Form 990

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; Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information.

201

Inspection

For the 2017 calendar year, or tax year beginning , 2017, and ending 2018 8/01 D Employer identification number Check if applicable BREAUX BRIDGE CRAWFISH FESTIVAL 72-1248905 Address change Telephone number ASSOCIATION Name change P.O. BOX 25 337-332-6655 Initial return BREAUX BRIDGE, LA 70517 Final return/terminated G Gross receipts \$ 525,294 Amended return XINO F Name and address of principal officer H(a) Is this a group return for subordinates? Yes MARK BERNARD Application pending H(b) Are all subordinates included?

If 'No,' attach a list (see instructions) SAME AS C ABOVE 4947(a)(1) or Tax-exempt status 501(c)(3) X 501(c) (4 (insert no.) J Website: ► WWW.BBCRAWFEST.COM H(c) Group exemption number ▶ X Association 9K Other > L Year of formation 1959 M State of legal domicile Form of organization Corporation Trust Part Summary Briefly describe the organization's mission or most significant activities: COMMUNITY BENEFIT ORGANIZATION 2 0 Check this box ► I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 25 Total number of individuals employed in calendar year 2017 (Part V, line 2a). 5 0 Total number of volunteers (estimate if necessary) 6 <u>500</u> 7a Total unrelated business revenue from Part VIII, column (C), line 12. 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) Revenue Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 2.181. 3,055 156,119.11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). ... 169,113. 158,300. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12). 172,168. Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 6,010 5,363. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) E LINE THE REAL PROPERTY. **b** Total fundraising expenses (Part IX, column (D), line 25) 17,976. Other expenses (Part IX, column (A), lines 11a-11d, 149,228. 113,367 18 Total expenses Add lines 13-17 (must equal Part IX, 119,377. 154,591. Revenue less expenses. Subtract line 18 from line 52,791. 3,709. **RS-0** MAR **2 9** 2019 **End of Year Beginning of Current Year** 795,338. 749,054. 20 Total assets (Part X, line 16). Total liabilities (Part X, line 26) 21 76,835. 26,842. OGDEN. UT Net assets or fund balances. Subtract line 21 718,503. 722,212. Rartill Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is passed on all information of which preparer has any knowledge Sign Here PRESIDENT MARK BERNARD Type or print name and title Preparer's signature Print/Type preparer's name Check 2 self-employed Paid RUSSELL F. CHAMPAGNE, CPA RUSSELL F. CHAMPAGNE, CPA P00300315 Preparer CHAMPAGNE & COMPANY, LLC Firm's name Firm's EIN > 82-3254622 **Use Only** Firm's address 113 EAST BRIDGE STREET Phone no 337-332-4020 BREAUX BRIDGE, LA 70517

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

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

No

Form 990 (2017)

X Yes

TEEA0113L 08/08/17

Form 990 (2017) - BREAUX *BRIDGE (CRAWFISH FESTIVAL	72-1248905	Page 2
Partill Statement of Program S			
Check if Schedule O contains	a response or note to any line in this Part III	<u>.</u>	<u> </u>
1 Briefly describe the organization's mis	ssion:		
COMMUNITY BENEFIT ORGAN	IZATION		
~			
~			
2 Did the organization undertake any signi	ficant program services during the year which w	vere not listed on the prior	
Form 990 or 990-EZ?		Yes	X No
If 'Yes,' describe these new services			
	g, or make significant changes in how it con	ducts, any program services? . Yes	s X No
If 'Yes,' describe these changes on S		adots, any program services.	, <u>N</u> 110
		a largest arearem commence on managinad by	
Section 501(c)(3) and 501(c)(4) organ	service accomplishments for each of its three nizations are required to report the amount of	of grants and allocations to others, the total	expenses.
and revenue, if any, for each program	service reported	3	• •
4a (Code.) (Expenses \$	5,363. including grants of \$) (Revenue \$	
	A FEW ORGANIZATIONS IN THE	·`	
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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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4.100			
4 d Other program services (Describe in S			
(Expenses \$	including grants of \$) (Revenue \$	<u> </u>
4 e Total program service expenses ►	5,363.		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5_	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10_		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
ā	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	
ŧ	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		Х
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ı	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
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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	1	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	2.00	19		Х
_				40043

Form 990 (2017) BREAUX BRIDGE CRAWFISH FESTIVAL

Rarely Checklist of Required Schedules (continued)

	•		Yes	No
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
21	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
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		Х
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	24a		Х
	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		
25	a 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	25a		<u>x</u> _
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
i	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
1	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
•	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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)? '	35a	ļ	Х
1	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.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X_
38	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	38	X	(0017)

14b

Form **990** (2017)

	48905	<u> </u>	Page
Rant 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	•	· · ·	
4 - Enterthe months are noted a Day 2 of Enterth 1000 Enterth 1000 Land and a land	F 0 (353	Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1 a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b	52		
	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		lc 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	0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1	2 b	4 (
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	孤		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	بيتيها	3 a	X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0		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			1
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	· <u> 4</u>	1 a	X
b If 'Yes,' enter the name of the foreign country. ▶		41 1484	
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			12.20
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	!	5 a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u> </u>	5 b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	!	5 c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	n (5 a	х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		5 b	
7 Organizations that may receive deductible contributions under section 170(c).		设金额	3.5
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	+
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	. –		
Form 8282?		7 c	J
d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d	24.7		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7 e	4
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 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 file a Form 1098-C?		7 h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring		注 后配	# 5838
organization have excess business holdings at any time during the year?	- 1	B	3 2 2 2 2 3
9 Sponsoring organizations maintaining donor advised funds.	20		公里
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 b	
10 Section 501(c)(7) organizations. Enter:			6 7 5 7
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:			
a Gross income from members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources			
against amounts due or received from them.)			N DES
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?.	1:	2a	Fr ar c esta
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	2		
a Is the organization licensed to issue qualified health plans in more than one state?	1	3a জনক্ষ	2 × 43***
Note. See the instructions for additional information the organization must report on Schedule O.		經過歷	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			
14a Did the organization receive any payments for indoor tanning services during the tax year?	. 1	4a	<u> </u>

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.

Form 990 (2017) BREAUX BRIDGE CRAWFISH FESTIVAL 72-1248905 RartiVI 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. XCheck if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . If there are material differences in voting rights among members 1 a of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?.. SEE SCHEDULE O X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? . . . 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 SEE SCHEDULE O ... 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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body?. 8 a **b** Each committee with authority to act on behalf of the governing body?. 8ь Х 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates? 10 a 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 X 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. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 ... Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12c X 13 13 Did the organization have a written whistleblower policy? X 14 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? 15 a a The organization's CEO, Executive Director, or top management official 15b **b** Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a 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 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. Another's website X Upon request 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

BBCFA P.O. BOX 25

State the name, address, and telephone number of the person who possesses the organization's books and records:

BREAUX

Form 990 (2017)	BREATIX	RRIDGE	CRAWFISH	FESTIVAL.

72-1248905

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Partyll Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

[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	IS	s both dire	an o	officer /truste			(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)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARK BERNARD	0									
PRESIDENT	0	X		Χ				0.	0.	0.
(2) CHRIS LATIOLAIS	0									
DIRECTOR	0	X						0.	0.	0.
(3) GEORGE DOMINGUES	0									
DIRECTOR	0	X						0.	0.	0.
(4) GENEE_HEBERT	0									
DIRECTOR	0	X	Щ					0.	0.	0.
(5) ERROL_LEBLANC	0							_	_	
DIRECTOR	0	X					_	0.	0.	0.
(6) JOHN_POIRIER	0							_		
DIRECTOR	0	X						0.	0.	0.
	0							•		•
PUBLICITY DIREC	0	X		X			_	0.	0.	0.
(8) JIMMY DURIO	0	١								•
DIRECTOR	0	Х					\dashv	0.	0.	0.
(9) PAUL LAVIOLLETTE	0	l								
FEST COORDINAT	0	X	\vdash	Х			\dashv	0.	0.	0.
(10) EUGENE FAUCHEAUX	0	.,						ا م	0	2
DIRECTOR	0	Х	\vdash					0.	0.	0.
(11) PAULA FAUCHEAUX	0							•	•	
DIRECTOR	0	X	\vdash				\dashv	0.	0.	0.
(12) CRAIG OLIVIER	0	ļ ,,								^
VICE PRESIDENT	0	Х	\square	Х				0.	0.	0.
(13) BLAISE BERNARD	0	,								•
DIRECTOR	0	Х	Н			\vdash	_	0.	0.	0.
(14) CINDY BOREL	0	,								^
DIRECTOR	0	X						0.	0.	0.

Rart VIII Section A. Officers, Directors, Tru	,	Key	En			es,	an	d Highest Com	pensated Emp	loyees (continued)
(A) Name and title	Average hours per week	offi	, unle	Pos check ess po	erson direct	than is bot	h an stee)	compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organiza - tions below dotted line)	or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
(15) BRANDON DAVID	0	.,		.,						
DIRECTOR AT LAR (16) LEAH DAVID	0	X		X	┢─	-	-	0.	0.	0.
DIRECTOR	 	X			1		i	0.	0.	0.
(17) SCOTT_HEBERT DIRECTOR	0 0	Х						0.	0.	0.
(18) KENNETH THIBODEAUX	0									
DIRECTOR	0	X			⊢	-	<u> </u>	0.	0.	0.
(19) GERALD BOREL DIRECTOR	0 -	X						0.	0.	0.
(20) MICHELYN BERNARD DIRECTOR	- 0 -	X						0.	0.	0.
(21) ANGIE GUIDRY	0									
DIRECTOR	0	X	_		 	<u> </u>	ļ	0.	0.	0.
(22) NATALIE BLANCHARD TREASURER	0	X		Х				0.	0.	0.
(23) CHAD DUMATRAIT	0 0	^	\vdash	^	\vdash	\vdash	\vdash	0.	0.	1
DIRECTOR	10	X						0.	0.	0.
(24) DWAYNE GUIDRY	00									
DIRECTOR	0	X	_	<u> </u>	├—	ļ	-	0.	0.	0.
C25) PAM OLIVIER SECRETARY	- 0 -	X		х			1	0.	0.	0.
1 b Sub-total					L		>	0.	0.	0.
c Total from continuation sheets to Part VII, Secti	on A	•					•	0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	0.	0.	0.
2 Total number of individuals (including but not limited	to those I	ısted	abo	ve) v	who	recei	ved	more than \$100,00	0 of reportable com	pensation
from the organization 0										Yes No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru	stee,	, key	y en	nplo _j	yee,	or h	nighest compensal	ted employee	3 X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate	f reportab	le co	mpe 00?	ensa If '\	ition Yes,	and con	oth nple	ner compensation : ete Schedule J for	from	
such individualDid any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes	e comper	satio	n fr	om	any	unre	elate	· · · · · · · · · · · · · · · · · · ·	ındıvıdual	4 X 5 X
Section B. Independent Contractors	-									
Complete this table for your five highest compen compensation from the organization. Report compen	sated ind	epen	den	t co	ntra	ctors	tha	at received more the	han \$100,000 of	r.
(A) Name and business add		u ie c	aicii	uai_	ycai	Cildi	ilg v	(B) Description of		(C) Compensation
	<u> </u>									
							_	 		<u> </u>
2 Total number of independent contractors (including t	out not lim	ted to	o tho	se l	istec	abo	ve)	who received more	than	
\$100,000 of compensation from the organization										
RAA		TEEAC	1001	00//	08/17					Form 990 (2017

	Check if Schedule O contains a response or note to any	y line in this Part V	IIL		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) . 1 e				
Contributions, Gift and Other Similar	f All other contributions, gifts, grants, and similar amounts not included above . g Noncash contributions included in lines 1a-1f. \$ h Total. Add lines 1a-1f				
Program Service Revenue	Business Code 2 a b c				
Program Ser	d e f All other program service revenue g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds. ► Royalties	2,181.	2,181.		
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis				
	and sales expenses				
Other Revenue	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 523,113. b Less: direct expenses b 366,994.				
₹	c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b	156,119.			
	c Net income or (loss) from gaming activities				
	c Net income or (loss) from sales of inventory Miccellaneous Revenue Business Code 11 a				
	d All other revenue				
BAA	12 Total revenue. See instructions	158,300. A0109L 08/08/17	2,181.	0.	0. Form 990 (2017)

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. (A) (B) (D) Do not include amounts reported on lines Fundráising Management and Total expenses Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 5,363. Grants and other assistance to domestic individuals. See Part IV, line 22 . . 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. 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 2,370 2,370 d Lobbying e Professional fundraising services. See Part IV, line 17. f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column 90. (A) amount, list line 11g expenses on Schedule O.). . . 12 Advertising and promotion 4,062. 4,062 13 Office expenses 2,780. 2,780 Information technology Royalties 16 Occupancy... 16,801 16,801 17 Travel Payments of travel or entertainment expenses for any federal, state, or local Conferences, conventions, and meetings. ... 20 2,345 2,345 21 Payments to affiliates Depreciation, depletion, and amortization 22,649 22,649 23 Insurance... 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.) . . . a CONTRACT_LABOR___ 34,163. 34,163 b PARKING _ 19,921 19,921 17,976 ♥ BUSINESS DEVELOPMENT 17,976 15,000 15,000 d RENT_EXPENSE 11,071 e All other expenses. 11,071 25 Total functional expenses. Add lines 1 through 24e 154,591. 5,363 131,252. 17,976. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to	o any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			268,001.	1	229,372.
	2	Savings and temporary cash investments		••	258,238.	2	260,208.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	6,938.
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete	ersons 3)(B), i(9) vol Part	s (as defined under and contributing luntary employees' II of Schedule L		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,616.	8	9,702.
Ąŝ	9	Prepaid expenses and deferred charges .			•	9	
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	471,083.			
	b	Less: accumulated depreciation	10b	228,249.	265,482.	10 c	242,834.
	11	Investments — publicly traded securities .		·-····································		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	Other assets See Part IV, line 11			1.	15	
	16	Total assets. Add lines 1 through 15 (must equal line	34)		795,338.	16	749,054.
	17	Accounts payable and accrued expenses .	•		,	17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities	•			20	• •
ies	21	Escrow or custodial account liability. Complete Part I			Transfer has required in a market as a solution to the superior and	21	No. 2006 Charles and Section 1995 Control of the Co
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	ers, dı d dısqı	rectors, trustees, ualified persons 		22	
_	23	Secured mortgages and notes payable to unrelated the	urd pa	irties	76,835.	23	26,842.
	24	Unsecured notes and loans payable to unrelated third	partie	es		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to re plete	elated third parties, Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		<u></u> .	76,835.	26	26,842.
Ses		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	re 🟲	and complete			
aŭ	27	Unrestricted net assets	•			27	
3al	28	Temporarily restricted net assets				28	
핃	29	Permanently restricted net assets		— ···		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), chand complete lines 30 through 34.	eck h	ere ► X			
9	30	Capital stock or trust principal, or current funds		• •		30	
8	31	Paid-in or capital surplus, or land, building, or equipment of the surplus of the	nent fu	ınd		31	
As	32	Retained earnings, endowment, accumulated income,	or otl	her funds	718,503.	32	722,212.
e	33	Total net assets or fund balances			718,503.	33	722,212.
~	34	Total liabilities and net assets/fund balances .			795,338.	34	749,054.
BA	A						Form 990 (2017)

Forn	1 990 (2017) BREAUX BRIDGE CRAWFISH FESTIVAL	72-1248905	Pa	age 12
Pà	校区 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	158,3	300.
2	Total expenses (must equal Part IX, column (A), line 25).	2	154,	
3	Revenue less expenses. Subtract line 2 from line 1	. 3		709.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	718,	
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,	10	700	
· particles	column (B))	10	722,	<u> 212.</u>
Rai	校川園 Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
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.		Yes	No No
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or 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?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s basis, 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? .	audit,	2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3 8	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?	gle 	3 a	Х
	olf '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	(0017)
BAA			Form 990	(2017)

TEEA0112L 08/08/17

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

2017

OMB No. 1545-0047

Open to Public :

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

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 separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• 5	Section 501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organization BREAUX B	RIDGE CRAWFISH FESTIVAL		Employer identifica	tion number
	ASSOCIAT	ION		72-124890	
		rganization is exempt under section			zation.
1		organization's direct and indirect political c n of 'political campaign activities')	ampaign activities in	Part IV	
2	Political campaign activity ex	penditures (see instructions)		. ►\$	
3	Volunteer hours for political	campaign activities (see instructions) .			
Pai	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	ise tax incurred by organization managers	under section 4955	. ►\$	
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	this year? .	•	Yes No
4 a	Was a correction made?				Yes No
t	If 'Yes,' describe in Part IV.				
Par	t I-C Complete if the or	rganization is exempt under section	on 501(c) , except	t section 501(c)(3).	
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities . 🟲 \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	exempt . ►\$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	- •	e Form 1120-POL for this year?			Yes X No
5	organization made payments	and employer identification number (EIN) s. For each organization listed, enter the ai s received that were promptly and directly del il action committee (PAC). If additional spa	mount paid from the f	iling organization's fund	is Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
 (6)					

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

Schedule C (Form 990 or 990-EZ) 2017

Ramili A Complete if section 501(the organizatio	n is exempt under se	ection 501(c)(3) and	filed Form 5768 (el	ection under
A Check ► if the filin	g organization belon	igs to an affiliated group (and	d list in Part IV each affili	ated group member's name),
address,	EIN, expenses, ar	d share of excess lobbying	g expenditures).		
B Check ► I If the filing	ng organization che	ecked box A and 'limited co	ontrol' provisions apply.		
(The term		ying Expenditures ans amounts paid or incu	rred.)	(a) Fiting organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditi	ures to influence pi	ublic opinion (grass roots le	obbying)		
b Total lobbying expendition	ures to influence a	legislative body (direct lob	bying)		
c Total lobbying expendition	ures (add lines 1a	and 1b)			
d Other exempt purpose of	•	•			
e Total exempt purpose e	expenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable an both columns		nount from the following ta	ible in		
If the amount on line 1e, col	umn (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		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$	<u> </u>	\$175,000 plus 10% of the excess \$225,000 plus 5% of the excess			
Over \$1,500,000 but not over \$ Over \$17,000,000	\$17,000,000	\$1,000,000.	over \$1,500,000.		
g Grassroots nontaxable a	amount (enter 25%			STREET TO SECURE THE PROPERTY OF SECURE SECURE SECURE	Contention of the Second of Second Control of the
h Subtract line 1g from lin			,		
i Subtract line 1f from lin	e 1c. If zero or less	s, enter -0-			
j If there is an amount othe section 4911 tax for this		r line 1h or line 1i, did the or	ganization file Form 4720	reporting .	Yes No
		4-Year Averaging Period	Under section 501(h)		
(Som		at made a section 501(h) e elow. See the separate ins	election do not have to		
	Lob	bying Expenditures During	g 4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(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				a standing that the support METALS TARGET AND SANGER	
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				<u> </u>	n 990 or 990-EZ) 2017

Partill By 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 50 I(n)).					
_		(a	(a) (b)			
	each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?					
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .					
	c Media advertisements?			Transporter and		
	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?					_
	i Total. Add lines 1c through 1i		ray:			
2	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	22012-12	A10	海岸海		SE TO
	b If 'Yes,' enter the amount of any tax incurred under section 4912	17 100		40.11.11.11.11.11.11	12 - 21 242)	
	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?		1.77			到地
	Italia 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	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		٠	2		Х
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	orior y	ear?	3		X
Ŗē	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 5 line 3, is	01(c)	
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		2b			
	c Total		2с			
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 V 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)

Department of the Treasury Internal Revenue Service

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public

BREAUX BRIDGE CRAWFISH FESTIVAL ASSOCIATION 72-1248905 Part 🔯 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds 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). . . Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Yes No impermissible private benefit? Part川参 Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2 a **b** Total acreage restricted by conservation easements . . . 2 b c Number of conservation easements on a certified historic structure included in (a) 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. ... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds? ... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Partilli Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X.

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

⊳\$

Schedule D (Form 990) 2017					72-1248905	Page 2	
Partill Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)							
3 Using the organization's autems (check all that app	equisition, accession	and other records	s, check any of t	he following that	at are a significant use of its collection		

Rancilla Organizations Mainta	ining Colle	ctions of Art,	HISTORIC	ai ireasures, oi	Other Similar Ass	ets (co	วกนทน	lea)
3 Using the organization's acquisition items (check all that apply):	, accession, ar	nd other records, o	check any o	f the following that a	re a significant use of its	collection	n	
a Public exhibition		d 🗌	Loan or e	xchange programs				
b Scholarly research		е 🗆	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 fur	ther the organization'	s exempt purpose in			
5 During the year, did the organiza to be sold to raise funds rather th	han to be maii	ntained as part o	of the orgai	nization's collection	?	Yes		No
Partive Escrow and Custodia	I Arrangem	ents. Comple	te if the	organization an	swered 'Yes' on Fo	orm 990	ົງ, Par	ŧ IV,
line 9, or reported an	amount on	Form 990, Pa	art X, line	21.				
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodiar	n or other interm	ediary for	contributions or oth	er assets not included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII ar	nd complete the	following t	able:				
						Amount	ŧ	
c Beginning balance					1 c			
d Additions during the year					1 d			
e Distributions during the year.					. 1e			,,
f Ending balance.					1 f			
2a Did the organization include an a	mount on For	m 990, Part X, Ii	ne 21, for	escrow or custodial	account liability?	Yes		No
b If 'Yes,' explain the arrangement	ın Part XIII. C	Check here if the	explanation	n has been provide	ed on Part XIII		[]
Part V Endowment Funds. C	omplete if t	he organizati	on answ	ered 'Yes' on Fo	orm 990 Part IV li	ne 10		
Tay tagents Endownion Tunds.	(a) Current		Prior year	(c) Two years back			Four years	s hack
1 a Beginning of year balance	(a) ourroin	, (B) .	1101 3041	(c) two yours buon	(u) Timos yours buok	1-0/.	- Jour	<u> </u>
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	e of the currer	nt year end balar	nce (line 1	g, column (a)) held	as:			
a Board designated or quasi-endowm	ent ►	······ %						
b Permanent endowment ►	%							
c Temporarily restricted endowmen	nt ►	%						
The percentages on lines 2a, 2b, ar	nd 2c should ed	qual 100%						
3 a Are there endowment funds not in the organization by:	he possession	of the organizatio	n that are h	eld and administered	d for the	F	Yes	No
(i) unrelated organizations.						. 3a(i)		1
(ii) related organizations						3a(ii)		
b If 'Yes' on line 3a(II), are the rela	ated organizati	ions listed as rec	quired on S	chedule R?		3b		
4 Describe in Part XIII the intended			-					
Part VI Land, Buildings, and								
Complete if the organi			n Form 9	90, Part IV, line	e 11a. See Form 99	90, Par	t X, li	ne 10.
Description of property		(a) Cost or other (investment	basis (b) Cost or other basis (other)	(c) Accumulated depreciation	(d) l	Book va	alue
1 a Land				15,000.	がにまればない。		15	,000.
b Buildings	. [62,375.	48,152.			,223.
c Leasehold improvements			·	329,512.	115,901.			,611.
d Equipment .				55 256	55 256			0

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		15,000.		15,000.
b Buildings .		62,375.	48,152.	14,223.
c Leasehold improvements		329,512.	115,901.	213,611.
d Equipment		55,256.	55,256.	0.
e Other		8,940.	8,940.	0.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)
BAA

. ► 242,834. Schedule **D** (Form 990) 2017

RattVIII Investments - Other Securities.		N/A
), Part IV, line 11b. See Form 990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-neid equity interests		
(A)		
(B)		
(C)		
(C) (D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		N. C.
Complete if the organization answered	Yes' on Form 990	N/A), Part IV, line 11c. See Form 990, Part X, line 13
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(b)		
<u>(7)</u> (8)		
(9)		
(10)		. :
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		是一种,但是一种企业的工程,但是一种企业的工程,但是一种企业的工程,但是一种企业的工程,但是一种企业的工程,但是一种企业的工程,但是一种企业的工程,但是一种企业的工程,
Part X Other Assets.	N/A L'Yes' on Form 990), Part IV, line 11d. See Form 990, Part X, line 15
	scription	(b) Book value
(1)		
(2)		
(3)		
<u>(4)</u> (5)		
(6)		
(7)		
(8)		
(9)	<u></u>	
(10)	D) (15)	>
Total. (Column (b) must equal Form 990, Part X, column (l	3) IINE 13.)	
Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990. Part IV. line 1	1e or 11f. See Form 990. Part X. line 25
(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3) .		
(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 fo	<u>' l</u>	nancial statements that reports the organization's liability for uncertain
tax positions under FIN 48 (ASC 740). Check here if the text of the footnote		
	TEE 422021 00/10/17	Schedule D (Form 990) 2017

Ratixis Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements	. Schedule D (Form 990) 2017 BREAUX BRIDGE CRAWFISH FESTIVAL 72	2-1248905 Page 4
Complète if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Ine 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5		
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IV, line 12, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Eart XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5		
a Net unrealized gains (losses) on investments. b Donated services and use of facilities c Recoveries of prior year grants. d Other (Describe in Part XIII) e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Total expenses and losses per audited financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Donated services and use of facilities c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5		1
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses and losses per audited financial statements Total expenses and losses per audited financial statements C Other (Describe in Part XIII) Total expenses and losses per audited financial statements Total expenses and losses per audited financial statements Total expenses and use of facilities a Donated services and use of facilities c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1. A Amounts included on Form 990, Part IX, line 25; a Subtract line 2e from line 1. A Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Description C Add lines 4a and 4b C Add lines 4a and 4b C Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Description C Add lines 4a and 4b C Add lines 4a and 4b C Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
c Recoveries of prior year grants. d Other (Describe in Part XIII) e Add lines 2a through 2d	a Net unrealized gains (losses) on investments	
d Other (Describe in Part XIII) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Eart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	b Donated services and use of facilities	
e Add lines 2a through 2d	c Recoveries of prior year grants	
3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Exiculty Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	d Other (Describe in Part XIII)	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 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 2b Prior year adjustments 2b 2c 2c 2b 2c	e Add lines 2a through 2d	2 e
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Eart XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements.	3 Subtract line 2e from line 1	3
b Other (Describe in Part XIII) c Add lines 4a and 4b. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Partixilis Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
c Add lines 4a and 4b. 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part III Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 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 2b 2a b Prior year adjustments 2b 2c d Other (Describe in Part XIII) 2d 2d 2e 3 Subtract line 2a through 2d 2e 3 Subtract line 2e from line 1 3 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 4a b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 4c. (This must equal Form 990, Part I, line 18) 5	a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	b Other (Describe in Part XIII)	
Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements	c Add lines 4a and 4b	4 c
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 Total expenses and losses per audited financial statements		
1 Total expenses and losses per audited financial statements		Return. N/A
2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
a Donated services and use of facilities	1 Total expenses and losses per audited financial statements	1
b Prior year adjustments c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII). c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
c Other losses d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII). c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5	a Donated services and use of facilities	
d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII). c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	b Prior year adjustments	
e Add lines 2a through 2d	c Other losses	
3 Subtract line 2e from line 1	d Other (Describe in Part XIII) 2d	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	e Add lines 2a through 2d	2 e
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII)	3 Subtract line 2e from line 1	3
b Other (Describe in Part XIII)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		
		<u> </u>

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 **D** (Form 990) 2017

SCHEDULE G (Form 990 or.990-EZ).

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' 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.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

Name of the organization BREAUX BRIDGE ASSOCIATION	E CRAWFISH	FESTI	VAL		Employer ider	itification number
	te if the organiza	ation answ	ered 'Yes' o	on Form 990, Part IV. line		
Form 990-EZ filers are not re	quired to comp	lete this p	art		<u> </u>	
I indicate whether the organization	raised funds th	rough any	or the lon			•
a Mail solicitations			е		•	
b Internet and email solicitations	5		f	Solicitation of gove	-	
c Phone solicitations			g	Special fundraising	events	
d In-person solicitations						
2a Did the organization have a written o employees listed in Form 990, Par	r oral agreemen	t with any i	individual (i	including officers, directo	rs, trustees, or key	. Yes X No
b If 'Yes,' list the 10 highest paid incompensated at least \$5,000 by the	dividuals or enti	ities (fund	•	_		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	I have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid ((or retained by) fundraiser listed column (i)	(or retained by)
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.
3 List all states in which the organization or licensing.	on is registered (or licensed	to solicit c	ontributions or has been	notified it is exempt	from registration

Sche	edule	G (Form 990 or 990-EZ) 2017 BREAUX	BRIDGE CRAWFIS	H FESTIVAL :	72-12	48905 Page 2
Par	tilk	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great the second	event contribution:	nswered 'Yes' on Fo s and gross income	orm 990, Part IV, In on Form 990-EZ,	ne 18, or reported
		List overlie with gross receipts gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			• •	(b) Everit #2	= =	(add column (a)
R			CRAWFISH FESTI (event type)	(event type)	NONE (total number)	through column (c)
Ē]		(event type)	(event type)	(total number)	
Rモ>モ>ロ	1	Gross receipts	523,113.			523,113.
Ε	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	523,113.			523,113.
	4	Cash prizes				
D	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
X P E	8	Entertainment				
EXPERSES	9	Other direct expenses	366,994.			366,994.
3	10	Direct expense summary. Add lines 4 thr	ough 9 in column (d)		•	366,994.
	l	Net income summary. Subtract line 10 fro		• •	· •	156,119.
Där		Gaming. Complete if the organiza		s' on Form 000 Par	+ IV/ line 10 or re	
1;,'(2)	4	\$15,000 on Form 990-EZ, line 6a.	ition answered Tes	5 OITT OITH 990, 1 ai	tiv, line 15, or le	ported more than
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N U E	1	Gross revenue		·		
	2	Cash prizes				
D X		·				
D P E N S E S T S	3	Noncash prizes .				
T E S	4	Rent/facility costs				
	5	Other direct expenses .	Yes %	Yes %	Yes %	THE REPORT OF THE PROPERTY OF
	6	Volunteer labor	Yes%	Yes%	No No	
	7	Direct expense summary. Add lines 2 thre	ough 5 in column (d).			
	8	Net gaming income summary. Subtract li	ne 7 from line 1, colum	nn (d)	. •	
			- <u></u>		······································	·
9	Ente	er the state(s) in which the organization co	onducts gaming activitie	es:		
		ne organization licensed to conduct gaming				Yes No
		lo,' explain:	,		•	
			·			
		e any of the organization's gaming license				
	· vver	e any of the organization's daming license	s revokea, suspended,	or terminated during th	e tax vear:	Yes No

b If 'Yes,' explain:

Sche	dule G (Form 990 or 990-EZ) 2017 BREAUX BRIDGE CRAWFISH FESTIVAL	12-14	248905	Page 3
11	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 administer charitable gaming?.	to .	Yes	No
13	Indicate the percentage of gaming activity conducted in:	1		
	The organization's facility	. 13	a	%
	An outside facility	13	b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	ords:		
	Name ►			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming rev	enue?	. TYes	□No
	of Yes,' enter the amount of gaming revenue received by the organization \$ an			□•
	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.			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	ne	□vaa	
	state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spen	t in the	Yes	∐No
ı.	organization's own exempt activities during the tax year > \$	t in the		
Par	Supplemental Information. Provide the explanations required by Part I, line 2b, and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide information. See instructions.	columi any ac	ns (III) and I	(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.

► Go to www.irs.gov/Form990 for the latest information.

2017

Open to Rublic /-

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, ETC.

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

CRAIG & PAM OLIVIER

MARRIED

ANGIE & DWAYNE GUIDRY

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.

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