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

November 7, 2019

Friends of Bayou St. John 3201 Orleans Ave. New Orleans, LA 70119

Friends of Bayou St. John:

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 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

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

8

Inspection

OMB No. 1545-0047

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

A F	or the	2018 calendar year, or tax year beginning	and	ending					
B C	heck if oplicable:	C Name of organization			D Employer identifi	cation number			
	Address	FRIENDS OF BAYOU ST. J	OHN						
X	Name change	Doing business as			20-3	461817			
	Initial return Final return/	Number and street (or P.O. box if mail is not de 3201 ORLEANS AVE.	livered to street address)	Room/suite	E Telephone numbe	r 488–3865			
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	648,647.			
	Amende return	NEW ORLEANS, LA 70119			H(a) Is this a group re				
	Applica tion	F Name and address of principal officer: JAN	ED ZELLER		for subordinates? Yes X No				
	pending	SAME AS C ABOVE			H(b) Are all subordinates in				
			(insert no.)	or 527	2000-2000-200-200-200-200-200-200-200-2	list. (see instructions)			
		E ► WWW.BAYOUSTJOHN.ORG			H(c) Group exemptio				
			ssociation Other >	L Year	of formation: 2006	M State of legal domicile: LA			
Pa		Summary							
e		riefly describe the organization's mission or most							
an		CULTURAL APPRECIATION, RE							
err	2 (check this box 🕨 🔛 if the organization disco	ntinued its operations or dispo	sed of more	than 25% of its net as	ssets.			
Go	3 1	lumber of voting members of the governing body	(Part VI, line 1a)		3	7			
త	4 1	lumber of independent voting members of the go	verning body (Part VI, line 1b)		4	6			
ties	5 7	otal number of individuals employed in calendar	year 2018 (Part V, line 2a)		5	1			
Activities & Governance	6 7	otal number of volunteers (estimate if necessary)			6	200			
Ac	/a l	otal unrelated business revenue from Part VIII, or	olumn (C), line 12		7a	0.			
	DI	let unrelated business taxable income from Form	·····		0.				
_	8 (Contributions and grants (Port VIII, line 1h)			Prior Year	Current Year			
Revenue	9 F	Contributions and grants (Part VIII, line 1h)	••••••		135,457.				
	10	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4	and 7d)		396,218.				
ğ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8d		0.	0.				
		otal revenue - add lines 8 through 11 (must equa		531,675.	0.				
_		Grants and similar amounts paid (Part IX, column			25,768.				
	14 E	Benefits paid to or for members (Part IX, column ((A), III les 1-5)		23,700.	25,987.			
S		Salaries, other compensation, employee benefits (48,015.	19 015			
Expenses	16a F	Professional fundraising fees (Part IX, column (A),	line 11e)		0.	48,015.			
bei	b 7	otal fundraising expenses (Part IX, column (D), lin	e 25) ► 5	99.	U •	0.			
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11c	1 11f-24a)	0000000	484,945.	570,266.			
	18 7	otal expenses. Add lines 13-17 (must equal Part	IX. column (A) line 25)		558,728.	644,268.			
	19 F	Revenue less expenses. Subtract line 18 from line	12		<27,053.	> 4,379.			
or				1.85	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)			16,816.	5,583.			
t As	21 7	the first transfer of the same			17,000.	1,388.			
캺	22 1	let assets or fund balances. Subtract line 21 from			<184.				
	ırt II								
Und	er penal	ies of perjury, I declare that I have examined this return	, including accompanying schedule	es and statem	ents, and to the best of m	y knowledge and belief, it is			
true,	correct	, and complete. Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowledge.				
		DETAIN IN YOUR !							
Sign		Signature of officer			Date				
Her	е	JARED ZELLER, PRESIDEN Type or print name and title	T						
		Print/Type preparer's name	Preparer's signature]	Date Check	PTIN			
Paid	- 1	SINA RACHEL	,		if self-employ	D01216202			
Prep	arer	Firm's name POSTLETHWAITE &	NETTERVILLE		Firm's EIN	72-1202445			
Use		Firm's address ONE GALLERIA BLV			Tilli o Liiv	. 2 2202110			
		METAIRIE, LA 700			Phone no (5	04)837-5990			
May	the IR	S discuss this return with the preparer shown about			1	X Voc No			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		
_	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?			
10	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	*********	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
L	Part VI	11a	X	
D	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
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
u	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	37	X
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		X
				37
b	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		X
-	If "Yes" and if the organization answered "No" to line 12a, then completing School In D. Darte VI. and VII. and VII.			37
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		X
	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	144		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		Λ
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Λ
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		1
	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	17		Λ
	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,"	10		21
	complete Schedule G, Part III	40		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		21
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Company of the second s	41	77	

Form 990 (2018) FRIENDS OF BAYOU S
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				
	Schedule J	23		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete				
	Schedule K. If "No," go to line 25a	24a		X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				
	any tax-exempt bonds?	24c			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
25a	Section 501(c)(3), 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				
••	Schedule L, Part I	25b		X	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or				
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"				
07	complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member				
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		X	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
2	instructions for applicable filing thresholds, conditions, and exceptions):				
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X	
0	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X	
·	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,				
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X	
30	Tes, complete schedule M				
00	of art, motorious reasones, or other similar assets, or qualified conservation				
31	contributions? If "Yes," complete Schedule M	30		X	
٠.	If "Yes," complete Schedule N, Part I			37	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X	
	Schedule N, Part II			v	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	00		v	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		X	
	Part V, line 1	34		Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a			
	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?	000			
	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	- 00			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0,			
	Note. All Form 990 filers are required to complete Schedule O	38	Х		
Pa	Statements Regarding Other IRS Filings and Tax Compliance			7	
	Check if Schedule O contains a response or note to any line in this Part V				
			Yes	No	
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		- 50		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	Χ		

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		1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns				X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	o		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other								
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X			
D	If "Yes," enter the name of the foreign country:		Village Control						
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).						
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		••••••	5a 5b		X			
	, and the state of the a party to a promotice text shelter transaction:								
6a	 c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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?	ie orga	anization solicit			Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ione o	r aifta	6a		Λ			
	were not tax deductible?								
7	Organizations that may receive deductible contributions under section 170(c).			6b					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	rovided to the payor	? 7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		roridod to the payor	7b	X				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired						
	to file Form 8282?			7c		X			
d	TARINE A TOTAL CONTRACTOR OF THE CONTRACTOR OF T	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	:t?	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	act?		7f		X			
9	If the organization received a contribution of qualified intellectual property, did the organization file Formation and the organization file Formation (Intellectual property), and the organization file Formation (Intellectual property).			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
0	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a					
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			9b	***********				
	Initiation for and anital antillusion in Late 1 Brown in the								
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a		_					
	Section 501(c)(12) organizations. Enter:	10b		-					
		11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	IIa		-					
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form)	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		120					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	***********				
	Note. See the instructions for additional information the organization must report on Schedule O.								
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	13b							
С	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or						
	excess parachute payment(s) during the year?			15		X			
40	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	it inco	me?	16		X			
	If "Yes," complete Form 4720, Schedule O.								

Form 990 (2018)

20-3461817 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? X 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? 6 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? X 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? X 8a **b** Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section 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? 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? X 11a **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 X 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? X 13 Did the organization have a written document retention and destruction policy? 14 X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b 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? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JARED ZELLER - 504-488-3865

832006 12-31-18

Form 990 (2018)

3201 ORLEANS AVE., NEW ORLEANS,

70119

Form 990 (2018)

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.

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

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

(A)	(B)	(C)					iout	(D)	(E)	(F)
Name and Title	Average	Docition						Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any hours for	trustee or director				Б.		the organization	organizations (W-2/1099-MISC)	compensation
	related	. se or	stee			Highest compensated employee		(W-2/1099-MISC)	(44-2/1099-141150)	from the organization
	organizations	I trus	nal tru		oyee	ompe				and related
	below	Individual t	Institutional trustee	Officer	Key employee	hest c	Former			organizations
///	line)	<u>P</u>	lus	8	ş	Hig	For			
(1) GEOFF COATS	1.00	37						_		_
BOARD MEMBER	1.00	X						0.	0.	0.
(2) RODNEY BEALS	1.00	v						_		•
BOARD MEMBER	1.00	X						0.	0.	0.
(3) PAM COHN	1.00	Х						_		^
BOARD MEMBER (THRU 11/2018) (4) MARGARET COMSTOCK	1.00	Λ						0.	0.	0.
	1.00	Х						_		•
BOARD MEMBER (THRU 12/2018) (5) HOLLY POPHAM	1.00	Λ				-		0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0
(6) IAN MCNULTY	1.00	1						0.	0.	0.
BOARD SECRETARY	1.00	Х		Х				0.	0.	0.
(7) WILLIAM RAMSEY	2.00			21				0.	0.	0.
BOARD TREASURER		Х		Х				0.	0.	0.
(8) JASON HEMEL	1.00									0.
BOARD VICE PRESIDENT		Х		X				0.	0.	0.
(9) JARED ZELLER	40.00									
BOARD PRESIDENT		X		X				44,603.	0.	0.
			_							
		-								
		-	-	-						
		-								
		-	-			-	-			
		-								
		-	-	-		-				
		1								
832007 12-31-18					1		_			Form 990 (2018

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(A) Name and business address	NONE	(B) Description of services	(C) Compensation
Total number of independent and the first first			

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Form 990 (2018)

Form 990 (2018) FRIENDS
Part VIII Statement of Revenue

<u> </u>		Check if Schedule O conta	ins a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated campaigns						
g g		Membership dues	25 P. C.	9,377.				
fts,		Fundraising events						
<u>a</u>		Related organizations						
Sir		Government grants (contribution						
er er	f	All other contributions, gifts, grants		000 -00				
향		similar amounts not included abov		223,509.				
no p		Noncash contributions included in lines		19,350.				
0 6	h	Total. Add lines 1a-1f			232,886.			
	_	PAVOU POOCATOO		Business Code				
je		BAYOU BOOGALOO		711300	409,684.	409,684.		
Program Service Revenue		MEMBERSHIP DUES		900099	6,077.	6,077.		
Ven	C							
Re	d							
Pro	e f	All other program service rever						
		Total. Add lines 2a-2f			415,761.			_
	3	Investment income (including of			415,701.			
	•	other similar amounts)						
	4	Income from investment of tax						
	5	Royalties						
		[(i) Real	(ii) Personal				
	6 a	Gross rents	(i) I tour	(ii) i cisoriai				
	b	Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	(7	(1) 5 11151				
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)						
<u>o</u>		Gross income from fundraising						
enn		including \$	of					
3ev		contributions reported on line	1c). See					
Other Revenu		Part IV, line 18	a					
g	b	Less: direct expenses	b					
		Net income or (loss) from fund						
	9 a	Gross income from gaming act						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gami			***************************************			
	10 a	Gross sales of inventory, less r						
		and allowances						
		Less: cost of goods sold						
-	С	Net income or (loss) from sales					***************************************	
	44	Miscellaneous Revenue		Business Code				
	11 a							77.1
	b							
	C	All adds an over						
		All other revenue						
	0.00	Total. Add lines 11a-11d			640 647	415 561		
	12	Total revenue. See instructions			040,04/.	415,761.	0.	0.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a responsion not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	o, and 10b of Part VIII. I otal expenses Program expen			Fundraising expenses
1	Grants and other assistance to domestic organizations	25 225	05 005		
_	and domestic governments. See Part IV, line 21	25,987.	25,987.		
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,	44 600	00 001		
_	trustees, and key employees	44,603.	22,301.	22,302.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
C	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	3,412.	1 700	1 706	
11	Payroll taxes	3,412.	1,706.	1,706.	
	Fees for services (non-employees):				
a b		5,000.	F 000		
	9	4,761.		4 761	
c		4,701.		4,761.	
d e	, , ,				
f	Professional fundraising services. See Part IV, line 17 Investment management fees				
g	- 1	177 126	172 407	2 020	
12	column (A) amount, list line 11g expenses on Sch O.)	177,426. 29,914.		3,939.	
13	Advertising and promotion	26,506.		20 040	
14	Office expenses	20,300.	6,464.	20,042.	
15	Information technology				
16	Royalties	3,333.		2 222	
17	Occupancy	6,774.	6,531.	3,333.	
18	Payments of travel or entertainment expenses	0,114.	0,331.	243.	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	172.		170	
20	Interest	150.		172.	
21	Payments to affiliates	130.		150.	
22	Depreciation, depletion, and amortization	2,136.		2 126	
23	Insurance	18,181.	18,181.	2,136.	
24	Other expenses. Itemize expenses not covered	10,101.	10,101.		
- 1	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	OTHER FESTIVAL EXPENSES	295,169.	295,169.		
b	MEMBERSHIP CAMPAIGN	599.			F00
c	LICENSES & PERMITS	145.		145.	599
d		143.		143.	
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	644,268.	584,740.	50 020	F00
26	Joint costs. Complete this line only if the organization	011/200.	304,740.	58,929.	599
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			9,097.	1	0.
	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 current and for					
		trustees, key employees, and highest compens					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
resers		employees' beneficiary organizations (see instr)			6		
3	7	Notes and loans receivable, net			7		
`	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					
		Less: accumulated depreciation		21,896.	7,474.	10c	5,338.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	245.	15	245.		
\dashv	16	Total assets. Add lines 1 through 15 (must equ	16,816.	16	5,583.		
	17	Accounts payable and accrued expenses		17	1,105.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to current and forme					
		key employees, highest compensated employee					
1	00	Complete Part II of Schedule L				22	
	23 24	Secured mortgages and notes payable to unrela	ated third	parties	15.000	23	
		Unsecured notes and loans payable to unrelate			17,000.	24	0.
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines Schedule D		- Andrews is the second component			
	26	Total liabilities. Add lines 17 through 25			0.		283.
7	20	Organizations that follow SFAS 117 (ASC 958			17,000.	26	1,388.
,		complete lines 27 through 29, and lines 33 ar		nere and			
	27	Unrestricted net assets			<184.		4 105
3	28	Temporarily restricted net assets			104.		4,195.
3	29					28	
		Organizations that do not follow SFAS 117 (A		shook have		29	
;		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds					
	31	Paid-in or capital surplus, or land, building, or ed		30			
	32	Retained earnings, endowment, accumulated in				31	
	33	Total net assets or fund balances			<184.	32	1 105
	34	Total liabilities and net assets/fund balances	•••••		16,816.		4,195.
	-				10,010.	34	5,583.

Par	TXI 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	64	8,6	47.			
2	Total expenses (must equal Part IX, column (A), line 25)	2		44,268.				
3	Revenue less expenses. Subtract line 2 from line 1	3			79.			
4								
5	Net unrealized gains (losses) on investments	5			84.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10		4,1	95.			
Pai	T XII Financial Statements and Reporting			- / -				
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: X Cash Cash Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	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 in Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			***********			
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2018)			

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

00 · · · · · · · · · · · · · · · · · ·		304333A	FRIE	NDS OF BAY	OU ST. JOHN				20	0-3461817
	art		Reason for Public	Charity Status (A	All organizations must co	omplete this p	oart.) See ins	structions.		
The	org	gani	zation is not a private found	lation because it is: (For lines 1 through 12, c	heck only on	e box.)			
1	L	\exists	A church, convention of ch	urches, or association	on of churches described	d in section 1	70(b)(1)(A)(i	i).		
2	L	_	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 990-E	EZ).)			
3	L	\exists	A hospital or a cooperative	hospital service orga	anization described in se	ection 170(b)	(1)(A)(iii).			
4			A medical research organiz	ation operated in co	njunction with a hospital	described in	section 170	0(b)(1)(A)(iii).	Enter t	he hospital's name.
	_	_	city, and state:							
5			An organization operated for	or the benefit of a co	llege or university owned	d or operated	by a govern	mental unit o	describe	ed in
	_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	Ļ	_	A federal, state, or local go	vernment or governn	nental unit described in s	section 170(b	o)(1)(A)(v).			
7	L		An organization that norma	Illy receives a substa	ntial part of its support f	rom a govern	mental unit	or from the g	eneral p	oublic described in
	_	_	section 170(b)(1)(A)(vi). (C	omplete Part II.)				_		
8	L	\exists	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9	L		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operated i	n conjunctio	n with a land	l-grant o	college
			or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the nar	me, city, and	d state of the	college	or
		7	university:							
10	2	X	An organization that norma	Illy receives: (1) more	than 33 1/3% of its sup	port from cor	ntributions, r	membership	fees, an	nd gross receipts from
			activities related to its exen	npt tunctions - subjec	ct to certain exceptions,	and (2) no me	ore than 33	1/3% of its s	upport.	from gross investment
			income and unrelated busing	ness taxable income	(less section 511 tax) fro	om businesse	es acquired b	by the organi	zation a	after June 30, 1975.
		_	See section 509(a)(2). (Co	mplete Part III.)						
11	F	\exists	An organization organized	and operated exclusi	vely to test for public sa	fety. See sec	tion 509(a)(4).		
12			An organization organized a	and operated exclusi	vely for the benefit of, to	perform the	functions of	, or to carry o	out the	purposes of one or
			more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section 509	(a)(2). See s	section 509(a	a)(3). Ch	neck the box in
			lines 12a through 12d that	describes the type o	f supporting organization	n and comple	ete lines 12e	, 12f, and 12g	g.	
â	1		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its suppor	ted organiza	ation(s), typic	ally by	giving
			the supported organization	on(s) the power to re	gularly appoint or elect a	a majority of the	he directors	or trustees o	of the su	pporting
			organization. You must o							
k)		Type II. A supporting org	anization supervised	or controlled in connec	tion with its si	upported or	ganization(s),	, by hav	ring
			control or management o	the supporting orga	anization vested in the s	ame persons	that control	or manage ti	he supp	ported
			organization(s). You mus							
C	•		Type III functionally inte	grated. A supporting	organization operated	in connection	with, and fu	unctionally in	tegrated	d with,
			its supported organizatio	n(s) (see instructions). You must complete I	Part IV, Section	ons A, D, ar	nd E.		
	•		Type III non-functionally	orreted The average	orting organization oper	ated in conne	ection with it	s supported	organiz	ation(s)
			that is not functionally int	ional Valleuret	ation generally must sat	isty a distribu	ition require	ment and an	attentiv	reness
e			requirement (see instruct	prization received a	ipiete Part IV, Sections	A and D, an	d Part V.			
			Check this box if the orga functionally integrated, or	r Type III non-function	writterr determination fro	m the IRS tha	at it is a Type	e I, Type II, Ty	ype III	
ſ	E	nte	r the number of supported of	organizations		ng organization	on.			
			ide the following information		d organization(s)					
		(i	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the organization	on listed (v) A	mount of mon	etarv	(vi) Amount of other
			organization		(described on lines 1-10 above (see instructions))	in your governing do	cument?	ort (see instruc	,	support (see instructions)
					above (occ matractions))					•
									_	
T	-1									
Tota	AII.			kva va 2000 (200) (2000 (2000 (2000 (2000 (2000 (2000 (200) (2000 (200) (2000 (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200) (2000 (200)		www.ccccccccccccc.#######	200000000000000000000000000000000000000			

Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 1	70/1 1/2	
I 448 4 88	oupport ouriedule for Organizations Described in Sections (70th)(1)(A)(IV) and 1	/UIDII	IMANVII
		. 0(0)(1//~//\

(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.)

	ion A. Public Support						
alend	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 G	sifts, grants, contributions, and		, ,	.,	(4) 2011	(0) 2010	(i) Total
m	nembership fees received. (Do not						
in	nclude any "unusual grants.")						
2 Ta	ax revenues levied for the organ-						
iz	ation's benefit and either paid to						
10	r expended on its behalf						
3 Ti	he value of services or facilities						
fu	urnished by a governmental unit to						
th	ne organization without charge						
4 T	otal. Add lines 1 through 3						
	he portion of total contributions						
	y each person (other than a						
g	overnmental unit or publicly						
	upported organization) included						
	n line 1 that exceeds 2% of the						
aı	mount shown on line 11,						
C	olumn (f)						
	ublic support. Subtract line 5 from line 4.						
	ion B. Total Support						
alend	ar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 A	mounts from line 4	, ,		(0) 20 10	(4) 2011	(6) 2010	(i) Total
	cross income from interest,		_				
di	ividends, payments received on						
SE	ecurities loans, rents, royalties,						
	nd income from similar sources						
	let income from unrelated business						
a	ctivities, whether or not the						
bı	usiness is regularly carried on						
	other income. Do not include gain						
	r loss from the sale of capital						
	ssets (Explain in Part VI.)						
	otal support. Add lines 7 through 10						
	Pross receipts from related activities,	etc. (see instruction	ons)			12	
	irst five years. If the Form 990 is for			d fourth or fifth ta	x vear as a section	n 501/a)/3)	
O	rganization, check this box and stop	here			or your as a score	011 00 1 (0)(0)	
Secti	ion C. Computation of Publ	ic Support Per	rcentage				
secu	ion C. Computation of Publ	ic Support Pe	rcentage	olumn (fl)		14	
14 P	ublic support percentage for 2018 (I	ine 6, column (f) di	rcentage vided by line 11, c	olumn (f))		14	
14 P	rublic support percentage for 2018 (I rublic support percentage from 2017	ine 6, column (f) di Schedule A, Part	rcentage vided by line 11, c II, line 14			15	
14 Pi 15 Pi 16a 3	tublic support percentage for 2018 (I tublic support percentage from 2017 tublic support percentage from 2017 3 1/3% support test - 2018. If the contract	ine 6, column (f) di Schedule A, Part organization did no	rcentage vided by line 11, c II, line 14 t check the box or	n line 13, and line	 14 is 33 1/3% or r	nore, check this box	and
14 Pr 15 Pr 16a 33	rublic support percentage for 2018 (I tublic support percentage from 2017 3 1/3% support test - 2018. If the country to the form the country that is the country that	ine 6, column (f) di Schedule A, Part organization did no as a publicly supp	vided by line 11, c II, line 14 t check the box or orted organization	n line 13, and line	14 is 33 1/3% or r	more, check this box	∢ and
14 Pr 15 Pr 16a 33 st b 33	rublic support percentage for 2018 (I tublic support percentage from 2017 3 1/3% support test - 2018. If the country top here. The organization qualifies 3 1/3% support test - 2017. If the country test - 2017.	ine 6, column (f) di Schedule A, Part organization did no as a publicly supp organization did no	vided by line 11, c II, line 14 t check the box or orted organization t check a box on li	n line 13, and line	14 is 33 1/3% or r	nore, check this box	∢and ► □
14 Pr 15 Pr 16a 33 st b 33	rublic support percentage for 2018 (I tublic support percentage from 2017 3 1/3% support test - 2018. If the cotop here. The organization qualifies 3 1/3% support test - 2017. If the condition has been described by the condition of the conditio	ine 6, column (f) di Schedule A, Part organization did no as a publicly supp organization did no ifies as a publicly s	vided by line 11, c II, line 14 t check the box or orted organization t check a box on li supported organiza	n line 13, and line ine 13 or 16a, and	14 is 33 1/3% or r	more, check this box	s box
14 Pi 15 Pi 16a 33 st b 33 ar	rublic support percentage for 2018 (I ublic support percentage from 2017 3 1/3% support test - 2018. If the cotop here. The organization qualifies 3 1/3% support test - 2017. If the cond stop here. The organization qual 0% -facts-and-circumstances test	ine 6, column (f) di Schedule A, Part organization did no as a publicly supp organization did no iffes as a publicly s t - 2018. If the org	vided by line 11, c II, line 14 t check the box or orted organization t check a box on lisupported organization anization did not c	n line 13, and line ine 13 or 16a, and ation heck a box on line	14 is 33 1/3% or 1 line 15 is 33 1/39	more, check this box 6 or more, check thi	s box
14 Pi 15 Pi 16a 33 st b 33 ar 17a 10	Tublic support percentage for 2018 (In tublic support percentage from 2017 3 1/3% support test - 2018. If the cotop here. The organization qualifies 3 1/3% support test - 2017. If the cond stop here. The organization qual 0% -facts-and-circumstances test and if the organization meets the "faction of the organization	ine 6, column (f) di Schedule A, Part organization did no as a publicly supp organization did no ifies as a publicly s t - 2018. If the org ts-and-circumstan	vided by line 11, colline 14	n line 13, and line ine 13 or 16a, and ation heck a box on line is box and stop h	line 15 is 33 1/3% or n	more, check this box 6 or more, check thi and line 14 is 10% of	s box or more,
14 Pr 15 Pr 16a 33 st b 33 ar 17a 10 ar	Tublic support percentage for 2018 (I tublic support percentage from 2017 3 1/3% support test - 2018. If the country top here. The organization qualifies 3 1/3% support test - 2017. If the country test is a support test - 2017. If the country test is a support test is a support test is a support test in a stop here. The organization qualifies in a stop here. The organization qualifies in a stop here. The organization meets the "facts-and-circumstances" in a support test is a support test in a	ine 6, column (f) di Schedule A, Part organization did no as a publicly supporganization did no iffes as a publicly st t - 2018. If the org ts-and-circumstantest. The organiza	vided by line 11, or ll, line 14	ine 13, and line ine 13 or 16a, and ation heck a box on line his box and stop houblicly supported	line 15 is 33 1/3% or r line 15 is 33 1/39 13, 16a, or 16b, ere. Explain in Pa	more, check this box 6 or more, check thi and line 14 is 10% of art VI how the organi	s box or more, zation
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14 Pr 15 Pr 16a 33 st b 33 ar 17a 10 ar m b 10	rublic support percentage for 2018 (I tublic support percentage from 2017 3 1/3% support test - 2018. If the cotop here. The organization qualifies 3 1/3% support test - 2017. If the cond stop here. The organization qual 0% -facts-and-circumstances test and if the organization meets the "facts the "facts and-circumstances" 0% -facts-and-circumstances test and if the organization meets the "facts and circumstances test and if the organization meets the "facts and circumstances test and if the organization meets the more, and if the organization meets the more, and if the organization meets the more and if the organization meets the mor	ine 6, column (f) di Schedule A, Part organization did no as a publicly supp organization did no ifies as a publicly s t - 2018. If the org ts-and-circumstan- test. The organiza t - 2017. If the org	vided by line 11, c II, line 14 t check the box or orted organization t check a box on li- supported organiza- anization did not co ces" test, check the tion qualifies as a la anization did not co mstances" test, check	ine 13, and line ine 13 or 16a, and ation heck a box on line his box and stop houblicly supported heck a box on line neck this box and ineck this	line 15 is 33 1/3% or not line 15 is 33 1/39 ere. Explain in Part organization	more, check this box 6 or more, check thin and line 14 is 10% out VI how the organi 17a, and line 15 is 1	s box or more, zation 0% or
14 Pr 15 Pr 16a 33 st b 33 ar 17a 10 ar m b 10	Tublic support percentage for 2018 (I tublic support percentage from 2017 3 1/3% support test - 2018. If the cotop here. The organization qualifies 3 1/3% support test - 2017. If the cond stop here. The organization qual 0% -facts-and-circumstances test and if the organization meets the "facts the "facts-and-circumstances" 0% -facts-and-circumstances test	ine 6, column (f) di Schedule A, Part organization did no as a publicly supp organization did no ifies as a publicly s t - 2018. If the org ts-and-circumstan test. The organiza t - 2017. If the org ne "facts-and-circu	vided by line 11, of ll, line 14	ine 13, and line ine 13 or 16a, and ation heck a box on line box and stop houblicly supported heck a box on line neck this box and spublicly supported the box and spublicly supported heck a box on line neck this box and spublicly supported the box and sp	line 15 is 33 1/3% or relations 13, 16a, or 16b, ere. Explain in Part organization 15, 16a, 16b, or stop here. Explaincly supported org	more, check this box 6 or more, check thi and line 14 is 10% out VI how the organi 17a, and line 15 is 1 in in Part VI how the anization	s box or more, zation 0% or

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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	ction A. Public Support	ciow, picase comp	nete i art ii.)				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	31,634.	30,348.	182,970.	135,457.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				396,218.		2,170,034.
3	Gross receipts from activities that are not an unrelated trade or business under section 513			660.			660.
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	446,029.	459,737.	697,901.	531,675.	648,647.	2,783,989.
	Amounts included on lines 1, 2, and 3 received from disqualified persons			71,819.	49,612.	111,938.	
t	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			71,819.	49,612.	111,938.	233,369.
	Public support. (Subtract line 7c from line 6.)						2,550,620.
2.1	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014 446,029.	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	440,029.	459,737.	697,901.	531,675.	648,647.	2,783,989.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	116.000	450 505				
	Total support. (Add lines 9, 10c, 11, and 12.)	446,029.	459,737.	697,901.	531,675.	648,647.	2,783,989.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3) organiz	ation,
Sa	check this box and stop herection C. Computation of Publ	io Cunnart Da	······································				>
	Public support percentage for 2018 ((0)			01 60
16		'Schedule A Part	III line 15	column (I))	•••••	15	91.62 % 95.11 %
	ction D. Computation of Inve	stment Incom	e Percentage			16	95.11 %
	Investment income percentage for 20			ne 13 column (fl)		17	.00 %
18		2017 Schedule A.	Part III. line 17	110 10, 001011111 (1))		18	.00 %
198	a 33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3		7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	tion	▶ X
ŀ	33 1/3% support tests - 2017. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
00	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

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Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 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		
3c		
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6		000000000000000000000000000000000000000
4a		
41400	oversoppide (C	***********
4b		
4c		
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5b 5c 6 7 8 9a 9b		
5b 5c 6 7 8 9a 9b		
5b 5c 6 7 8 9a 9b		
5b 5c 6 7 8 9a 9b		
5b 5c 6 7 8 9a 9b		

Par	art IV Supporting Organizations (continued)			age 3
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	***********	0000000000
b	b A family member of a person described in (a) above?	11b		
c	c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	, was the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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		
2	of any supported organization of that 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,			
600	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			
1	Wara a majority of the avaccidation's disease and the latest and t	900000000000000000000000000000000000000	Yes	No
•	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).			
Sec	ection D. All Type III Supporting Organizations	1		
	The support of the su		V	NI.
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
	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		
2		•		
	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		
3				
	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	***********	
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1	The state of the s	ructions).		
а	The state of the s			
b	The same of the same of the supported organizations. Complete inte 3 below.			
C	garante deported a governmental ontity. Beserbe in the trillow you supported a government entity.	(see instructions	s).	
2	(-) (-)		Yes	No
а	, and 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			
h	that these activities constituted substantially all of its activities.	2a		0000000000
b	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			
3	activities but for the organization's involvement.	2b		
a	and (b) below.			
a	a 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? Provide details in Part VI.			
b		3a		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	۵.		
	the role played by the organization in this regard.	3b		

Pai	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions A
	other Type III non-functionally integrated supporting organizations must co			, and my doc mondousling. A
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
1	Aggregate fair market value of all page exempt use seeds /			(optional)
•	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year): Average monthly value of securities	-		
-		1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional		ed Type III supporting org	anization (see
	instructions).	.,	, po in capporting org	MILATION (SEE

Schedule A (Form 990 or 990-EZ) 2018

Fall	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	1
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
	From 2015			
d	From 2016			
	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i_	, and the second			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3			
•	and 4c.			
8				
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
	2.0000 HOIH 2010		I	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A

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

2018

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2014 Amount	2015 Amount	2016 Amount	2017 Amount	2018 Amount
FIRST NBC	0.	0.	7,087.	0.	0.
CHAMPAGNE BEVERAGE	0.	0.	9,450.	0.	0.
SOUTHERN EAGLE	0.	0.	28,350.	37,800.	43,938.
BRYAN SUBARU	0.	0.	14,175.	0.	0.
PROXIMO SPIRITS SUNDANCE BEVERAGE	0.	0.	12,757.	0.	18,000.
COMPANY	0.	0.	0.	11,812.	0.
POSITIVE VIBRATIONS FOUNDATION	0.	0.	0.	0.	50,000.
Total to Schedule A, Part III, Line 7a			71,819.	49,612.	111,938.

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

2018

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of the organization Employer identification number FRIENDS OF BAYOU ST. JOHN 20-3461817 Organization type (check one): Filers of: Section: 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 Form 990-PF 501(c)(3) exempt private foundation 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) filling 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) filling 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.

Name of organization

Employer identification number

FRIENDS OF BAYOU ST. JOHN

20-3461817

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTHERN EAGLE 5300 BLAIR ST. METAIRIE, LA 70003	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	POSITIVE VIBRATIONS FOUNDATION 201 ST CHARLES AVE SUITE 114-356 NEW ORLEANS, LA 70170	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	PROXIMO SPIRITS 333 WASHINGTON STREET JERSEY CITY, NJ 07302	\$18,000.	Person Payroll Noncash X (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

art 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
3	APPROXIMATELY 60 CASES OF JOSE CUERVO		
		\$18,000.	05/01/18
(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

Page 4 Name of organization Employer identification number FRIENDS OF BAYOU ST. JOHN 20-3461817 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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.

Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS OF BAYOU ST. JOHN

Employer identification number 20-3461817

Par	rt I Organizations Maintaining Donor	Advised Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, P		
		(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 ad	visors in writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organ		
6	Did the organization inform all grantees, donors, and		
	for charitable purposes and not for the benefit of the	e donor or donor advisor, or for any other purpose c	onferring
1000000000	impermissible private benefit?		Yes No
Par		e if the organization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the o		
	Preservation of land for public use (e.g., recre	ation or education) Preservation of a histor	rically important land area
	Protection of natural habitat	Preservation of a certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization hel	ld a qualified conservation contribution in the form o	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а			
b	3		
c			
d	(e)		
•	listed in the National Register		2d
3	Number of conservation easements modified, trans	ferred, released, extinguished, or terminated by the	organization during the tax
	year -		
4	Number of states where property subject to conser		
5	Does the organization have a written policy regarding		
6	violations, and enforcement of the conservation eas		Yes No
O	Staff and volunteer hours devoted to monitoring, in:	specting, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspect	ting handling of violations and enfancing	
•	\$ \$	ung, nanding of violations, and enforcing conservati	on easements during the year
8	-	2(d) above satisfy the requirements of section 170(h	0/(4)/(D)/i)
•		Z(d) above satisfy the requirements of section 170(r	
9	In Part XIII, describe how the organization reports c	conservation easements in its revenue and exponse	Yes No
		organization's financial statements that describes the	
	conservation easements.	The second of th	The organization's accounting to
Pai	ert III Organizations Maintaining Collec	tions of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFA	S 116 (ASC 958), not to report in its revenue statem	ent and balance sheet works of art.
	historical treasures, or other similar assets held for	public exhibition, education, or research in furtheran	ice of public service, provide, in Part XIII.
	the text of the footnote to its financial statements the	nat describes these items.	, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFA	S 116 (ASC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exh	nibition, education, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		· · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2		torical treasures, or other similar assets for financial	
	the following amounts required to be reported under		
а			> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Ins		Schedule D (Form 990) 2018

832051 10-29-18

Schedule D (Form 990) 2018

Par	t III Organizations Maintaining Co	ollections of Art, His	torical Treasures,	or Other	Similar Ass	ets/continu	rage Z
3	Using the organization's acquisition, accession	n, and other records, chec	k any of the following th	at are a sign	nificant use of it	s collection	items
	(check all that apply):						
а	Public exhibition	d 🗌	Loan or exchange progr	rams			
b	Scholarly research	e	Other				
С	Preservation for future generations						
4	Provide a description of the organization's col	lections and explain how t	hey further the organizat	tion's exemp	ot purpose in P	art XIII.	
5	During the year, did the organization solicit or	receive donations of art, h	istorical treasures, or oth	ner similar a	ssets		
Inches Control	to be sold to raise funds rather than to be ma	intained as part of the orga	anization's collection?			Yes	☐ No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part	jements. Complete if the	e organization answered	"Yes" on Fo	orm 990, Part I	/, line 9, or	
1a	Is the organization an agent, trustee, custodia	an or other intermediary for	contributions or other a	ssets not in	cluded		
b	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a	and complete the following	+oble:		L	Yes	No
	es, espain the analigement in tart Am a	and complete the following	table.				
С	Beginning balance				4.	Amount	
d	Additions during the year				1c		
е	Distributions during the year	***************************************					
f	Ending balance		••••••		1e		
2a	Did the organization include an amount on Fo	rm 990. Part X. line 21. for	escrow or custodial acc	ount liability	/2	Yes	□ N-
b	If "Yes," explain the arrangement in Part XIII.	Check here if the explanati	on has been provided or	n Part XIII	/: L		No No
Par	t V Endowment Funds. Complete if	the organization answered	"Yes" on Form 990. Par	rt IV. line 10		*************	
		THE RESIDENCE OF THE PARTY OF T) Three years bac	k (a) Four v	pare bank
1a	Beginning of year balance	, , , , , ,	(0) 1110) 01	aro suon (u	y Timee years bac	K (e) roury	ears Dack
	Contributions						
	Net investment earnings, gains, and losses						
	Grants or scholarships						
	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the curre	ent year end balance (line	1g, column (a)) held as:				
а	Board designated or quasi-endowment		. , ,				
b	Permanent endowment	%					
С	Temporarily restricted endowment	%					
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.					
3a	Are there endowment funds not in the posses	sion of the organization th	at are held and administ	ered for the	organization		
	by:					Y	es No
	(i) unrelated organizations					3a(i)	
	(ii) related organizations					3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as required on \$	Schedule R?	•••••		3b	
4	Describe in Part XIII the intended uses of the	organization's endowment	funds.				
Pai	t VI Land, Buildings, and Equipme						
	Complete if the organization answered	"Yes" on Form 990, Part I	V, line 11a. See Form 99	0, Part X, lin	ne 10.		
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)		umulated eciation	(d) Book	value
	Land						
b	Buildings						
С	Leasehold improvements						
	Equipment		9,599.		9,599.		0.
	Other		17,635.	1	12,297.	5	,338.
Total	. Add lines 1a through 1e. (Column (d) must eq	ual Form 990, Part X, colu	mn (B), line 10c.)				,338.

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Pai	TXI Reconciliation of Revenue per Audited Financial Stat	ements With Reve	nue per 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			
С	Recoveries of prior year grants		
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	
b			
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	Reconciliation of Expenses per Audited Financial Sta	tements With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
C	Other losses		
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:		
а	in the state of th		
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	rt XIII Supplemental Information.		
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and	/ additional information.	, rait v, iiile v, rait A, iiile 2, rait Al,

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

JOHN

FRIENDS OF BAYOU ST.

2018

OMB No. 1545-0047

Open to Public Inspection Employer identification number

20-3461817

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(h) Purpose of grant PARTNER IN FESTIVAL PARTNER IN FESTIVAL or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any REVENUE SHARE REVENUE SHARE 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 5,120 5 635 cash grant (c) IRC section (if applicable) 501(C)(3) 501(C)(3) 26-4161479 General Information on Grants and Assistance 74-2633439 (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ST. JOHN STREET - NEW ORLEANS, LA ASSOCIATION INC. - 3301 GRANT RT FAUBOURG ST. JOHN NEIGHBORHOOD MORRIS JEFF COMMUNITY SCHOOL or government NEW ORLEANS, LA 70179 PO BOX 19227 Parti

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
THE ORGANIZATION DISTRIBUTES FUNDS	TO	NONPROFIT PARTNERS	NERS OF THEIR	IR	
FESTIVALS. THE FUNDS ARE UNRESTRICTED.	TED.				

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

MMOT 4751

Department of the Treasury
Internal Revenue Service

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 4: MOTHERSHIP FOUNDATION CHANGED ITS NAME IN MARCH 2018 TO FRIENDS OF BAYOU ST. JOHN. 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: 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 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Page 2
FRIENDS OF BAYOU ST. JOHN	Employer identification number 20-3461817
GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINAT	TION OF A CONFLICT
OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BO	DARD 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
PROCEDURES FOR ADDRESSING THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION HAS A HUMAN RESOURCES PROFESSIONAL ON TH	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	173,487.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	173,487.
CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,386.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,386.
	,
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
832212 10-10-18 Sche	dule O (Form 990 or 990-EZ) (2018)

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	990 PAGE 10				-		066							
Asset No.	Description	Date Acquired	Method	Life	V o C No.	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
	MACHINERY & EQUIPMENT													
	9 PRINTER	08/29/06	200DB	5.00	HX17	1,027.				1,027.	1,027.		0.	1,027.
10	SERVER COMPUTER	10/03/06	200DB	5.00	HY17	1,100.				1,100.	1,100.		0.	1,100.
Ħ	PA SYSTEM	03/17/07	200DB	5.00	HX17	1,174.				1,174.	1,174.		0.	1,174,
12	CAPITOL EQUIPMENT	03/25/07	200DB	5.00	HY17	147.				147.	147.		0.	147.
1.5	COMPUTER & MONITOR	10/20/60	200DB	5.00	HX1 7	544.				544.	544.		0.	544.
16	COMPUTER & MONITOR	11/10/07	200DB	5.00	HY17	544.				544.	544.		0	544.
17	OTHER EQUIPMENT	80/08/60	200DB	2.00	HX17	5,063.				5,063.	5,063.		0.	5,063.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					.663,6				.665,6	9,599.		0.	. 663, 6
	MANAGEMENT AND GENERAL													
н	TRAILER - FLOATING BOOTH	05/18/15	2000B	7.00	HY17	650.				650.	366.		81.	447.
N	TRAILER FOR FLOATING DOCK	06/08/15	200DB	7.00	HX17	2,418,				2,418.	1,361.		302.	1,663.
ю	FURNITURE - COUCH	04/06/15	200DB	7.00	HY17	1,027.				1,027.	578.		128.	706.
4	FLOATING BOOTH	05/06/15	200DB	7.00	HX17	7,400.				7,400.	4,164.		925.	5,089.
72	FREEZER	05/19/15	200DB	7.00	HY17	200.				200.	113.		25.	138.
٥	FLOATING DOCK	05/23/15	200DB	7.00	HX17	2,677.				2,677.	1,506.		335.	1,841.
7	FREEZER - DAIQUIRI	06/01/15	200DB	7.00	HY17	. 598.				.865	337.		75.	412.
80	MERCHANDIZE STORAGE	06/05/15	200DB	7.00	HY17	2,124.				2,124.	1,195.		265.	1,460.
828111 04-01-18	14-01-18					(D) - Asset disposed	pesc		*	TC, Salvage, E	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revitaliz	zation Deduct	on, GO Zone

(D) - Asset disposed

2018 DEPRECIATION AND AMORTIZATION REPORT

FORM 9	FORM 990 PAGE 10						066							
Asset No.	Description	Date Acquired	Method	Life c	No. C	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
13	10X10 TENTS	05/10/07	2000B	хн 00°4	717	302.				302.	302.		.0	302.
1.4	SUPPLIES & FILE CABINETS	06/13/07	200DB	7.00 HY	7 12	239.				239.	239.		0	239.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL			_		17,635.				17,635.	10,161.		2,136.	12,297.
	* GRAND TOTAL 990 PAGE 10 DEPR					27,234.				27,234.	19,760.		2,136.	21,896.
828111 04-01-18	1-01-18				<u>(</u>)	(D) - Asset disposed	sed		*	TC, Salvage, B	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ırcial Revitaliz	zation Deductio	on, GO Zone

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

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

990

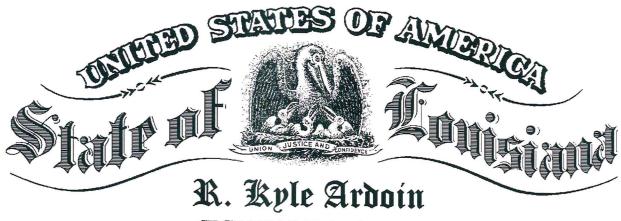
FRIENDS OF BAYOU ST. JOHN FORM 990 PAGE 10 20-3461817 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 1,000,000. 2 Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation 3 2,500,000. Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2018 2,136 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property year placed in service (business/investment use (e) Convention (g) Depreciation deduction only - see instructions) 19a 3-year property 5-year property b 7-year property C d 10-year property 15-year property е f 20-year property q 25-year property 25 yrs. S/L 27.5 yrs. MM S/L h Residential rental property 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L 30-year C 30 yrs. MM S/L 40-year d 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 2,136. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

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

24a Do you have evidence to support the business/investment use claimed?

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to s		siness/investme	nt use cla	aimed?	Y	es 🗌	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
	(a) (b) (c) Type of property (list vehicles first) Date placed in service Special depreciation allowance for qualified listed		t Cost or			(e) sis for depressiness/invess/invessiness/invess/i	reciation estment	(f) Recovery period	(Met	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179	
25	Special depreciation allo	owance for q	ualified listed	property	placed i	n servic			av voor on	d				CC	ost
	used more than 50% in	a qualified b	usiness use		piacca	II SCI VIC	oc durin	y ine i	an year arr	u .	25				
26	Property used more tha	n 50% in a q	ualified busine	ss use:					*************		25				
				6											
			9												
		: :	9												
27	Property used 50% or le	ess in a quali					-								
		: :		6						S/L-					***************************************
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28	Add amounts in column				and on	lino 21	none 1			S/L-		-			
29	Add amounts in column	(i) line 26 F	nter here and	on line 7	7 2222 1	mie Zi,	, page 1			••••••	28		T		
	rice amounts in solution	(1), 11110 20. L	e control to the cont	ection F	, page 1 3 - Inforn	notion		-4 \/ - 4					29		
Con to y	nplete this section for ve our employees, first ans	ehicles used I wer the ques	by a sole prop	rietor, pa	artner, or	other "	more th	nan 5%	owner," c	or related ng this s	l person ection fo	n. If you por those	orovided vehicles	d vehicles s.	6
	TSSN 300 MTMs Inc. Inc.			(a	a)	(l	b)		(c)	(0	i)	(6	e)	(f)
				Veh	icle	Veh	nicle	V	ehicle	Veh	icle	Veh	icle	Vehi	
	O Total business/investment miles driven during the year (don't include commuting miles) I Total commuting miles driven during the year														
	Total other personal (no driven														
	Total miles driven during														
	Add lines 30 through 32														
	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Vaa	NI-	V	N.
	during off-duty hours?				140	103	140	163	INO	res	No	Yes	No	Yes	No
	Was the vehicle used p														
	than 5% owner or relate														
	Is another vehicle availa							-							
	use?	5.													
			- Questions for	or Empl	overs W	ho Droi	vido Vo	hiolog	for Hos h	. The size F					
Ans	wer these questions to	determine if v	/OU meet an ex	cention	to comp	lotina S	Postice	Dforv	or use by	/ Ineir E	mploye	ees			
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39	Do you treat all use of v	ehicles by en	nnlovees as no	by corp	uso?	cers, a	rectors	, or 1%	or more	owners			••••••	-	
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41	Do you meet the require	ements conce	erning qualified	autom	obile den		illoii use	٠٠ 			•••••		••••••	500000000000000000000000000000000000000	***********
41	Note: If your answer to	ements conce	erning qualified	d autom s," don't	complet	e Secti	on B fo	r the co	overed vel	nicles.					
41	Note: If your answer to Amortization	ements conce	erning qualified	s," don't	complet	e Secti	on B fo	r the co	overed vel	nicles.					
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41 Pa	Note: If your answer to art VI Amortization Description of	ements conce 37, 38, 39, 41 f costs	erning qualified 0, or 41 is "Yes Date a	(b) mortization begins	complet	e Secti	on B fo	r the co	(d)	nicles.		tion	Ar		
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41 Pa	Do you meet the require Note: If your answer to Amortization (a) Description of Amortization of costs the	ements conce 37, 38, 39, 40 f costs at begins du	o, or 41 is "Yes	(b) mortization begins tax yea	complet	(c) Amortizab amount	on B fo	r the co	(d) Code section	nicles.	(e) Amortizat period or pero	tion	Ar	(f)	
41 Pa 42 43	Note: If your answer to art VI Amortization Description of	ements conce 37, 38, 39, 40 f costs at begins du at began bef	Pate a print of the print of th	(b) mortization pegins tax yea	r:	(c) Amortizab amount	on B fo	r the co	(d) Code section	nicles.	(e) Amortizat period or pero	tion	Ar	(f)	



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the attached document(s) of

FRIENDS OF BAYOU ST. JOHN

are true and correct and are filed in the Louisiana Secretary of State's Office.

36113004N ORIGE 2/6/2006 9 page(s) 43357112 NMCHG 2/7/2019 8 page(s) 43310323 19 AR 1/7/2019 1 page(s)

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on.

October 23, 2019

R 12fe 162 Secretary of State

WEB 36113004N



Certificate ID: 11132813#C4C42

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

AMENDED ARTICLES OF INCORPORATION UNITED STATES OF AMERICA

OF * STATE OF LOUISIANA

PARISH OF ORLEANS

MOTHERSHIP FOUNDATION

Pursuant to a resolution authorizing the amendment and restatement of the Articles of Incorporation of Mothership Foundation, adopted and approved at a meeting of the Board of Directors held in New Orleans, LA on the 18th day of December, 2018, pursuant to notice, and the affirmative vote of at least two-thirds (2/3) of the voting members of the Corporation present at the meeting duly called for that purpose on the 25th day of January 2019, the Articles of Incorporation of the Corporation are amended to read as follows:

BE IT KNOWN, that on the 1st day of February, 2019, before me the undersigned authority, a Notary Public duly commissioned and qualified in and for the Parish of Orleans, State of Louisiana, therein residing, personally came and appeared JARED ZELLER a person of full age of majority, who declared that availing himself of the benefits and provisions of the Constitution and laws of the State of Louisiana relating to the organization of non-profit corporations he does amend the Articles of Incorporation of the Corporation for the objectives and purposes and under the covenants, stipulations and agreements following, to-wit:

ARTICLET

The name and title of the corporation shall be amended to "Friends of Bayou St. John" and under and by this name the corporation shall have and enjoy perpetual corporate existence and succession. The corporation shall possess generally all of the powers, rights, privileges, capacities and immunities that non-profit corporations are authorized to possess and may hereafter be authorized to possess under the Constitution and laws of the State, particularly under Title 12. Section 201 and following of the Louisiana Revised Statutes.

ARTICLE II

The domicile of the corporation shall be the Parish of Orleans, State of Louisiana, and the location and post office address of its registered office shall be 1211 North Gayoso Street, New Orleans, Louisiana 70119.

ARTICLE III

This corporation is organized exclusively for charitable, educational, or scientific purposes as those terms are used in Section 501 (c)(3) of the Internal Revenue Code of 1986 (or any successor provision). The corporation shall have no power to engage in any activity that is not exclusively for charitable, educational, or scientific purposes as those terms are used in Section 501 (c)(3) of the Internal Revenue Code 1954 (or any successor provision).

The specific purposes of the corporation are stated below and shall be limited by this Article, notwithstanding any provision of the Article I or any provision of Louisiana law:

The purpose of Friends of Bayou St. John shall be to promote stewardship, cultural appreciation, responsible recreation and initiatives that support a clean, healthy Bayou St. John that is accessible to all.

ARTICLE IV

This corporation is a non-profit corporation as defined in Section 201(7) of Title 12 of the Louisiana Revised Statutes. No part of the net earnings or other assets of this corporation shall inure to the benefit of the incorporators, members, or directors, except that the corporation shall be authorized to pay reasonable compensation to incorporators, members, or directors for services rendered, and to make payments and distributions in furtherance of its purposes as set forth in these Articles. This corporation shall not carry on propaganda or otherwise attempt to influence

legislation, nor shall it participate or intervene in (including the publishing or distribution of statement) any political campaign on behalf of any candidate for public office.

This corporation shall distribute its income for each taxable year at times and in manner so as not to subject the corporation to tax on failure to distribute income, under Section 4942 of the Internal Revenue Code of 1954, as added by Section 101(b) of the Tax Reform Act of 1969, P.L. 91172, or any successor provision.

This corporation shall not engage in any act of self-dealing, as defined in Section 4941(d) of the Internal Revenue Code of 1954. Section 101(b) of the Tax Reform Act of 1969, P.L. 91172, or any successor provision.

All actions taken by the corporation shall implement the objectives and purposes thereof and conform with applicable laws and regulation providing tax exempt status.

This corporation shall not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1986, or any successor provision.

This corporation shall not make any investments in any manner as to subject the corporation to tax under Section 4944 of the Internal Revenue Code of 1986, or any successor provision; and shall not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954 or any successor provision.

This corporation shall not discriminate on the basis of race, color, creed or national origin in its hiring procedures or in its admittance procedures for its functions.

ARTICLE V

Upon the dissolution of the corporation, the Directors shall, after paying or making provision for the payment of all of the liabilities of the corporation, dispose of any of the assets of the corporation exclusively for the purposes of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1986, or any successor provision, as the Directors may determine. Any such assets not so disposed of shall be disposed of by a court of competent jurisdiction for the Parish of Orleans, exclusively for such purposes or to such organization or organizations as said court may determine are organized and operated exclusively for such purposes.

ARTICLE VI

This corporation shall be organized on a non stock basis. The classes, rights, privileges, qualifications, and obligations of members, if any, of this corporation are determined by the bylaws of this corporation.

ARTICLE VII

The corporate powers and management of this corporation shall be vested in, and exercised by, a Board Directors. The Board of Directors shall be composed of such number of members as the Board of Directors shall from time to time determine in accordance with the bylaws of this corporation. The name and address of the current Directors are:

Jared Zeller 1211 N. Gayoso Street New Orleans, Louisiana 70119

Rodney Beals 1248 Moss St. New Orleans, LA 70119

Geoff Coats 2719 Ursulines New Orleans, LA 70119

Jason Hemel 6245 Caldwell New Orleans, LA 70122 Page 4 of 8 lan McNulty 214 S. Scott St New Orleans, LA 70119

William Ramsey 2115 Marengo St., Unit A New Orleans, LA

The initial directors shall serve until the first annual meeting of the Board of Directors or until their successors are elected and qualified as per the bylaws.

The Board of Directors may make, alter, and annul By-Laws, rules, and regulations for the government of the affairs of this corporation.

The Board of Directors shall hold an annual meeting at the corporation's registered office or at such other place they may designate following the annual meeting of the members of this corporation. Special meetings of the Board of Directors may be called at such times and places as the Board of Directors may determine. Any director absent from a meeting of the Board may be represented by any other director by proxy, who may cast the vote of the absent director according to written instructions, general or special, of the absent director.

ARTICLE VIII

The officers of this corporation may consist of a president, a vice president, a secretary, and a treasurer, and any other officers that the directors, from time to time, may require. The officers of the corporation shall be elected by the Board of Directors, and shall serve until death, resignation, removal by the Board of Directors, or as such terms are limited in the By-Laws of the corporation. Jared Zeller shall be the initial President of the corporation, Jason Hemel shall be the initial Vice President. Ian McNulty shall be the initial Secretary, and William Ramsey shall be the

AMENDED ARTICLES OF INCORPORATION

OF

UNITED STATES OF AMERICA

STATE OF LOUISIANA

AMERIC

MOTHERSHIP FOUNDATION * PARISH OF ORLEANS

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initial Treasurer until such time as the Board of Directors and the members, if any, shall elect new officers.

ARTICLE IX

The full name and post office address of the corporation's registered agent is:

Jured Zeller 1211 North Gayoso Street New Orleans, Louisiana 70119

ARTICLE X

This corporation shall have power and authority to accept donations, gifts and contributions made to it for the purpose of enabling it to carry out its objectives. It shall also have the power and authority to enter into contracts with, and receive grants from, other agencies and institutions, governmental and private, to undertake programs to carry out its purpose.

Contributions made from time to time to the corporation for its use in furtherance of its objectives and purposes or membership dues or other charges incident to membership may be used to carry out the objectives and purposes of the corporation; or in the discretion of the Board of Directors, may be employed or invested so that the revenues therefrom may be used to carry out the objectives and purposes of the corporation.

ARTICLE XI

The name and post office address of the subscriber to these Articles of Incorporation is:

Jared Zeller 1211 North Gayoso Street New Orleans, Louisiana 70119

ARTICLE XII

No member, officer or director of this corporation shall be held financially liable or responsible for the contracts, debts or defaults of this corporation or for the adverse results of acts of the corporation violative of the injunctions contained in Article IV, nor shall any mere informality in organization have the effect of rendering these Articles of Incorporation null or of exposing the members to any liability. If a member or director incurs any expense or financial loss directly resulting from any action or omission in good faith, to the extent permitted by Section 227 of the Louisiana Non-Profit Corporation Law, R.S. 12:227, or any successor provision, the corporation shall indemnify the member or director for any expense or loss thus incurred.

ARTICLE XIII

Each provision of these Articles of Incorporation shall be severable from all other provisions. If a provision of this instrument shall be determined to be invalid or ineffective for any reason, this determination shall not invalidate the remaining provisions, each of which shall continue in full force and effect.

THUS DONE AND PASSED, in multiple originals, in New Orleans, Louisiana, on the date written above, in the presence of the appearer and me, Notary, after reading of the whole.

JARED ZELDER, President

FRIENDS OF BAYOU ST, JOHN AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT BY DESIGNATED REGISTERED AGENT

UNITED STATES OF AMERICA

STATE OF LOUISIANA

PARISH OF ORLEANS

On the 1st day of 165000 2019, before me Notary Public, in and for the aforesaid Parish and State, personally came and appeared JARED ZELLER who, being duly sworn acknowledged that he does hereby accept appointment as the Registered Agent of Friends of Bayou St. John, which is a non-profit corporation authorized to transact business in the State of Louisiana pursuant to the provision of Title 12. Section 201-267, inclusive.

JARED ZEISER

SWORN TO AND SUBSCRIBED

before me, on the day, month and year

first above set forth

NOTARY PUBLIC

William Ranger My Commission expires at death.

LA BOTH 33324