

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

November 15, 2022

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

Friends of Bayou St. John:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 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, 2021

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:	

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-TE 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. Return Form 8879-TE to us by November 15, 2022.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

or calendar year 2021, or fiscal year beginning	, 2021, and ending	
or caronida your session nood your beginning	, Low 1, date of dailing	,

	f the Treasury				-	or your records.		
Internal Rever			GU 10 W	ww.irs.gov/For	IIIOO/91E TOT t	he latest information.	EIN or SSN	
amo or me		S OF BAYOU	SШ	тони			**_**	*1817
Name and t				D ZELLER				1017
ivanic and i	itic of officer of pe			IDENT				
Part I	Type of I	Return and Retu						
Check the					and enter the	applicable amount, if a	nv. from the return.	Form 8038-CP and
Form 5330 or 10a bel whichever	ofilers may enter ow, and the amo	dollars and cents. Fount on that line for t	or all ot he returi	her forms, enter n being filed with	whole dollars on this form was	nly. If you check the boblank, then leave line	ox on line 1a, 2a, 3 1b, 2b, 3b, 4b, 5b,	3a, 4a, 5a, 6a, 7a, 8a, 9a, 6b, 7b, 8b, 9b, or 10b, Do not complete more
		ere ▶ 🗓	b Tota	al revenue, if an	y (Form 990, Pa	art VIII, column (A), line	12)	иь 437,694.
	orm 990-EZ che					, line 9)		2b
3a Fo	orm 1120-POL o	heck here						3b
4a Fo	orm 990-PF che	ck here ▶				(Form 990-PF, Part V,		4b
5a Fo	orm 8868 check	here ▶	b Bala	ance due (Form	8868, line 3c)			5b
6a Fo	orm 990-T check	k here ►				4)		6b
7a Fo	orm 4720 check	here ▶	b Tota	al tax (Form 472	0, Part III, line 1)		7b
8a Fo	orm 5227 check	here ▶	b FM\	/ of assets at e	nd of tax year ((Form 5227, Item D)		8b
9a Fo	orm 5330 check	here ▶	b Tax	due (Form 5330), Part II, line 19			9b
	orm 8038-CP ch					ted (Form 8038-CP, P		10b
Part II						Person Subject to		
Under per	alties of perjury,	I declare that X	I am an	officer of the abo		I am a person subje		
of entity)						of my knowledge and		examined a copy of the
of any refuentry to the financial ir later than payment opersonal in PIN: chec	und. If applicable e financial institu- stitution to debi 2 business days of taxes to receive dentification num k one box only	, I authorize the U.S ition account indicat t the entry to this ac prior to the paymen e confidential inform	Treasured in the count. To test tending the count. The count of the co	ry and its design e tax preparatior o revoke a paym nent) date. I also cessary to answ r the electronic r	ated Financial And Software for puent, I must contract the foreign authorize the foreign and, if appearing and, if appea	Agent to initiate an election and the federal to tact the U.S. Treasury inancial institutions in the resolve issues related policable, the consent to	ctronic funds withdr axes owed on this r Financial Agent at r rolved in the proces to the payment. I h	return, and the 1-888-353-4537 no sing of the electronic nave selected a withdrawal.
		-		ERO firm n			10 00,	Enter five numbers, but
								do not enter all zeros
	with a state ager on the return's d As an officer or preturn. If I have i	ncy(ies) regulating chisclosure consent so person subject to tax	narities a creen. with re- return th	spect to the enti	Fed/State prog ty, I will enter m return is being	cated within this return gram, I also authorize t ny PIN as my signature filed with a state agend nt screen.	he aforementioned on the tax year 202	ERO to enter my PIN 21 electronically filed
	officer or person subject	t to tax ▶ tion and Auther	aticatio	nn .			Date	>
Part III								
	-	ur six-digit electronic your five-digit self-se	-			72610912 Do not enter all		
	this return in ac					ctronically filed return i e-File (MeF) Informatio		
ERO's signa	ature GIN .	A RACHEL				Date > _	11/15/22	
			DO 11		··· F· ^			
						See Instructions	n Do So	
	Dulinasis					ess Requested To	טפ טע כ	Form 8879-TE (2021)
LMA FOR	rrivacy act and	Paperwork Reduct	uon ACt	INULICE, SEE INS	แ นตแอทร.			FULLI 001 0-1 L (2021)

Form **8868**

(Rev. January 2022)

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. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print **-**1817 FRIENDS OF BAYOU ST. JOHN File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1211 N. GAYOSO STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW ORLEANS, LA 70119 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 Form 990-T (trust other than above) 06 12 Form 990-T (corporation) JARED ZELLER The books are in the care of ► 1211 N. GAYOSO STREET - NEW ORLEANS, LA 70119 Telephone No. ▶ 504-488-3865 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📄 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or ___ tax year beginning , and ending Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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

Form 8868 (Rev. 1-2022)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

ΑF	or the	2021 calendar year, or tax year beginning	and	ending				
<u>В</u> с	heck if	C Name of organization			D Employer identific	cation number		
	Addres	FRIENDS OF BAYOU ST. JO	OHN					
	Name change				**-***18:	17		
	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone number			
	Final return/ termin-	1211 N. GAYOSO STREET	504-488-3865					
	termin- ated Ameno	, , , , , , , , , , , , , , , , , , , ,	ZIP or foreign postal code		G Gross receipts \$	439,145.		
	Jreturn ∃Applica	NEW ORLEANS, LA /UIIS	משווז קי חי		H(a) Is this a group re			
	∫tion pendin	SAME AS C ABOVE	O ABDDEK		for subordinates H(b) Are all subordinates in			
ТТ	ax-exe		(insert no.) 4947(a)(1)	or 527	1 ' '	list. See instructions		
		e: NWW.BAYOUSTJOHN.ORG	(moore no.) 10 17 (a)(1)	01 027	H(c) Group exemption			
			sociation Other >	L Year		1 State of legal domicile: LA		
		Summary				<u> </u>		
	1	Briefly describe the organization's mission or most	significant activities: FRIE	NDS OF	BAYOU ST. 3	JOHN IS A		
Governance		501C3 NON-PROFIT ORGANIZAT	ION THAT PROMOT	ES STE	WARDSHIP, C	ULTURAL		
r a	2	Check this box 🕨 🔲 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net ass			
Ne S		Number of voting members of the governing body (3	8		
8		Number of independent voting members of the government				7		
es		Total number of individuals employed in calendar ye				0		
Activities	6	Total number of volunteers (estimate if necessary)	(0) " 10		6	70		
Pc		Total unrelated business revenue from Part VIII, colu				0.		
\dashv	D	Net unrelated business taxable income from Form 9	990-1, Part I, line 11	·····	7b Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)			38,046.	400,353.		
Jue					25,543.	35,793.		
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,			0.	-1,451.		
8		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			0.	2,999.		
		Fotal revenue - add lines 8 through 11 (must equal F			63,589.	437,694.		
		Grants and similar amounts paid (Part IX, column (A			55.	0.		
		Benefits paid to or for members (Part IX, column (A)			0.	0.		
ဖွ		Salaries, other compensation, employee benefits (P			22,007.	0.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), Iir	ne 11e)		0.	0.		
ğ	b	Total fundraising expenses (Part IX, column (D), line	25) 2,8	02.				
ώ	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		51,494.	89,254.		
		Total expenses. Add lines 13-17 (must equal Part IX			73,556.	89,254.		
		Revenue less expenses. Subtract line 18 from line 1	2		-9,967.	348,440.		
Sor				Be	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)			155,496.	494,744. 150,000.		
Net Assets or Fund Balances	21	Fotal liabilities (Part X, line 26)	: 00		159,192. -3,696.	344,744.		
Z∷ Pa	rt II	Net assets or fund balances. Subtract line 21 from l Signature Block	ine 20		-3,090.	344,744.		
		ties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule:	s and stateme	ents, and to the best of my	knowledge and belief, it is		
		and complete. Declaration of preparer (other than officer			· · · · · · · · · · · · · · · · · · ·	momenge and sener, me		
			,					
Sigr	1	Signature of officer			Date			
Here		■ JARED ZELLER, PRESIDENT	1					
		Type or print name and title						
		21 ' ' '	Preparer's signature		Date Check Check	PTIN		
Paid		GINA RACHEL		1	1/15/22 self-employ			
Prep		Firm's name POSTLETHWAITE & N			Firm's EIN ▶	**-***2445		
Use	Only	Firm's address ONE GALLERIA BLVI			, -	04\025 5000		
		METAIRIE, LA 7000			Phone no. (5	04)837-5990		
May	the IF	S discuss this return with the preparer shown above	e? See instructions			X Yes No		

Pai	t III 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? Yes X No
	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?
	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.
4a	(Code:) (Expenses \$
	DUE TO COVID, WE DID A SPIN ON OUR USUAL MID-CITY BAYOU BOOGALOO (HELD
	ON BAYOU ST JOHN, ROUGHLY 10K IN ATTENDANCE AND HEAVIER PROGRAMMING),
	WE HELD "BAYOU BOOGALOO IN EXHILE" AT THE BROADSIDE THEATRE. ROUGHLY
	800 IN ATTENDANCE. THE GOAL WAS TO SAFELY BRING BACK THE FANS OF THE
	FESTIVAL AND SUPPORTERS OF FRIENDS OF BAYOU ST. JOHN FOR A WEEKEND OF
	MUSIC, ARTS AND FOOD. WE RECEIVED A LARGE FEDERAL GRANT EQUAL TO 75% OF
	OUR 2019 OPERATING BUDGET UNDER THE SHUTTERED VENUES PROGRAM.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
Tu	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 56,208.
	Form 990 (2021)

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_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ا		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	├ ゜		
9				
	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			₩.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		<u> X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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		1 22		
_	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u> </u>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	. <u>"</u>		_ _ _
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	"		
"		17		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	⊢'′		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			- v
	complete Schedule G, Part III	19		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

132003 12-09-21

Form **990** (2021)

Form 990 (2021) FRIENDS OF BAYOU S
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			,,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			.,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			₹.
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		х
20	"Yes," complete Schedule L, Part IV	28c 29		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
31 32	Did the organization required the transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-55		
04	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 554		
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
		_		(2021)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x						
h	If "Yes," enter the name of the foreign country									
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
ou		6a		x						
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ou								
b		6b								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	OD								
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
a h		7a 7b	X							
b		10	- 22							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X						
اہ		70								
d	,	7.		х						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u> 7f		X						
-	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <u>1</u>								
g										
_	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
•	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	0-								
a	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:									
a	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a									
a										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
40-	amounts due or received from them.)	40-								
	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.	12-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
L	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans									
_	•									
	Enter the amount of reserves on hand	44-		Х						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>						
	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	45		x						
	excess parachute payment(s) during the year?	15		_						
16	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_^						
47	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	47								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

2021.05000 FRIENDS OF BAYOU ST. JOHN NMOT4751

FRIENDS OF BAYOU ST. JOHN Form 990 (2021) 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 Section A. Governing Body and Management Yes No 8 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. 7 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 ______ Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed	NONE

1211 N. GAYOSO STREET, NEW ORLEANS,

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

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) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website X Upon request Other (explain on Schedule O)

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

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the 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

Form **990** (2021)

Х

16a

70119

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

X Check this box if no	either the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A		(B)			(0	C)			(D)	(E)	(F)
Name a	and title	Average	(do	not c	Pos heck	itior more	ነ than	one	Reportable	Reportable	Estimated
		hours per	box	, unle	ss pei	rson i	is both	n an	compensation	compensation	amount of
		week		T a		10010	T	100)	from the	from related organizations	other compensation
		(list any hours for	direct				l,		organization	(W-2/1099-MISC/	from the
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
		organizations	Itrust	nal tr		oyee	om pe		1099-NEC)	·	and related
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) GEOFF COATS		line) 1.00	드	드	JO.	- Ā	물 등	<u>R</u>			
BOARD MEMBER		1.00	Х						0.	0.	0.
(2) RODNEY BEALS		1.00								-	-
BOARD MEMBER			Х						0.	0.	0.
(3) BECKER RUTLEDGE	1	1.00									
TREASURER			Х						0.	0.	0.
(4) SARA HOWARD		1.00									
BOARD MEMBER (RESIG	NED 10/21)		X						0.	0.	0.
(5) IAN MCNULTY		1.00								_	_
SECRETARY			X		X				0.	0.	0.
(6) WILLIAM RAMSEY		1.00			\mathbf{y}						
BOARD MEMBER		4 00	X		X				0.	0.	0.
(7) JASON HEMEL		1.00			.,						•
VICE PRESIDENT		10 00	X		Х		<u> </u>		0.	0.	0.
(8) JARED ZELLER PRESIDENT		10.00	X		х				0.	0.	0.
(9) KRISTAL HUGGINS		1.00	-25		23		\vdash		· ·	•	•
BOARD MEMBER (RESIG		1,00	Х						0.	0.	0.
							\vdash				
											5 000 (2221)

Form 990 (2021)

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Par	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		s (continued)			
	(A)	(B)			•)			(D)	(E)		(F)	
	Name and title	Average		Position not check more than or					Reportable	Reportable	- 1	Estimate	
		hours per week					s both or/trus		compensation	compensation		amount	
		(list any	Tot					Ĺ	from the	from related organizations		other mpensa	
		hours for	direct				-		organization	(W-2/1099-MISC/		from th	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	- 1	rganizat	
		organizations	trust	nal tru		эуее	om pe		1099-NEC)	,	a	and relat	ed
		below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Or	ganizati	ons
		line)	Indi	Inst	0#i	Key	E Hig	윤					
							4						
1b	Subtotal							•	0.	0			0.
	Total from continuation sheets to Part VI								0.		•		0.
d	Total (add lines 1b and 1c)			<u></u>				$\overline{\triangleright}$	0.	0	•		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			•
	compensation from the organization		4	4	-	4	_					Yes	0 No
•	Did the conservation list and former officers	allow at a second			M			1	h t t - d			res	NO
3	Did the organization list any former officer				-	-		_		•	3		Х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	A. Carrier			r				ner compensation from t		3		- 25
7	and related organizations greater than \$150										4		х
5	Did any person listed on line 1a receive or												
-	rendered to the organization? If "Yes." con		V								. 5		Х
Sec	tion B. Independent Contractors												•
1	Complete this table for your five highest co the organization. Report compensation for										sation	from	
	(A)								(B)			(C)	
	Name and business	address	NO	ONE	3				Description of s	ervices	Comp	ensatio	n
								+					
	Table work on a 21 days and a 1	and the second	- 4 ."						-h\	and the second			
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot IIr	nitec	1 TO 1	thos (ted	above) who received mo	ore tnan			
	,	· F									For	n 990 (2021)

132008 12-09-21

Form 990 (2021) FRIENDS
Part VIII | Statement of Revenue

ı u	1 L V I		or note to any lin	o in this Dort VIII			
		Check if Schedule O contains a response of	or note to any iin	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
"		Fortend committee					300010113 0 12 0 14
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns 1a	7,974.				
Sign of	10	Membership dues 1b	1,314.				
ts, An	C	Fundraising events 1c					
ig i	C	Related organizations 1d	200 024				
ns, Sim	e	• • •	380,834.				
er	f	All other contributions, gifts, grants, and	11 545				
ję t		similar amounts not included above 1f	11,545.				
d dt	g	Noncash contributions included in lines 1a-1f 1g \$		400 252	4		
<u>ğ</u> <u>ğ</u>	h	Total. Add lines 1a-1f		400,353.			
			Business Code	0.5.0	0.7.060		
e	2 a	BAYOU BOOGALOO	900099	27,263.	27,263.		
e Ži	b	MEMBERSHIP DUES	900099	8,530.	8,530.		
Sen	c						
eve	c						
Program Service Revenue	e						
<u>P</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f		35,793.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties	>				
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
		Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	c	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	b	Less: cost or other basis					
<u>e</u>		and sales expenses $7b$ 1,451.					
len.	c	and sales expenses $\begin{array}{c c} 7b & 1,451. \\ \hline Gain or (loss) & 7c & -1,451. \\ \hline \end{array}$					
Revenue	c	Net gain or (loss)		-1,451.			-1,451.
e	8 a	Gross income from fundraising events (not					
₽		including \$					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See	•				
		Part IV, line 199a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities	•				
		Gross sales of inventory, less returns					
		and allowances10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 a	INSURANCE REFUND	713990	2,999.			2,999.
Miscellaneous Revenue	b			,			,
ella							
isc		All other revenue					
Σ	-	Total. Add lines 11a-11d		2,999.			
	12	Total revenue. See instructions		437,694.	35,793.	0.	1,548.

Form 990 (2021) FRIENDS OF BA Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		4		
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	4			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
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.)	42,675.	36,389.	6,286.	
12	Advertising and promotion	1,506.	1,506.		
13	Office expenses	21,308.	591.	20,717.	
14	Information technology				
15	Royalties				
16	Occupancy	143.		143.	
17	Travel	2,356.	2,251.	105.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	70.		70.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	729.		729.	
23	Insurance	1,774.		1,774.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER FESTIVAL EXPENSES	15,471.	15,471.		
b	MEMBERSHIP CAMPAIGN	2,802.	,		2,802
c	LICENSES & PERMITS	420.		420.	,
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	89,254.	56,208.	30,244.	2,802
<u>25</u> 26	Joint costs. Complete this line only if the organization	23,231	20,200		2,002
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X | Balance Sheet

Part X	Balance Sheet				
	Check if Schedule O contains a response or n	ote to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		153,316.	1	494,744
2	Savings and temporary cash investments		2		
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Loans and other receivables from any current	or former officer, director,			
	trustee, key employee, creator or founder, sub	ostantial contributor, or 35%			
	controlled entity or family member of any of th	ese persons		5	
6	Loans and other receivables from other disqua	alified persons (as defined			
	under section 4958(f)(1)), and persons describ	ed in section 4958(c)(3)(B)		6	
<u>မှ</u> 7	Notes and loans receivable, net			7	
Assets	Inventories for sale or use			8	
⋖ 9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment: cost or other	1 1			
	basis. Complete Part VI of Schedule D				
b	Less: accumulated depreciation		2,180.	10c	
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		14		
15	Other assets. See Part IV, line 11	1 1 5 6 6 6	15	404 544	
16	Total assets. Add lines 1 through 15 (must ed			16	494,744
17	Accounts payable and accrued expenses		1	17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complet			21	
<u>တ</u> 22	Loans and other payables to any current or fo				
┋	trustee, key employee, creator or founder, sub			00	
Liabilities N	controlled entity or family member of any of the			22	
23	Secured mortgages and notes payable to unre		150 102	23	150,000
24	Unsecured notes and loans payable to unrelate		139,192.	24	130,000
25	Other liabilities (including federal income tax, parties, and other liabilities not included as line				
	parties, and other liabilities not included on lin of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		159,192.	26	150,000
20	Organizations that follow FASB ASC 958, cl		155,152.	20	130,000
န္မ	and complete lines 27, 28, 32, and 33.	neck liefe 11			
ğ E 27	Net assets without donor restrictions		-3,696.	27	344,744
<u>e 27</u> 28	Net assets with donor restrictions			28	011//11
틸 20	Organizations that do not follow FASB ASC				
声	and complete lines 29 through 33.	occ, check here			
ნ 29	Capital stock or trust principal, or current fund	ds.		29	
호 30 호 30	Paid-in or capital surplus, or land, building, or			30	
8 31 31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances 22 22 25 26 26 27 27 28 27 27 27 27 27 27 27 27 27 27 27 27 27	Total net assets or fund balances			32	344,744
			455 406		494,744
33	Total liabilities and net assets/fund balances		455 406	33	

	1990 (2021) FRIENDS OF BATOO ST. COM		101/	Page	9 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
			425	<i>-</i> 0	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	437		
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 25	
3	Revenue less expenses. Subtract line 2 from line 1	3	348		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	- 3	<u>,69</u>	6.
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,		244	- 4	
Da	column (B))	10	344	, 74	4.
Pa	rt XII Financial Statements and Reporting			Г	
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		l	_ _
				/es	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			77
2a			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С					
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	•			7.7
	Act and OMB Circular A-133?		3a	_	<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	00	
			Form 9	90 (2	2021)

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Name of the organization **Employer identification number** **-***1817 FRIENDS OF BAYOU ST. JOHN Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 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 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

(Complete only if you checke fails to qualify under the tests	ed the box on line s	5, 7, or 8 of Part I o	or if the organization			-
Section A. Public Support			,			
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4,7=0.1)	\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	(2, = 2.2	(,	(7)	(7)
2 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 				O		
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support	•	•			•	
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 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 instructi	ons)			12	
13 First 5 years. If the Form 990 is for the						
organization, check this box and sto	p here					
Section C. Computation of Publ	ic Support Pe	rcentage				
14 Public support percentage for 2021 (line 6, column (f),	divided by line 11,	column (f))		14	9
15 Public support percentage from 2020					15	9
16a 33 1/3% support test - 2021. If the						x and
stop here. The organization qualifies						
b 33 1/3% support test - 2020. If the		-				
and stop here. The organization qua						
17a 10% -facts-and-circumstances test	•	• • •				
and if the organization meets the fact	ts-and-circumstand	ces test, check this	box and stop he	ere. Explain in Part		

Schedule A (Form 990) 2021

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the

organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box 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	nete Part II.)				_
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		. ,	,	. ,	,	. ,
	membership fees received. (Do not						
	include any "unusual grants.")	135,457.	232,886.	174,897.	38,046.	400,354.	981,640.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	396,218.	415,761.	528,359.	25,543.	27,263.	1393144.
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	531,675.	648,647.	703,256.	63,589.	427,617.	2374784.
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons	49,612.	111,938.	102,000.	17,000.	5,000.	285,550.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b	49,612.	111,938.	102,000.	17,000.	5,000.	285,550.
8	Public support. (Subtract line 7c from line 6.)						2089234.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	531,675.	648,647.	703,256.	63,589.	427,617.	2374784.
k	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 on line 10b, whether or not the business is regularly carried on	O					
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					2,999.	2,999.
13	Total support. (Add lines 9, 10c, 11, and 12.)	531,675.	648,647.	703,256.	63,589.	430,616.	2377783.
14	First 5 years. If the Form 990 is for th	ie organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3) organizatio	on,
							>
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2021 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	87.86 %
	Public support percentage from 2020					16	86.68 %
	ction D. Computation of Inves						0.0
	Investment income percentage for 20					17	.00 %
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						7 is not ▶X
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see inst	tructions	<u></u>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	2-		
	3a		
	3b		
	0.0		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	46.		
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b		the organization accepted a gift or contribution from any of the following persons?		Yes	No
a b		the organization accepted a gift or contribution from any of the following persons?			
b	A ne	the organization accepted a gift of contribution from any of the following persons:			
	, , pc	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c l	below, the governing body of a supported organization?	11a		
_	A fan	nily member of a person described on line 11a above?	11b		
С	A 35	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
				Yes	No
1		he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
	orgai	nization(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,			
0	supe	rvised, or controlled the supporting organization.	2		
Sec	tion	C. Type II Supporting Organizations		I I	ı
				Yes	No
1		e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
500	<u>the s</u> Ytion	upported organization(s). D. All Type III Supporting Organizations	1		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	B. All Type III dapporting dryamizations		V	N.
4	Did +	he organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
1		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a			
		ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supp	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b	<u> </u>	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2		rities Test. Answer lines 2a and 2b below.		Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	0-		
1-		these activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3		e activities but for the organization's involvement. nt of Supported Organizations. Answer lines 3a and 3b below.	ZU		
о a		the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		he 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.

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

<u>4</u> 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _(continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	3		
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2021 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
с	From 2018			
d	From 2019			
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i_	Carryover from 2016 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
с	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
b	Excess from 2018			
с	Excess from 2019			
d	Excess from 2020			
	Evenes from 2021			

Schedule A (Form 990) 2021

Dort VI	(I of the section of
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.)
	<u> </u>
-	
_	
-	

Schedule A

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

2021

** Do Not File **

*** Not Open to Public Inspection ***

Payer's Name	2017 Amount	2018 Amount	2019 Amount	2020 Amount	2021 Amount
SOUTHERN EAGLE	37,800.	43,938.	37,000.	0.	5,000.
PROXIMO SPIRITS	0.	18,000.	15,000.	0.	0.
SUNDANCE BEVERAGE COMPANY	11,812.	0.	0.	0.	0.
POSITIVE VIBRATIONS FOUNDATION	0.	50,000.	50,000.	0.	0.
ENTERGY	0.	0.	0.	17,000.	0.
Total to Schedule A, Part III, Line 7a	49,612.	111,938.	102,000.	17,000.	5,000.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization

FRIENDS OF BAYOU ST. JOHN

Employer identification number

-*1817

Organization type (check 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					
	s covered by the General Rule or a Special Rule.					
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$					
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify a requirements of Schedule B (Form 990)					

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

FRIENDS	$\sim E$	$D \lambda V \cap II$	сm	
LLTUND	UF	DAIUU	\circ	UUDN

-*1817

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	SOUTHERN EAGLE 5300 BLAIR ST. METAIRIE, LA 70003	\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIA AVE. NW WASHINGTON, DC 20004	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	US SBA SVO GRANT 409 3RD ST. SW WASHINGTON, DC 20416	\$ 356,642.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US SBA PAYROLL PROTECTION PROGRAM 409 3RD ST. SW WASHINGTON, DC 20416	\$9,192.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **3**

Name of organization Employer identification number

FRIENDS OF BAYOU ST. JOHN

-*1817

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional angus is needed	1017
	(see instructions). Ose duplicate copies of Part II il a	dullional space is needed.	T
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		•	
	- <u></u>	\$	Schedule B (Form 990) (20

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** **-***1817 FRIENDS OF BAYOU ST. JOHN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF BAYOU ST. JOHN

Employer identification number **-***1817

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
APPRECIATION, RESPONSIBLE RECREATION AND INCENTIVES FOR A HEALTHY BAYOU
ST. JOHN THAT IS ACCESSIBLE TO ALL. THE ORGANIZATION'S MOST
SIGNIFICANT ACTIVITY IS TO PRODUCE THE ANNUAL MID-CITY BAYOU BOOGALOO
FESTIVAL.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS TWO LEVELS OF MEMBERSHIP:
CLASS A - VOTING
CLASS B - NON-VOTING
CHADD D NON VOIING
TODY OOD DADE UT GEGETON A LINE OF
FORM 990, PART VI, SECTION A, LINE 8B:
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES MADE UP OF MEMBERS OUTSIDE OF
THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
ONCE THE 990 FORM IS COMPLETED, A COPY IS E-MAILED TO THE BOARD FOR REVIEW.
FORM 990, PART VI, SECTION B, LINE 12C:
ALL MEMBERS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST POLICY UPON (A)
JOINING THE BOARD OR (B) UPON UPDATE OF SAID POLICY. BOARD MEMBERS ARE
REQUIRED TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST
THROUGHOUT THE YEAR AND DURING BOARD MEETINGS. AS STATED IN THE POLICY,
"AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE
GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** FRIENDS OF BAYOU ST. JOHN **-***1817 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 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 THE HIRING PROCESS. FORM 990, PART VI, SECTION C, LINE 19: ALL INFORMATION IS AVAILABLE UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: CONTRACT LABOR: PROGRAM SERVICE EXPENSES 36,389. MANAGEMENT AND GENERAL EXPENSES 0. 0. FUNDRAISING EXPENSES 36,389. TOTAL EXPENSES CONSULTING: PROGRAM SERVICE EXPENSES 0. 6,200. MANAGEMENT AND GENERAL EXPENSES 0 _ FUNDRAISING EXPENSES TOTAL EXPENSES 6,200. PAYROLL PROCESSING FEES: PROGRAM SERVICE EXPENSES 0. MANAGEMENT AND GENERAL EXPENSES 86.

Schedule O (Form 990) 2021	Page 2
Name of the organization FRIENDS OF BAYOU ST. JOHN	Employer identification number **-**1817
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	86.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, CO.	L A 42,675.

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	C o n v	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MANAGEMENT AND GENERAL													
1	(D)TRAILER - FLOATING BOOTH	05/18/15	200DB	7.00	НҮ17	650.				650.	563.		29.	592.
2	(D)TRAILER FOR FLOATING DOCK	06/08/15	200DB	7.00	HY17	2,418.				2,418.	2,095.		108.	2,203.
3	(D)FURNITURE - COUCH	04/06/15	200DB	7.00	HY17	1,027.				1,027.	890.		46.	936.
4	(D)FLOATING BOOTH	05/06/15	200DB	7.00	HY17	7,400.				7,400.	6,409.		331.	6,740.
6	(D)FLOATING DOCK	05/23/15	200DB	7.00	HY17	2,677.				2,677.	2,319.		120.	2,439.
8	(D)MERCHANDIZE STORAGE	06/05/15	200DB	7.00	HY17	2,124.				2,124.	1,840.		95.	1,935.
13	(D)10X10 TENTS	05/10/07	200DB	7.00	HY17	302.				302.	302.		0.	302.
14	(D)SUPPLIES & FILE CABINETS	06/13/07	200DB	7.00	HY17	239.				239.	239.		0.	239.
	* 990 PAGE 10 TOTAL MANAGEMENT AND GENERAL					16,837.				16,837.	14,657.		729.	15,386.
	* GRAND TOTAL 990 PAGE 10 DEPR					16,837.				16,837.	14,657.		729.	15,386.
	CURRENT YEAR ACTIVITY													
	BEGINNING BALANCE					16,837.			0.	16,837.	14,657.			15,386.
	ACQUISITIONS					0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED					16,837.			0.	16,837.	14,657.			15,386.
	ENDING BALANCE					0.			0.	0.	0.			0.

^{128111 04-01-21}

⁽D) - Asset disposed

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

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Business or activity to which this form relates

990

Sequence No. 179

OMB No. 1545-0172

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

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

Identifying number

_	ENDS OF BAYOU ST. J			ORM 99				**-***1817
Pa	rt Election To Expense Certain Proper	ty Under Section 17	'9 Note: If you have a	ny listed pro	perty, co	omplete Part		
	Maximum amount (see instructions)							1,050,000.
2 7	otal cost of section 179 property place							
3 1	Threshold cost of section 179 property		2,620,000.					
4 F	Reduction in limitation. Subtract line 3	4						
<u>5</u> [Pollar limitation for tax year. Subtract line 4 from line	5						
6	(a) Description of pro-	ost						
7 L	isted property. Enter the amount from	line 29		L	7			
8 7	otal elected cost of section 179 prope	rty. Add amounts	in column (c), lines 6	and 7			8	
9 T	entative deduction. Enter the smaller	of line 5 or line 8					9	
	Carryover of disallowed deduction from							
11 E	Business income limitation. Enter the s	maller of business	income (not less than	n zero) or line	5		11	
	Section 179 expense deduction. Add li							
	Carryover of disallowed deduction to 20				13			
Note	: Don't use Part II or Part III below for	listed property. Ins	stead, use Part V.					
Pai	rt II Special Depreciation Allowa	nce and Other De	epreciation (Don't in	clude listed	property	·.)		
14 5	Special depreciation allowance for qual	lified property (oth	er than listed property	/) placed in s	ervice c	luring		
	he tax year					-	14	
	Property subject to section 168(f)(1) ele							
							. 16	
	rt III MACRS Depreciation (Don't							
			Section A					
17 N	MACRS deductions for assets placed in	n service in tax yea	ars beginning before 2	2021			17	729.
	MACRS deductions for assets placed in you are electing to group any assets placed in serving to group any as					> [17	729.
	you are electing to group any assets placed in servi	ice during the tax year in		accounts, check	here .	> _		
	you are electing to group any assets placed in servi	ice during the tax year in	to one or more general asset	ear Using the country (d) Resear Using the country (d) Research	here .	> _		
18 If	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property	Placed in Service (b) Month and year placed	to one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	ear Using the country (d) Resear Using the country (d) Research	here . e General	ral Depreciat	tion Syste	m
18 If	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property	Placed in Service (b) Month and year placed	to one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	ear Using the country (d) Resear Using the country (d) Research	here . e General	ral Depreciat	tion Syste	m
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18 If	Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property	Placed in Service (b) Month and year placed	to one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	ear Using th	here . e General	ral Depreciat	tion Syste	m
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19a b c d e	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	Placed in Service (b) Month and year placed	to one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	ear Using th	here . e General	ral Depreciat	tion Syste	m
18 if	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Placed in Service (b) Month and year placed	to one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	accounts, check ear Using th n se (d) Re pe	e General ecovery	ral Depreciat	(f) Method	m
19a b c d e	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property	Placed in Service (b) Month and year placed	to one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	accounts, check ear Using th n se (d) Re pe	here . e Gener ecovery eriod yrs.	ral Depreciat (e) Convention	(f) Method	m
19a b c d e	you are electing to group any assets placed in serv Section B - Assets (a) Classification of property 3-year property 5-year property 7-year property 10-year property 15-year property 20-year property	Placed in Service (b) Month and year placed	to one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	accounts, check ear Using the (d) Re pe 25 27.6	e General ecovery eriod yrs.	ral Depreciat (e) Convention	(f) Method S/L S/L	m
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19a b c d e f g	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property	Placed in Service (b) Month and year placed	to one or more general asset e During 2021 Tax Yo (c) Basis for depreciatio (business/investment us	accounts, check ear Using the (d) Re pe 25 27.5	e General ecovery eriod yrs.	(e) Convention MM MM MM	S/L S/L S/L S/L	m
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19a b c d e f g h	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F	Placed in Service (b) Month and year placed in service (c) Month and year placed in service //	to one or more general asset e During 2021 Tax Y (c) Basis for depreciatio (business/investment us only - see instructions)	accounts, check ear Using the company of the compan	yrs. 5 yrs. yrs. yrs.	(e) Convention MM MM MM MM	S/L	m (g) Depreciation deduction
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19a b c d e f g h 20a b c d Pan 21 L 22 1	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year **T IV Summary** (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service // // // // // // // // // // // // /	to one or more general asset e During 2021 Tax Ye (c) Basis for depreciatic (business/investment us only - see instructions) During 2021 Tax Yea es 19 and 20 in column	accounts, check par Using the compensation (d) Repersion (e) Persion (d) Repersion (e) Persion (e) Per	yrs. 5 yrs. Wrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs. y	MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i 20a b c d Par 21 L E E	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 15-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year rt IV Summary (See instructions.) Listed property. Enter amount from line fotal. Add amounts from line 12, lines enter here and on the appropriate lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // // // // // 28 14 through 17, line of your return. Pa	to one or more general asset e During 2021 Tax Ye (c) Basis for depreciation (business/investment us only - see instructions) During 2021 Tax Yea es 19 and 20 in column artnerships and S corp	accounts, check par Using the (d) Re pe 25 27.5 27.5 39 ar Using the 12 30 40 an (g), and lin porations - see	yrs. 5 yrs. Wrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs. y	MM	S/L	m (g) Depreciation deduction
19a b c d e f g h i	Section B - Assets (a) Classification of property 3-year property 5-year property 10-year property 20-year property 25-year property Residential rental property Nonresidential real property Section C - Assets F Class life 12-year 30-year 40-year **T IV Summary** (See instructions.) Listed property. Enter amount from line Total. Add amounts from line 12, lines	Placed in Service (b) Month and year placed in service (c) Month and year placed in service // // // // Placed in Service // / / 28 14 through 17, line of your return. Paservice during the	to one or more general asset e During 2021 Tax Ye (c) Basis for depreciatio (business/investment us only - see instructions) During 2021 Tax Yea es 19 and 20 in column artnerships and S corp current year, enter the	accounts, check ear Using the (d) Re pe 25 27.5 27.5 39 ar Using the 12 30 40 an (g), and lin corations - see	yrs. 5 yrs. Wrs. yrs. yrs. yrs. yrs. yrs. yrs. yrs. y	MM	S/L	m (g) Depreciation deduction

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

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

(c) Type of property (list whiches first) Date D		240, Columns (a) till ough (c) or section.	A, all Ol C	ection b,	, and c	Jection C	ıı appı	icabic.						
(p) Type of property (list whiches first) Date Date Date Date Description Descript		Section A -	Depreciation	n and Othe	r Informa	ation (Cau	ution:	See the	instruc	tions for li	mits for	passeng	er auton	nobiles.)		
Type of property (nist vehicles that placed in placements of the control investment of the contr	24a	Do you have evidence to s	support the bus	siness/investn	nent use cl	aimed?		Yes	No	24b If "Y	'es," is tl	ne evide	nce writt	ten?	Yes [No
used more than 50% in a qualified business use: 26 Property used more than 50% in a qualified business use: 27 Property used more than 50% in a qualified business use: 28 Property used 50% or less in a qualified business use: 29 Section 1		Type of property	Type of property (list vehicles first) Date placed in investmen		nt	Cost or		Basis for depreciation (business/investment		Recovery	Me	Method/		Depreciation		ted n 179
27. Property used more than 50% or less in a qualified business use: 28. Add amounts in column (t), lines 25 through 37. Enter here and on line 21, page 1 29. Add amounts in column (t), lines 25 through 37. Enter here and on line 21, page 1 29. Add amounts in column (t), lines 25 through 37. Enter here and on line 21, page 1 29. Add amounts in column (t), lines 25 through 37. Enter here and on line 21, page 1 29. Add amounts in column (t), lines 25 through 37. Enter here and on line 21, page 1 29. Add amounts in column (t), lines 25 through 37. Enter here and on line 21, page 1 29. Section 5 - Information on Use of Vehicles 29. Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 59' owner,' or leated person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30. Total business/investment miles driven during the year. 21. Total other personal (noncommuting) miles of vehicle wellicle vehicle Vehicl	<u></u>	Special depreciation allo	wance for q	ualified listed	d property	y placed i	in serv	ice durin	g the ta	ax year and	L					
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43 Amortization of costs that began before your 2021 tax year 43	42	Amortization of costs th	at begins du	ring your 202	21 tax yea	ar:										· ·
43 Amortization of costs that began before your 2021 tax year 43					: :											
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44 Total. Add amounts in column (f). See the instructions for where to report 44																
	44	Total. Add amounts in o	column (f). Se	e the instruc	ctions for	where to	repor	t					44			