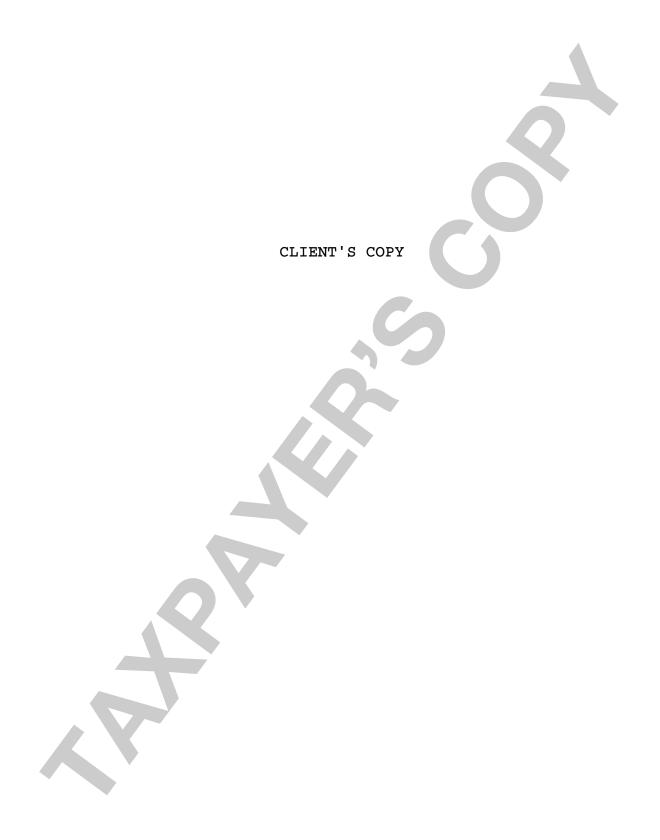
Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.



Postlethwaite & Netterville One Galleria Blvd., Suite 2100 Metairie, LA 70001

February 15, 2022

Friends of Bayou St. John 1211 N. Gayoso Street New Orleans, LA 70119

Friends of Bayou St. John:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Postlethwaite & Netterville

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2020

Prepared for	Friends of Bayou St. John 1211 N. Gayoso Street New Orleans, LA 70119
Prepared by	Postlethwaite & Netterville One Galleria Blvd., Ste 2100 Metairie, LA 70001
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

IRS e-file Signature Authorization for an Exempt Organization

lander was 0000 as fiscal was basinning	0000 and anding	
alendar year 2020, or fiscal year beginning	, 2020, and ending	,

OMB No. 1545-0047

Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. Department of the Treasury

For c

► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax

20-3461817

Taxpayer identification number

FRIENDS OF BAYOU ST. JOHN Name and title of officer or person subject to tax

JARED ZELLER

PRESIDENT

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 63,589.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5а	Form 8868 check here b Balance due (Form 8868, line 3c)	5b
6a	Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
	Form 4720 check here b Total tax (Form 4720, Part III, line 1)	7b
Pa	art II Declaration and Signature Authorization of Officer or Person Subject to Tax	
Und	der penalties of perjury, I declare that $oxlde{X}$ I am an officer of the above organization or $oxdot$ I am a person subject t	o tax with respect to
(nar	me of organization) , (EIN)	and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

A Lauthoriza EUGILLELEWALLE, OF NELLEEN VIIII	X	Lauthoriza	POSTLETHWAITE	&	NETTERVILL
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ERO firm name

to enter my PIN

Enter five numbers but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

 \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

72610912345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of th	nis form, visit www.irs.gov/e-file-providers/e-file-for-char	ities-and-r	non-profits.					
Autom	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).					
All corpo	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnerships,	REMIC	s, and trusts			
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.	1	/			
Type or	Name of exempt organization or other filer, see instru	uctions.	Ta	xpaye	r identification numb	oer (TIN)		
print	20-346181	L7						
File by the due date for filing your return. See	Ate for Number, street, and room or suite no. If a P.O. box, see instructions.							
instructions	City, town or post office, state, and ZIP code. For a formal NEW ORLEANS, LA 70119	oreign add	dress, see instructions.					
Enter the	Return Code for the return that this application is for (fil	le a separa	ate application for each return)			0 1		
Applicat	ion	Return	Application			Return		
Is For		Code	Is For			Code		
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09								
Form 4720 (individual) 03 Form 4720 (other than individual) 09								
						10		
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	0-T (trust other than above) JARED ZELLER	06	Form 8870			12		
Telepl If the	books are in the care of \blacktriangleright 1211 N. GAYOSO mone No. \blacktriangleright 504-488-3865 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box \blacktriangleright	s in the Ur Group Exe	Fax No.	is is fo	r the whole group, o			
the	quest an automatic 6-month extension of time until organization named above. The extension is for the organization of time until normal named above. The extension is for the extension of time until normal named above. The extension is for the organization of time until normal named above. The extension of time until normal named above. The extension of time until normal named above. The extension is for the organization named above. The extension named above	anization's	s return for:	e exem	npt organization retu ·	ırn for		
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less	2-		0.		
	nonrefundable credits. See instructions.) ontor on	v rofundable credits and	3a	\$			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b						0.		
	imated tax payments made, include any prior year over Iance due, Subtract line 3b from line 3a. Include your pa			30	<u>Ψ</u>			
	ng EFTPS (Electronic Federal Tax Payment System). Se	•		3c	\$	0.		
	If you are going to make an electronic funds withdrawal							
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (R	ev. 1-2020)		

023841 04-01-20

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)

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public

OMB No. 1545-0047

Came of organization FRIENDS OF BAYOU ST. JOHN 20 - 34 61 81 7				a enanig	D. Employer identifi	nation number
Doing business as	D	pplicab	C Name of organization		D Employer identili	cation number
Doing business as		Addre	SS FRIENDS OF BAVOII ST .TOWN			
Number and street (or P. D. box final is not delivered to street address) Somulsuits E Telephone number 12.11 N. GAYOSO STREET City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70119 SEZ Fig. 2011 Sec. SAME AS C ABOVE Same and address of principal officery of the same and streets of the same	H	□Name			20 34610	17
Control Cont	F	□Initial	•	D / it-		
City or town, state or province, country, and zip or foreign postal code NEW ORLEANS LA 70119 Postal Company Postal Code	늗	_		Room/suite		
City or town, state or province, country, and 2IP or foreign postal code City or town, state or province, country, and 2IP or foreign postal code Rev ORLEXINS, LA 70119		Ireturn				
Figure		ated	City or town, state or province, country, and ZIP or foreign postal code			
SAME AS C ABOVE Taxe exempt status:	F	lreturn	NEW ORDEANS, DA 70119			
Tax-excempts tastus:		tion tendi				—
Websites: WWW - BAYOUSTJOHN - ORG Hcg Group exemption number For Form derganization: Like Comparison Trust Association Other Leas of fermation: 2.00 6 Mistate of legal demicile; LA Part Summary			SAME AS C ABOVE			ncluded? Yes No
Repart Summary				or 52		
Bert Summary						
Briefly describe the organization's mission or most significant activities: PROMOTING THE STEWARDSHIP, CULTURAL APPRECIATION, RESPONSIBLE RECREATION AND INITITATIVES THAT 2 Check this box ► Lift the organization discontinued its operations or disposed of more than 25% of its net assets. 3				L Yea	r of formation: 2006 N	$^{ m I}$ State of legal domicile: ${ m LA}$
CULTURAL APPRECIATION, RESPONSIBLE RECREATION AND INITIATIVES THAT Check this box	P					
B Net unrelated business taxable income from Form 990-T, Part II, line 11	ø	1	Briefly describe the organization's mission or most significant activities: PROM	OTING	THE STEWARD	SHIP,
B Net unrelated business taxable income from Form 990-T, Part II, line 11	auc		CULTURAL APPRECIATION, RESPONSIBLE RECRE	EATION	AND INITIAT	IVES THAT
B Net unrelated business taxable income from Form 990-T, Part II, line 11	ž	2	Check this box if the organization discontinued its operations or dispositions.	osed of mor	re than 25% of its net as	ssets.
B Net unrelated business taxable income from Form 990-T, Part II, line 11	ove.	3	Number of voting members of the governing body (Part VI, line 1a)		3	
B Net unrelated business taxable income from Form 990-T, Part II, line 11	5					7
B Net unrelated business taxable income from Form 990-T, Part II, line 11	SS					1
B Net unrelated business taxable income from Form 990-T, Part II, line 11	ij					7
B Net unrelated business taxable income from Form 990-T, Part II, line 11	È	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
8 Contributions and grants (Part VIII, line 1h)	⋖					
8 Contributions and grants (Part VIII, line 1h) 174,897. 38,046.		<u> </u>	Hot ametated papiness taxable meeting neith eith eest () hartly into 11			
9		۵	Contributions and grants (Part VIII line 1h)			38.046.
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1	Ver	1				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 70 3, 650 . 63,589 . 63,589 . 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 22,209 . 55 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 0 . 15 . 5 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 0 . 0 . 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . 16 Professional fundraising expenses (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 . 17 Other expenses (Part IX, column (A), line 11e) 0 . 0 . 0 . 18 Total fundraising expenses (Part IX, column (D), line 25) 974 . 18 Total expenses (Part IX, column (A), lines 13-11, 11f-24e) 631, 350 . 51, 494 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 701, 574 . 73, 556 . 19 Revenue less expenses. Subtract line 18 from line 12 2, 0769, 967 . 19, 967 . 19 Total assets (Part X, line 16) 10, 272 . 155, 496 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272 . 10, 272	Re					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 22 , 209 . 55 . 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 . 0 . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 48 , 015 . 22 , 007 . 16 Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 15 Total fundraising expenses (Part IX, column (B), line 25) 974 . 17 Other expenses (Part IX, column (B), line 25) 974 . 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 701, 574 . 73, 556 . 19 Revenue less expenses. Subtract line 18 from line 12 2, 076 . -9, 967 . 18 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 10 , 272 . 155 , 496 . 21 Total liabilities (Part X, line 26) 4, 001 . 159 , 192 . 22 Net assets or fund balances. Subtract line 21 from line 20 6, 271 . -3, 696 . Part II Signature Block						
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 48 , 015 . 22 , 007 .		1		·····	=	
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19 Revenue less expenses. Subtract line 18 from line 12 2,076.	ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		631,350.	
Sign Part II Signature Block Date Signature of officer JARED ZELLER, PRESIDENT Type or print name and title PrintType preparer's name Preparer's signature Firm's name POSTLETHWAITE & NETTERVILLE Firm's name POSTLETHWAITE & NETTERVILLE Firm's saddress ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001 Metal Institute Signature with the preparer shown above? See instructions Metal Institute Signature with the preparer shown above? See instructions Signature with the preparer shown above? See instructions Signature		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
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 based on all information of which preparer has any knowledge. Sign Here JARED ZELLER, PRESIDENT Type or print name and title Print/Type preparer's name GINA RACHEL Firm's name Firm's name Formula GINA RACHEL Firm's name Formula GINE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001 May the IRS discuss this return with the preparer shown above? See instructions X Yes No		19	Revenue less expenses. Subtract line 18 from line 12		2,076.	-9,967.
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 based on all information of which preparer has any knowledge. Sign Here JARED ZELLER, PRESIDENT Type or print name and title Print/Type preparer's name GINA RACHEL Firm's name Firm's name Formula GINA RACHEL Firm's name Formula GINE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	OF			В	eginning of Current Year	
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 based on all information of which preparer has any knowledge. Sign Here JARED ZELLER, PRESIDENT Type or print name and title Print/Type preparer's name GINA RACHEL Firm's name Firm's name Formula GINA RACHEL Firm's name Formula GINE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	sets	20	Total assets (Part X, line 16)			
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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 based on all information of which preparer has any knowledge. Sign Here JARED ZELLER, PRESIDENT Type or print name and title Print/Type preparer's name GINA RACHEL Firm's name Firm's name Formula GINA RACHEL Firm's name Formula GINE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	ESE T	22	Net assets or fund balances. Subtract line 21 from line 20		6,271.	-3,696.
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Type or print name and title Print/Type preparer's name GINA RACHEL Preparer Firm's name POSTLETHWAITE & NETTERVILLE Firm's address ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001 May the IRS discuss this return with the preparer shown above? See instructions Preparer Date Check Sif POII POIN FIRM'S EIN PO 1216293 Firm's EIN PO 1216293 Phone no. (504)837-5990 X Yes No			JARED ZELLER, PRESIDENT			
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Paid GINA RACHEL firm's name POSTLETHWAITE & NETTERVILLE Firm's EIN 72-1202445 Use Only Firm's address ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001 Phone no. (504)837-5990 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	_		,	1	Date Check	II PTIN
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Use Only Firm's address ONE GALLERIA BLVD., STE 2100 METAIRIE, LA 70001 May the IRS discuss this return with the preparer shown above? See instructions X Yes No					self-employ	
METAIRIE, LA 70001 Phone no. (504)837-5990 May the IRS discuss this return with the preparer shown above? See instructions X Yes No					Firm's EIN	12-1202445
May the IRS discuss this return with the preparer shown above? See instructions	USE	Unly				04\027 5000
			-		Phone no. (5	
	Ma	y the II	RS discuss this return with the preparer shown above? See instructions			

Page 2

Theck Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: PROMOTING THE STEWARDSHIP, CULTURAL APPRECIATION, RESPONSIBLE RECREATION AND INITIATIVES THAT SUPPORT A CLRAN, HEALTHY BAYOU ST. JOHN THAT IS ACCESSIBLE TO ALL. Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 900 E2? If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes, "If the schedule O. If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. If "Yes, "If the schedule O. If the organization cases contained on the schedule O. If the organization cases	Pai	Statement of Program Service Accomplishments
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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		$ _{\mathbf{x}}$
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			$ _{\mathbf{x}}$
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
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	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ızu	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	-10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20 a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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

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Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
04 -	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//	00-		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
-	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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			Х
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	33a		
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	Х	
rd	rt 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			
	Greek if Scriedule O contains a response of 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		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

Form 990 (2020) FRIENDS OF BAYOU ST. JOHN Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) Continue 1007(-M4) many appropriate by ithele trusted to the appropriation filling Form 1000 in line of Form 100112	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ısa		
h				
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			
_	Enter the amount of reserves on hand			
с 14а	5:11	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 10		
	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
		Eorm	990	(2020)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion 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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С				
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		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 safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE		_	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JARED ZELLER - 504-488-3865			
	1211 N. GAYOSO STREET, NEW ORLEANS, LA 70119			

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

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

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

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

See instructions for the order in which to list the persons above.

Check this box if neither the organization n		orga	aniza			npe	nsa			
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average		not c	Pos heck	more	than		Reportable	Reportable	Estimated
	hours per			ss pe				compensation	compensation	amount of
	week (list any	jo					Ė	from	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	Itrus	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	ᄪ	lns	ijJ.	, Ke	Hig	For			
(1) JARED ZELLER	40.00	₩.		- V				20 442	0.	0
BOARD PRESIDENT	1.00	Х		Х				20,443.	0.	0.
(2) GEOFF COATS	1.00	X						0.	0.	0.
BOARD MEMBER (3) RODNEY BEALS	1.00	₽						0.	0.	0.
BOARD MEMBER	1.00	x			K			0.	0.	0.
(4) BECKER RUTLEDGE	1.00	Δ			-			0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(5) SARA HOWARD	1.00								<u> </u>	•
BOARD MEMBER		x						0.	0.	0.
(6) IAN MCNULTY	1.00	<u> </u>							•	•
BOARD SECRETARY		X		х				0.	0.	0.
(7) WILLIAM RAMSEY	2.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(8) JASON HEMEL	1.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
		-								
		_								
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*		-								
		$oldsymbol{ol}}}}}}}}}}}}}}}}}$								
		1								
		$oxed{oxed}$								Form 990 (2020)

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(A)	(B)			(C	•			(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			one	Reportable	Reportable		Est	imated	
	hours per	box	, unle	ss per	rson	is bot	h an	compensation	compensation	า		ount of	
	week	-	CCI ai		ii ecit) / ii us	100)	from	from related			other	
	(list any hours for	director						the organization	organizations (W-2/1099-MIS			ensatior om the	1
	related	e or d	tee			sated		(W-2/1099-MISC)	(88-2/1099-18113	C)		nization	
	organizations	truste	al trus		/ee	mpen		(** 2) 1000 (**100)			_	related	
	below	Individual trustee or	Institutional trustee	je j	Key employee	est co o yee	ıeı				orga	nizations	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						_
													_
		-				1							_
													_
													_
			4	Ų		Ą		20 442		0.			_
Subtotal								20,443.		0.		0	
Total from continuation sheets to Par								20,443.		0.		0	
Total (add lines 1b and 1c) Total number of individuals (including but									000 of reportable	-			<u>.</u>
compensation from the organization		1056	IISLE	eu al	JOVE	e) wi	10 16	eceived more than \$100	,,000 or reportable	5			0
			\neg	7								Yes No	<u> </u>
Did the organization list any former office	cer, director, trust	ee, l	кеу е	empl	oye	e, o	hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J fo	or such individual										3	Х	
For any individual listed on line 1a, is the	e sum of reportab	le co	omp	ensa	atior	n and	d oth	ner compensation from	the organization				
and related organizations greater than \$											4	X	
Did any person listed on line 1a receive					•		elat	ed organization or indiv	idual for services				
rendered to the organization? If "Yes," carried to the organization?	complete Schedul	e J f	or s	uch į	oers	son .					5	X	-
Complete this table for your five highest	compensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	pens	ation fr	om	_
the organization. Report compensation										-			
(A) Name and busine	ess address	NT	INC	,				(B) Description of s	envices	C	(C ompen		
Trains and sasins		140	J1 V 1				1	Decemplien of c	701 11000		- Cimpon		_
													_
							_						_
Total number of independent contractor \$100,000 of compensation from the org		ot li	mite	d to		se li:	sted	above) who received n	nore than				
												00 (202	

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Ра	rt \	/							
			Check if Schedule O conta	ins a response	or note to any lin				
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue		business revenue	from tax under
									sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
3ra Ioui		b	Membership dues	1b	10,387.				
s, (Am		С	Fundraising events	1c					
Gift lar			Related organizations						
imi		е	Government grants (contribution	ns) 1e	2,500.				
tion		f	All other contributions, gifts, grants	, and					
but			similar amounts not included above	e 1f	25,159.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in lines 1						
Co		_	Total. Add lines 1a-1f			38,046.			
					Business Code				
ø	2	а	BAYOU BOOGALOO		711300	25,543.	25,543.	1	
Program Service Revenue	_	b				,			
Ser		c							
an Ve		d							
Be		e							
Pro			All other program service reven						
						25,543.			
	3		Total. Add lines 2a-2f			23,3131			
	3		other similar amounts)						
	4		Income from investment of tax-						
	4				-	7			
	5		Royalties	(i) Real	(ii) Personal				
	_			(i) Heal	(ii) i ersoriai				
	6		Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
	_			(i) Coo. wition		_			
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory 7a						
•		b	Less: cost or other basis						
Revenue			and sales expenses 7b						
eve.			Gain or (loss) 7c	_					
			Net gain or (loss)		>				
ther	8	а	Gross income from fundraising eve	nts (not					
윰			including \$	of					
			contributions reported on line 1						
			Part IV, line 18						
		b	Less: direct expenses	8b					
			Net income or (loss) from fundr		_				
	9	а	Gross income from gaming acti						
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gamir	ng activities	<u>,</u>				
	10	а	Gross sales of inventory, less re	eturns					
			and allowances	10a	1				
		b	Less: cost of goods sold	10k					
		С	Net income or (loss) from sales	of inventory					
s					Business Code				
o n	11	а							
ane		b							
Miscellaneous Revenue		С							
Alsc R			All other revenue	-					
2			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			63,589.	25,543.	0.	0.

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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	55.	55.		
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,	20,443.	10,221.	10,222.	
_	trustees, and key employees	20,443.	10,221.	10,222.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
9 10		1,564.	782.	782.	
10 11	Payroll taxes Fees for services (nonemployees):	1,5016	752.	7021	
'' a					
b			1		
C	, ·	4,365.		4,365.	
d		= 7,000,0			
e	D (') (') ' O D N 47				
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)	25,802.	24,056.	1,746.	
12	Advertising and promotion	1,575.	1,575.		
13	Office expenses	5,753.	1,591.	4,162.	
14	Information technology		-	-	
15	Royalties				
16	Occupancy	127.		127.	
17	Travel	81.	36.	45.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	122.		122.	
20	Interest	345.		345.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,455.		1,455.	
23	Insurance	2,291.	1,539.	752.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	OMITED RECORTIVAL EXPENSES F	7,294.	7,294.		
b	MT CORT T ANDOLIC	1,300.	-	1,300.	
С	MEMBERSHIP CAMPAIGN	974.			974
d	LICENSES & PERMITS	10.		10.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	73,556.	47,149.	25,433.	974
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

<u>Par</u>	τX	Balance Sheet					
		Check if Schedule O contains a response or r	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			6,637.	1	153,316
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or former	officer, director,			
		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		16,837.			
	b	Less: accumulated depreciation	10b	14,657.	3,635.	10c	2,180
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		F		12	
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			10.000	15	455 406
	16	Total assets. Add lines 1 through 15 (must ed			10,272.	16	155,496
	17	Accounts payable and accrued expenses			4,001.	17	
	18	Grants payable				18	
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
Se	22	Loans and other payables to any current or fo					
<u> </u>		trustee, key employee, creator or founder, sul	_				
Liabilities		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unr				23	150 100
	24	Unsecured notes and loans payable to unrela				24	159,192
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	ies 17-24)	. Complete Part X			
	00	of Schedule D			4,001.	25	159,192
\dashv	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			4,001.	26	139,192
es		and complete lines 27, 28, 32, and 33.	HECK HER				
auc	27	Net assets without donor restrictions			6,271.	27	-3,696
3al(28	Net assets with donor restrictions			0/2/11	28	3,030
<u> </u>	20	Organizations that do not follow FASB ASC				20	
ੂ ה		and complete lines 29 through 33.	, 900, Cite	ck liefe			
<u> </u>	29	Capital stock or trust principal, or current fund	de .	1		29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			6,271.	32	-3,696
4	33	Total liabilities and net assets/fund balances			10,272.	33	155,496
		Total habilities and flot assets/fully balafices				- 00	Form 990 (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
				_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			9,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			6,2	71.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		_	3,6	96.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	:,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	o.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FRIENDS OF BAYOU ST. JOHN 20-3461817 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III

f	Enter the number of supported of	organizations					
g	Provide the following information	about the supporte	ed organization(s).				
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Tota	I						
1 1 1 1	For Donomicoule Dodication Act N			000 E7		Colondula A /Fa	000 au 000 EZ\ 0000

functionally integrated, or Type III non-functionally integrated supporting organization.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-						_			
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	,	,		,	` ′	()			
	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
_	activities, whether or not the	, ·								
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	etc (see instructi	ons)			12				
	First 5 years. If the Form 990 is for th	,	,							
	organization, check this box and stop									
Sed	ction C. Computation of Publ									
	Public support percentage for 2020 (I			column (f))		14	%			
	Public support percentage from 2019					15	%			
	33 1/3% support test - 2020. If the c					nore, check this bo	x and			
	stop here. The organization qualifies									
b	33 1/3% support test - 2019. If the c									
	and stop here. The organization qual	-					ightharpoons			
17a							or more,			
	7a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization									
			•	•						
b	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the									
	organization meets the facts-and-circle				-					
18	Private foundation. If the organization		-	•			s			
		313 1101 011001 0	~ 5. O	., , . r u, or 171	2, 3110011 tillo DOX t	555				

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	qualify under the tests listed beating A. Public Support	elow, please comp	olete Part II.)						
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total		
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
'	Gifts, grants, contributions, and membership fees received. (Do not								
	·	182 970	135,457.	232 886	174,897.	38,046.	764,256.		
•	include any "unusual grants.")	102,570.	133,437.	252,000.	1/4,00//	30,040.	704,230.		
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the	514 271	396,218.	415 761	528,359.	25,543.	1,880,152.		
2	organization's tax-exempt purpose Gross receipts from activities that	314,2710	330,210.	413,701.	320,333.	23,343.	1,000,132.		
3	are not an unrelated trade or bus-								
	iness under section 513	660.					660.		
1	Tax revenues levied for the organ-	000.					000.		
7	ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
J	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 through 5	697,901.	531.675.	648,647.	703,256.	63,589.	2,645,068.		
	Amounts included on lines 1, 2, and	00.700=0	00=,0.00		7007200	00,000			
	3 received from disqualified persons	71,821.	49,612.	111,938.	102,000.	17,000.	352,371.		
b	Amounts included on lines 2 and 3 received	, -			, , , , ,	,	,		
	from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.		
	: Add lines 7a and 7b	71,821.	49,612.	111,938.	102,000.	17,000.	352,371.		
	Public support. (Subtract line 7c from line 6.)	,			,	,	2,292,697.		
	ction B. Total Support						, ,		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
9	Amounts from line 6	697,901.	531,675.	648,647.	(d) 2019 703, 256.	63,589.	2,645,068.		
	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses		*						
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
	assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)	697,901.	531,675.	648,647.	703,256.	63,589.	2,645,068.		
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizati	on,		
_	check this box and stop here						<u></u> ▶∟⊥		
	ction C. Computation of Publ						06.60		
	Public support percentage for 2020 (I					15	86.68 %		
	Public support percentage from 2019					16	88.74 %		
	ction D. Computation of Inves						00		
17						17	.00 %		
18	·					18 0.1/00/ and line 1	<u>%</u>		
198	19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not								
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
t	b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
20									
∠∪	Private foundation. If the organization	n did not check a	DUX OH IIHE 14, 19	a, or 190, check th	iis dux aiiu see ins	นเนษแบบริ			

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	0		
	9a		
	9b		
	9с		
	10a		
	10b		
_	00 05 00	00 E7	0000

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in line 11a above?	11b	$oxed{oxed}$	
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		<u> </u>
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Seci	tion C. Type II Supporting Organizations		1	
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations	'	ш	<u> </u>
	and britain type in supporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruct	tions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain in Pa	art VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net	t short-term capital gain	1		
2 Red	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
4 Add	d lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
6 Por	tion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
	ner expenses (see instructions)	7		
	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	gregate fair market value of all non-exempt-use assets (see			
inst	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
	erage monthly cash balances	1b		
	r market value of other non-exempt-use assets	1c		
d Tot	tal (add lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other factors			
(ex	plain in detail in Part VI):			
2 Acc	quisition indebtedness applicable to non-exempt-use assets	2		
	otract line 2 from line 1d.	3		
4 Cas	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	e instructions).	4		
5 Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Mu	Itiply line 5 by 0.035.	6		
	coveries of prior-year distributions	7		
8 Mir	nimum Asset Amount (add line 7 to line 6)	8		
Section (C - Distributable Amount			Current Year
1 Adj	usted net income for prior year (from Section A, line 8, column A)	1		
	er 0.85 of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	v integral	ted Type III supporting organ	nization (see

Schedule A (Form 990 or 990-EZ) 2020

	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizatione /	-/\	O Signatur Pager
	on D - Distributions	(a)(o) Supporting Org	amzations (continue	(a)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses	Т	1	Guilent Teal
	Amounts paid to supported organizations to accomplish exemples and to perform activity that directly furthers exemple the control of the cont			-	
_	organizations, in excess of income from activity	or purposes or supported		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ne	3	
4	Amounts paid to acquire exempt-use assets	cs of supported organization	15	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ovide details in 1 dit 41)		6	
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	e	ń	
•	(provide details in Part VI). See instructions.	no organization to responsiv		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions		Distributable
			Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				

Schedule A (Form 990 or 990-EZ) 2020

and 4c.

8 Breakdown of line 7:
a Excess from 2016
b Excess from 2017
c Excess from 2018
d Excess from 2019
e Excess from 2020

7 Excess distributions carryover to 2021. Add lines 3j

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
4	

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2020

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2016 Amount	2017 Amount	2018 Amount	2019 Amount	2020 Amount
FIRST NBC	7,088.	0.	0.	0.	0.
CHAMPAGNE BEVERAGE	9,450.	0.	0.	0.	0.
SOUTHERN EAGLE	28,350.	37,800.	43,938.	37,000.	0.
BRYAN SUBARU	14,175.	0.	0.	0.	0.
PROXIMO SPIRITS	12,758.	0.	18,000.	15,000.	0.
SUNDANCE BEVERAGE COMPANY	0.	11,812.	0.	0.	0.
POSITIVE VIBRATIONS FOUNDATION	0.	0.	50,000.	50,000.	0.
ENTERGY	0.	0.	0.	0.	17,000.
Total to Schedule A, Part III, Line 7a	71,821.	49,612.	111,938.	102,000.	17,000.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

FRIENDS OF BAYOU ST. JOHN

20-3461817

Organization type (check one):

Filers of: Section:

Form 990 or 990-FZ

X 501(c)(3) (enter number) organization

X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Employer identification number

FRIENDS OF BAYOU ST. JOHN

20-3461817

FRIENDS OF BAYOU ST. JOHN Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

	, , , , , , , , , , , , , , , , , , , ,		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ENTERGY 3400 CANAL ST. NEW ORLEANS, LA 70119	\$ <u>17,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WEISHAUPT FAMILY FOUNDATION 1241 HAGAN AVE. NEW ORLEANS, LA 70119	\$ 5,000.	Person X Payroll
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

FRIENDS OF BAYOU ST. JOHN

20-3461817

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

RIENI	OS OF BAYOU ST. JOHN			20-3461817
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, chartened uplicate copies of Part III if additional s	hrough (e) and the following line ent aritable, etc., contributions of \$1,000 or I	ry For organizations	hat total more than \$1,000 for the ye
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
Part I				
	Transferee's name, address, and	(e) Transfer of gift		nsferor to transferee
	Transferee's name, address, and		neiauoisiip oi uai	isler of to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
_	Transferee's name, address, and	(e) Transfer of gift		nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
		(e) Transfer of gift	-	
	Transferee's name, address, and			nsferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	ription of how gift is held
		(e) Transfer of gift	t	
	Transferee's name, address, and	I ZIP + 4	Relationship of tran	nsferor to transferee
	manorere s name, audress, and		riciationally of that	

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 Inspection

Name of the organization

FRIENDS OF BAYOU ST. JOHN

Employer identification number 20-3461817

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised for	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose conf	ferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserva	ation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•	> \$	11.6.11	(P) (2)
8	Does each conservation easement reported on line 2(d) above		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	note to the organization's linancial statements	that describes the
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	r Similar Assets
. u	Complete if the organization answered "Yes" on Form		i diiilidi 7.000to.
12	If the organization elected, as permitted under FASB ASC 95		palance sheet works
ıu	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its fina		rance of public
h	If the organization elected, as permitted under FASB ASC 95		nce sheet works of
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o extribition, oddoddon, or recodirer in running	iod of public dervice,
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	- · · · · · · · · · · · · · · · · · · ·	, i
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

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Pai	t III Organizations Maintaining C	Collections of Ar	rt, Histo	rical Tr	easures,	or Oth	er Similar	Asse	t s (contir	nued)
3	Using the organization's acquisition, accessi	ion, and other record	ls, check a	any of the	following that	at make s	significant us	se of its		
	collection items (check all that apply):									
а	Public exhibition	d		an or exc	hange progr	am				
b	Scholarly research	е	L O1	ther						
С	Preservation for future generations							4		
4	Provide a description of the organization's co	ollections and explair	n how the	y further t	he organizat	ion's exe	mpt purpos	e in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, hist	orical trea	sures, or oth	er simila	r assets		_	
	to be sold to raise funds rather than to be made	aintained as part of t	he organiz	zation's co	ollection?			L	Yes	No_
Pai	t IV Escrow and Custodial Arran	-	ete if the o	rganizatio	n answered	"Yes" on	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod							_	_	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tal	ble:						
									Amoun	t
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year					.,	1e			
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or c	ustodial acco	ount liabi	lity?	L	Yes	└── No
	If "Yes," explain the arrangement in Part XIII.							<u></u>		
Pai	t V Endowment Funds. Complete i	f the organization an	swered "\	es" on Fo	orm 990, Par	t IV, line	10.			
		(a) Current year	(b) Prid	or year	(c) Two yea	rs back	(d) Three yea	rs back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g,	column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiza	ation that	are held a	and administe	ered for t	he organizat	tion		
	by:									Yes No
	(i) Unrelated organizations									
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								. 3b	
4	Describe in Part XIII the intended uses of the		wment fu	nds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 99	0, Part X,	, line 10.			
	Description of property	(a) Cost or of			or other		ccumulated		(d) Boo	k value
		basis (investn	nent)	basis	(other)	de	preciation	\bot		
1a	Land									
b	Buildings							\dashv		
С	Leasehold improvements							\bot		
d	Equipment			<u> </u>	C 00E		14 65			0 100
	Other				6,837.		14,65	<u>/ • </u>		2,180.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column	(B), line 1	10c.)			▶		2,180.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 FRIENDS OF	BAYOU S'	T. JOH	N 20)-3461817 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book	value	(c) Method of valuation: Cost or en	id-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, I		11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or en	ud of year market yelye
	(b) BOOK	value	(C) Wethod of Valuation. Cost of en	id-or-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.			/	
Complete if the organization answered "Yes"	on Form 990,	Part IV, line	11d. See Form 990, Part X, line 15.	
	Description			(b) Book value
(1)				
(2)		7		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990,	Part IV, line	11e or 11f. See Form 990, Part X, line 2	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
เฮเ				1

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... Schedule D (Form 990) 2020

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per l	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d					
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4	
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		i Expenses pe	r Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
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:				
а					
b	Prior year adjustments	2b			
С					
d	, , , , , , , , , , , , , , , , , , , ,				
е				2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	/	4b			
_C	Add lines 4a and 4b			4c	
5 D2	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.)		5	
		D-+ N/ 15 41-	Ob - D t V - U	4. D+	V line Or Deat VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			4; Paπ	x, line 2; Part XI,
iines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		

Schedule D (Form 990) 2020

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS OF BAYOU ST. JOHN

Employer identification number 20-3461817

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT A CLEAN, HEALTHY BAYOU ST. JOHN THAT IS ACCESSIBLE TO ALL.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS TWO LEVELS OF MEMBERSHIP:

CLASS A - VOTING

CLASS B - NON-VOTING

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES MADE UP OF MEMBERS OUTSIDE OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE 990 FORM IS COMPLETED, A COPY IS E-MAILED TO THE BOARD FOR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

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

ALL MEMBERS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY UPON (A)

JOINING THE BOARD OR (B) UPON UPDATE OF SAID POLICY. BOARD MEMBERS ARE

REQUIRED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST

THROUGHOUT THE YEAR AND DURING BOARD MEETINGS. AS STATED IN THE POLICY,

"AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE

GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT

OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE

MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS." IF THERE IS A

CONFLICT OF INTEREST, THEN THE BOARD FOLLOWS THE CONFLICT OF INTEREST'S

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization FRIENDS OF BAYOU ST. JOHN	Employer identification number 20-3461817
PROCEDURES FOR ADDRESSING THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION HAS A HUMAN RESOURCES PROFESSIONAL ON THE	HE BOARD WHO
HANDLES JOB DESCRIPTIONS AND SALARY REQUIREMENTS FOR THE	HIRING PROCESS.
FORM 990, PART VI, SECTION C, LINE 19:	
ALL INFORMATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACT LABOR:	
PROGRAM SERVICE EXPENSES	24,056.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,056.
	_
CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,370.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,370.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	376.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	376.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 032212 11-20-20 Sch	25,802. edule O (Form 990 or 990-EZ) 2020

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL													
1	TRAILER - FLOATING BOOTH	05/18/15	200DB	7.00	ну17	650.				650.	505.		58.	563.
2	TRAILER FOR FLOATING DOCK	06/08/15	200DB	7.00	ну17	2,418.				2,418.	1,879.		216.	2,095.
3	FURNITURE - COUCH	04/06/15	200DB	7.00	ну17	1,027.				1,027.	798.		92.	890.
4	FLOATING BOOTH	05/06/15	200DB	7.00	ну17	7,400.				7,400.	5,749.		660.	6,409.
6	FLOATING DOCK	05/23/15	200DB	7.00	ну17	2,677.				2,677.	2,080.		239.	2,319.
8	MERCHANDIZE STORAGE	06/05/15	200DB	7.00	ну17	2,124.				2,124.	1,650.		190.	1,840.
13	10X10 TENTS	05/10/07	200DB	7.00	ну17	302.				302.	302.		0.	302.
14	SUPPLIES & FILE CABINETS	06/13/07	200DB	7.00	HY17	239.				239.	239.		0.	239.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					16,837.				16,837.	13,202.		1,455.	14,657.
	* GRAND TOTAL 990 PAGE 10 DEPR					16,837.				16,837.	13,202.		1,455.	14,657.
				,										

028111 04-01-20

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

Identifying number

FR]	ENDS OF BAYOU ST.	JOHN	FC	RM 990 P.	AGE 10		20-3461817
Pai	t Election To Expense Certain Prop	erty Under Section 1	79 Note: If you have any	listed property,	complete Part	V before	ou complete Part I.
1 1	Maximum amount (see instructions)					1	1,040,000.
2 T	otal cost of section 179 property pla						
	hreshold cost of section 179 propert						2,590,000.
	Reduction in limitation. Subtract line 3						
5 D	ollar limitation for tax year. Subtract line 4 from lir	ne 1. If zero or less, enter	-0 If married filing separately,	see instructions		5	
6	(a) Description of p	property	(b) Cost (b)	siness use only)	(c) Elected	cost	
	isted property. Enter the amount fror						
	otal elected cost of section 179 prop						
	entative deduction. Enter the smalle						
	carryover of disallowed deduction from						
	susiness income limitation. Enter the		•	,			
	section 179 expense deduction. Add					12	
	carryover of disallowed deduction to			13			
_	Don't use Part II or Part III below for						
Pai	*,						<u> </u>
14 S	pecial depreciation allowance for qua	alified property (ot	her than listed property	placed in service	e during		
	ne tax year						
	roperty subject to section 168(f)(1) e	lection					
_	Other depreciation (including ACRS)					16	
Pai	t III MACRS Depreciation (Don'	t include listed pro)			
			Section A				
				200		1 47	1 155
	MACRS deductions for assets placed					<u></u> 17	1,455.
	you are electing to group any assets placed in se	rvice during the tax year	into one or more general asset	accounts, check here	<u></u> ▶ □		-
	you are electing to group any assets placed in se	rvice during the tax year		accounts, check here ar Using the Gen	eral Deprecia	ation Syst	-
	you are electing to group any assets placed in se	rvice during the tax year s Placed in Service	into one or more general asset ce During 2020 Tax Ye	accounts, check here	<u></u> ▶ □	ation Syst	-
18 If	you are electing to group any assets placed in se Section B - Asset (a) Classification of property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general asset ce During 2020 Tax Yea (c) Basis for depreciation (business/investment use	ar Using the Gen	eral Deprecia	ation Syst	em
18 If	you are electing to group any assets placed in second B - Assets (a) Classification of property 3-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general asset ce During 2020 Tax Yea (c) Basis for depreciation (business/investment use	ar Using the Gen	eral Deprecia	ation Syst	em
18 If 19a b	you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general asset ce During 2020 Tax Yea (c) Basis for depreciation (business/investment use	ar Using the Gen	eral Deprecia	ation Syst	em
18 If 19a b c	you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general asset ce During 2020 Tax Yea (c) Basis for depreciation (business/investment use	ar Using the Gen	eral Deprecia	ation Syst	em
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19a b c d e	you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general asset ce During 2020 Tax Yea (c) Basis for depreciation (business/investment use	ar Using the Gen	eral Deprecia	ation Syst	em
19a b c d e f g	you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	rvice during the tax year S Placed in Servic (b) Month and year placed	into one or more general asset ce During 2020 Tax Yea (c) Basis for depreciation (business/investment use	accounts, check here Ir Using the Gen (d) Recovery period	eral Deprecia	ation Syst (f) Method	em
19a b c d e	you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	s Placed in Service (b) Month and year placed in service in service	into one or more general asset ce During 2020 Tax Yea (c) Basis for depreciation (business/investment use	accounts, check here Ir Using the Gen (d) Recovery period 25 yrs. 27.5 yrs.	eral Deprecia (e) Convention	ation Syst (f) Method	em
19a b c d e f g	you are electing to group any assets placed in se Section B - Asset: (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property	s Placed in Service (b) Month and year placed in service (in service)	into one or more general asset ce During 2020 Tax Yea (c) Basis for depreciation (business/investment use	caccounts, check here Ir Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs.	eral Deprecia (e) Convention	(f) Method	em
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19a b c d e f g	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	s Placed in Service (b) Month and year placed in service (b) Month and year placed in service	into one or more general asset E During 2020 Tax Ye (c) Basis for depreciation (business/investment use only - see instructions)	accounts, check here Ir Using the Gen (d) Recovery period 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	eral Deprecia (e) Convention MM MM MM MM MM	s/L S/L S/L S/L S/L S/L	em (g) Depreciation deduction
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19a b c d e f g h i 20a	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life	s Placed in Service (b) Month and year placed in service (b) Month and year placed in service	into one or more general asset E During 2020 Tax Ye (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. Using the Altern	eral Deprecia (e) Convention MM MM MM MM MM	stion Syst (f) Method S/L S/L S/L S/L S/L S/L S/L S/	em (g) Depreciation deduction
19a b c d e f g h i 20a b	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	Placed in Service during the tax year is Placed in Service (b) Month and year placed in service (c) Month and year placed (into one or more general asset E During 2020 Tax Ye (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 39 yrs. Using the Alterr	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	stion Syst (f) Method S/L S/L S/L S/L S/L S/L S/L S/	em (g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service	into one or more general asset E During 2020 Tax Ye (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Altern	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	stion Syst (f) Method S/L S/L S/L S/L S/L S/L S/L S/	em (g) Depreciation deduction
19a b c d e f g h i 200a b C d d Par	you are electing to group any assets placed in se Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service	into one or more general asset E During 2020 Tax Ye (c) Basis for depreciation (business/investment use only - see instructions)	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterr 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	stion Syst (f) Method S/L S/L S/L S/L S/L S/L S/L S/	em (g) Depreciation deduction
19a b c d e f g h i 20a b c d Pai 21 L	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year Summary (See instructions.)	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // Placed in Service	into one or more general asset During 2020 Tax Ye. (c) Basis for depreciation (business/investment use only - see instructions) During 2020 Tax Year	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterr 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	stion Syst (f) Method S/L S/L S/L S/L S/L S/L S/L S/L S/L S/	em (g) Depreciation deduction
19a b c d e f g h i 20a b c d Pai L 22 T	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year **T IV Summary* (See instructions.) isted property.	Placed in Service (b) Month and year placed in service (b) Month and year placed in service // // Placed in Service	into one or more general asset Example During 2020 Tax Ye. (c) Basis for depreciation (business/investment use only - see instructions) During 2020 Tax Year During 2020 Tax Year	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterr 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	stion Syst (f) Method S/L S/L S/L S/L S/L S/L S/L S/	em (g) Depreciation deduction
19a b c d e f g h i 20a b c d Pau 21 L 22 T E	Section B - Asset (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year t IV Summary (See instructions.) isted property. Enter amount from line fotal. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (b) Month and year placed in service / / / Placed in Service / / / / see 28	into one or more general asset During 2020 Tax Ye. (c) Basis for depreciation (business/investment use only - see instructions) During 2020 Tax Year During 2020 Tax Year ares 19 and 20 in columnr artnerships and S corpo	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. Using the Alterr 12 yrs. 30 yrs. 40 yrs.	eral Deprecia (e) Convention MM MM MM MM MM MM MM MM MM	stion Syst (f) Method S/L S/L S/L S/L S/L S/L S/L S/	em (g) Depreciation deduction

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

	Note: For any 24b, columns (vehicle for w (a) through (c	hich you are u	, sing the , all of S	standar ection B	d milead	ge rate c	r dedi	ucting leas licable.	e expen	se, com	plete on	ly 24a,		
			n and Other							mits for	passeng	er auton	nobiles.))	
24	Do you have evidence to s						es	_	24 b If "Y	-				Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag		(d) Cost or ther basis	Bas	(e) sis for depre siness/inve use only	eciation estment	(f) Recovery period	(Met	g) :hod/ ention	() Depre	h) ciation iction		i) ted n 179
25	Special depreciation alle	owance for q	ualified listed	property	y placed	in servi	ce during	g the t	ax year an	d					
	used more than 50% in	a qualified b	usiness use					- 			25				
26	Property used more tha														
		1 1	9	6											
		1 1	9	6											
		1 : :	9	6											
27	Property used 50% or le														
_				6						S/L -					
		1 1		6						S/L -					
		: :	9	_						S/L -					
28	Add amounts in column			- 1	e and or	line 21	page 1				28				
	Add amounts in column											l	29		
	, taa ameanto m commi	(,),			B - Infor									l	
	Total business/investment miles driven during the year (don't include commuting miles)		(a) Vehicle		1	(b) Vehicle		Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Total commuting miles of Total other personal (no driven	ncommuting) miles			V									
33	Total miles driven during Add lines 30 through 32	g the year.													
34	Was the vehicle availab	le for person	al use	Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	onal												
	use?				,										
		Section C	- Questions f	or Emp	loyers V	/ho Pro	vide Vel	nicles	for Use b	y Their E	Employe	ees			
	swer these questions to or related than 5% owners or related to the same of th			xception	n to com	pleting (Section	B for v	ehicles us	ed by er	nployee	s who ar	en't		
	Do you maintain a writte			ohibits a	all persor	nal use d	of vehicle	es, inc	ludina cor	nmutina	by vou	r		Yes	No
	employees?													—	
38	Do you maintain a writte	en policy stat	ement that pr	ohibits r	personal	use of v	ehicles.	excer	ot commut	ina. bv v	our				
	employees? See the ins														
30	Do you treat all use of v					, .		,,	•					·	

	you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your		s	No
	employees?			
	38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your			
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners			
	39 Do you treat all use of vehicles by employees as personal use?			
	40 Do you provide more than five vehicles to your employees, obtain information from your employees about			
	the use of the vehicles, and retain the information received?			
	41 Do you meet the requirements concerning qualified automobile demonstration use?			
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.			
1	Part VI Amortization			

Part VI Amortization								
(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year			
42 Amortization of costs that begins during your 2020 tax year:								
	1 1							
	: :							
43 Amortization of costs that began before your 2	43							
44 Total. Add amounts in column (f). See the inst	44							

016252 12-18-20