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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2015

► 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

| Depa | artment of th | e Treasury Service | ► Do not enter social security numbers on this form as it may be made p Information about Form 990 and its instructions is at www.irs.gov/for | m990. | 0 | Inspection | |
|---------------|-----------------|-----------------------|--|---|-----------------|------------------------|--|
| A | | | year, or tax year beginning 8/01 , 2015, and ending | 7/31 | 016 | | |
| В | Check if ap | 1 🛣 | , | | er identificati | | |
| _ | | · I | REAUX BRIDGE CRAWFISH FESTIVAL | 72-1 | 248905 | , · | |
| | \vdash | | SSOCIATION - | E Telepho | | | |
| | Initial | ID | O. BOX 25 - | 337- | -332-6655 - | | |
| | ├ ─┤ | BR | REAUX BRIDGE, LA 70517 - | 337 | 332 00 | | |
| | $\vdash \dashv$ | urn/terminated | | G Gross re | counts S | 574,994. | |
| | \vdash | ded return | Name and address of principal officer MARK BERNARD · H(a) | Is this a group return | | | |
| | Applica | | The same and a same and a same and a same a | | | H''' H''' | |
| | | | AME AS C ABOVE - 1501(c)(3) X 501(c) (// / .) 4947(a)(1) or 527 | Are all subordinates If 'No,' attach a list | (see instructi | ons) | |
| <u>!</u> | | npt status | 1001(0)(0) | | | | |
| J | Websit | | DBCITITE BCT. COL. | Group exemption nu | | | |
| K | | organization | Corporation Trust X Association Other ► L Year of formation | 1959 · Ms | tate of legal | domicile LA . | |
| Pa | rt I | Summary | CONTINUE DE LA CONTIN | DELITE OF | | TTON | |
| | 1 Bri | effy describe t | the organization's mission or most significant activities: <u>COMMUNITY</u> | RENELTT OK | <u> Pantza</u> | <u></u> | |
| ė | | | | | | | |
| Ē | | | | | | | |
| Governance | 2 5 | eck this box | If the organization discontinued its operations or disposed of more | han 25% of its | | | |
| ્ટ્રે | 2 Ch | | g members of the governing body (Part VI, line 1a) | 111 23 % OF ItS 1 | 3 | 25 | |
| | | | pendent voting members of the governing body (Part VI, line 1b) | ŀ | 4 | 25 | |
| es | 1 | | individuals employed in calendar year 2015 (Part V-line-2a) | į | 5 | 0 | |
| Activities & | | | volunteers (estimate if necessary) RECEIVED | | 6 | 425 | |
| Act | 7a To | tal unrelated b | ousiness revenue from Part VIII. column (C). line 12 | | 7a | 0. | |
| _ | b Ne | t unrelated bu | isiness taxable income from Form 990 Toline 34 | | 7b | 0. | |
| | | _ | DEC 0 3 2016 O | Prior Year | | Current Year | |
| • | 8 Co | intributions an | d grants (Part VIII, line 1h) | | | | |
| Ĭ | 9 Pr | ogram service | | | | | |
| Revenue | 10 Inv | vestment incor | the (Late VIII, Column (A), lines 5, 4, and 7d) | 2,8 | | 3,047. | |
| ď | 11 Ot | her revenue (F | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 192,5 | | 203,906. | |
| | | | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 195,3 | | 206,953. | |
| | 13 Gr | ants and simil | ar amounts paid (Part IX, column (A), lines 1-3) | 2,9 | 50. | 4,450. | |
| | 14 Be | nefits paid to | or for members (Part IX, column (A), line 4) | | | | |
| | 15 Sa | ilaries, other c | compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | |
| Expenses | 16a Pr | ofessional fun | draising fees (Part IX, column (A), line 11e) | | | | |
| oe u | h To | tal fundraising | g expenses (Part IX, column (D), line 25) > 19,560. | | | | |
| ă | 17 01 | _ | (Part IX, column (A), lines 11a-11d, 11f-24e) | 144,4 | 25 . | 141,877. | |
| | 1 | | Add lines 13-17 (must equal Part IX, column (A), line 25) | 147,3 | | 146,327. | |
| | | | expenses Subtract line 18 from line 12 | | | | |
| - 6 6 | 19 Re | veriue less ex | | 48,0 Beginning of Curren | | 60,626. End of Year | |
| eta | 20 To | tal assets (Pa | <u> </u> | 764,8 | | | |
| A99 | 20 To | | Part X, line 26) | 159,8 | | 786,199. 120,487. | |
| Net Assets or | 21 10 | · | | | | | |
| | | | nd balances Subtract line 21 from line 20 | 605,0 | 86.1. | 665,712. | |
| | | Signature I | | | | | |
| Unc | ler penalties | of perjury, I declar | re that I have examined this return, including accompanying schedules and statements, and to the t (other than office) is based on all information of which preparer has any knowledge | est of my knowledge | and belief, it | is true, correct, and | |
| | | T. / / | W. M. Hely | | 1-28 | 7/6 | |
| | | Signature | Marie Tylean | Date | 20 | 70 | |
| | gn | Signature 8 | March Comment | | | | |
| He | ere | V III | MARK L-DERMARX PRESIDENT | | | | |
| | | | nt name and title arer's name Preparer's signature Date | | ıf PTII | u | |
| | | Print/Type prepa | 11/2 | 7/16 Check | J" | | |
| Pa | | RUSSELL F | . CHAMPAGNE, CPA RUSSELL F. CHAMPAGNE, CPA / | self-employ | ed PO | 0300315 | |
| | eparer | Firm's name | KOLDER, CHAMPAGNE, SLAVEN & CO | | | | |
| Us | se Only | Firm's address | 183 S BEADLE RD | Firm's EIN | 72-13 | 69868 | |
| | | | LAFAYETTE, LA 70508-4211 | Phone no | (337) 23 | | |
| Ma | v the IRS | discuss this | return with the preparer shown above? (see instructions) | | | X Yes No | |

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

TEEA0113L 10/12/15

Form 990 (2015)

| Form 990 (2015) | BREAUX BRIDGE CRAWFISH FESTIVAL | 72- | 1248905 Page |
|---|---|---|---|
| | ment of Program Service Accomplishments | | |
| | If Schedule O contains a response or note to any line in this | Part III | <u>_</u> _ |
| - | be the organization's mission Y BENEFIT ORGANIZATION • | | |
| COMMONTI | 1 DENEFII ORGANIZATION | | |
| | | | |
| | | | |
| 2 Did the organiz | zation undertake any significant program services during the year | which were not listed on the prior | |
| Form 990 or 9 | | | Yes X No |
| | ribe these new services on Schedule O | _ | |
| If 'Yes,' descr | rization cease conducting, or make significant changes in hor ribe these changes on Schedule O | | Yes X No |
| 4 Describe the Section 501 (cand revenue, | organization's program service accomplishments for each of (3) and 501(c)(4) organizations are required to report the a if any, for each program service reported | its three largest program services, as mount of grants and allocations to oth | measured by expenses ers, the total expenses, |
| 4 a (Code: |) (Expenses \$ 4,450. including grants | of \$) (Revenue | \$ |
| DONATION | S WERE MADE TO A FEW ORGANIZATIONS IN | THE COMMUNITY FOR THE P | URPOSE OF |
| BENEFITT INDETERM | ING THE COMMUNITY AS A WHOLE; THEREFOR | E, THE NUMBER OF PERSON | S BENEFITTED IS |
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| 4b (Code |) (Expenses \$ including grants | of \$) (Revenue | \$ |
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| 4 c (Code |) (Expenses \$ including grants | of \$) (Revenue | \$ |
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| | | | |
| 4 d Other progra (Expenses | m services (Describe in Schedule O) \$ including grants of \$ |) (Revenue \$ | ··· |
| | m service expenses ► 4,450. |) (nevenue 4 | |
| BAA | TEEA0102L 10/12/ | 5 | Form 990 (201 |

Form 990 (2015) BREAUX BRIDGE CRAWFISH FESTIVAL

Part IV | Checklist of Required Schedules

| | | | 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 | ٠, |
| 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_ | | Х | • |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II | 7 | | Х | - |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | Х | |
| 0 | 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 | |
| 1 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable. | | | | |
| a | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | х | • | _ |
| t | Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х | • |
| • | bild 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 | • |
| | I 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 | - |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X | 11 f | | X | - |
| 12 a | 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 | . |
| | 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 | 12b | | Х | _ |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X | _ |
| 4 8 | a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х | - ' |
| ı | b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | Х | |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х | · |
| 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 | | Х | - |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | Х | • | _ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III | 19 | | Х | . |
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28a

28b

28c

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Yes

72-1248905 Checklist of Required Schedules (continued) 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H 20a 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 22 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 23 24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25a 242 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d

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

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I

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 'Yes', complete Schedule L, Part II

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

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):

a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete

c 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

29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II

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

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1

35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b if '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.

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

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O

Χ· 33 Υ. 34 \overline{X} . 35a 35b 36 37 χ. X 38

BAA

Form 990 (2015)

| FORM 950 (2015) BREAUX BRIDGE CRAWFISH FESTIVAL 72-1248 | 905 | | age: |
|--|-------|--|--|
| 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 . | | <u> </u> | لــــــ |
| 4 5 t t | | Yes | No |
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b | 57 | | |
| La, | _0 - | İ | ĺ |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X | <u> </u> |
| 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | |
| ments, filed for the calendar year ending with or within the year covered by this return 2 a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | _0 ^1 | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2 b | ' | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | | Х |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O | 3 b | + | |
| 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | 30 | <u>'</u> | |
| financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If 'Yes,' enter the name of the foreign country. | 4 a | ļ | Х |
| See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | { | i | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | Х |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization | | | Х |
| solicit any contributions that were not tax deductible as charitable contributions? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were | 6 a | | ^ |
| not tax deductible? | 6 b | | <u> </u> |
| 7 Organizations that may receive deductible contributions under section 170(c). | Ì | | ļ |
| 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? | 7 a | | |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | <u> </u> | ļ |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 c | .] |] |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d | 1 | \ - | - |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 f | | |
| q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 | 1 | † | |
| as required? | 7 g | 1 | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | , | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | \ | Ţ | |
| organization have excess business holdings at any time during the year? | 8 | | |
| 9 Sponsoring organizations maintaining donor advised funds. | 1 - | | 1 |
| a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | - |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 5 | <u> </u> | |
| 10 Section 501(c)(7) organizations. Enter | 1 | } | |
| a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | } | |
| 11 Section 501(c)(12) organizations. Enter | | | ļ |
| a Gross income from members or shareholders | ļ | } | ļ |
| b Gross income from other sources (Do not net amounts due or paid to other sources | | İ | ı |
| against amounts due or received from them) | | | |
| 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b | 12a | ' | - |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| a is the organization licensed to issue qualified health plans in more than one state? | 13a | , | } |
| Note. See the instructions for additional information the organization must report on Schedule O | 1.50 | | |
| b Enter the amount of reserves the organization is required to maintain by the states in | | 1 | |
| which the organization is licensed to issue qualified health plans | | | 1 |
| c Enter the amount of reserves on hand | | 1 | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | | X |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 141 | | (0000 |
| BAA TEEA0105L 10/12/15 | Forr | n 990 | (2015) |

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 1 a 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 1 b 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 officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision χ. 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 х . since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets?. χ. SEE SCHEDULE O 6 X 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? SEE SCHEDULE O 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, SEE SCH O stockholders, or persons other than the governing body? 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a γ. a The governing body? 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 9 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 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? 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X · 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X Schedule O how this was done 12 c 13 Did the organization have a written whistleblower policy? 13 Х 14 X 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official 15 a Χ. 15b Χ. b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a χ. taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request . Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records BREAUX BRIDGE LA 70517 337-332-6655 BBCFA P.O. BOX 25

| C ~ - ~ | ann | (2015) | אזז ע בו כו כו | DUTDOR | CRAWFISH | PPCMTIAT |
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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

- 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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| | Ţ | (C) | | | | | | | | |
|------------------------|--|-----------------------------------|-----------------------|--------------|--|----------------------------------|-------------------------------|-------------------------------------|--|--|
| (A) Name and Title | (B) Average hours Position (do not check than one box, unless is both an officer a director/trustee | | r and a ee) | 3 | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other | | | |
| | per week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) MARK BERNARD · | 0 | | | - | | | | | | |
| PRESIDENT · | 0 | | | | | _ | | 0. | 0. | 0. |
| (2) CHRIS LATIOLAIS · | 0 | | | | | | [| | | |
| DIRECTOR · | 0 | | | | | <u> </u> | | 0. | 0. | 0. |
| (3) GEORGE DOMINGUES · | 00_ | | | | | | | | | |
| DIRECTOR · | 0 | <u> </u> | | <u> </u> | <u> </u> | L | | 0. | 0. | 0. |
| (4) GENEE HEBERT | 0 | } | | | ł | 1 | ł | | | |
| DIRECTOR · | 0 | <u> </u> | | _ | <u> </u> | <u> </u> | <u> </u> | 0. | 0. | 0. |
| (5) ERROL LEBLANC : | | | | | | (| l | 1 | | |
| DIRECTOR · | 0 | <u> </u> | | | ļ | | <u> </u> | 0. | 0. | 0. |
| (6) JOHN POIRIER . | _0_ | | 1 | | | | 1 | | | |
| DIRECTOR · | 0 | <u> </u> | | <u> </u> | ļ | | <u> </u> | 0. | 0. | 0. |
| 7 ANGELIQUE BERNARD - | | 1 | | ĺ | | | | { | | |
| PUBLICITY DIREC · | 0 | | | ļ | | <u> </u> | Ĺ | 0. | 0. | 0. |
| (8) JIMMY DURIO · | 0 | 1 | | | | | | _ | | |
| DIRECTOR · | 0 | | | ļ | ļ | ļ | <u> </u> | 0. | 0. | 0. |
| (9) TAMMY DOMINGUES . | 0 | , | | | } | } | } | _ | | |
| SECRETARY · | 0 | <u> </u> | <u> </u> | <u> </u> | ļ | | ↓ | 0. | 0. | 0. |
| (10) PAUL LAVIOLLETTE | 00 | } | | | } | 1 |] | | | |
| FEST COORDINAT · | 0 | ļ | _ | <u> </u> | | <u> </u> | ļ | 0. | 0. | 0. |
| (11) EUGENE FAUCHEAUX | 0 | ļ | | | | | } | _ | _ | 1 |
| DIRECTOR · | 0 | ļ | | ļ | ļ | <u> </u> | | 0. | 0. | 0. |
| (12) PAULA FAUCHEAUX . | | ļ | ļ | | | | l | | _ | |
| DIRECTOR · | 1 0 | | - | <u> </u> | | - | ├ | 0. | 0. | 0. |
| (13) CRAIG OLIVIER · | 0_ | } | } | | Ì | | | | | _ |
| VICE PRESIDENT · | 0 | | } | | ├ | ┼ | ├- | 0. | 0. | 0. |
| (14) BLAISE BERNARD . | | 1 | | | | | 1 | | 1 | _ |
| DIRECTOR . | 0 | <u></u> | | | <u></u> |] | <u> </u> | 0. | 0. | 0. |

| 19 3 65 67 | This occion At Officers, Directors, Tre | · · · · · | 109 | | <u> </u> | ,,, | 23, | - | a ringinest com | ponsatou Linp | to y cos (continues); |
|------------|--|-----------------------------|-----------------------------------|----------------------|--------------------|--|---------------------------------|---------------|-------------------------------------|--|--|
| | | (B) | | | ((| | | | | | |
| | (A) | Average | Average (do not check more | | more than one | | one | (D) | (E) | (F) | |
| | Name and title | hours per week | offic | er ar | nd a d | direct | or/trus | tee) | Reportable compensation from | Reportable compensation from | Estimated amount of other |
| | | (list any hours | or in | İnst | Officer | Key | emp | Š. | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | compensation from the |
| | | for related | dividual | Ē | Ğ | em | yoye Yoye | 렰 | | | organization and related organizations |
| | | organiza - tions | o a | 133 | | employee | e com | | | | Organizations |
| | | below dotted | Individual trustee or director | nstitutional trustee | | 8 |) ens | } , | | | |
| | | line) | . " | 8 | | | Highest compensated employee | | | | |
| (15) | BLAKELEY BLANCHARD | 0 | - | \vdash | | ├─ | | | | | |
| | DIRECTOR · | 0 | 1 | | | } | | | 0. | 0. | 0. |
| | CINDY BOREL · | 0 | | | | \vdash | | | | | |
| | DIRECTOR · | 0 | | | | | | | 0. | 0. | 0. |
| | BRANDON DAVID | 00_ | | | | | | | | | |
| | DIRECTOR AT LAR | 0 | | | | | | | 0. | 0. | 0. |
| | LEAH_DAVID : | 0 | | | | } | | | | • | |
| | DIRECTOR · | 0 | ļ | | | ļ | ļ | _ | 0. | 0. | 0. |
| | SCOTT HEBERT | 0 | } | | | | 1 | | | | |
| | DIRECTOR · | 0 0 | ╁ | | | ├— | ├ | - | 0. | 0. | 0. |
| | KENNETH THIBODEAUX · DIRECTOR · | 16 | 1 | | | } | | | 0. | 0. | 0. |
| | GERALD BOREL | 0 | \vdash | | - | \vdash | | 1 | | | |
| | DIRECTOR · | | 1 | | } | } | | | 0. | o. | 0. |
| | MICHELYN BERNARD | 0 | | | | | | | | | |
| | DIRECTOR · | 0 | <u> </u> | نــــا | | _ | | <u> </u> | 0. | 0. | 0. |
| | DELL_HEBERT | <u>0</u> | | ! | | 1 | | | _ | _ | |
| | DIRECTOR · | 0 | — | | | | | ├ | 0. | 0. | 0. |
| (24)_ | NATALIE BLANCHARD TREASURER | 0 | { | | İ | | | 1 | 0. | 0. | |
| (25) | CHAD DUMATRAIT | 0 | - | \vdash | - | ╁╌ | ┼─ | ╁ | | . | 0. |
| | DIRECTOR · | 0 - | 1 | | | | | | 0. | ٥. | 0. |
| | Sub-total | | • | | | ٠. | · | > | 0. | 0. | 0. |
| С | Total from continuation sheets to Part VII, Secti | ion A | | | | | | | 0. | 0. | 0. |
| | Total (add lines 1b and 1c) | | | | | <u>. </u> | | | 0. | 0. | 0. |
| | Total number of individuals (including but not limited | to those | listed | abo | ve) | who | rece | ved | more than \$100,00 | 00 of reportable com | ipensation |
| | from the organization ► 0 | | | | | | | | | | Yes No |
| • | Dud the account of the boundary of the same | | 4 | l.a. | | | | 1 | hh-et -e | ded completes | MASTER NO |
| 3 | Did the organization list any former officer, direction on line 1a? <i>If 'Yes,' complete Schedule J for suc</i> | ctor, or tru ch individi | ustee ual | , ke | y er | пріс | yee, | OF I | nignest compensa | iteo employee | 3 X |
| 4 | For any individual listed on line 1a, is the sum o | f renortat | nle co | mn | ens | atior | n and | l oth | ner compensation | from | |
| | the organization and related organizations great | er than \$ | 150,0 | 00? | If ' | Yes | corr | ple | te Schedule J for | | |
| | such individual | • | | | | | • • | | | | 4 X |
| 5 | Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye | ie compei s,' comple | nsatio e <i>te S</i> | on ti che | rom <i>dule</i> | any <i>J fo</i> | unre or su | elate ch p | ed organization or person | Individual | 5 X |
| Sect | ion B. Independent Contractors | | | | | | | | | | |
| | Complete this table for your five highest comper compensation from the organization. Report compensations are compensations and compensations are compensations. | | | | | | | | | | ar |
| | (A) | isation for | 410 0 | ,,,,,,, | 1001 | yeu | | 9 | (B | | (C) |
| | Name and business add | dress | | | | | | | Description | of services | Compensation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2 | Total number of independent contractors (including | hut not lim | uted t | to th | nse | liste | nd ab | ave) | who received most | e than | Product Contract Contract |
| 4 | \$100,000 of compensation from the organization | | iiteu I | | いって | | u au | ∪ v ⊂) | THIO ISCEIVED HIOR | J. III | |
| BAA | The state of the s | | TEEA | 0108 | L 10 |)/12/1 | 5 | | | 1822 | Form 990 (2015) |

| L | | Check if Schedule O c | contains a | respo | inse or note to an | y line in this Part V | 711 | | |
|---|------|--|---------------------------------------|-----------|--------------------|-----------------------|--|--|--|
| | | | | · · · | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| nts nts | | Federated campaigns | | 1 a | | | | | |
| 3rar our | | Membership dues | _ | 1 b | | | | | - |
| ts, (| l | Fundraising events | | 1 c | | | [| | |
| ia ii | | Related organizations | | 1 d | | | | | |
| ans, Sim | ì | Government grants (contributio | · · · · · · · · · · · · · · · · · · · | 1 e | | | 1 | | |
| utio | f | All other contributions, gifts, gr similar amounts not included a | ants, and | 16 | | | | | , |
| 를등 | | Noncash contributions included | L- | | | | | | · 1 |
| Contributions, Gifts, Grants and Other Similar Amounts | , - | Total. Add lines 1a-1f | | - | - | | } | | , |
| a B | | | | | Business Code | | | | , |
| ¥en | 2 a | | | | | <u></u> | | | |
| e Re | b | | | | | | | | |
| ZČ | C | | | | | | | | |
| Se | d | | | | | ļ | | | |
| Jran | | All other program service | e revenue | | | | | | |
| Program Service Revenue | ľ | Total. Add lines 2a-2f | | L_ | > | | | | |
| | 3 | Investment income (incli | uding divi | dends, | , interest and | | , | | |
| | | other similar amounts). | | | • | 3,047. | 3,047. | a | |
| | 4 | Income from investment | of tax-ex | empt I | • | | ļ | | |
| | 5 | Royalties | (ı) Re | | (ii) Personal | | | | |
| | 62 | Gross rents | (// // 10 | | (II) r ersonal | - | } | | |
| | 1 | Less rental expenses | | | | , | | | |
| | 1 | Rental income or (loss) | | | | | | | |
| | d | Net rental income or (lo | ss). | | - | | \ | | |
| | 7 a | Gross amount from sales of assets other than inventory | (i) Secur | ities | (ii) Other | | | | |
| | b | Less cost or other basis and sales expenses | | | | | | | - - |
| | 1 | Gain or (loss) | | | 1 | | | | , |
| | d | Net gain or (loss) | | | <u> </u> | | | | |
| Other Revenue | 8 a | Gross income from fund (not including \$ of contributions reported | | | | | | | |
| Š | | See Part IV, line 18 | 2 011 11110 | a | 571,947. | _ | | | 1 |
| ᅙ | ь | Less direct expenses | | b | | 1. | 1 | | 1 |
| ₹ | c | Net income or (loss) from | m fundrai | sing e | | 203,906. | <u> </u> | | |
| | 9 a | Gross income from gam See Part IV, line 19 | iing activi | ties a | | | | | |
| | | Less direct expenses | | b | | į | | | |
| | 1 | : Net income or (loss) fro | m gaming | activi | ties | | | | |
| | 10 a | Gross sales of inventory and allowances | , less ret | urns a | | ** | | | |
| | | Less cost of goods sold | | b | | - | | | - |
| | | : Net income or (loss) fro | | f inver | ntory - | | | | <u></u> |
| | | Miscellaneous Revenu | ie | | Business Code | 1 | | } | 1 |
| | 11 a | | | | | | | | |
| | | ? | | | | | | | |
| | | All other revenue | | | | | | | |
| | 1 - | Total. Add lines 11a-11c | d | L | - | | + | | |
| | 1 | Total revenue. See inst | | | • | 206,953. | 3,047. | 0. | 0. |
| BA | | | | | TEE | A0109L 10/12/15 | | · · · · · · · · · · · · · · · · · · · | Form 990 (2015) |

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Fundráising Program service Management and expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 4,450 4,450 Grants and other assistance to domestic individuals See Part IV, line 22. 2 Grants and other assistance to foreign organizations, foreign governments, and for-eign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. 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. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): a Management **b** Legal c Accounting 3,390 3,390 d Lobbying e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 45 45 Advertising and promotion 9,696 12 9,696. 13 Office expenses 4,826 4,826. Information technology 14 Royalties 15 Occupancy 3,392. 3,392. 16 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 5,420. 20 Interest 5,420. 21 Payments to affiliates 22 Depreciation, depletion, and amortization 22,921 22,921 23 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 24 38,406 38,406 a CONTRACT_LABOR_ b BUSINESS DEVELOPMENT 19,560 19,560 c RENT EXPENSE 15.000 15,000 d PRINTING AND PUBLICATIONS 6.021 6,021 13,200 13,200 e All other expenses 4,450 146,327. 122,317 19,560. 25 Total functional expenses Add lines 1 through 24e 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)

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 196,639: 1 238,127 Cash - non-interest-bearing 2 253,201: Savings and temporary cash investments 256,059 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L 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 7 Notes and loans receivable, net 8 3,998 3,881 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 471,083 10 b 10 c b Less: accumulated depreciation 182,951 311,052 288,132. 11 11 Investments - publicly traded securities 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 Other assets See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 764,892. 16 786,199 17 Accounts payable and accrued expenses Grants payable 18 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 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 23 Secured mortgages and notes payable to unrelated third parties 159,806: 120,487 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 159,806: 26 120,487 Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds Assets Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 605,086: Ret Total net assets or fund balances 605,086: 33 33 665,712 Total liabilities and net assets/fund balances 34 764,892: 786,199. 34 BAA Form 990 (2015)

| Forn | 1990 (2015) BREAUX BRIDGE CRAWFISH FESTIVAL | 12-14 | 248905 | | Pa | age 12 | |
|--|--|------------------|----------|------|------|----------|--|
| Par | t 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 | 2 | 06,9 | 953. | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 2 | 1 | 46,3 | 327. | |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 1 | 3 | | 526. | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | | | | | |
| 5 | | | | | | | |
| 6 | Donated services and use of facilities | | 6 | | | | |
| 7 | Investment expenses | | 7 | | | | |
| 8 | Prior period adjustments . | <u> </u> _ | 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)) | Part X, line 33, | | | | 712. | |
| Par | 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 O | | | | | | · | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | Х | <u> </u> | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both' X Separate basis Consolidated basis Both consolidated and separate basis | viewed | on a | | , | | |
| 1 | Were the organization's financial statements audited by an independent accountant? | | | 2Ь | | Х . | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sibasis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis | eparate | : | | | | |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audıt, | | 2c | X | | |
| | if the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | | | | | | |
| | a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133? | | | 3 a | | X | |
| | o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits | d audit | | 3 b | | | |
| BAA | | | | Forn | 990 | (2015) | |

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

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered 'Yes,' on 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,' on 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,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

| • 5 | Section 501(c)(4), (5), or (6) o | rganizations Complete Part III | | | | | | | |
|-----|---|--|--|--|--|--|--|--|--|
| | of organization | · · · · · · · · · · · · · · · · · · · | | Employer identifica | ition number | | | | |
| BRE | AUX BRIDGE CRAWFIS | H FESTIVAL | | 72-124890 | 5 | | | | |
| Par | t I-A Complete if the or | rganization is exempt under section | on 501(c) or is a s | section 527 organiz | zation. | | | | |
| 1 | Provide a description of the | organization's direct and indirect political c | ampaign activities in | Part IV | | | | | |
| 2 | Political expenditures | | | ► \$ | | | | | |
| 3 | Volunteer hours | <u></u> | | | | | | | |
| Par | t I-B Complete if the or | rganization is exempt under section | on 501(c)(3). | | | | | | |
| 1 | Enter the amount of any exc | ise tax incurred by the organization under | section 4955 | ► \$ | | | | | |
| 2 | Enter the amount of any exc | cise tax incurred by organization managers | under section 4955 | ►\$ | | | | | |
| 3 | If the organization incurred a | a section 4955 tax, did it file Form 4720 for | this year? | | Yes No | | | | |
| 4 a | Was a correction made? | | | | Yes No | | | | |
| Ł | If 'Yes,' describe in Part IV | | | | | | | | |
| Par | t I-C Complete if the o | rganization is exempt under section | on 501(c), excep | t section 501(c)(3). | | | | | |
| 1 | Enter the amount directly ex | pended by the filing organization for section | n 527 exempt functio | n activities > \$ | | | | | |
| 2 | 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | | | | | | | | |
| 3 | 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 | e Form 1120-POL for this year? | | | Yes X No | | | | |
| 5 | organization made payments amount of political contribution | and employer identification number (EIN) s. For each organization listed, enter the ains received that were promptly and directly delay action committee (PAC). If additional spanning the second seco | mount paid from the fivered to a separate po | filing organization's fund hitical organization, such | ds Also enter the as a separate | | | | |
| | (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds of 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) 2015

| ` . | | | | | | | | | |
|--|--------------------------------|--|------------------------------|-------------------------|----------------|--|--|--|--|
| Schedule C (Form 990 or 990-EZ) 201 | ⁵ BREAUX BRII | GE CRAWFISH FEST | IVAL | 72-124 | | | | | |
| Part II-A Complete if to section 501(| the organizatio | n is exempt under se | ection 501(c)(3) and | d filed Form 5768 (e | lection under | | | | |
| <u></u> | | gs to an affiliated group (and | d list in Part IV each affil | ated group member's nam | ne. | | | | |
| | - | d share of excess lobbying | | у отр тото от от | , | | | | |
| | <u>-</u> ' | cked box A and 'limited co | | | | | | | |
| L_j | | | | (a) Filing | (b) Affiliated | | | | |
| Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.) (A) Filing (b) Affiliated organization's totals (The term 'expenditures' means amounts paid or incurred.) | | | | | | | | | |
| 1 a Total lobbying expenditu | · | · ·- | | | | | | | |
| b Total lobbying expenditu | ures to influence a | legislative body (direct lob | bying) | | | | | | |
| c Total lobbying expenditi | | and 1b) | | | | | | | |
| d Other exempt purpose e | • | | | | | | | | |
| e Total exempt purpose e | xpenditures (add li | nes 1c and 1d) | | | | | | | |
| f Lobbying nontaxable am both columns | nount Enter the an | nount from the following ta | ible in | | | | | | |
| If the amount on line 1e, colu | amn (a) or (b) is. | The lobbying nontaxable | amount is. | | | | | | |
| Not over \$500,000 | | 20% of the amount on line 1e. | | | | | | | |
| Over \$500,000 but not over \$1, | 000,000 | \$100,000 plus 15% of the excess | s over \$500,000. | - | , , , | | | | |
| Over \$1,000,000 but not over \$ | 1,500,000 | \$175,000 plus 10% of the excess | s over \$1,000,000. | | | | | | |
| Over \$1,500,000 but not over \$ | 17,000,000 | \$225,000 plus 5% of the excess | over \$1,500,000 | | | | | | |
| Over \$17,000,000 | | | | | | | | | |
| g Grassroots nontaxable a | amount (enter 25% | of line 1f) | | | | | | | |
| h Subtract line 1g from lin | e la If zero or les | s, enter -0- | | | | | | | |
| i Subtract line 1f from line | e 1c if zero or less | s, enter -0- | | <u></u> | | | | | |
| j If there is an amount othe section 4911 tax for this | r than zero on eithei year? | line 1h or line 1i, did the or | ganization file Form 4726 |) reporting | Yes No | | | | |
| | | 4-Year Averaging Period | Under section 501(h) | | | | | | |
| (Som | | at made a section 501(h) e ns below. See the instruct | election do not have to | | | | | | |
| | Lobi | ying Expenditures During | g 4-Year Averaging Per | riod | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) Total | | | | |
| 2 a Lobbying nontaxable amount | | | | | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | | | | |
| c Total lobbying expenditures | | | | | | | | | |
| d Grassroots nontaxable amount | | | | | | | | | |

f Grassroots lobbying expenditures

BAA

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

Schedule C (Form 990 or 990-EZ) 2015

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| (election under section 501(h)). | (a | a) | (b) |
|--|----------------|------------------|-----------------------------|
| For each 'Yes' response on 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? | | | |
| 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 | | | |
| 2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | | |
| b If 'Yes,' enter the amount of any tax incurred under section 4912 | | | |
| c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 | [' | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |
| Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6). | (c)(5) | , or | |
| | | | 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 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.' | (c)(5) Part | , or s III-A, | ection 501(c) line 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). | | | |
| a Current year | | 2 a | |
| 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 | |
| | | | |
| 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 | 0. |
| Part IV Supplemental Information | | | |
| 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 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information. | up list) | ; Part | II-A, lines 1 and |
| | | | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on 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

Department of the Treasury Internal Revenue Service

Open to Public Inspection

| Name | of the organization | | | - | Employer identification number |
|------|--|---|---|------------------------------|---|
| | BREAUX BRIDGE CRAWFISH FES' ASSOCIATION | | | | 72-1248905 |
| Par | Organizations Maintaining Dono Complete if the organization ans | or Advised Funds or Othe wered 'Yes' on Form 990 | er Similar Fur , Part IV, line | nds or Acc | ounts. |
| | | (a) Donor advised t | funds | (b) F | unds and other accounts |
| 1 | Total number at end of year | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | |
| 3 | Aggregate value of grants from (during year) | | | | |
| 4 | Aggregate value at end of year | | | | |
| 5 | Did the organization inform all donors and doi are the organization's property, subject to the | nor advisors in writing that the organization's exclusive legal | assets held in do | onor advised | funds Yes No |
| 6 | Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit? | rs, and donor advisors in writing tof the donor or donor advisor | ng that grant fund , or for any other | ds can be us purpose cor | ed only oferring Yes No |
| Par | t II Conservation Easements. Complete if the organization ans | wered 'Yes' on Form 990 | , Part IV, line | 7. | |
| 1 | Purpose(s) of conservation easements held b | y the organization (check all th | at apply) | | |
| | Preservation of land for public use (e.g., i | recreation or education) | Preservation of | of a historica | lly important land area |
| | Protection of natural habitat | | Preservation of | of a certified | historic structure |
| | Preservation of open space | | _ | | |
| 2 | Complete lines 2a through 2d if the organization last day of the tax year | held a qualified conservation con | tribution in the for | | |
| | | | | } | leld at the End of the Tax Year |
| | a Total number of conservation easements | | | 2a | |
| | b Total acreage restricted by conservation ease | | | 2 b | |
| | c Number of conservation easements on a certi | | • • | 2 c | |
| 1 | d Number of conservation easements included structure listed in the National Register | | • | 2 d | |
| 3 | Number of conservation easements modified, traitax year ► | nsferred, released, extinguished, | or terminated by t | he organization | on during the |
| 4 | Number of states where property subject to consc | ervation easement is located > | | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easeme | | g, inspection, ha | ndling of viol | ations, Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, | inspecting, handling of violations | , and enforcing co | inservation ea | sements during the year |
| 7 | Amount of expenses incurred in monitoring, inspi ►\$ | ecting, handling of violations, and | d enforcing conser | vation easem | ents during the year |
| 8 | Does each conservation easement reported cand section 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the re | equirements of se | ection 170(h) | (4)(B)(i) Yes No |
| 9 | In Part XIII, describe how the organization report include, if applicable, the text of the footnote conservation easements. | | | | |
| Pa | rt III Organizations Maintaining Colle Complete if the organization ans | | | | nilar Assets. |
| 1 | a If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final | eld for public exhibition, education | n, or research in f | | |
| | b if the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items: | er SFAS 116 (ASC 958), to rep- for public exhibition, education, o | ort in its revenue r research in furth | statement a erance of pub | nd balance sheet works of art, lic service, provide the |
| | (i) Revenue included on Form 990, Part VIII | , line 1 | | | ► \$ |
| | (ii) Assets included in Form 990, Part X | | | | ► \$ |
| 2 | If the organization received or held works of art, amounts required to be reported under SFAS | | | ncial gain, pro | ovide the following |
| | a Revenue included on Form 990, Part VIII, line | e 1 | | | > \$ |
| | b Assets included in Form 990, Part X | | | | ► \$ |

| • | | | | | | | |
|--|-------------------------|-------------------------------------|--------------------------|--------------------------------|------------------------------|---------------|---------|
| Schedule D (Form 990) 2015 BREAU | X BRIDGE | CRAWFISH E | ESTIVA | L | 72-124 | 8905 | Page 2 |
| Part III Organizations Maintai | | | | | | | |
| 3 Using the organization's acquisition items (check all that apply): | , accession, an | nd other records, o | heck any of | the following that a | re a significant use of its | collection | |
| a Public exhibition | | d 🦳 | Loan or ex | change programs | | | |
| b Scholarly research | | e 🗍 | Other | | | | |
| c Preservation for future gener | ations | | | | | | |
| 4 Provide a description of the organiz Part XIII. | ation's collection | ons and explain h | ow they furt | ner the organization' | 's exempt purpose in | | |
| 5 During the year, did the organiza to be sold to raise funds rather th | nan to be mair | ntained as part o | f the organ | ization's collection | ? | Yes | No |
| Part IV Escrow and Custodia line 9, or reported an | l Arrangem amount on | ents. Comple Form 990, Pa | te if the irt X, line | organization an 21. | swered 'Yes' on Fo | orm 990, Pai | rt IV, |
| 1 a Is the organization an agent, trus on Form 990, Part X? | stee, custodiar | or other interm | ediary for o | ontributions or oth | er assets not included | Yes | No |
| b If 'Yes,' explain the arrangement | ın Part XIII ar | nd complete the | following ta | able. | | الل | |
| | | | | | | Amount | |
| c Beginning balance | | | | | 1 c | | |
| d Additions during the year | | | | | 1 d | | |
| e Distributions during the year | | | | | 1 e | | |
| f Ending balance | | | | | 1 f | | |
| 2 a Did the organization include an a | mount on For | m 990. Part X. lı | ne 21, for e | escrow or custodial | l account liability? | Yes | No |
| b If 'Yes,' explain the arrangement | | | | | | | 7 |
| bit res, explain the arrangement | iii ai ai | SHOOK HOLO II WIO | СХРІСПОПО | ii nas soon provide | 30 311 411 7111 | L | |
| Part V Endowment Funds. C | omplete if t | the organization | on answe | ered 'Yes' on Fo | orm 990 Part IV Ju | ne 10 | |
| Tate V Endownence unus. | (a) Current | | rior year | (c) Two years back | | (e) Four year | rs hack |
| 1 a Beginning of year balance | (a) ourrent | , cai | 1101 3001 | (c) the jours but | (a) Thise years back | (5) (54) (54) | TO DEON |
| b Contributions | <u> </u> | | | | | | |
| D Commontone | | | | | | | |
| c Net investment earnings, gains, and losses | | | | | | - | |
| d Grants or scholarships | | | | | | | |
| e Other expenditures for facilities and programs | | | | ļ | | | |
| f Administrative expenses | | | | | | | |
| g End of year balance | L | | | <u> </u> | | | |
| 2 Provide the estimated percentage | | - | nce (line 1 | , column (a)) held | as. | | |
| a Board designated or quasi-endowm | | | | | | | |
| b Permanent endowment ► | ~% | | | | | | |
| c Temporarily restricted endowmer The percentages on lines 2a, 2b, ar | | % qual 100%. | | | | | |
| 3 a Are there endowment funds not in t | the norsession | of the organization | n that are h | ald and administered | d for the | | |
| organization by. | ine possession | of the organizatio | ii tilat ale ii | eid and administerer | a for the | Yes | No |
| (i) unrelated organizations. | | | | | | 3a(i) | 1 |
| (ii) related organizations | | | | | | 3a(ii) | 1 |
| b If 'Yes' on line 3a(ii), are the rela | ated organizat | ions listed as red | guired on S | chedule R? | | 3b | 1 |
| 4 Describe in Part XIII the intended | _ | | | | | <u> </u> | |
| Part VI Land, Buildings, and | | | | | | | |
| Complete if the organ | | | n Form 9 | 90, Part IV, line | e 11a. See Form 9 | 90, Part X, I | ıne 10. |
| Description of property | | (a) Cost or other (investment | | b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book v | /alue |
| 1 a Land | 1 | | | 15,000. | | 15 | 5,000. |
| b Buildings | Į. | <u> </u> | | 62,375. | 46,379. | . 15 | 5,996. |
| | ſ | | 1 | 000 555 | | 1. | |

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | | Accumulated depreciation | | (d) Book value |
|---|--------------------------------------|---------------------------------|---|--------------------------|---|----------------|
| 1 a Land | | 15,000. | • | | | 15,000. |
| b Buildings | | 62,375. | • | 46,379. | | 15,996. |
| c Leasehold improvements | | 329,512. | | 72,376. | • | 257,136. |
| d Equipment | | 55,256. | | 55,256. | | 0. |
| e Other | | 8,940. | | 8,940. | • | 0. |
| otal. Add lines 1a through 1e (Column (d) | must equal Form 990, Part X, o | column (B), line 10c) | | > | | 288,132. |

Schedule **D** (Form 990) 2015

| Schedule D (Form 990) 2015 BREAUX BRIDGE CRA | WFISH FESTIVAL | | 72-1248905 | Page |
|---|--|-------------------------------|--|------------------|
| Part VII Investments - Other Securities. | | N/A | | |
| Complete if the organization answered | <u>d 'Yes' on Form 990</u> |), Part IV, line 11b. | See Form 990, Part > | <u>K, line 1</u> |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valu | ation: Cost or end-of-year market v | ralue |
| 1) Financial derivatives | | | | |
| Closely-held equity interests | | | ···· | |
| 3) Other | | | | |
| <u>A)</u> | | | | |
| B) | | | - | |
| C) | | | | |
| D) | | ,, | | |
| E) | | | | |
| (F) | | - <u>-</u> | | |
| (G) | | | | |
| (H) | | | | |
| <u>(i)</u> | ļ. <u></u> | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) | _l | L | | |
| Part VIII Investments – Program Related. Complete if the organization answere | d 'Yes' on Form 99(| N/A Part (V line 11c | See Form 990 Part) | (line 1 |
| (a) Description of investment | (b) Book value | (c) Method of valuation | on. Cost or end-of-year mar | rket value |
| (1) | (0) 2001 | | | |
| (2) | | | · | |
| (3) | | | | |
| (4) | | | | |
| (5) | <u> </u> | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 13) | - | | | |
| Part IX Other Assets. | N/A | | | |
| Complete if the organization answere | |), Part IV, line 11d. | | |
| (a) De | escription | | (b) Boo | k value |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | · |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| Total. (Column (b) must equal Form 990, Part X, column | (B) line 15) | | <u> </u> | |
| Part X Other Liabilities. | F 000 Deat IV Inc. 1 | 1 116 D F 000 | Deal V. Lee DE | |
| Complete if the organization answered 'Yes' on (a) Description of liability | (b) Book value | | , Part X, line 25 | |
| (a) Description of flability (1) Federal income taxes | (b) Book value | | • | |
| (2) | | | - , | |
| (3) | | | | |
| (4) | | | 1 | |
| (5) | | | | - |
| (6) | | - / | , - | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| (11) | | | - ; | |
| Total (Column (b) must equal Form 990, Part X, column (B) line 25) | • | | , | |
| 2. Liability for uncertain tax positions. In Part XIII, provide the text of the | footnote to the organization's f | nancial statements that repor | ts the organization's liability for un | certain |
| tax positions under FIN 48 (ASC 740) Check here if the text of the footnote | | | | ſ |
| ВАА | TEEA3303L 06/03/15 | | Schedule D (Form | n 990) 201 |

| Schedule D (Form 990) 2015 BREAUX BRIDGE CRAWFISH FESTIVA | L | 72-1248905 | Page 4 |
|---|------------------------|---------------------|--------|
| Part XI Reconciliation of Revenue per Audited Financial Stat Complete if the organization answered 'Yes' on Form States | | | - |
| 1 Total revenue, gains, and other support per audited financial statements | | 1 | ····· |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a Net unrealized gains (losses) on investments | 2 a | 1 | |
| b Donated services and use of facilities | . 2b | | |
| c Recoveries of prior year grants | 2c | | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | · | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b. | | 4 c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin | e 12.) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Sta | tements With Exper | ses per Return. N/A | |
| Complete if the organization answered 'Yes' on Form 9 | 990, Part IV, line 12a | ١. | |
| Total expenses and losses per audited financial statements | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a Donated services and use of facilities | 2 a | 45 | |
| b Prior year adjustments | 2 b | | |
| c Other losses | . 2c | - 3 | |
| d Other (Describe in Part XIII) | 2 d | | |

Part XIII Supplemental Information.

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

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

e Add lines 2a through 2d

c Add lines 4a and 4b

3 Subtract line 2e from line 1

b Other (Describe in Part XIII)

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

4 b

BAA

Schedule **D** (Form 990) 2015

2 e 3

4 c

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

| Name o | the organization BREAUX BRIDGE ASSOCIATION | CRAWFISH | FESTI | VAL | | | Employer identification 72-124890 | |
|-------------|---|---|-------------------------------------|--|--|------------|---|---|
| Part | | te if the organiza | ation answe | ered 'Yes' o | n Form 990, Part IV, line | e 17. | | |
| 1 a b | Indicate whether the organization Mail solicitations Internet and email solicitations Phone solicitations | raised funds thr | | | owing activities Check Solicitation of non- Solicitation of gove Special fundraising | government | nent grants | |
| b | Did the organization have a written o employees listed in Form 990, Par If 'Yes,' list the ten highest paid individent persated at least \$5,000 by the | t VII) or entity in iduals or entities | in connect (fundraise | tion with pr | ofessional fundraising | services | 5 ⁷ . | Yes X No |
| (i) | Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did have custo of contr | fundraiser dy or control ibutions? | (iv) Gross receipts from activity | (or r | nount paid to etained by) aiser listed in olumn (i) | (vi) Amount paid to (or retained by) organization |
| 1 | | | Yes | No | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| Total | | · · · · · · · · · · · · · · · · · · · | ··· | • | | | | 0. |
| 3 | List all states in which the organization licensing | on is registered | or licensed | to solicit c | contributions or has been | notified | it is exempt from | |
| | | | | | | | | |

TEEA3702L 06/02/15

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported

Schedule G (Form 990 or 990-EZ) 2015 BREAUX BRIDGE CRAWFISH FESTIVAL

b if 'Yes,' explain

72-1248905

| Schedule G (Form 990 or 990-EZ) | 2015 BREAUX BRII | GE CRAWFISH FESTIVAL | 72-1248 | 3905 | Page |
|---|-------------------------------------|---|------------------------|-------------|---------------|
| 11 Does the organization condu | ict gaming activities with | nonmembers? | | Yes | No |
| 12 is the organization a grantor, to administer charitable gaming | peneficiary or trustee of a f g? | trust or a member of a partnership or other . | entity formed to | Yes | No |
| 13 Indicate the percentage of gan | ning activity conducted in: | | 1 | | |
| a The organization's facility | | | 13a | | |
| b An outside facility | | | [13b] | | ~ |
| 14 Enter the name and address o | f the person who prepares | the organization's gaming/special events b | ooks and records | | |
| Name ► | | | | | |
| Address ► | | | | | |
| | | arty from whom the organization receives | | | |
| b If 'Yes,' enter the amount of | gaming revenue receive | ed by the organization► \$ | and the amou | nt | |
| of gaming revenue retained | | | | | |
| c If 'Yes,' enter name and add | ress of the third party: | | | | |
| Name • | | | ~ | | |
| Address • | | | | - | |
| 16 Gaming manager informatio | n: | | | | |
| Name ► | | ~ | | | |
| Gaming manager compensa | ition ► \$ | | | | |
| Description of services provi | ided > | | | | . – – – - |
| Director/officer | Employee | Independent contractor | | | |
| 17 Mandatory distributions | | | | | |
| - | nder state law to make cha | iritable distributions from the gaming procee | eds to retain the | | |
| state gaming license? | | | | Yes | No |
| | | w to be distributed to other exempt organiza | ations or spent in the | | |
| Part IV Supplemental Inf | <u> </u> | he explanations required by Part | Lline 2b. columns | (uı) and | <u>′v)·</u> |
| and Part III, lines | 9, 9b, 10b, 15b, 15 | c, 16, and 17b, as applicable. Als | | | (*), |
| information (see | instructions). | | | | |
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| | | | | 000 === | |
| BAA | | TEEA3703L 06/02/15 | Schedule G (Form | 990 or 990- | EZ) 2015 |

BAA

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.

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL ASSOCIATION

Employer identification number

72-1248905

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

EUGENE & PAULA FAUCHEAUX ·

MARRIED .

MARK & ANGELIQUE BERNARD .

MARRIED ·

MARK & MICHELYN BERNARD

FATHER & DAUGHTER

ANGELIQUE & MICHELYN BERNARD .

MOTHER & DAUGHTER .

GEORGE & TAMMY DOMINGUES ·

MARRIED ·

JIMMY DURIO & GENEE HEBERT .

MARRIED ·

MARK & BLAISE BERNARD .

FATHER & SON

ANGELIQUE & BLAISE BERNARD .

MOTHER & SON .

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL ASSOCIATION

Employer identification number 72-1248905

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

MARRIED ·

CINDY & GERALD BOREL .

MARRIED .

DELL & SCOTT HEBERT .

MARRIED .

FORM 990. PART VI. LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

ACTIVE MEMBERSHIP IN THIS CORPORATION SHALL BE OPEN TO ANY PERSON EIGHTEEN YEARS OR OLDER WHO IS IN SUPPORT OF THE OBJECTIVES OF THIS CORPORATION. ACTIVE MEMBERS SHALL PAY YEARLY DUES AND SHALL ENJOY ALL MEMBERSHIP PRIVILEGES.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE ELECTED DIRECTORS SHALL BE ELECTED FROM THE GENERAL 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 VOTE OF THE QUORUM AS ESTABLISHED BY THE BI-LAWS SHALL BE SUFFICIENT TO ELECT A DIRECTOR.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

A MAJORITY OF THE DIRECTORS SHALL CONSTITUTE A QUORUM AND A QUORUM SHALL BE

NECESSARY TO CONSIDER ANY QUESTION THAT MAY COME BEFORE ANY MEETING OF THE

DIRECTORS. ONCE A QUORUM IS PRESENT, THE ASSEMBLED DIRECTORS MAY TRANSACT ANY

BUSINESS BY A MAJORITY VOTE OF THOSE DIRECTORS PRESENT.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM IS REVIEWED BY THE PRESIDENT AND/OR TREASURER PRIOR TO SUBMITTING.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE BI-LAWS AND THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. .