OMB No 1545-0047 2016

Department of the Treasury

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

		venue Service	 		OUT TOTAL STORM	_						7	
_				x year beginnir	ng 8/01		, 2016, a	ınd endir	ng 7/		<u>, 2017</u>		
В	Check	f applicable	C							D Employer ider	tification nu	mber	
	<u></u> ∟ ^	ddress change		RIDGE CRAW	FISH FES	TIVAL				72-1248	3905 ·		
	, IN	lame change	ASSOCIAT:							E Telephone nun	nber		
	П	ntial return	P.O. BOX							337-332	2-6655	-	
	ΠF	inal return/terminated	BREAUX BE	RIDGE, LA	70517								—
	$\prod_{\mathbf{A}}$	mended return								G Gross receipts	Ś	E16 240	, -
	\vdash	pplication pending	F Name and ad-	dress of principal off	icer I I A DIV	1200	CICT A L		H(a) is this	a group return for su		516,248	
	∟ ,	pplication pending			HAICIC	, roek	WHKD .		1	= :		Yes X	
,	Tav		SAME AS (40474 3443	P 1	If 'No,	subordinates includattach a list. (see in	structions)	Yes	No
.		-exempt status		X 501(c) (4	.)◀ (ınsert	no.)	4947(a)(1) or	5274	1				
<u>J</u>			W.BBCRAWF	1 1 1 1 1 1					H(c) Group	exemption number		<u> </u>	
K		n of organization.	Corporation	Trust X A	ssociation - C	ther -	L Ye	ar of formal	ion: 195	9 • M State of	lega! domici	le. LA .	
Pa	rt I	Summar	y										
	1	Briefly descri	be the organiz	ation's mission	or most sign	ificant a	ctivities:COM	MUNITY	BENEF	IT ORGANIZ	ZATION	•	_
ø,													-
2													_
Ë													-
S S	2			organization o				sed of m	ore than 2	5% of its net a	ssets.		_
5	3			of the governir							1	2	25
S	4			ing members o									25
ı≘	5			employed in ca						5].		0
Activities & Governance	6			(estimate if ne						6		43	30
Ă				venue from Pai						7a).
	b	Net unrelated	business taxa	ble income fro	m F <u>orm 990-</u>	Line 3		<u> </u>	<u></u>	7b).
					F		IVED		P	rior Year	Cur	rent Year	
0	8			art VIII, line 1h) J g			%					_
Revenue	9	Program serv	rice revenue (F	Part VIII, line 2) @} _r	sero a	A 2017 - 1	باڭ					
eve	10	Investment in	come (Part VI	rart VIII, line 20 II, column (A), Jump (A), Jupos	lines 🚉 4, ar	id=7d) [₩] .	7 7011	တ္တု		3,047.	•	3,055	<u>, </u>
œ	11	Other revenue	e (i ait viii, co	nummi (A), mies	3, ou, oc, <u>sc</u>	, 10c, a		监		203,906.		169,113	
	12			through 11 (m				e 12)		206,953.		172,168	
	13	Grants and si	milar amounts	paid (Part IX,	column (A)	ines 1-3)			4,450.		6,010	
	14	Benefits paid	to or for mem	bers (Part IX, o	column (A), lı	ne 4)				·			
	15	Salaries, other	er compensation	on, employee b	enefits (Part	IX. colui	nn (A), lines 5	5-10)	. ———				_
Expenses	16 a			es (Part IX, colu				•					
ğ									· 				—
×	D			(Part IX, colum	• • •	·		3,841.				*	
_	17			olumn (A), lines					·	141,877.		113,367	1. •
	18	Total expense	es. Add lines 1	3-17 (must equ	ıal Part IX, co	olumn (A	A), line 25)			146,327.		119,377	ī
	19	Revenue less	expenses. Su	btract line 18 f	rom line 12					60,626.	-	52,791	
b 8										ng of Current Year	Enc	of Year	<u> </u>
Net Assets or Fund Balances	20	Total assets	Part X, line 16	5)						786,199.		795,338	₹.
₹ 0	21		s (Part X, line							120,487.		76,835	
ž	22	Net assets or	fund balances	s. Subtract line	21 from line	20				665,712.			
	rt II	Signatur			21 110111 11110				<u>: </u>	005,712.		718,503) .
													
comp	lete D	eclaration of prepa	rer (other than offic	camined this return,	pictualing accomp information of white	anying sch ch preparei	edules and statem has any knowledg	ents, and to je.	the best of m	y knowledge and be	lief, it is true	, correct, and	
			11/2/10	1000						/ // 22:	7		
c:~	_	Signatu	of officer	p jesev	an -	-				11- LL /			—
Sig Hei	n n		an V	1000	()					110			
nei	E	D	Mar K	Liber	nayor								
		Type or	protoname and titl	e 					· · · · · · · · · · · · · · · · · · ·	,			_
		Print/Type p	reparer's name	P	eparer's signature	·12	My	Date /	11/15	Check If	PTIN		
Pai			F. CHAMPAG	NE, CPA R	USSELL F.	CHAMPAC	NE, CPA	11//	8/1/	self-employed	P003003	315	
	pare		► KOLDER	, CHAMPAGNE,									-
	e On			BEADLE RD						Firm's EIN ► 72	-136986	R	
			=00 0		18-4211								
1001	46.0	150 45 11		TTE, LA 7050						Phone no. (33°	7) 232-41		

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

Form **990** (2016)

Forn	1990 (2016) BREAUX BRIDGE C	RAWFISH FESTIVAL	72-1248905 Page 2
Par			
	Check if Schedule O contains a	response or note to any line in this Part III	
1	Briefly describe the organization's mis	sion:	
	COMMUNITY BENEFIT ORGANI	IZATION ·	
	Did the organization undertake any signif	icant program services during the year which were not li	sted on the prior
_			·
	If 'Yes,' describe these new services of		
•			w program continue?
3		, or make significant changes in how it conducts, ar	ny program services? Yes X No
	If 'Yes,' describe these changes on Sc		
4	Section 501(c)(3) and 501(c)(4) organic	ervice accomplishments for each of its three largest izations are required to report the amount of grants	program services, as measured by expenses.
	and revenue, if any, for each program	service reported.	and anocations to others, the total expenses,
		·	
4 a	(Code:) (Expenses \$	6,010. including grants of \$) (Revenue \$
		A FEW ORGANIZATIONS IN THE COMMUN	
		TY_AS_A_WHOLE; THEREFORE, THE NUM	DEK OF LEKSONS DEMERTITED TS
	INDETERMINABLE.		
4 6	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
7.	(Code:) (Expenses 4	Including grants of 4) (NOVERIDE P
			
4.0	(Code:) (Evenses &	Including grants of \$) (Revenue \$
40	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
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40	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
) (Revenue \$)
	Other program services (Describe in S	Schedule O.)	
4 0		Schedule O.)) (Revenue \$) (Revenue \$)

1 41	tiv Checkist of Required Schedules	— т	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete	1	res	х .
2	Schedule A	2		$\frac{x}{x}$
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х.
4		4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x ·
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		<u>x</u> .
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		_ <u>x_</u> .
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	_	х.
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, 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	
ł	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.
•	: Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х.
•	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.
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		<u>x</u> .
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		<u>X</u> -
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X.
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	L	<u>X</u> ·
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
i	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		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 	complete Schedule G, Part III	19		X.
BAA	TEEA0103L 11/16/16	Forn	n 990	(2016)

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Form 990 (2016)

Part IV Checklist of Required Schedules (continued) Yes No Х 20a 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H........ b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?...... 20b 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 X х · 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 х . 24a х . 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds?.... d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d χ. 25a **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 х · 26 х . Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial Χ. 27 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): Χ. 28a a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28b χ. χ. 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation χ. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L 31 ΧŢ, Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete χ. Schedule N, Part II.. 32 χ. 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X X · 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... 35b 36 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. \mathbf{x} 37 38 Х

TEEA0104L 11/16/16

Form 990 (2016) BREAUX BRIDGE CRAWFISH FESTIVAL	72-1248905		Page 5
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	53 •	165	NO
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1 .	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gam		1.	
(gambling) winnings to prize winners?		c X	•
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	0	-	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns	? 21	ь	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х.
b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule Q </i>		b	ļ
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account.	rer, a punt)? 4a	a	х
b If 'Yes,' enter the name of the foreign country: ►	,		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FB	AR).	Ì	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	c	↓
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o solicit any contributions that were not tax deductible as charitable contributions?	rganızation	a	x
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts we not tax deductible?	vere 61	Ь	
7 Organizations that may receive deductible contributions under section 170(c).		1	1
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo services provided to the payor?	ds and	a	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	71	b	1
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file	С	
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		1.	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract? 7	е	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	?	f	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	n file a	h	T
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the spons organization have excess business holdings at any time during the year?	soring		-
9 Sponsoring organizations maintaining donor advised funds.	· · · · · · · · · · · · · · ·	+	+
a Did the sponsoring organization make any taxable distributions under section 4966?	9		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			+
10 Section 501(c)(7) organizations. Enter:		-	+
a Initiation fees and capital contributions included on Part VIII, line 12	}		1 39
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:		1 1	1 .,
a Gross income from members or shareholders 11a		€ ,	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		,	
12a Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041	? 12	a	1 - "
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		٠ ,	+-
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?	13	a	1_
Note. See the instructions for additional information the organization must report on Schedule O.			1
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand 13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		а	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			
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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		· · · ·	· · · · · <u> </u>					
Section A. Governing Body and management			Yes	No				
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	25	•	1	* .				
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	25		-					
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with officer, director, trustee, or key employee? SEE SCHEDULE. O	th any other	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?								
4 Did the organization make any significant changes to its governing documents								
since the prior Form 990 was filed?		4		<u> </u>				
The title organization have members or stockholders.		5 6	X	<u> </u>				
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint members of the governing body? SEE SCHEDULE O		7 a	Х	•				
b Are any governance decisions of the organization reserved to (or subject to approval by) members stockholders, or persons other than the governing body?		7 b	х	•				
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the following:								
a The governing body?	<u> </u>	8 a		X				
b Each committee with authority to act on behalf of the governing body?9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		8 D						
organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	,	9		X				
Section B. Policies (This Section B requests information about policies not required	d by the Internal Re	venu						
10 a Did the organization have local chapters, branches, or affiliates?	Γ	10 a	Yes	No X				
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and bra				<u>~</u> .				
operations are consistent with the organization's exempt purposes?		10Ь	v					
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		11 a	X					
12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	Х					
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could to conflicts?	1	12 b		x ·				
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' of Schedule O how this was done		12 c		х.				
13 Did the organization have a written whistleblower policy?	í	13	X					
14 Did the organization have a written document retention and destruction policy?		14	X					
Did the process for determining compensation of the following persons include a review and approval by persons, comparability data, and contemporaneous substantiation of the deliberation and decision	ındependent	, , , ,						
a The organization's CEO, Executive Director, or top management official		15 a		х.				
b Other officers or key employees of the organization		15 b		X.				
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		·	٠,	(
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra taxable entity during the year?		16 a	***	X				
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 sa organization's exempt status with respect to such arrangements?.	feguard the	16b	s-, ,					
Section C. Disclosure	<u> </u>		<u> </u>					
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 9 for public inspection. Indicate how you made these available. Check all that apply.		only)	avai	able				
	xplain in Schedule O)	hia ta						
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, the public during the tax year. SEE SCHEDULE O		มเซ เบิ						
State the name, address, and telephone number of the person who possesses the organization's books a BBCFA P.O. BOX 25 BREAUX BRIDGE LA 70517 337-332-6655 •	and records:							

Form 990 (2016)	BREAUX	BRIDGE	CRAWFISH	FESTIVAL
Part VII Com	noncation	of Office	are Directo	re Tructoes

s, 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.

(C)										
(A) Name and Title	(B) Average hours	Average is both an officer and a director/trustee)			on	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation		
	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	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(1) MARK BERNARD ·	0									
PRESIDENT ·	0							0.	0.	0.
(2) CHRIS LATIOLAIS ·	0									
DIRECTOR ·	0							0.	0.	0.
(3) GEORGE DOMINGUES ·]		-					_	_
DIRECTOR ·	0			_				0.	0.	0.
(4) GENEE HEBERT ·		1		ļ				_		_
DIRECTOR ·	0	<u> </u>						0.	0.	0.
(5) ERROL LEBLANC ·		1						_		_
DIRECTOR ·	0	ļ						0.	0.	0.
(6) JOHN POIRIER ·		1				1				
DIRECTOR ·	0	<u> </u>				\sqcup		0.	0.	0.
(7) ANGELIQUE BERNARD		1					!	_		
PUBLICITY DIREC .	0	 						0.	0.	0.
_(8) JIMMY DURIO ·										
DIRECTOR ·	0_	<u> </u>			<u> </u>			0.	0.	0.
(9) PAUL LAVIOLLETTE ·		1								1
FEST COORDINAT ·	0	ļ			_			0.	0.	0.
(10) EUGENE FAUCHEAUX.	0									
DIRECTOR ·	0	+-			├	\vdash		0.	0.	0.
(11) PAULA FAUCHEAUX		4				1 1				
DIRECTOR ·	0	 	\vdash		├	1		0.	0.	0.
(12) CRAIG OLIVIER ·		-						0.	0.	0.
VICE PRESIDENT .	0	+	\vdash		├-			0.	<u> </u>	ļ
(13) BLAISE BERNARD ·		.						0.	0.	0.
DIRECTOR ·	0	+	╀╌┤		+-	1	\vdash	 		
(14) CINDY BOREL ·								0.	0.	0.
DIRECTOR ·	0		<u> </u>		<u> </u>	1	<u> </u>	<u> </u>	<u>. </u>	<u>l </u>

Part VII Section A. Officers, Directors, 110		T	-11)) ()				ingliest con	iperisated Emp	loyees	(continued)
(A) Name and title	Average hours per week	box,	unle	Pos heck	sition more erson directi	than o	ee)	(D) Reportable compensation from	(E) Reportable compensation from	Esti: amoun	F) mated t of other
	(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)	fror organ and	ensation n the nization related izations
(15) BRANDON DAVID .	0						\dashv			<u></u>	
DIRECTOR AT LAR ·	0							0.	0.		0.
(16) LEAH DAVID ·	0			i	}		- 1	_			_
DIRECTOR ·	0	<u> </u>			<u> </u>			0.	0.		0.
(17) SCOTT HEBERT .	0	}				1 1		•	}	ļ	•
DIRECTOR ·	0	 						0.	0.		0.
(18) KENNETH THIBODEAUX .	0	-			l	ii	l	•			•
DIRECTOR •	0	+		_	-	 		0.	0.		0.
(19) GERALD BOREL ·	<u> </u>	-				1 1	i	0.	0.	ĺ	0
DIRECTOR . (20) MICHELYN BERNARD ·	0	-			-		\dashv		<u> </u>		0.
DIRECTOR .	 0	1				[[1	0.	0.	1	0.
(21) DELL HEBERT ·	0	 			 	╁╌┤					<u> </u>
SECRETARY .	15	i			1			0.	0.		0.
(22) NATALIE BLANCHARD ·	0	+	_	-	†						
TREASURER •		1	ļ					0.	0.]	0.
(23) CHAD DUMATRAIT .	0										
DIRECTOR •	0	1		l				0.	0.	<u> </u>	0.
(24) DWAYNE GUIDRY ·	0										
DIRECTOR ·	0				<u> </u>	\		0.	0.		0.
(25) PAM OLIVIER •					1						
DIRECTOR •	0		_				Ļ	0.	0.	<u> </u>	0.
1 b Sub-total			• • •		• • • •			0.	0.		0.
c Total from continuation sheets to Part VII, Sect	ion A.	• • • • •	• • • •		• • •			0.	0.		0.
d Total (add lines 1b and 1c)	4 4 4 4 4 4 4 4 4 4 4 4 4						امما	0.	0.		0.
2 Total number of individuals (including but not limited from the organization ▶ 0	to those	listed	abo	ve)	wno	recer	vea	more than \$100,0	or reportable comp	pensation	
from the organization 0											Yes No
3 Did the organization list any former officer, direct			1		1-		ط بد	vahaat samaansa	tod omplouse	r	103 110
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	ctor, or tri ch individ	ustee ual	, ке 	уег 	прю	yee,		ingriest compensa	iteu employee	. 3	X
the organization and related organizations great	er than \$	150,0	00?	If '	Yes,	' con	nple	te Schedule J for	*		·
such individual	• • • • • • • •	• • • • •	• •	• •	• • •	• • • • •	• • • •	• • • • • • • • • • • • • • • • • • • •		4	<u>X</u>
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Ye	ue compe	nsatio	on f	rom	any	unre	elate	ed organization o	r ındıvıdual	5	X
Section B. Independent Contractors	s, compi	ele o	CITE	uuic		300	511 p	1013011			
Complete this table for your five highest comper compensation from the organization. Report compe	nsated in	deper	nder	nt co	ontra	ctors	tha	at received more	than \$100,000 of	·	
		the c	aler	ndar	yea	r endi	ing v				
(A) Name and business add	drace							Description	of services	(Comper	s) nsation
Traine and business address Description of services Compensation											
								 			
								 		· · ·-	
2 Total number of independent contractors (including	but not lin	nited :	to th	iose	liste	ed abo	ove)	who received mor	e than	,	· · · · · · · · · · · · · · · · · · ·
\$100,000 of compensation from the organization							,			. ? * *	
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٠		Check if Schedule O contains a re	48	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns	b c d e				
Program Service Revenue an	2a b c d e f		Business Code	4			
	3 4 5	Investment income (including divide other similar amounts)	npt bond proceeds.	3,055.	3,055.		'A'
	b	Gross rents					\$ 1 m
	ь	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
Other Revenue	Ь	Gross income from fundraising ever (not including . \$	a 513,193. b 344,080.	169,113			5
	b	Gross income from gaming activities See Part IV, line 19	a				
	l t	Gross sales of inventory, less return and allowances Less: cost of goods sold	a				
	11 a	Miscellaneous Revenue	Business Code			2 Ap 2 St	Second Second
	1	d All other revenue		172 169	3.055		

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX										
	Check if Schedule O contains a r	<u> </u>		(C)	(D)						
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	6,010.	6,010.								
2	Grants and other assistance to domestic individuals. See Part IV, line 22										
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		_								
4	Benefits paid to or for members			,	, , ,						
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.						
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.						
7	Other salaries and wages										
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)			,							
9	Other employee benefits										
10	Payroll taxes										
11	·										
	, ,										
	-										
	Legal										
	: Accounting	2,725.	•	2,725.	•						
C	Lobbying										
€	Professional fundraising services. See Part IV, line 17		3	«′							
f	Investment management fees		1								
g	Other. (If line 11g amount exceeds 10% of line 25, column	0.0		80.							
	(A) amount, list line 11g expenses on Schedule O.)	80.	·		•						
12	Advertising and promotion	6,188.	•	6,188.	<u> </u>						
13	Office expenses	3,702.	•	3,702.	•						
14	Information technology										
15	Royalties										
16	Occupancy	4,356.	•	4,356.							
17	Travel	3,000									
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest	1,114.	•	1,114.	•						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	22,649.	•	22,649.	•						
	Insurance	22,043.									
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses	<u> </u>		- * - *	37, 13, 15,						
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
í	CONTRACT LABOR	26,023.		26,023.							
	BUSINESS DEVELOPMENT	18,841.			18,841.						
	RENT EXPENSE	15,000.	•	15,000.	•						
	PARKING	3,851.	•	3,851.	·						
	All other expenses	8,838.		8,838.							
25		119,377.	6,010.	. 94,526.							
	· · · · · · · · · · · · · · · · · · ·	119,511.	0,010.	31,020.							
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										
- -	SOP 98-2 (ASC 958-720)	L	<u> </u>		Form 990 (2016)						
BAA		TEEA0110L 1	1/16/16		FOHE 330 (∠016)						

TEEA0110L 11/16/16

Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 268,001. 238,127 - 1 Savings and temporary cash investments 256,059 2 258,238. Pledges and grants receivable, net 3 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' 6 beneficiary organizations (see instructions). Complete Part II of Schedule L . . . Notes and loans receivable, net 7 3,881 8 3,616. Prepaid expenses and deferred charges. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10 a 471,083. **b** Less: accumulated depreciation 10 b 205,601. 288,132 10 c 265,482. 11 11 12 Investments – other securities. See Part IV, line 11 12 13 Investments – program-related. See Part IV, line 11.... 13 14 Intangible assets 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 786,199 -16 795,338 17 Accounts payable and accrued expenses..... 17 18 18 19 Deferred revenue ... 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D........ 21 Liabilitie Loans and other payables to current and former officers, directors, trustees, 22 23 23 Secured mortgages and notes payable to unrelated third parties 120.487 76,835. 24 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 -26 26 120,487 76,835. Organizations that follow SFAS 117 (ASC 958), check here ► and complete or Fund Balances lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds...... 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 665,712. -32 718,503. 33 Total net assets or fund balances..... -33 718,503. 665,712 34 786,199. 795,338. BAA Form 990 (2016)

	orm 990 (2016) BREAUX BRIDGE CRAWFISH FESTIVAL 72-)5	Pa	ge 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·	<u></u>		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	72,1	168.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	19,3	377. [•]
3	Revenue less expenses. Subtract line 2 from line 1	3		52,7	791 <u>.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6	65,7	712.
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	7	18,5	<u>503.</u>
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u>.</u>	\Box
				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	×	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	separate basis, consolidated basis, or both:		- [ļ
	X Separate basis • Consolidated basis Both consolidated and separate basis			ĺ	1
1	b Were the organization's financial statements audited by an independent accountant?		2 b		X .
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa	ite	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	
	basis, consolidated basis, or both:				1
	Separate basis Consolidated basis Both consolidated and separate basis			-	
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2с	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		\$.	, _	
3 :	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		X
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	irt	[1—
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b	,	
BAA			Forn	n 990	(2016)

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 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

(Pro	xy Tax)	(see separate instruct	ions), then	see separate mstruct	ions) of Form 950-EZ,	rait v, illie 35C			
			rganizations: Complete Part III.						
Name	of organiz	ration			Employer identifica				
BRE	CAUX :	BRIDGE CRAWFIS	H FESTIVAL		72-124890	5			
			ganization is exempt under section			ration.			
	(see ir	structions for definition	organization's direct and indirect political c n of 'political campaign activities')						
			penditures (see instructions)						
3	Volunt	eer hours for political	campaign activities (see instructions)		······				
Par	t I-B	Complete if the or	rganization is exempt under section is example tax incurred by the organization under	on 501(c)(3).					
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	· ►\$				
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955					
	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?								
						· · · Yes No			
		,' describe in Part IV.							
			rganization is exempt under section						
1	Enter	the amount directly exp	pended by the filing organization for section	n 527 exempt functio	n activities 🏲 🖇				
2	Enter t	he amount of the filing on activities	organization's funds contributed to other organ	izations for section 527	exempt ►\$				
3	Total e	exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$				
4			e Form 1120-POL for this year?			<u> </u>			
5	amoun	t of political contribution	and employer identification number (EIN) s. For each organization listed, enter the ais received that were promptly and directly delal action committee (PAC). If additional spa	ivered to a separate po	litical organization, such	as a separate			
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									

•					
Schedule C (Form 990 or 990-EZ) 201				72-1248	
Part II-A Complete if section 501(n is exempt under sec	tion 501(c)(3) and	d filed Form 5/68 (ele	ection under
A Check ► ☐ if the filin	ig organization belong	gs to an affiliated group (and	list in Part IV each affili	ated group member's name,	
address,	EIN, expenses, and	d share of excess lobbying	expenditures).		
B Check ► ☐ If the filir	ng organization ched	cked box A and 'limited coi	ntrol' provisions apply.		
	'expenditures' mea	ring Expenditures ans amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendition					
• • •		legislative body (direct lobb			
		and 1b)			
	•				
e Total exempt purpose e	expenditures (add lir	nes 1c and 1d)			
		nount from the following tab			
If the amount on line 1e, col		The lobbying nontaxable	amount is:		ć ,
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,	·	\$100,000 plus 15% of the excess		, ;	· .
Over \$1,000,000 but not over \$	· · · · · · · · · · · · · · · · · · ·	\$175,000 plus 10% of the excess			•
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of	over \$1,500,000.	-	•
Over \$17,000,000		\$1,000,000.		ļ	
-		of line 1f)			
-		s, enter -0			
i Subtract line If from lin	ie Ic. If zero or less	s, enter -0			
		fine 1h or fine 11, did the org			Yes No
(Som	e organizations tha	4-Year Averaging Period lat made a section 501(h) elelow. See the separate inst	ection do not have to		
	Lobb	oying Expenditures During	4-Year Averaging Per	riod	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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					
e Grassroots ceiling amount (150% of line 2d, column (e))					

TEEA3202L 11/11/16

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures......

Page 3

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each 'Yes' response 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)?...... d Mailings to members, legislators, or the public?.... e Publications, or published or broadcast statements?... **q** 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?..... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?.... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A | Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members?. ... 1 Х 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? X 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? Х Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.' 1 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a **a** Current year..... 2 b 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 5 Taxable amount of lobbying and political expenditures (see instructions). 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 group list); Part II-A, lines 1 and

2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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 2016

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	BREAUX BRIDGE CRAWFISH FEST	TIVAL				
	ASSOCIATION				72-1248905	
Par	Organizations Maintaining Dono Complete if the organization ans	o <mark>r Advised Funds or Oth</mark> wered 'Yes' on Form 990	er Similar Fund , Part IV, line 6	ds or Acc 5.	counts.	
		(a) Donor advised	funds	(b) F	unds and other acc	ounts
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 dorare the organization's property, subject to the					☐ No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writi of the donor or donor advisor	ng that grant funds , or for any other p	s can be us ourpose co	sed only nferring	□No
Dar	t II Conservation Easements.					
I al	Complete if the organization ans	wered 'Yes' on Form 990), Part IV, line	7.		
1	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g., r	ecreation or education)	Preservation of	a historica	illy important land a	rea
	Protection of natural habitat		Preservation of	a certified	historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation cor	tribution in the form	of a conser	vation easement on t	he
	last day of the tax year.	·			···	
				 	Held at the End of the	ne Tax Year
	Total number of conservation easements					
	Total acreage restricted by conservation ease					·
C	: Number of conservation easements on a certi	fied historic structure included	ın (a)	2c		
c	Number of conservation easements included in structure listed in the National Register			2 d		
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished,	or terminated by the	e organizati	on during the	
4	Number of states where property subject to conse	ervation easement is located 🟲		•		
5	Does the organization have a written policy re and enforcement of the conservation easemet	nts it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring,	-				rear
7	Amount of expenses incurred in monitoring, inspenses	ecting, handling of violations, an	d enforcing conserva	ation easem	ents during the year	
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the re	equirements of sec	tion 170(h))(4)(B)(ı) Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	s conservation easements in its to the organization's financial	revenue and expens statements that de	se statement escribes the	t, and balance sheet, e organization's acc	and ounting for
Par	Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical wered 'Yes' on Form 99	Treasures, or 0, Part IV, line	Other Si 8.	milar Assets.	
1 a	If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its fina	eld for public exhibition, education	on, or research in fu	nue statementherance of	ent and balance she f public service, provid	et works of de,
t	If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items:	for public exhibition, education, o	or research in furthei	rance of put	olic service, provide tr	rorks of art, ne
	(i) Revenue included on Form 990, Part VIII,					
	(ii) Assets included in Form 990, Part X					
	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to the	se items:			
	Revenue included on Form 990, Part VIII, line	e 1				
	Assets included in Form 990, Part X				►s	

3 Using the organization's accusion, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a Public exhibition d Loan or exchange programs b Scholarly research c Other c 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 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to trase funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV In the organization and part of the organization answered 'Yes' on Form 990, Part IV I a lis the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XIII and complete the following table: C Beginning balance 1 1	Schedule D (Form 990) 2016 BREAU				7Z-1Z4	
Loan or exchange programs Scholarly research Other Oth	· · · · · · · · · · · · · · · · · ·					
b Scholarly research c 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 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funds rather than to be maintained as part of the organization's collection? Yes' on Form 990, Part IV Excrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV line 9, or reported an amount on Form 990, Part X, line 21. 1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 2 a list the organization and part XIII and complete the following table: C Beginning balance C Beginning balance C Beginning balance 1 c	items (check all that apply):	, accession, and oth			e a significant use of its	collection
c 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 XII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? bit Yes', explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year. f Ending balance 1 c 1 d 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?			\vdash	r exchange programs		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, instorical treasures, or other similar assets Yes NN to be sold to raise funds rather than to be maintained as part of the organization's collection? 1 a Is the organization an agent, trustee, custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV line 9, or reported an amount on Form 990, Part X, line 21. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? line 21. 1 a Is the organization the arrangement in Part XIII and complete the following table:		_	e U Other			
Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV line 9, or reported an amount on Form 990, Part X, line 21. 1 a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1 a is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance	_ <u>_</u>					
to be sold to raise funds rather than to be maintained as part of the organization's collection?	Part XIII.					
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV Inie 9, or reported an amount on Form 990, Part X, line 21. 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If Yes, 'explain the arrangement in Part XIII and complete the following table: Amount C Beginning balance	5 During the year, did the organizat	tion solicit or rece	ive donations of art	, historical treasures, o roanization's collection:	r other similar assets	Yes No
Initial Post of reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b if 'Yes,' explain the arrangement in Part XIII and complete the following table: C Amount C	Part IV Escrow and Custodia	Arrangement	s. Complete if the	ne organization ans	swered 'Yes' on Fo	rm 990, Part IV,
on Form 990, Part X? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: c Beginning balance. d Additions during the year. e Distributions during the year. 1 te 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes	line 9, or reported an a	amount on For	m 990, Part X, I	line 21.		
c Beginning balance	on Form 990, Part X?				er assets not included	Yes No
c Beginning balance	bir res, explain the arrangement	in Part XIII and C	omplete the following	ig table.		Amount
d Additions during the year. e Distributions during the year. f Ending balance. f Endowment Funds. Complete if the organization has been provided on Part XIII. f Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Fart V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Fart V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Fart V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Fart V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Fart V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Fart V Endowment Funds and Line 10. Fart V Endowment fund	e Regunning halance				10	Amount
e Distributions during the year. f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						· · · · · · · · · · · · · · · · · · ·
f Ending balance					·	
2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	- -					.
bilf 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. 1 a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3 b Describe in Part XIII the intended uses of the organization's endowment funds.						Yes No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Contributions (e) Four years back (e) Four years back (fo) Two years back (e) Four years back (fo) Two years						
1 a Beginning of year balance. b Contributions	bil res, explain the arrangement	arrant one	A TIOTO II LIIO OAPIGII	ation nad boom promps		
1 a Beginning of year balance	Part V Endowment Funds, C	omplete if the	organization an	swered 'Yes' on Fo	orm 990, Part IV, li	ne 10.
1 a Beginning of year balance						(e) Four years back
c Net investment earnings, gains, and losses	1 a Beginning of year balance	(1) 5411 5111 752				
and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		_ 				
d Grants or scholarships	c Net investment earnings, gains,					
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	_					
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment c Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.	· '	<u> </u>	-			
g End of year balance	and programs					
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f Administrative expenses					
a Board designated or quasi-endowment ►						
b Permanent endowment \$\bigsir \frac{8}{\text{c}}\$ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	2 Provide the estimated percentage	e of the current ye	ear end balance (lin	e 1g, column (a)) held	as:	
c Temporarily restricted endowment ►	a Board designated or quasi-endowm	ent ►	~%			
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	b Permanent endowment ►	8				
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	c Temporarily restricted endowmer	nt ►	%			
organization by: (i) unrelated organizations	The percentages on lines 2a, 2b, ar	nd 2c should equal	100%.			
(i) unrelated organizations		the possession of the	he organization that a	are held and administered	d for the	Yes No
(ii) related organizations						3a(i)
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?						. 3a(ii)
4 Describe in Part XIII the intended uses of the organization's endowment funds.	b If 'Yes' on line 3a(ii), are the rela	ated organizations	s listed as required	on Schedule R?		. 3b
						
Part VI Land, Buildings, and Equipment.			· 			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line			ed 'Yes' on For	m 990, Part IV. line	e 11a. See Form 99	90, Part X, line 10
			Cost or other basis	(b) Cost or other	(c) Accumulated	(d) Book value
	1a Land		(mivesument)		 	15,000
	• -				· · · · · · · · · · · · · · · · · · ·	15,109
	-	<u> </u>				235,373
d Equipment 55, 256. 55, 256.	•	<u> </u>				- 233,373
e Other	• •					. 0
			Form 990 Part Y			265,482
BAA Schedule D (Form 990) 20		iii (u) must equal	1 UIII 330, FAIL A,	Column (D), mile 100.).		

Part VII Investments — Other Securities. Complete if the organization answered		N/A	art Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year m	
(1) Financial derivatives	(a) book talled	(c) modeled of residents of our only on your ma	
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(C) (D) (E)			
(E)			
(F)			·
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		NI/A	*
Part VIII Investments – Program Related. Complete if the organization answered	l 'Yes' on Form 99	0, Part IV, line 11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-yea	r market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets.	N/A	A	
Complete if the organization answered			
(1)	scription	(6)	Book value
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on F			
(a) Description of liability (1) Federal income taxes	(b) Book value	• · · · · · · · · · · · · · · · · · · ·	
(2)			, ,
(3)			
(4)	·····		
(5)			
(6)			
(7)		The state of the s	
(8)			
(9) (10)			. j.
(11)			- 1 W- 1
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 fo	ootnote to the organization's	financial statements that reports the organization's liability	for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote			

Part XIII Supplemental Information.

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

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 XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Publication

Department of the Treasury Internal Revenue Service ► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL ASSOCIATION

Employer identification number 72-1248905

Part 1 Fundraising Activities. Complete	te if the organiza	ation answe	ered 'Yes' o	on Form 990, Part IV, line	e 17.	
Form 990-EZ filers are not relation in Indicate whether the organization is				owing activities. Check	all that apply.	
a Mail solicitations		- Lugit uity	e	Solicitation of non-		
b Internet and email solicitations	3		f	Solicitation of gove	-	
c Phone solicitations			q	Special fundraising	-	
d In-person solicitations						
2 a Did the organization have a written or employees listed in Form 990, Par	t VII) or entity	in connect	tion with p	rofessional fundraising	services?	Yes X No
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	lividuals or ent le organization	ities (fund:	raisers) pu	irsuant to agreements	under which the fundrai	ser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			j
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total	on is registered			contributions or has been	notified it is exempt from	0.
or licensing.						

	t II Fundraising E	Events. Complete if t 5,000 of fundraising th gross receipts gre	the organization an event contributions	swered 'Yes' on Fo	rm 990, Part IV, I	ine 18, or reported lines 1 and 6b.
R			(a) Event #1 CRAWFISH FESTI (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
MCZM <m3< td=""><td>1 Gross receipts</td><td></td><td>513,193.</td><td></td><td></td><td>513,193.</td></m3<>	1 Gross receipts		513,193.			513,193.
E			313,193.			313,133.
		ons				
	3 Gross income (li	ne 1 minus line 2)	513,193.	•		513,193.
	4 Cash prizes .					
	5 Noncash prizes.					
DIRECT	6 Rent/facility cost	ts				1
	7 Food and bevera	ages				
E X P	8 Entertainment.					
EXPENSES	9 Other direct exp	enses	344,080.	•		344,080.
š	10 Direct expense s	summary. Add lines 4 thre	ouah 9 in column (d)			344,080.
		mary. Subtract line 10 fro				
Par	t III Gaming. Com \$15,000 on Fe	plete if the organiza orm 990-EZ, line 6a.	tion answered 'Yes		rt IV, line 19, or re	1
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
E ——	1 Gross revenue.					
E	2 Cash prizes					
DIRECT	3 Noncash prizes					
C S T E S	4 Rent/facility cos	ts				
	5 Other direct exp	enses				
	6 Volunteer labor.		Yes %	Yes%	Yes%	
	7 Direct expense	summary. Add lines 2 thr	rough 5 in column (d)			
	·	ome summary. Subtract I				-
	J garining mod	- January, Japanet				l.
		which the organization or censed to conduct gamin		hese states?		Yes No
				or terminated during th		TYes No

TEEA3702L 09/23/16

Page 2

72-1248905

Schedule G (Form 990 or 990-EZ) 2016

Schedule G (Form 990 or 990-EZ) 2016 BREAUX BRIDGE CRAWFISH FESTIVAL

Sche	edule G (Form 990 or 990-EZ) 2016 BREAUX BRIDGE CRAWFISH FESTIVAL 7	2-1248905	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Tes	No
13	Indicate the percentage of gaming activity conducted in:		
á	a The organization's facility	. 13a	%
ŧ	a An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	•	
	Name •		
	Address •		
	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and t		No
	of gaming revenue retained by the third party > \$		
(c If 'Yes,' enter name and address of the third party:		
	Name •		
	Address		
16	Gaming manager information:		
	Name •		
	Gaming manager compensation ► \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the		
	state gaming license?	Yes	∐No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in organization's own exempt activities during the tax year > \$	ale	
Pai	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide are information. See instructions	lumns (III) and Iy additional	(v);

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.

2016

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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, ET
--

EUGENE & PAULA FAUCHEAUX .

MARRIED.

MARK & ANGELIQUE BERNARD .

MARRIED .

MARK & MICHELYN BERNARD .

FATHER & DAUGHTER .

ANGELIQUE & MICHELYN BERNARD .

MOTHER & DAUGHTER .

JIMMY DURIO & GENEE HEBERT .

MARRIED .

MARK & BLAISE BERNARD .

FATHER & SON

ANGELIQUE & BLAISE BERNARD .

MOTHER & SON .

BRANDON & LEAH DAVID .

MARRIED '

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.

CINDY & GERALD BOREL.

MARRIED .

DELL & SCOTT HEBERT .

MARRIED

CRAIG & PAM OLIVIER .

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. .

Name of the organization BREAUX BRIDGE CRAWFISH FESTIVAL ASSOCIATION

Employer identification number 72-1248905

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

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