
			T		T							
(i)	Name	e of supported	(ii) EIN	(iii) Type of organization			(v) Did you		(vi) ls	the	(vii) Amount of n	nonetary
	org	anization		(described on lines 1-9 above or IRC section	in col. (i) listed in your governing document?				organization in col.		support	
				(see instructions))		_			U.S			
					Yes	No	Yes	No	Yes	No		
		INFANT							l <u></u>			
<u>J</u> R	TST	S CENT	72-1204793	9		X	Х		X	ļ	57,	603.
										-		
					-				 	 		
				-	 			-	 	-		
_					 				 	-		
Γota	al	1									57	603.

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 BAYOU AREA CHILDREN'S FOUNDATION, INC. 72-1159614 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011(d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 % % 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2013 BAYOU AREA CHILDREN'S FOUNDATION, INC. 72-1159614 Page 3
Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	over product correspond	31010 F 411 H 7				
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	<u> </u>					
2	Gross receipts from admissions,						
	merchandise sold or services per-	Í					
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ı					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf	ı					
5	The value of services or facilities					-	
_	furnished by a governmental unit to						
	the organization without charge					1	
6	Total. Add lines 1 through 5				<u> </u>		
	Amounts included on lines 1, 2, and				 		
	3 received from disqualified persons					i	
Ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ı	•				
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
,	: Add lines 7a and 7b					 	
	Public support (Subtract line 7c from line 6)		_			 	
	ction B. Total Support					<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(a) 2000	(6) 2010	(6) 2011	(4) 2012	(e) 2013	(i) rotal
_	Gross income from interest,			_			·
	dividends, payments received on	1			1		
	securities loans, rents, royalties and income from similar sources	ı					
۲	Unrelated business taxable income						
•	(less section 511 taxes) from businesses	ı					
	acquired after June 30, 1975	-	•		ŀ		
,	: Add lines 10a and 10b					1	
11	Net income from unrelated business				-	1	
• •	activities not included in line 10b,	ı					
	whether or not the business is regularly carned on	ı				1	
12	Other income. Do not include gain				 		
-	or loss from the sale of capital	ı					
12	assets (Explain in Part IV)				 	 	
	Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the ergenization's	first seemed thu			- F01(a)(2) assau	
14	check this box and stop here	the organization s	s iirst, second, triii	a, rounin, or min t	ax year as a secu	on 501(c)(3) organiz	ation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (I			column (fl)		145	
15 16	Public support percentage from 2012	, ,,		Solution (I))		15	<u>%</u> %
	ction D. Computation of Inves			·		1 10 1	
17	Investment income percentage for 20			ne 13 column /A\		17	0/
18	Investment income percentage from			15 13, COMITTE (I))		17	<u>%</u> %
	a 33 1/3% support tests - 2013. If the			on line 14 and to	e 15 ie mara than	18 33 1/3% and line 1	
196	* *	-				<u>=</u>	/ IS 1101
	more than 33 1/3%, check this box a	-	=		· · · · · ·		▶ ∟
	33 1/3% support tests - 2012. If the	-				=	4110
00	line 18 is not more than 33 1/3%, che		•				?
20	Private foundation, If the organization	n did not check a	DOX ON line 14, 19	a, or 190, check t	riis box and see in	STUCTIONS	

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 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 Open to Public Inspection

Name of the organization

BAYOU AREA CHILDREN'S FOUNDATION, INC.

Employer identification number 72-1159614

Pai	t 1 Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line	e 6	·				
		(a) Donor advised funds	(b) Funds and other accounts				
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	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		Yes No				
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part					
1	Purpose(s) of conservation easements held by the organization	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histor	rically important land area				
	Protection of natural habitat	Preservation of a certifie					
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a	a conservation easement on the last				
	day of the tax year.						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements	2b					
C	Number of conservation easements on a certified historic str	2c					
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure					
	listed in the National Register	2d					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the or	rganization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements i	t holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,	_					
7	Amount of expenses incurred in monitoring, inspecting, and	-					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(
	and section 170(h)(4)(B)(ii)?		└── Yes └── No				
9	In Part XIII, describe how the organization reports conservati	· · · · · · · · · · · · · · · · · · ·	•				
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for				
Dai	conservation easements t III Organizations Maintaining Collections o	f Art Historical Traccuras or Oth	or Similar Assats				
T al	Complete if the organization answered "Yes" to Form		er Sillilar Assets.				
			the second belongs after the second s				
ıa	If the organization elected, as permitted under SFAS 116 (AS						
	historical treasures, or other similar assets held for public ext the text of the footnote to its financial statements that descri		e of public service, provide, in Part XIII,				
_							
b	If the organization elected, as permitted under SFAS 116 (AS						
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amour						
	relating to these items:		. .				
	(i) Revenues included in Form 990, Part VIII, line 1		*				
_	(ii) Assets included in Form 990, Part X	nouse an other condensate of the	> \$				
2	If the organization received or held works of art, historical tre		ain, provide				
_	the following amounts required to be reported under SFAS 1	10 (ASC 938) relating to these items	▶ •				
a	Revenues included in Form 990, Part VIII, line 1		5				
b	Assets included in Form 990, Part X		▶ ३				

		KEA CHILDR						<u>/2-11</u>	<u>59614</u>	Page 2		
Pai	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	r Other	Simila	ır Asse	ts(continu	ed)		
3	Using the organization's acquisition, access	on, and other record	ds, chec	k any of the	following that	are a sigi	nificant u	se of its	collection	tems		
	(check all that apply)											
а	Public exhibition		ı 🗀	Loan or exc	hange progra	ms						
b	Scholarly research	•		Other	0.0							
С	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5												
	to be sold to raise funds rather than to be m								Yes	☐ No		
Pai	t IV Escrow and Custodial Arran					Yes" to Fo	orm 990.	Part IV.				
	reported an amount on Form 990, Pa			J			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0, 0.			
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	s or other ass	ets not in	cluded					
	on Form 990, Part X?								Yes	☐ No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowina	table								
			J						Amount			
С	Beginning balance						1c		741100111			
d	Additions during the year						1d					
е	Distributions during the year						1e					
f	Ending balance						1f					
2a	Did the organization include an amount on F	orm 990, Part X, line	21?						Yes	No		
b	If "Yes," explain the arrangement in Part XIII			on has been	provided in P	art XIII			co			
Pai												
		(a) Current year		rior year	(c) Two years) Three ve	ears back	(e) Four y	ears back		
1a	Beginning of year balance											
ь	Contributions								-			
С	Net investment earnings, gains, and losses						-					
d	Grants or scholarships											
е	Other expenditures for facilities								_			
	and programs								ŀ			
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as							
а	Board designated or quasi-endowment	-	%	•								
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%										
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administer	ed for the	organiza	ation				
	by								Y	es No		
	(i) unrelated organizations								3a(i)			
	(ii) related organizations								3a(ii)			
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	dule R?					3b			
4	Describe in Part XIII the intended uses of the		owment	funds								
Pai												
	Complete if the organization answere	d "Yes" to Form 990), Part IV	, line 11a. S	ee Form 990,	Part X, lin	e 10.					
	Description of property	(a) Cost or o	other		or other	(c) Acc	umulate	d	(d) Book v	/alue		
		basis (investi	ment)		(other)	depre	ciation					
1a	Land				3,250.					,250.		
b	Buildings .				8,660.		56,29			,366.		
С	Leasehold improvements				8,828.	8	<u> 39,79</u>		<u>79</u>	<u>,031.</u>		
d	Equipment				6,677.		6,67	17.		0.		
e	Other											
Tatal	Add lines 1a through 1e (Column (d) must a	aual Form 000 Daniel	V 001	nn /Dl line 1	(0/a))				271	C 17		

Schedu	ule D (Form 990) 2013	BAYOU AREA	CHILDREN'S	FOUN	DATION,	INC. '	72-1159614 Page 3
Part	VII Investments -						
		anization answered "Yes"		line 11b			
	escription of security or cate	OFY (including name of security)	(b) Book value		(c) Method of v	aluation. Cost or	end-of-year market value
	ancial derivatives						
	sely-held equity interests	;					
(3) Oth	ner						
(A)							
(B)_							
(C)							
<u>(D)</u>	 						
<u>(E)</u>	 	· · · · · · · · · · · · · · · · · · ·					
<u>(F)</u>					 .		
(G)							
(H)_							
Total. (Col. (b) must equal Form 990), Part X, col. (B) line 12.)					
Part	VIII Investments -	_					
	Complete if the org	anization answered "Yes"		line 11c			
	(a) Description of	investment	(b) Book value		(c) Method of v	aluation Cost or	end-of-year market value
(1)_							
(2)			<u> </u>				
(3)	.						
(4)							
<u>(5)</u>							
(6)							
(7)							<u>-</u> -
(8)					<u> </u>		
(9)							
Part	Col. (b) must equal Form 990 IX Other Assets.), Part X, col. (B) line 13.)	<u> </u>				<u> </u>
Part			. 5 5				
	Complete if the org	anization answered "Yes"		line 11d	See Form 990, I	Part X, line 15.	4.5
		(a)	Description				(b) Book value
(1)							
(2)		<u> </u>					
(3)			 				
(4)			····				
(5)		 					
(6)		-					
<u>(7)</u>							
(8)	-			-			
(9)	(0-1	000 0 17 170					
Part		orm 990, Part X, col. (B) line	e 15.)				<u> </u>
Fait			4- F 000 D-+ N/ I		146 O E	000 B + V 1	0.5
		anization answered "Yes" escription of liability	to Form 990, Part IV, I		Book value	990, Part X, line	25
1.		escription of liability		(0)	SOUR Value		
(1)	Federal income taxes						
(2)							
(3)_							
(4)		<u> </u>					
<u>(5)</u>							
<u>(6)</u>		 -			-		
<u>(7)</u>							
(8)	.						
<u>(9)</u>							
		orm 990, Part X, col. (B) line					
		sitions In Part XIII, provide					
org	anization's liability for uni	certain tax positions under	FIN 48 (ASC 740), Ch	eck here	e if the text of the	e footnote has be	en provided in Part XIII

Schedule **D** (Form 990) 2013

Sched	lule D (Form 990) 2013	BAYOU Z	AREA CHI	LDREN'S	FOUNDATIO	ON, INC.	72-11	59614	Page 4
Parl		of Revenue	per Audited	l Financial S	tatements Wi	th Revenue _I	per Return.		_ _
	Complete if the organ	nization answer	ed "Yes" to Fo	rm 990, Part IV,	line 12a				
1	Total revenue, gains, and ot	her support pe	r audited financ	cial statements			1		
2	Amounts included on line 1	but not on Forr	n 990, Part VIII	, line 12:					
а	Net unrealized gains on inve	stments			2a				
b	Donated services and use o	f facilities			2b				
C	Recoveries of prior year grai	nts			2c				
	Other (Describe in Part XIII)				2d				
е	Add lines 2a through 2d						2e		
-	Subtract line 2e from line 1						3		
	Amounts included on Form				1 1				
	Investment expenses not in		n 990, Part VIII,	line 7b	<u>4a</u>				
	Other (Describe in Part XIII)				4b				
	Add lines 4a and 4b	_					4c		
	Total revenue Add lines 3 a					lish Evnange	5		
Par	Reconciliation of	-	-			ith Expense:	s per Heturn.		
	Complete if the organ				line 12a				
	Total expenses and losses p						1		
2	Amounts included on line 1	but not on Forr	m 990, Part IX,	line 25	1 1				
а	Donated services and use o	f facilities			2a				
b	Prior year adjustments				_2b				
С	Other losses				2c				
d	Other (Describe in Part XIII)				_2d				
е	Add lines 2a through 2d						2e		
3	Subtract line 2e from line 1						3		
4	Amounts included on Form	990, Part IX, lin	ie 25, but not o	n line 1.					
а	Investment expenses not in	cluded on Forn	n 990, Part VIII,	line 7b	4a				
b	Other (Describe in Part XIII)				4b				
С	Add lines 4a and 4b						4c		
5	Total expenses Add lines 3	and 4c. (This n	nust equal Forn	n 990, Part I, line	e 18)		5		
	t XIII Supplemental Ir								
	de the descriptions required 2d and 4b; and Part XII, lines						v, line 4, Part A, li		
									
<u> </u>									
_									
							·		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number BAYOU AREA CHILDREN'S FOUNDATION, INC. 72-1159614 FORM 990, PART VI, SECTION B, LINE 11: THE DIRECTOR REVIEWS AND SIGNS FORM 990 BEFORE IT IS MAILED TO THE IRS. THE OTHER OFFICERS ARE PROVIDED A HARD COPY OR EMAIL OF THE RETURN. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE ONLY AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: ROSARIO O'CONNELL, SH SP - P.O. BOX 2866, HOUMA, LA 70361 CAROLYN MCNABB - 281 SUGAR HIGHLAND BLVD., HOUMA, LA 70360