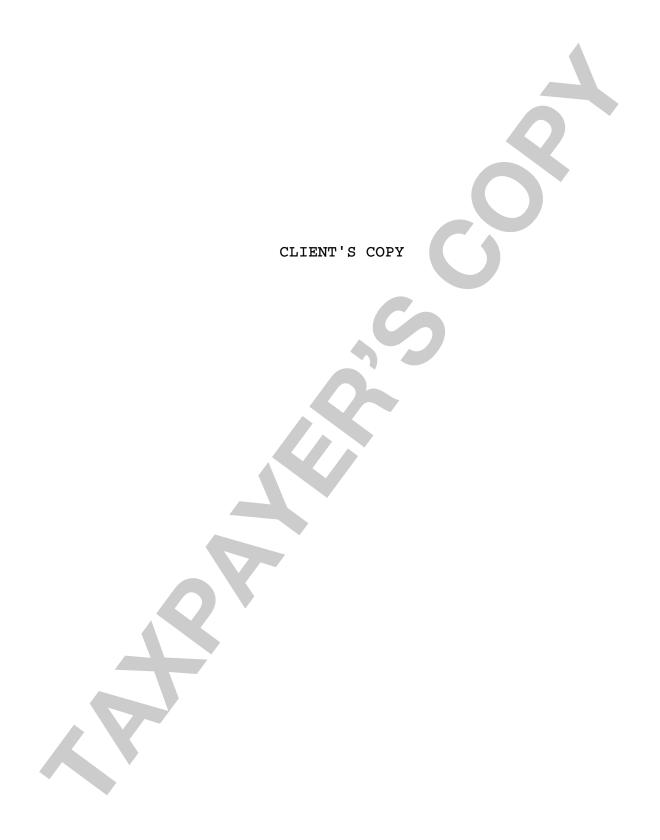
Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.



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

May 27, 2020

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

Friends of Bayou St. John:

Enclosed are the original and one copy of the 2019 Exempt Organization return, as follows...

2019 Form 990

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

Sincerely,

Postlethwaite & Netterville

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

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

Form 8879-EC

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019,	or fiscal year beginning	, 2019, and ending

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

OMB No. 1545-1878

Department of the Treasury

Internal Revenue Service Name of exempt organization ► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

20-3461817

FRIENDS OF BAYOU ST. JOHN

Name and title of officer JARED ZELLER

PRESIDENT

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

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	703,650.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X authorize POSTLETHWAITE & NETTERVILLE	to enter my PIN 12345
ERO firm name	Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.	• •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	· · · · · · · · · · · · · · · · · · ·
Officer's signature ▶ Date ▶	

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72610912345 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS

e-file Providers for Business Returns.

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

ERO's signature

(Rev. January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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

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

and ending

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

OMB No. 1545-0047 Open to Public

Inspection

В	Check if applicable	C Name of organization	D Empl	D Employer identification number						
5	Addres									
Ë	Name change		- $+$ 20	-346181	7					
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		hone number						
F	Final return/	1211 N. GAYOSO STREET		4-488-3						
	termin- ated		G Gross r		703,862.					
	Amend	NEW ORLEANS, LA 70119	-	nis a group re						
	Application	F Name and address of principal officer: JARED ZELLER		subordinates						
	pendin	SAME AS C ABOVE	H(b) Are a	all subordinates in	cluded? Yes No					
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or	527 If "N	No," attach a	ist. (see instructions)					
		e: ▶ WWW.BAYOUSTJOHN.ORG		up exemption						
			ear of formation	n: 2006 м	State of legal domicile: LA					
P		Summary		(MEL 13 D.D.)	311 T D					
ė	1 1	Briefly describe the organization's mission or most significant activities: PROMOTIN	G THE S	TEWARDS	SHIP,					
Governance		CULTURAL APPRECIATION, RESPONSIBLE RECREATION								
/err		Check this box if the organization discontinued its operations or disposed of the continued its operations of the			_					
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			8 7					
∞ ∞		Number of independent voting members of the governing body (Part VI, line 1b)			1					
Activities &		Fotal number of individuals employed in calendar year 2019 (Part V, line 2a)			150					
₹		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12			0.					
¥		Net unrelated business taxable income from Form 990-T, line 39			0.					
	 "	vet unrelated business taxable income from 550 f, inte 65	Prior		Current Year					
40	8	Contributions and grants (Part VIII, line 1h)		2,886.	174,897.					
ğ		Program service revenue (Part VIII, line 2g)		5,761.	528,359.					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	-212.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	606.					
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	64	8,647.	703,650.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2	15,987.	22,209.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4	8,015.	48,015.					
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ă	b.	Fotal fundraising expenses (Part IX, column (D), line 25)								
ш	1/ '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0,266.	631,350.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	64	4,268.	701,574.					
	19	Revenue less expenses. Subtract line 18 from line 12		4,379.	2,076.					
Net Assets or			Beginning of		End of Year					
SSE	20	Fotal assets (Part X, line 16)		5,583. 1,388.	10,272.					
let A	21	Fotal liabilities (Part X, line 26)		4,195.	4,001. 6,271.					
	el 22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,1900	0,211.					
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to	the hest of my	knowledge and helief it is					
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which prej		-	Kilowiougo una bolloi, it lo					
	,	A								
Sig	ın İ	Signature of officer		Date						
He		JARED ZELLER, PRESIDENT								
		Type or print name and title								
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN					
Pai	d	GINA RACHEL		if self-employe						
Pre	parer	Firm's name POSTLETHWAITE & NETTERVILLE	F	irm's EIN 🛌	72-1202445					
Use	Only	Firm's address ONE GALLERIA BLVD., STE 2100								
		METAIRIE, LA 70001	F	Phone no. (50	04)837-5990					
Ма	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No					

Га	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	PROMOTING THE STEWARDSHIP, CULTURAL APPRECIATION, RESPONSIBLE
	RECREATION AND INITIATIVES THAT SUPPORT A CLEAN, HEALTHY BAYOU ST.
	JOHN THAT IS ACCESSIBLE TO ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
40	(Code:) (Expenses \$ 656,920 • including grants of \$ 22,209 •) (Revenue \$ 528,359 •)
44	MID-CITY BAYOU BOOGALOO - FESTIVALS CONTRIBUTE TO THE OVERALL QUALITY
	OF LIFE FOR RESIDENTS BY PROVIDING ART, CULTURE, MUSICAL ENTERTAINMENT,
	AND RECREATIONAL ACTIVITIES AND OPPORTUNITIES TO THE GENERAL PUBLIC.
	THEY ALSO PROVIDE ECONOMIC OPPORTUNITIES FOR STAKEHOLDERS. THE
	THREE-DAY ART AND MUSIC FESTIVAL ATTRACTS AN ESTIMATE OF 15,000 PEOPLE.
	BAYOU BOOGALOO IS A CRUCIAL OUTREACH TOOL TO ENCOURAGE SOCIAL CHANGE BY
	MOTIVATING CITIZENS TO ACTIVELY ENGAGE THEMSELVES IN MATTERS THAT
	AFFECT THEIR COMMUNITY, COLLABORATE WITH OTHER NONPROFIT ORGANIZATIONS
	AND LOCAL BUSINESSES, BUILD AWARENESS FOR LOCAL INITIATIVES, AND DEMAND
	FOCUS ON ART AND CULTURE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 656,920 •
<u>4e</u>	Total program service expenses ► 656, 920. Form 990 (2019)
	Form 990 (2019)

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	
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			٠,,
	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			37
	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		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		21
11	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7,
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part X, count Pa		·		Yes	No
23 Did the organization answer "Ves" to Part WI, Section A. Inia 3, 4 or 5 about compensation of the organization's current and former officers, inections, inections, which are obstanding 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 24th through 24d and complete Schedule K. If "No," to police 25a. 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization maintain an escrow account other than a refunding ascrow at any time during the year to defease any tax-exempt bonds? 25d Did the organization maintain an escrow account other than a refunding ascrow at any time during the year to defease any tax-exempt bonds? 26d Did the organization and a san in orbehalf of issuer for bonds outstanding at any time during the year? 25d Did the organization and a san in orbehalf of issuer for bonds outstanding at any time during the year? 25d Section 50(15), 501(16), 400 (16), 400 400 (16), 500 (16), 500 (16), 400 (16), 500	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, insistees, key employees, and highest compensated employees? If "Yes," complete Schedule L, Part IV instructions, or a part of the season 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 25s. b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d			22		X
Schedule / Land to 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 fine 25a. b Did the organization misest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization misest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization misintain an escrow account other than a refunding escrow at any time during the year? d Did the organization are than 4 for issuer for bonds outstanding at any time during the year? d Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Saction 50(F(8), 801(6)(4), 4nd 501(2)(2) organizations. Did the organization engage in an excess benefit transaction has not been reported on any of the organization speps in an excess benefit transaction has not been reported on any of the organization speps of post Ez/lif "Yes," complete Schedule L, Part I 25b Did the organization are part and to engage and excess benefit transaction has not been reported on any of the organization's pior Forms 990 or 990 Ez/lif "Yes," complete Schedule L, Part II 25b Did the organization pare transaction with a discussification contributor, or 385% controlled entity of family member of any of these persons? If "Yes," complete Schedule L, Part II 25c Did the organization pare transaction with and the following paties (see Schedule L, Part II) 27c All Was the organization pare type the benefit of any of these persons? If "Yes," complete Schedule L, Part II 28d Was the organization level the organization with row of the following paties (see Schedule L, Part II) 28d Was the organization flavored to be a benefit and exceptions? a A current or former office, director, trustee, we propyee, creator or founder, or substantial contribut	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dd the organization have a tax exempt bond issue with an outstanding principal amount of more than \$10,000 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.," or to line 25a. b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24b Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Dd the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Dd the organization invest any proceeds of tax exempt bonds outstanding at any time during the year? 25a Section 501(x)(3), 501(x)(4), and 501(x)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualfied person during the year? If "Yes," complete Schedule L, Part I 25a IX b Is the organization aware that it engaged in an excess benefit transaction with a disqualfied person unit a prior year, and that the transaction with a disqualfied person in a prior year, and that the transaction with a disqualfied person in a prior year, and that the transaction was not been reported on any of the organization's prior Forms 900 or 900 E27 if "Yes," complete Schedule L, Part I 25b IX 27b ID did the organization repord any amount on Part X, line 5 or 22, for receivables from or psystems to any current or former officiar, director, trustee, key employee, creator or founder, substantial contributor, or 435% controlled entity of chundry and these persons? If "Yes," complete Schedule L, Part III 27c ID did the organization provide a grant or other assistance to any current or former officiar, director, trustee, key employee, creator or founder, as ubstantial contributor? II "Yes," complete Schedule L, Part III 28d Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part III) 29d A current or former officer, director, trustee, key employee, creator or founder					٠,,
start day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and confipiete Schedule K. If "No." go to the 25d b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization minest any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)8, 001(04)4, and 501(02)9 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 wave that it engaged in an excess benefit transaction has not been reported on any of the organization spiror Forms 990 or 990-E27# "Yes," complete Schedule L, Part I 25b X Did the organization report any amount on Part X, line 5 or 22, for receivables from or psyables to any current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, trestor, and exceptions; a A current or former officer, director, trustee, key employee, creator or former officer, director, trustee, key employee, trestor, and exceptions; a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor or to a 35% controlled and trustee or more individual described in line 28a? If "Yes," complete Schedule L, Part IV b A Sami, Complete Schedule L, Part IV c A 35% controlled entity of one or more individual and or organization secures on lines 28a or 28b9/f "Yes," complete Schedule L, Part IV 25a Did the organization receive con		Schedule J	23		X
Schedule K. If "No." go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization acts as in on behalf of "issuer for bonds outstanding at any time during the year of defease any tax-exempt bonds? 24c d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year If I "Yes," complete Schedule I, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year If I "Yes," complete Schedule I, Part I b Did 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 may of the organizations prior forms 90c respons 40c and that the transaction has not Part X, line 5 or 22 for receivables from or payables to any current or forms officer, director, trustee, key employee, creator or founder, substantial contributor, or 85% controlled entity of molity member of any of these persons? If "Yes," complete Schedule I, Part II 25	24a				
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax evempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year"			04-		v
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any taxe-wempt bonds? d Did the organization act as an 'on behalf or' issuer for bonds outstanding at any time during the year? 22a Section 501(c/3), 501(c/4), and 501(c/20) organizations. Did the organization region in a process benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	h	Did the experiencies invest any present of the experience of the e			_ ^
any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24			240		
d Did the organization act as an 1-on behalf of "issuer for bonds outstanding at any time during the year?. 24d 25a Sactino Brit(S)3, 501-(16), 4an 601-(16)/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 sprior Forms 990 or 990 E-27 If "Yes," complete Schedule L, Part I 25b X 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant is election committies emember, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X X X X X X X X X	C		240		
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 25b	d				
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.E2? If "Yes," complete Schedule L, Part II 25b					
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 E2? /f "Yes," complete Schedule I, Part I 25b X 26			25a		Х
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If "Yes," complete Schedule R, Part V, line 2 36			35b		
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b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable					No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X					
(gambling) winnings to prize winners?		Effect the flumber of Forms w 24 monded in line 1a. Effect of infocuspineable			
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FRIENDS OF BAYOU ST. JOHN Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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 2a1									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х						
С	, , , , , , , , , , , , , , , , , , , ,									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7						
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱								
_	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).		Х							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х						
٨	If "Yes," indicate the number of Forms 8282 filed during the year	70								
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х						
_		7f		X						
g g	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h								
8										
	sponsoring organization have excess business holdings at any time during the year?	8								
9										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	_								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	_								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a								
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa								
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans									
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		Х						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		 -						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		х						
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									
		Form	990	(2010)						

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

932006 01-20-20

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

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

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

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

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

Check this box if neither the organization r		orga T	ai il∠c			npe	isal			(E)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average		Position do not check more than one ox, unless person is both an					Reportable	Reportable	Estimated
	hours per week	offi	, unie cer ar	ss pe nd a d	rson irecto	or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				pe		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensat		(W-2/1099-MISC)	,	organization
	organizations	Itrus	nal tru		oyee	o mp				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lud	Inst)#0	, Ke	E Hig	윤			
(1) GEOFF COATS	1.00	,,							0	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(2) RODNEY BEALS	1.00	. ,							0	0
BOARD MEMBER	1.00	Х	4					0.	0.	0.
(3) BECKER RUTLEDGE	1.00	x						0.	0.	0.
BOARD MEMBER (4) SARA HOWARD	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	X				1		0.	0.	0.
(5) HOLLY POPHAM	1.00							0.	0.	0.
BOARD MEMBER (THRU 03/2019)	1.00	x						0.	0.	0.
(6) IAN MCNULTY	1.00	=								
BOARD SECRETARY		X		x				0.	0.	0.
(7) WILLIAM RAMSEY	2.00									
BOARD TREASURER		Х		Х				0.	0.	0.
(8) JASON HEMEL	1.00									
BOARD VICE PRESIDENT		Х		Х				0.	0.	0.
(9) JARED ZELLER	40.00								_	_
BOARD PRESIDENT		Х		Х				44,603.	0.	0.
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Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	compensated Employe	es (continued)				
			Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensatio	n	an	(F) stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	S	com fr org and	pensation the anization related	e on ed
								-						
							h		11.600					
	Subtotal Total from continuation sheets to Part VI	I, Section A						▶	44,603.		0.			0.
d	Total (add lines 1b and 1c)	<u></u>		<u></u>	<u></u>		<u></u>	<u> </u>	44,603.		0.			0.
	Total number of individuals (including but n compensation from the organization	of limited to tr	iose	IIST	ed al	bove	e) wi	no r	eceived more than \$100	0,000 of reportab	ie ——		Yes	No
	Did the organization list any former officer,												162	X
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	atior	n and	d ot		the organization		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ uni					4		
	rendered to the organization? If "Yes," comion B. Independent Contractors	plete Schedul	e J f	or s	uch	pers	son					5		<u> </u>
	Complete this table for your five highest co the organization. Report compensation for										npens	ation f	rom	
	(A) Name and business			INC			<u> </u>		(B) Description of s		C	(C Compe		า
	*													
	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to		se li: 0	stec	l above) who received n	nore than			000 (

Pa	πı	/111	Check if Schedule O contains a response	or note to any lin	oo in this Bart VIII			
			Check if Schedule O contains a response	or note to any iir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Giffs, Grants and Other Similar Amounts		b c d e f	Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f	Business Code	174,897.			
Program Service Revenue	2	b c d e f	BAYOU BOOGALOO MEMBERSHIP DUES All other program service revenue Total. Add lines 2a-2f		525,609. 2,750. 528,359.	525,609.		
	3 4 5		Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties (i) Real	est, and				
		b c d	Gross rents 6a Less: rental expenses 6b Rental income or (loss) Net rental income or (loss)					
Revenue	7	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b Gain or (loss) 7c	(ii) Other 212212.				
Other Re	8	d	Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	>	-212.			-212.
	9	С	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a	>				
	10	c a	Less: direct expenses 9b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10a	>				
nneous nue	11	С	Net income or (loss) from sales of inventory TRANSOCEAN SETTLEMENT	Business Code 900099	606.			606.
Miscellaneous Revenue		c d e	All other revenue Total. Add lines 11a-11d	•	606.	F00 050		
	12		Total revenue. See instructions		703,650.	528,359.	0.	394.

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in t	this Part IX		X
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	r stall stypelitess	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	22 200	22 200		
	and domestic governments. See Part IV, line 21	22,209.	22,209.		
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				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	trustees, and key employees	44,603.	22,301.	22,302.	
6	Compensation not included above to disqualified	11,003.	22,301	22,302.	
U	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				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,412.	1,706.	1,706.	
11	Fees for services (nonemployees):	·			
а	Management	4			
b	Legal	4,250.	4,250.		
С	Accounting	4,125.	-	4,125.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	. 7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	198,396.	196,084.	2,312.	
12	Advertising and promotion	17,269.	17,269.		
13	Office expenses	17,075.	8,220.	8,855.	
14	Information technology				
15	Royalties			4 0 - 0	
16	Occupancy	2,681.	811.	1,870.	
17	Travel	4,462.	4,213.	249.	
18	Payments of travel or entertainment expenses	7			
	for any federal, state, or local public officials	125		125	
19	Conferences, conventions, and meetings	135.		135.	
20	Interest	271.		271.	
21	Payments to affiliates	1 401		1 /01	
22	Depreciation, depletion, and amortization	1,491. 36,513.	35,598.	1,491.	
23	Other expanses Itemize expanses not envered	30,313.	33,330.	313.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) OTHER FESTIVAL EXPENSES	344,014.	344,014.		
a b	BAD DEBT EXPENSE	245.	245.		
C	MEMBERSHIP CAMPAIGN	167.	210		167
d	LICENSES & PERMITS	157.		157.	
	All other expenses	99.		99.	
25 25	Total functional expenses. Add lines 1 through 24e	701,574.	656,920.	44,487.	167
	Joint costs. Complete this line only if the organization			,	
26					
	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Par	LA	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	6,637
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current	or forme	r officer, director,			
		trustee, key employee, creator or founder, sub	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	ese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
•	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		16 025			
		basis. Complete Part VI of Schedule D		16,837.	F 220		2 625
	b	Less: accumulated depreciation		13,202.	5,338.	10c	3,635
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, lin				13	
	14	Intangible assets			245	14	
	15	Other assets. See Part IV, line 11			245. 5,583.	15	10 272
_	16	Total assets. Add lines 1 through 15 (must ed			1,105.	16	10,272
	17	Accounts payable and accrued expenses			1,103.	17	4,001
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		- (O - le v - le de D		20	
	21	Escrow or custodial account liability. Complet				21	
Liabilities	22	Loans and other payables to any current or for					
ੂ		trustee, key employee, creator or founder, sub	_			22	
<u> </u>	23	controlled entity or family member of any of the				23	
	23 24	Secured mortgages and notes payable to unrulunsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, p				24	
	23	parties, and other liabilities not included on lin					
		of Schedule D	C3 17 24	. Complete Fart X	283.	25	0
	26	Total liabilities. Add lines 17 through 25	••••		1,388.	26	4,001
		Organizations that follow FASB ASC 958, c					,
Ses		and complete lines 27, 28, 32, and 33.		·			
a	27	Net assets without donor restrictions			4,195.	27	6,271
Ba	28	Net assets with donor restrictions				28	
ב		Organizations that do not follow FASB ASC					
[and complete lines 29 through 33.					
0 8	29	Capital stock or trust principal, or current fund	ds			29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
Ĭ	31	Retained earnings, endowment, accumulated	income,	or other funds		31	
ē	32	Total net assets or fund balances			4,195.	32	6,271
	33	Total liabilities and net assets/fund balances			5,583.	33	10,272

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			1,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			2,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			4,1	95.
5	Net unrealized gains (losses) on investments	_5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10			6,2	71.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	5,			
	consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	0.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit			
	Act and OMB Circular A-133?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization FRIENDS OF BAYOU ST. JOHN 20-3461817 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf					The state of the s	
3	The value of services or facilities						
Ü	furnished by a governmental unit to						
	the organization without charge						
1	Total. Add lines 1 through 3						
	The portion of total contributions						
J	by each person (other than a						
	, ,						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	/			n 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) d	ivided by line 11, o	column (f))		14	%
	Public support percentage from 2018					15	%
	33 1/3% support test - 2019. If the c					nore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2018. If the c						
-	and stop here. The organization quali						▶ □
17a	10% -facts-and-circumstances test						or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=		-	
h							
i)	10% -facts-and-circumstances test	_					
	more, and if the organization meets the						
10	organization meets the "facts-and-circ						\
ΙŐ	Private foundation. If the organization	п иш пот спеск а	DOX OF HITE 13, 16	a, 100, 1/a, 01 1/1		and see instructions	

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	elow, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	(4) 20 10	(3) 20 10	(0) = 0	(3,) = 3 : 5	(5) 25 15	(1) 1 5 12
·	membership fees received. (Do not						
	include any "unusual grants.")	30,348.	182,970.	135,457.	232,886.	174,897.	756,558.
2	Gross receipts from admissions,	, ,	, ,	,	, , , , , ,	4	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	429,389.	514.271.	396,218.	415.761.	528.359.	2,283,998.
3	Gross receipts from activities that		/				
Ū	are not an unrelated trade or bus-						
	iness under section 513		660.				660.
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	459,737.	697,901.	531,675.	648,647.	703,256.	3,041,216.
	Amounts included on lines 1, 2, and	10571010	037,73020	302,0131	010,01,0	7007200	0,011,110;
, ,	3 received from disqualified persons		71,821.	56.612.	111,938.	102,000.	342,371.
b	Amounts included on lines 2 and 3 received		72/0220	30,0221		202,0001	012/0/20
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b		71,821.	56.612.	111.938.	102,000.	342,371.
	Public support. (Subtract line 7c from line 6.)		, _ , ,	00,70==0			2,698,845.
Sec	etion B. Total Support						2,000,000
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2019	(f) Total
	Amounts from line 6	459,737.	697,901.	(c) 2017 531, 675.	(d) 2018 648,647.	(e) 2019 703, 256.	3,041,216.
	Gross income from interest,			00=70.00	0 2 0 7 0 2 7 0	,	-,,
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	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						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)	459,737.	697.901.	531,675.	648 647	703,256.	3,041,216.
	First five years. If the Form 990 is for		-		-	-	
17	check this box and stop here	the organization s	s ilist, second, triii	u, lourer, or mer ta	ax year as a section	11 30 1(c)(3) 01ga1112	.ation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (I			column (f))		15	88.74 %
	Public support percentage from 2018					16	91.62 %
	ction D. Computation of Invest					, ,, ,	2 = 3 0 = 70
	Investment income percentage for 20			ne 13 column (fl)		17	•00 %
						18	*************************************
	Investment income percentage from 2 33 1/3% support tests - 2019. If the						
198							→ X
L	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						
i.	• •	•			•	•	and .
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
_U	i i vate iounidation, ii the organizatio	an ara mot critton a	DUA UIT III IC 14, 19	ב, טו וטט, טוויטע נו	iio bux aliu see iik	JU ACUOU 19	

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		
За		
3b		
G.E		
3с		
4a		
iu .		
4b		
4c		
5a		
Sa		
5b		
5c		
6		
0		
7		
8		
00		
9a		
9b		
0.0		
9с		
10a		
10b		

Par	t IV Supporting Organizations _(continued)			
	·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	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		<u></u>
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have 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		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	tion C. Type II Supporting Organizations		V	
	Mana a majarity of the appropriation is discators as to star at the tay year of the private star at the star at th		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	tion D. All Type III Supporting Organizations			
	tion 217th Type in cupper ting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	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	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruc	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	aa inatuustian	-1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (sactivities Test. Answer (a) and (b) below.	see mstructions	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	NO
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	n Nov. 20, 1970 (explain in F	Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must cor	nplete	Sections A through E.	
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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	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-functionally	integr	ated Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

Par	rt V Type III Non-Functionally Integrat	ed 509	(a)(3) Supporting Org	anizations _(continued)	
Secti	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accom				
2	Amounts paid to perform activity that directly further				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exemp				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval req	uired)			
6	Other distributions (describe in Part VI). See instruc	tions.			
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to	o which t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2019 from Section C, line	3			
10	Line 8 amount divided by line 9 amount				
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line	3			
2	Underdistributions, if any, for years prior to 2019 (re	eason-			
	able cause required- explain in Part VI). See instruc	tions.			
3	Excess distributions carryover, if any, to 2019				
а	From 2014				
b	From 2015				
С	From 2016				
d	From 2017				
е	From 2018				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2019 distributable amount				
i	Carryover from 2014 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.				
4	Distributions for 2019 from Section D,	1			
	line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2019 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 201	9, 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 2019. Subtract lin	es 3h			
	and 4b from line 1. For result greater than zero, exp	lain in			
	Part VI. See instructions.				
7	Excess distributions carryover to 2020. Add lines	3j			
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2015				
b	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				

Schedule A (Form 990 or 990-EZ) 2019

Dort VI	1 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
4	

Schedule A

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

2019

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2015 Amount	2016 Amount	2017 Amount	2018 Amount	2019 Amount
FIRST NBC	0.	7,088.	0.	0.	0.
CHAMPAGNE BEVERAGE	0.	9,450.	0.	0.	0.
SOUTHERN EAGLE	0.	28,350.	37,800.	43,938.	37,000.
BRYAN SUBARU	0.	14,175.	0.	0.	0.
PROXIMO SPIRITS	0.	12,758.	0.	18,000.	15,000.
NEW ORLEANS JAZZ AND HERITAGE FOUNDATION	0.	0.	7,000.	0.	0.
SUNDANCE BEVERAGE COMPANY	0.	0,	11,812.	0.	0.
POSITIVE VIBRATIONS FOUNDATION	0.	0.	0.	50,000.	50,000.
			/		
		Ť			
Total to Schedule A, Part III, Line 7a		71,821.	56,612.	111,938.	102,000.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2019

Name of the organization

FRIENDS OF BAYOU ST. JOHN

20-3461817

Organization type (che	eck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	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
, ,	ion is covered by the General Rule or a Special Rule .
Note: Only a section 5	01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	exation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(any one contr	reation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 libutor, 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; 0-EZ, line 1. Complete Parts I and II.
year, total cor	exation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the attributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the cruelty to children or animals. Complete Parts I, II, and III.
year, contribu is checked, er purpose. Don	eation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box noter here the total contributions that were received during the year for an exclusively religious, charitable, etc., 't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively itable, etc., contributions totaling \$5,000 or more during the year
but it must answer "No	on 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), or 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 leet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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 additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SOUTHERN EAGLE 5300 BLAIR ST.	\$ 37,000.	Person X Payroll Noncash (Complete Part II for
(a)	METAIRIE, LA 70003 (b)	(c)	noncash contributions.) (d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	POSITIVE VIBRATIONS FOUNDATION 201 ST CHARLES AVE SUITE 114-356 NEW ORLEANS, LA 70170	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3	PROXIMO SPIRITS 333 WASHINGTON STREET JERSEY CITY, NJ 07302	\$ 15,000.	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
4	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIA AVE. NW WASHINGTON, DC 20004	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE RUBY SLIPPER CAFE 315 S BROAD AVE. NEW ORLEANS, LA 70119	\$6,938.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CONSTELLATION BRANDS		Person X
	207 HIGH POINT DRIVE #100	\$6,938.	Payroll Noncash (Complete Part II for
000450 11.0	VICTOR, NY 14564	Sahadula D (Faura	noncash contributions.)

Name of organization Employer identification number

FRIENDS OF BAYOU ST. JOHN

20-3461817

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	BEVERAGE PRODUCTS	\$ <u>15,000.</u>	05/17/19
(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
		\$	000 000 FZ ov 000 PE\(0040\)

Employer identification number

Name of organization

RIENI	DS OF BAYOU ST. JOHN		20-3461817
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cluse duplicate copies of Part III if additional states.	through (e) and the following line en naritable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the yetry. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t de la constant de l
	Transferee's name, address, an	d 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
	Transferee's name, address, an	(e) Transfer of gif	t 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 gif	
	Transferee's name, address, an		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 gif	
	Transferee's name, address, an	d 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.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF BAYOU ST JOHN **Employer identification number** 20-3461817

Pai	t I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		as an area announced in the
	organization answered Tee Giff Citi 600, Fartiv, into	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	` '	
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advi	ised funds
·	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad		
Ū	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	T receivation o	Ta definied filetene en detaile
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	isa sonservation contribution in the form	Held at the End of the Tax Year
а	Total number of conservation easements		
b			
c	Number of conservation easements on a certified historic stru		
q	Number of conservation easements included in (c) acquired a		
ŭ.	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
Ū	year ▶	sassa, extinguismon, en terminateu sy tr	to organization daring the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		;
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
_		,	year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
-	▶ \$		and read and read and read
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	•	
	organization's accounting for conservation easements.	3	
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		

932051 10-02-19

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Schedule D (Form 990) 2019

Pai	t III Organizations Maintaining C	Collections of Art	, Historic	al Tr	easures	s, or Oth	er Simi	lar Asse	t s (contir	nued)	
3	Using the organization's acquisition, access	on, and other records	, check any	of the	following	that make	significan	t use of its	3		
	collection items (check all that apply):										
а	Public exhibition	d	Loan	or exc	hange pro	ogram					
b	Scholarly research	е	U Othe	r							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how they for	ırther t	he organiz	zation's ex	empt purp	ose in Pa	t XIII.		
5	During the year, did the organization solicit of	or receive donations of	f art, histori	al trea	sures, or	other simila	ar assets		_		_
	to be sold to raise funds rather than to be m	aintained as part of th	e organizat	on's c	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Complet	e if the orga	nizatio	n answer	ed "Yes" o	n Form 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for cont	ibutior	ns or othe	assets no	t included	_	_		,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						, 1c				
	Additions during the year										
е	Distributions during the year				//	,	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F							L	Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	. Check here if the exp	lanation ha	s been	provided	on Part XI	II				
Pai	t V Endowment Funds. Complete i	f the organization ans	wered "Yes	on Fo	orm 990, F	Part IV, line	10.				
		(a) Current year	(b) Prior y	ear	(c) Two	years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions		9								
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities			-							
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, co	lumn (a	a)) held as	:					
а	Board designated or quasi-endowment		%	,	,,						
b	Permanent endowment	%									
С	· —————	%									
_	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%									
За	Are there endowment funds not in the posse		tion that are	held a	ınd admin	istered for	the organi	ization			
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Sched	ule R?					3b		
4	Describe in Part XIII the intended uses of the								. [52]		
_	t VI Land, Buildings, and Equipm		VIIIOIII IAIIA	,							
	Complete if the organization answere		Part IV line	11a S	See Form	990 Part X	(line 10				
	Description of property	(a) Cost or oth			or other		Accumulat	ed he	(d) Boo	k valu	
	bescription of property	basis (investm		-	(other)	1 ' '	epreciation		(u) 500	it valut	•
12	Land	`	,	25.0	()		,				
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other			1	6,837	, 	13,2	02.		3,6	35.
	. Add lines 1a through 1e. (Column (d) must e		Column (F				- , -	•		3,6	

Schedule D (Form 990) 2019

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

	BAYOU ST. JOH.	N 20	-346181/ Page:
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or en	d-of-year market value
0.5	(b) Book value	(b) Wethod of Valdation. Cost of Ch	d of year market value
1) Financial derivatives 2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			d of year market yelye
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6) (7)			
(8)	7		
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	>	
Complete if the organization answered "Yes"	on Form 000 Bort IV line	110 or 11f Coo Form 000 Port V line 0	-
(a) Description of lightitus	on Form 990, Part IV, line	The or Thi. See Form 990, Part X, line 23	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			

Schedule D (Form 990) 2019

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

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

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

Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Revenue ر	oer Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
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	V//	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expenses	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		/, line 4; Part X, line 2; Part X	I,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information.		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number Name of the organization 20-3461817 FRIENDS OF BAYOU ST. JOHN Part I **General Information on Grants and Assistance** 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 criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) FAUBOURG ST. JOHN NEIGHBORHOOD ASSOCIATION INC. - 3301 GRANT RT ST. JOHN STREET - NEW ORLEANS, LA PARTNER IN FESTIVAL -REVENUE SHARE 70119 74-2633439 501(C)(3) 6,808 2 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) (2019)

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete il tile	organization anowe			
(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
			46		
Part IV Supplemental Information. Provide the information red	uired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION DISTRIBUTES FUNDS	TO NONP	ROFIT PART	NERS OF TH	EIR	
FESTIVALS. THE FUNDS ARE UNRESTRIC	CTED.				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FRIENDS OF BAYOU ST. JOHN

Employer identification number 20-3461817

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

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

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

THE ORGANIZATION HAS TWO LEVELS OF MEMBERSHIP:

CLASS A - VOTING

CLASS B - NON-VOTING

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

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

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

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

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

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

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

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

REQUIRED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST

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

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

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

GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT

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

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

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

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization FRIENDS OF BAYOU ST. JOHN	Employer identification number 20-3461817
PROCEDURES FOR ADDRESSING THE CONFLICT.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE ORGANIZATION HAS A HUMAN RESOURCES PROFESSIONAL ON	THE BOARD WHO
HANDLES JOB DESCRIPTIONS AND SALARY REQUIREMENTS FOR TH	E 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	196,084.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	196,084.
CONSULTING:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,700.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,700.
PAYROLL PROCESSING FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	612.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	612.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	198,396.
932212 09-06-19 Sc	chedule O (Form 990 or 990-EZ) (2019)

NMOT4751

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT													
9	(D)PRINTER	08/29/06	200DB	5.00	ну17	1,027.				1,027.	1,027.		0.	1,027.
10	(D)SERVER COMPUTER	10/03/06	200DB	5.00	нү17	1,100.				1,100.	1,100.		0.	1,100.
11	(D)PA SYSTEM	03/17/07	200DB	5.00	нү17	1,174.				1,174.	1,174.		0.	1,174.
12	(D)CAPITOL EQUIPMENT	03/25/07	200DB	5.00	ну17	147.				147.	147.		0.	147.
15	(D)COMPUTER & MONITOR	09/02/07	200DB	5.00	ну17	544.			_	544.	544.		0.	544.
16	(D)COMPUTER & MONITOR	11/10/07	200DB	5.00	нү17	544.				544.	544.		0.	544.
17	(D)OTHER EQUIPMENT	09/30/08	200DB	5.00	нү17	5,063.				5,063.	5,063.		0.	5,063.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT					9,599.				9,599.	9,599.		0.	9,599.
	MANAGEMENT AND GENERAL													
1	TRAILER - FLOATING BOOTH	05/18/15	200DB	7.00	нү17	650.				650.	447.		58.	505.
2	TRAILER FOR FLOATING DOCK	06/08/15	200DB	7.00	нү17	2,418.				2,418.	1,663.		216.	1,879.
3	FURNITURE - COUCH	04/06/15	200DB	7.00	нү17	1,027.				1,027.	706.		92.	798.
4	FLOATING BOOTH	05/06/15	200DB	7.00	нү17	7,400.				7,400.	5,089.		660.	5,749.
5	(D)FREEZER	05/19/15	200DB	7.00	нү17	200.				200.	138.		9.	147.
6	FLOATING DOCK	05/23/15	200DB	7.00	ну17	2,677.				2,677.	1,841.		239.	2,080.
7	(D)FREEZER - DAIQUIRI	06/01/15	200DB	7.00	ну17	598.				598.	412.		27.	439.
8	MERCHANDIZE STORAGE	06/05/15	200DB	7.00	ну17	2,124.				2,124.	1,460.		190.	1,650.

928111 04-01-19

⁽D) - Asset disposed

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

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	ine 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
13	10X10 TENTS	05/10/07	200DB	7.00	нү1	7	302.				302.	302.		0.	302.
14	SUPPLIES & FILE CABINETS	06/13/07	200DB	7.00	нү1	7	239.				239.	239.		0.	239.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL						17,635.				17,635.	12,297.		1,491.	13,788.
	* GRAND TOTAL 990 PAGE 10 DEPR						27,234.				27,234.	21,896.		1,491.	23,387.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						27,234.			0.	27,234.	21,896.			23,387.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED					1	10,397.			0.	10,397.	10,149.			10,185.
	ENDING BALANCE						16,837.			0.	16,837.	11,747.			13,202.
	ENDING ACCUM DEPR LESS DISPOSITIONS											13,202.			
	ENDING BOOK VALUE											3,635.			

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

990

OMB No. 1545-0172

Attachment Sequence No. **179**

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

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

Business or activity to which this form relates

Identifying number

rK.	IENDS OF BAYOU ST.				M 990 P			20-3461817						
Pa	rt Election To Expense Certain Prop	erty Under Section 1	79 Note: If you	ı have any lis	sted property, o	omplete Part	V before							
1 1	Maximum amount (see instructions)						1	1,020,000.						
2	Total cost of section 179 property place	ced in service (see	instructions)											
3 -	Threshold cost of section 179 propert	y before reduction	in limitation					2,550,000.						
	Reduction in limitation. Subtract line 3													
5	Dollar limitation for tax year. Subtract line 4 from lin	e 1. If zero or less, enter	-0 If married filin											
6	(a) Description of p	roperty		(b) Cost (busin	ess use only)	(c) Elected	cost							
	listed and other Fateraths are such from	- lin - 00			7									
	Listed property. Enter the amount from						8							
	Total elected cost of section 179 prop Tentative deduction. Enter the smalle													
	Carryover of disallowed deduction from													
	Business income limitation. Enter the													
	Section 179 expense deduction. Add													
	Carryover of disallowed deduction to 2						<u>'</u>							
	e: Don't use Part II or Part III below for													
Pa	rt II Special Depreciation Allow	ance and Other D	epreciation (Don't includ	e listed propert	y.)								
14 3	Special depreciation allowance for qua	alified property (ot	her than listed	property) pl	aced in service	during								
t	the tax year					-	14							
15 F	Property subject to section 168(f)(1) e													
	Other depreciation (including ACRS)													
Pa	rt III MACRS Depreciation (Don'	t include listed pro	perty. See ins	structions.)										
				tion A										
17 I	MACRS deductions for assets placed	in service in tax y	ears beginning	before 201	9		<u></u> 17	1,491.						
18	If you are electing to group any assets placed in se													
	Section B - Assets		(c) Basis for		Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System									
						1								
	(a) Classification of property	(b) Month and year placed in service		restment use nstructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction						
19a	(a) Classification of property 3-year property	year placed		estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction						
19a b		year placed		estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction						
	3-year property	year placed		estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction						
b	3-year property 5-year property	year placed		estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction						
b c	3-year property 5-year property 7-year property 10-year property 15-year property	year placed		estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction						
b c d	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	year placed		estment use	period	(e) Convention		(g) Depreciation deduction						
b c d	3-year property 5-year property 7-year property 10-year property 15-year property	year placed		estment use	period 25 yrs.		S/L	(g) Depreciation deduction						
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed		estment use	25 yrs. 27.5 yrs.	MM	S/L S/L	(g) Depreciation deduction						
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed		estment use	25 yrs. 27.5 yrs. 27.5 yrs.	MM	S/L S/L S/L	(g) Depreciation deduction						
b c d e f	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property	year placed		estment use	25 yrs. 27.5 yrs.	MM MM MM	S/L S/L S/L S/L	(g) Depreciation deduction						
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property	year placed in service	only - see ii	restment use nstructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L							
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets	year placed in service	only - see ii	restment use nstructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L							
b c d e f g h	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life	year placed in service	only - see ii	restment use nstructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L							
b c d e f g	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year	year placed in service	only - see ii	restment use nstructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM	S/L S/L S/L S/L S/L S/L							
b c d e f g h i	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	/ / / / / Placed in Service	only - see ii	restment use nstructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern	MM MM MM MM	S/L S/L S/L S/L S/L S/L S/L S/L S/L S/L							
b c d e f g h i 20a b c d	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year	year placed in service / / / / Placed in Service	only - see ii	restment use nstructions)	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 30 yrs.	MM	S/L							
b c d e f g h i 20a b c d Pa	3-year property 5-year property 7-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year	/ / / / / Placed in Service	only - see ii	Tax Year U	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Altern 12 yrs. 30 yrs. 40 yrs.	MM	S/L							
b c d e f g h i 20a b c d Pa 21	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year Tt IV Summary (See instructions.)	/ / / / Placed in Service / / / / e 28	Only - see in on	Tax Year U	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterr 12 yrs. 30 yrs. 40 yrs.	MM	S/L	stem						
b c d e f g h	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year rt IV Summary (See instructions.)	/ / // // Placed in Service / / / / e 28	During 2019	Tax Year U	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterr 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM MM MM MM MM	S/L S/L							
b c d	3-year property 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets Class life 12-year 30-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from lin Total. Add amounts from line 12, lines	/ // // // // Placed in Service / / / / / 2 Placed in Service / / / s of your return. Ponservice during the	During 2019 During 2019 During 2019 During 2019	Tax Year U	25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. sing the Alterr 12 yrs. 30 yrs. 40 yrs.	MM MM MM MM MM MM MM MM	S/L S/L	stem						

Part V

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for

	Note: For any v	ehicle for w	hich you are usi	ng the standar	d m	ileage rate	or dedu	ucting leas	e expen	se, com	plete only	24a,		
_			c) of Śection A, a on and Other In						mits for r	passeno	er automo	biles.)		
24	Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written?											Yes	No	
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) S/ Cost or other basis		(e) Basis for depreciatio (business/investmer use only)		(f) Recovery period	(f) (g) ecovery Method/		(h) Deprecia deduct	ation	Elec section co	n 179
25	25 Special depreciation allowance for qualified listed property placed in service during the tax year and													
	used more than 50% in a qualified business use													
<u>26</u>	Property used more than	n 50% in a c	ualified busines	s use:										
		: :	%											
		: :	%											
		: :	%					L						
27	Property used 50% or le	ess in a qual	fied business us	se:										
		: :	%						S/L -					
		: :	%						S/L -					
		: :	%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. Ent	er here and on	line	21, page 1				28				
29	Add amounts in column	(i), line 26. E	nter here and o	n line 7, page 1					<u></u>			29		
			Sec	ction B - Infori	mat	ion on Use	of Vel	nicles						
Со	mplete this section for ve	hicles used	by a sole proprie	etor, partner, o	r oth	ner "more th	nan 5%	owner," c	or related	d persor	n. If you pro	ovided	d vehicles	;
to	to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.													
				(a)		(b)		(c)	(0	d)	(e)		(f)	
30	Total business/investment i	miles driven d	uring the	Vehicle		Vehicle	V	ehicle/	Veh	icle	Vehic	le	Vehi	cle
	year (don't include commut	ting miles)												
31	Total commuting miles of	driven during	the year											
32	Total other personal (no	ncommuting) miles											
							1		I		I		I	

30 Total business/investment miles driven during the year (don't include commuting miles)		nicle	Veh		Veh	icle	Veh		Veh		Veh	icle
31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven			3									
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

37	37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your									
	employees?									
38	38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your									
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners									
39	9 Do you treat all use of vehicles by employees as personal use?									
40	40 Do you provide more than five vehicles to your employees, obtain information from your employees about									
	the use of the vehicles, and retain the information received?									
41	Do you meet the requirements concerning qualified aut	omobile	e demonstration use?							
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.									
P	Part VI Amortization									
	(a) (b) (c) (d) (e) (f Description of costs Date amortization Amortizable Code Amortization Amortiz									

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortizat period or pero		(f) Amortization for this year			
42 Amortization of costs that begins during your 2019 tax year:									
	: :								
43 Amortization of costs that began before your 2	43								
44 Total. Add amounts in column (f). See the inst	44								

Form 4562 (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

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

filing of t	his form, visit www.irs.gov/e-tile-providers/e-tile-tor-char	ities-and-r	non-profits.								
Auton	natic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).								
All corpo	orations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnerships,	REMIC	Cs, and trusts						
must us	e Form 7004 to request an extension of time to file incom	ne tax retu	rns.	1							
Type or	Type or Name of exempt organization or other filer, see instructions.										
print	The most of one man and the most of one most of one most of the mo	,	,	. (,							
	FRIENDS OF BAYOU ST. JOHN		20-346181	L7							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions. 1.2.1.1. N. GAYOSO STREET										
instruction		oreign add	dress, see instructions.								
Enter th	e Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1					
Applica	tion	Return	Application			Return					
Is For		Code	Is For			Code					
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 99	0-BL	02	Form 1041-A			08					
Form 47	20 (individual)	03	Form 4720 (other than individual)			09					
Form 990-PF			Form 5227		10						
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069								
Form 990-T (trust other than above) 06 Form 8870 JARED ZELLER											
Telep	ooks are in the care of ► 1211 N. GAYOSO whone No. ► 504-488-3865 organization does not have an office or place of business is for a Group Return, enter the organization's four digit	s in the Ur Group Exe	Fax No. nited States, check this box	is is fo	or the whole group, o						
th	the organization named above. The extension is for the organization's return for: X calendar year 2019 or tax year beginning , and ending										
	Change in accounting period				1						
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	20		0.							
	y nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	3a	\$	0.							
	timated tax payments made. Include any prior year over	•	•	3b	\$	0.					
	alance due. Subtract line 3b from line 3a. Include your pa			1 35	"						
	ing EFTPS (Electronic Federal Tax Payment System). See	•	• • • •	3c	\$	0.					
	: If you are going to make an electronic funds withdrawal										
instructi		, 2-				, ,					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)