**Return of Organization Exempt From Income Tax** 

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

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

Open to Public Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2018 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable X Address FRIENDS OF BAYOU ST. JOHN X Name change 20-3461817 Doing business as Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number 504-488-3865 Final return/ termin-ated 3201 ORLEANS AVE. 648,647. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended NEW ORLEANS, LA 70119 H(a) is this a group return F Name and address of principal officer: JARED ZELLER Yes X No Applicafor subordinates? SAME AS C ABOVE ]Yes [ H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no ) If "No." attach a list, (see instructions) J Website: ► WWW.BAYOUSTJOHN.ORG H(c) Group exemption number ▶ K Form of organization X Corporation Association Other > L Year of formation 2006 M State of legal domicile LA Part I Summary Briefly describe the organization's mission or most significant activities: PROMOTING THE STEWARDSHIP Governance CULTURAL APPRECIATION, RESPONSIBLE RECREATION AND INITIATIVES Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 6 4 Number of independent voting members of the governing body (Part VI, line 1b) ۰ Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 200 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 7a b Net unrelated business taxable income from Form 990-J **7**b **Prior Year Current Year** 135,457. 232,886. Contributions and grants (Part VIII, line 1h) 396,218. 415,761. Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 531,675. 648,647. Total revenue - add lines 8 through 11 (must equal Part ) 25,768. 25,987. Grants and similar amounts paid (Part IX, column (A), lines (53) 0 -Benefits paid to or for members (Part IX, column (A), line 4) 48,015. 48,015. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 599. **b** Total fundraising expenses (Part IX, column (D), line 25) 570,266. 484,945. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17  $5\overline{58,728}$ 644,268. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <27,053. 4,379. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5,583. 16,816. 20 Total assets (Part X, line 16) 1,388.17,000. 21 Total liabilities (Part X, line 26) 4,195. <184. Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than on all information of which preparer has any knowledge Signature of officer Sign ZELLER PRESIDENT Here Type or print name and title Preperer's signature Print/Type preparer's name P01216293 ma Paid GINA RACHEL 72-1202445 POSTLETHWAITE & NETTERVILLE Preparer Firm's name Firm's address ONE GALLERIA BLVD., **Use Only** 

LHA For Paperwork Reduction Act Notice, see the separate instructions. 832001 12-31-18

METAIRIE, LA 70001

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

Form **990** (2018)

X Yes

Phone no (504)837-5990

20-3461817 Pag

## Part IV Checklist of Required Schedules

	,		Yes	No
ı	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
1	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			.,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			17
	sımılar amounts as defined ın Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
5	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
	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,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
	If "Yes," complete Schedule D, Part IV	9_		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
1	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,		Х	
	Part VI	11a	Λ	
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total	446		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Λ
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11c		Х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		21
a	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	11d		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e	Х	23
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-110		
•	the organization's separate or consolidated infancial 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
22	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
20	Schedule D, Parts XI and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
٠	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
_	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		į	
_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	į		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	ļ	X
0a	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		<u> </u>
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	

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Form 990 (2018) FRIENDS OF BAYOU ST. JOHN 20-3461817 Page 4 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 X Schedule J 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х Schedule L. Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, Х director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V. line 1 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 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 X

Note.	All Form 990 filers are required to complete Schedule O
Part V	Statements Regarding Other IRS Filings and Tax Compliance

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

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 in line 1a. Enter -0- if not applicable

С	d the organization comply with backup withholding rules for reportable payments to vendors and reportable gamir	ηg
	ambling) winnings to prize winners?	

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form 990 (2018)

X

Yes No

37

63

1 61	Otatements Regarding Other Ins Finings and Tax Compliance (continued)							
•		ı	Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
_	filed for the calendar year ending with or within the year covered by this return  [2a] 1		v					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X				
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule</i> O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	3b						
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	ا ۔ ا		Х				
ь	If "Yes," enter the name of the foreign country:	4a						
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	Manager Barrier Barrie	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-						
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6ь						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X				
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1					
_	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	, and a second of the second o	_9b_						
10	Section 501(c)(7) organizations. Enter:							
a	Initiation fees and capital contributions included on Part VIII, line 12		1					
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(a)(12) propriettings. Fatory							
···	Section 501(c)(12) organizations. Enter:  Gross Income from members or shareholders		- [					
h	Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against							
-	amounts due or received from them)		1					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	Ì					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1						
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand	[						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or							
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.		1					
		Form	990 (	2018)				

20-3461817 FRIENDS OF BAYOU ST. JOHN Page 6 Form 990 (2018) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 6 **b** Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X 8a a The governing body? X 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 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 in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a a The organization's CEO, Executive Director, or top management official X 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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. Another's website X Upon request X Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records JARED ZELLER - 504-488-3865

Form 990 (2018)

NMOT4751

70119

3201 ORLEANS AVE., NEW ORLEANS, LA

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

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

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

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

Check this box if perther the organization nor any related organization compensated any current officer, director, or trustee.

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

<b>(A)</b> Name and Title	(B) Average	(C) Position (do not check motox, unless personal)						(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
Name and Title	hours per				rson i	s bot	h an	compensation	compensation	amount of
	week (list any hours for related	<del></del> -		d a d		pages		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
	organizations below line)	Individual trustee or director	Institutional trustee	Officer	жеу етріоуее	Highest compensated employee	Former	(W 2 1033 IMIGG)		and related organizations
(1) GEOFF COATS	1.00					İ				
BOARD MEMBER		X	<u> </u>			_		0.	0.	0.
(2) RODNEY BEALS	1.00	[								
BOARD MEMBER		X				ļ		0.	0.	0
(3) PAM COHN	1.00									
BOARD MEMBER (THRU 11/2018)		X	<u> </u>	<u> </u>		<u> </u>		0.	0.	0
(4) MARGARET COMSTOCK	1.00									
BOARD MEMBER (THRU 12/2018)		X	L			<u> </u>		0.	0.	0.
(5) HOLLY POPHAM	1.00	. '			İ	1	ļ			
BOARD MEMBER		X	_		L	ļ		0.	0.	0
(6) IAN MCNULTY	1.00						Ì			
BOARD SECRETARY		X		Х			_	0.	0.	0.
(7) WILLIAM RAMSEY	2.00					ĺ				
BOARD TREASURER		X		X	ļ	╙		0.	0.	0.
(8) JASON HEMEL	1.00									
BOARD VICE PRESIDENT	10.00	X		Х		<u> </u>		0.	0.	0 .
(9) JARED ZELLER	40.00			i				44 600		
BOARD PRESIDENT		X		Х		$\vdash$		44,603.	0.	0.
						_	_			
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(A)  Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Кеу етріоуев	Key emproyee Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr organo	pensa om the anizat d relat anizati	e ion ed
						_			-		-		
1b Sub-total							<u> </u>	44,603.		0.			0.
<ul> <li>Total from continuation sheets to Part VI</li> <li>Total (add lines 1b and 1c)</li> </ul>	I, Section A						<b>&gt;</b>	0. 44,603.		0.			0.
2 Total number of individuals (including but n compensation from the organization ▶	ot limited to th	ose	liste	ed a	bov	e) wi	no re	eceived more than \$100	,000 of reportable	•			0
3 Did the organization list any former officer,			e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on		•	Yes	No X
<ul> <li>line 1a? If "Yes," complete Schedule J for s</li> <li>For any individual listed on line 1a, is the su</li> <li>and related organizations greater than \$150</li> </ul>	ım of reportab	le c							the organization		3		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compe	nsat	ion 1	from	any	y uni			idual for services		5		х
Section B. Independent Contractors  1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization Report compensation for (A)	the calendar y	ear	end	ng v	<u>with</u>	or w	<u>ıthır</u>	(B)			(0		-
Name and business	address	N	INC	<u>E</u>				Description of s	services		ompe	nsatio	n
				-				<u> </u>					
						•							
2 Total number of independent contractors (in \$100,000 of compensation from the organic		not l	mite	d to		se li 0	stec	d above) who received n	nore than				

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(4)	, •	***	Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
			Oncor ii Contedute O Cont	CITIO C TOSPOTISE	o	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	•	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines Total. Add lines 1a-1f	ts, and ve 1f	9,377.  223,509. 19,350.  Business Code	232,886.			
Program Service Revenue		b	BAYOU BOOGALOO MEMBERSHIP DUES	<u> </u>	711300	409,684. 6,077.	409,684. 6,077.		
Progra Re			All other program service reve Total. Add lines 2a·2f	enue	<b>&gt;</b>	415,761.			
	3 4 5		Investment income (including other similar amounts) Income from investment of tal Royalties		<b>&gt;</b>				
		þ	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(II) Other				
9		d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraisir	ng events (not	<b>•</b>				
Other Revenu		b	contributions reported on line Part IV, line 18 Less: direct expenses	of e 1c). See . a b					
0	9	c a	Net income or (loss) from fun Gross income from gaming a Part IV, line 19 Less: direct expenses						
	10	c a	Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold						
	11		Net income or (loss) from sale Miscellaneous Revent	ue	Business Code				
		b c d	All other revenue						
	12		Total. Add lines 11a-11d Total revenue. See instructions		<b>&gt;</b>	648,647.	415,761.	0	. 0.

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Sect	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
_	Check if Schedule O contains a respons	se or note to any line in t	his Part IX (B)	(C)	(D) X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	25,987.	25 <b>,</b> 987 <b>.</b>		······
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	1			
	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	44,603.	22,301.	22,302.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	İ			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)		}		
9	Other employee benefits				
0	Payroll taxes	3,412.	1,706.	1,706.	
1	Fees for services (non-employees):				
a	Management				
b	Legal	5,000.	5,000.		
c	Accounting	4,761.		4,761.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17			<del></del>	
f	Investment management fees				-
	Other. (If line 11g amount exceeds 10% of line 25,	<del>-</del>			· · · · · · · · · · · · · · · · · · ·
9	column (A) amount, list line 11g expenses on Sch O)	177,426.	173,487.	3,939.	
2	Advertising and promotion	29,914.	29,914.		<u> </u>
3	Office expenses	26,506.	6,464.	20,042.	<del></del>
	Information technology	20,300.		20,012.	<del></del> -
4				<del></del>	
5	Royalties	3,333.		3,333.	
6	Occupancy	6,774.	6,531.	243.	<del></del>
7	Travel	0,774.	0,331.	243.	
8	Payments of travel or entertainment expenses	1	1	ľ	
_	for any federal, state, or local public officials	172.	<del></del>	172.	
9	Conferences, conventions, and meetings	150.	<del></del>	150.	
0	Interest	130.	_ <del>-</del>	150.	
1	Payments to affiliates	2 126		2 126	<del></del>
2	Depreciation, depletion, and amortization	2,136.	10 101	2,136.	
3	Insurance	18,181.	18,181.		·····
4	Other expenses I temize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	OTHER FESTIVAL EXPENSES	295,169.	295,169.		
b	MEMBERSHIP CAMPAIGN	599.			599
С	LICENSES & PERMITS	145.		145.	
ď					
e	All other expenses				<del></del>
5	Total functional expenses. Add lines 1 through 24e	644,268.	584,740.	58,929.	599
<u>5</u> 6	Joint costs. Complete this line only if the organization				
•	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Charles and Company and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Control of Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Charles and Char				

Par	tΧ	Balance Sheet				
<u> </u>		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		9,097.	1	0.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo			· · · · · · · · · · · · · · · · · · ·	
		trustees, key employees, and highest compensations				
		Part II of Schedule L	, ,		5	
i	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section				
	Ì	employers and sponsoring organizations of sect				
S		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net		7		
As	8	inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	i -	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a 27,234	•		
	h	Less: accumulated depreciation	10a 27,234 10b 21,896	7,474.	10c	5,338.
	11	Investments - publicly traded securities		11	•	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		245.	15	245.
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	16,816.	16	5,583.
	17	Accounts payable and accrued expenses	<u> </u>		17	1,105.
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete		21		
s	22	Loans and other payables to current and former		<del></del>		
ij.		key employees, highest compensated employee				
Liabilities		Complete Part II of Schedule L			22	
تّ	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate		17,000.	24	0.
	25	Other liabilities (including federal income tax, pa		<u> </u>		
		parties, and other liabilities not included on lines			1	
		Schedule D		0.	25	283.
	26	Total liabilities. Add lines 17 through 25		17,000.	26	1,388.
		Organizations that follow SFAS 117 (ASC 958	3), check here X and			
Ś		complete lines 27 through 29, and lines 33 ar				
2 L	27	Unrestricted net assets		<184.	27	4,195.
ala	28	Temporarily restricted net assets	·		28	
9 P	29	Permanently restricted net assets			29	
Š		Organizations that do not follow SFAS 117 (A			, ,	
or F		and complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or ea		31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances	,	<184.	>33	4,195.
	34	Total liabilities and net assets/fund balances		16,816.	34	5,583.

orm	990 (2018) FRIENDS OF BAYOU ST. JOHN	20-346	1817	Pag	ge 12
	TXI Reconciliation of Net Assets				
•	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,2	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>79.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		<1	<u>84.</u> >
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	- 4	<u>4,1</u>	95.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			, <u>-</u>	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	<b>.</b> O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				:
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			l
		2c			
	nedule O.			i	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			
	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 req	ured audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2018)

## SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of t	he organization			·		_	Employer	identification number	
	FRIE	NDS OF BAY	OU ST. JOHN				2	0-3461817	
Part 1	Reason for Public (	Charity Status (A	All organizations must co	mplete th	ıs part ) Se	e instruction	s		
The organ  1	Ization is not a private found A church, convention of chi A school described in secti A hospital or a cooperative A medical research organizative, and state:	urches, or associatio ion 170(b)(1)(A)(ii). (/ hospital service orga	on of churches described Attach Schedule E (Forn anization described in se	d in <b>sectio</b> n 990 or 99 ection 170	n 170(b)(1 90-EZ).) (b)(1)(A)(ii	i).	)(iii). Enter	Of the hospital's name,	
5 <u> </u>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7 <u> </u>	An organization that norma section 170(b)(1)(A)(vi). (Co A community trust describe	omplete Part II.)			ernmental	unit or from t	he general	public described in	
9	An agricultural research orgor university or a non-land-guniversity:								
10 X	An organization that normal activities related to its exemincome and unrelated busin See section 509(a)(2). (Cor	npt functions - subject ness taxable income	ct to certain exceptions,	and (2) no	more that	n 33 1/3% of	its support	from gross investment	
11 <u> </u> 12 <u> </u>	An organization organized a An organization organized a more publicly supported or	and operated exclusi and operated exclusi	ively for the benefit of, to	perform t	the functio	ns of, or to c			
a 🗀	Innes 12a through 12d that Type I. A supporting orgathe supported organization	anization operated, s on(s) the power to re	supervised, or controlled gularly appoint or elect a	by its sup	ported org	janization(s),	typically by		
<b>b</b> [	organization. You must of Type II. A supporting org control or management of organization(s). You must be organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization.	anization supervised fithe supporting organic	d or controlled in connections anization vested in the s						
c	Type III functionally inte	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.			
d L	Type III non-functionally that is not functionally int requirement (see instruct	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an			
e	Check this box if the organization functionally integrated, or	r Type III non-functio				ı Туре I, Туре	e II, Type III		
	er the number of supported of	•							
	vide the following information (i) Name of supported organization	about the supporte	(iii) Type of organization (described on lines 1-10 above (see instructions))		nization listed ing document?	(v) Amount o	•	(vi) Amount of other support (see instructions)	
			above (see instructions))						
	<del></del>						<del></del>		
Total									

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

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

Sec	tion A. Public Support					_				
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")						<u>/</u>			
2	Tax revenues levied for the organ-									
	ızatıon's benefit and either paid to									
	or expended on its behalf					/				
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3				<u></u>	/				
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)	., ,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1, 1*, , ******************************	·.·	<i>A.</i>					
	Public support. Subtract line 5 from line 4				<del>/</del>	<u> </u>				
	ction B. Total Support	4.10044	41.0045	4-3-0040	4-0.004.7	(-) 2018	(O Total			
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
_	and income from similar sources			/		· -				
9	Net income from unrelated business		/	1						
	activities, whether or not the									
40	business is regularly carried on		<del>- / -</del>	-		-				
10	Other income. Do not include gain		/							
	or loss from the sale of capital		/							
44	assets (Explain in Part VI.)  Total support. Add lines 7 through 10		1							
11 12	Gross receipts from related activities	etc (see instruction	onel	<u>.</u>	<u>.1</u>	12				
13	First five years. If the Form 990 is fo			rd fourth or fifth t	ax vear as a sectio					
	organization, check this box and sto		/	,	<b></b> ,	(-/(-/	▶□			
Se	ction C. Computation of Publ		rcentage	-						
	Public support percentage for 2018 (			column (f))		14	%			
15	Public support percentage from 2017	7 Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2018. If the			on line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and			
	stop here. The organization qualifies						▶□			
t	33 1/3% support test - 2017. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/39	% or more, check t	his box			
	and stop here. The organization qua	lifies as a publicly :	supported organiz	ation						
17a	10% -facts-and-circumstances tes									
	and if the organization meets the "fag	ts-and-circumstan	ices" test, check t	his box and <b>stop l</b>	here. Explain in Pa	irt VI how the orga	nization			
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶∟			
ŀ	10% -facts-and-circumstances tes	st - 2017. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explai	n in Part VI how the	e			
	organization meets the "facts-and-cir						▶□			
18	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									
					Sch	edule A (Form 990	or 990-EZ) 2018			

832022 10-11-18

## Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF BAYOU ST. JOHN 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

Se	ction A. Public Support	elow, please comp	nete i ait ii.j				
Cale	indar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	31,634.	30,348.	182,970.	135,457.	232,886.	613,295.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	414,395.			396,218.		2,170,034.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513			660.			660.
4	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	115 000	450 333	602.001	521 675	640 647	
	Total. Add lines 1 through 5	446,029.	459,737.	697,901.	531,675.	648,647.	<u>2,783,989.</u>
7	Amounts included on lines 1, 2, and			71 010	40 610	111 020	222 260
t	3 received from disqualified persons 3 Amounts included on lines 2 and 3 received from other than disqualified persons that			71,819.	49,612.	111,938.	233,369.
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b		-	71,819.	49,612.	111,938.	233,369.
8	Public support. (Subtract line 7c from line 6)		•				2,550,620.
Section B. Total Support							
Cale	indar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	446,029.	459,737.	697,901.	531,675.	648,647.	2,783,989.
10	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ı	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12)	446,029.	459,737.	697,901.	531,675.	648,647.	2,783,989.
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Per	rcentage	<u> </u>			
15	Public support percentage for 2018 (I	ine 8, column (f), d	ivided by line 13,	column (f))		15	91.62 %
<u>16</u>	Public support percentage from 2017	Schedule A, Part	III, line 15			16	95.11 %
Se	ction D. Computation of Inves	stment Income	e Percentage	_			
17	Investment income percentage for 20	18 (line 10c, colun	nn (f), divided by li	ne 13, column (f))	_	17	.00 %
18	Investment income percentage from 2	2017 Schedule A,	Part III, line 17			18	%
19;	33 1/3% support tests - 2018. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	ïes as a publicly s	upported organiza	tion	<b>►</b> X
	33 1/3% support tests - 2017. If the	=					ano 
20	line 18 is not more than 33 1/3%, che		-				
	Private foundation. If the organizatio 23 10-11-18	n did not check a l	DOX OF LINE 14, 19	a, OI 190, CHECK TH		edule A (Form 990	or 990-EZ) 2018

Yes No

### Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

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C	9a 9b 9c	10-E7	2018

Par	<del>1</del> V	Type III Non-Functionally Integrated 509(a)(3) Supporting			
ì		Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. All
		other Type III non-functionally integrated supporting organizations must con	mplete Se	ctions A through E	
Secti	ion A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net:	short-term capital gain	1		
2	Reco	overies of prior-year distributions	2		
3	Othe	er gross income (see instructions)	3		
4	Add	lines 1 through 3	4		
5		reciation and depletion	5		
6	Port	ion of operating expenses paid or incurred for production or			
	colle	ection of gross income or for management, conservation, or			
	mair	ntenance of property held for production of income (see instructions)	6		
7		er expenses (see instructions)	7		
8	Adju	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggı	regate fair market value of all non-exempt-use assets (see			
	ınstr	uctions for short tax year or assets held for part of year):			
а	Ave	rage monthly value of securities	1a		
b	Ave	rage monthly cash balances	1b		
С	Fair	market value of other non-exempt-use assets	1c	· · · · · · · · · · · · · · · · · · ·	
d	Tota	al (add lines 1a, 1b, and 1c)	1d		
е	Disc	count claimed for blockage or other			
	facto	ors (explain in detail in <b>Part VI</b> ):			
2	Acq	uisition indebtedness applicable to non-exempt-use assets	2		
3	Sub	tract line 2 from line 1d	3		
4	Cas	h deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see	instructions)	4		
5	Net	value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Mult	tiply line 5 by 035	6		
_ 7	Rec	overies of prior-year distributions	7	<u></u>	
_8_	Min	imum Asset Amount (add line 7 to line 6)	8		
Sect	ion C	- Distributable Amount			Current Year
1	Adju	isted net income for prior year (from Section A, line 8, Column A)	1		
2	Ente	er 85% of line 1	2	·····	
3	Mını	mum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Ente	er greater of line 2 or line 3	4		
5	Inco	ome tax imposed in prior year	5		
6	Dist	tributable Amount. Subtract line 5 from line 4, unless subject to			
	<u>em</u> e	ergency temporary reduction (see instructions)	6		
7		Check here if the current year is the organization's first as a non-functional	y integrate	ed Type III supporting org	ganization (see
		instructions).			

Schedule A (Form 990 or 990-EZ) 2018

	1 Type III Non-1 unctionally integrated 505	Called Cabbon und Cide	- II-Carolio (Continued)	
•	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)		(iii) Distributable
Sect	ion E - Distribution Allocations (see Instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6	`		
2	Underdistributions, if any, for years prior to 2018 (reason-			, ,
	able cause required explain in Part VI). See instructions.			H-1
3	Excess distributions carryover, if any, to 2018			
а	From 2013	,,,,		· · · · · · · · · · · · · · · · · · ·
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	·		
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years	······································		
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			1
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			μ μι,
8	Breakdown of line 7:			
а	Excess from 2014	, , , , , , , , , , , , , , , , , , ,		<del>                                     </del>
	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
6	Excess from 2018	•		}

Schedule A (Form 990 or 990-EZ) 2018

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## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

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

Par	t   Organizations Maintaining Donor Advise		or Accounts. Complete if the
7 7-1	organization answered "Yes" on Form 990, Part IV, lin		·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	ed only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose co	onferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pai	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historic	cally important land area
	Protection of natural habitat	Preservation of a certifie	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	E 1
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	• •	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
_	listed in the National Register	I and the second of the second backles a	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	rganization during the tax
_	year -		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
6	Starr and volunteer mours devoted to morntoning, inspecting,	manding of violations, and emorning conser	valion casements doming the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
•	<b>▶</b> \$	g	· · · · · · · · · · · · · · · · · · ·
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?	•	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
	conservation easements.		
Pa	↑ III Organizations Maintaining Collections o		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherand	e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publi	c service, provide the following amounts
	relating to these items:		_
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X		<b>&gt;</b> \$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2018

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Sche	dule D (Form 990) 2018 FRIENDS	OF BAYOU	ST.	JOHN				<u>20-34</u>	6181	7 p	age 2
	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, o	or Othe					
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following tha	t are a si	gnificant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c	ı 🔲	Loan or exc	hange progra	ams					
b	Scholarly research	e		Other							
c	Preservation for future generations										
4	Provide a description of the organization's ca	ollections and explai	in how th	ney further ti	he organizati	on's exe	mpt purp	ose in Pai	t XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or oth	er sımılar	assets				
	to be sold to raise funds rather than to be made	aintained as part of	the orga	nization's co	ollection?				Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the	e organizatio	n answered '	'Yes" on	Form 990	0, Part IV,	line 9, oi		
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	s or other as	sets not	ıncluded				
	on Form 990, Part X?								Yes		] No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:							
									Amoun	t	
c	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year .						1e				
f	Ending balance						11				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or cu	ustodial acco	unt liabil	rty?		Yes		No
ь	If "Yes," explain the arrangement in Part XIII.	Check here if the e	xplanation	on has been	provided on	Part XIII					]
Par	† V Endowment Funds. Complete	f the organization ar	nswered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) F	nor year	(c) Two year	rs back	<b>(d)</b> Three y	years back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships					_					
е	Other expenditures for facilities					1					
	and programs					_					
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%				ŕ					
c	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administe	red for t	ne organi	zation			
	by:									Yes	No
	(i) unrelated organizations .								3a(i)		
	(ii) related organizations								3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3ь		
4	Describe in Part XIII the intended uses of the		owment	funds							
Pa	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part I\	V, line 11a S	See Form 990	), Part X,	line 10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	е
		basis (investi	ment)	basis	(other)	der	oreciation				
1a	Land										
þ	Buildings										
С	Leasehold improvements										
d	Equipment				9,599.		9,5				0.
е	Other			<u> </u>	7,635.		12,2	97.		<u>5,3</u>	38.
Tatal	Add lines 1a through 1a (Column (d) must a	aual Form 990 Part	Y colur	mn /R) line 1	1001					5.3	38.

Schedule D (Form 990) 2018

	<del></del>	BAYOU ST. JO	HN	20-	-346181/ Page <b>3</b>
	Investments - Other Securities.				
-	Complete if the organization answered "Yes"				
	otion of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	-of-year market value
(1) Financi	al derivatives				
(2) Closely	·held equity interests				
(3) Other				<u></u>	
(A)					
(B)					
(C)					
(D)					
(E)					
<u>(F)</u>					<u> </u>
(G)					
(H)					
	b) must equal Form 990, Part X, col (B) line 12)				<del></del>
Part VIII	I Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11c. See Form 990, I	Part X, line 13.	l-of-year market value
	(a) Description of investment	(b) Book value	(c) Method of Va	aluation Cost or end	ror-year market value
<u>(1)</u>					<u></u>
(2)		<del> </del>			
(3)					
(4)					
(5)					
(6)				<del></del>	
(8)		<u> </u>			
(9)					
	(b) must equal Form 990, Part X, col (B) line 13 )			<del></del>	
Part IX	Other Assets.  Complete if the organization answered "Yes"	an Form 000 Port IV Ju	o 11d Soo Form 000	Dart Y line 15	
		Description	le i la See i oilli 930,	rait X, line 13.	(b) Book value
	(4)	, Boodinption			
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(5)	· · · · · · · · · · · · · · · · · · ·				
(6)		<u> </u>			
<u>(7)</u>		-			
(8) (9)					
	umn (b) must equal Form 990, Part X, col (B) lii	ne 15 )		<b>•</b>	
Part X	Other Liabilities.	ie 10)			
1 41 4 20	Complete if the organization answered "Yes	on Form 990, Part IV, lir	ne 11e or 11f. See Form	n 990. Part X. line 25	
1.	(a) Description of liability	-	(b) Book value		
	deral income taxes				
	ANAGED CASH OVERDRAFT		283.		
(3)	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon				
(4)					
<u>(5)</u> (6)					
(8)					
(8)					

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047

Open to Public Inspection

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

Name of the organization	RAVOII	NHOI LS					Employer identification number 20-3461817
نترا							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	[
criteria used to award the grants or assistance?	stance?			1			X Yes No
<ol> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ol>	ocedures for moni	toring the use of grant	funds in the United	States.			
Part # Grants and Other Assistance to Domestic Organizations and Domestic Governments. Com	Domestic Organi \$5,000, Part II car	izations and Domesti	c Governments. C	omplete if the orga led.	nization answered "Y	<b>Domestic Governments.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any diffactional space is needed.	. IV, line 21, for any
1 (a) Name and address of organization or government	(a)	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
FAUBOURG ST. JOHN NEIGHBORHOOD ASSOCIATION INC 3301 GRANT RT ST. JOHN STREET - NEW ORLEANS, LA							
70119	74-2633439	501(C)(3)	5,120.	0			REVENUE SHARE
MORRIS JEFF COMMUNITY SCHOOL FO BOX 19227 NEW ORLEANS LA 70179	26-4161479	501(C)(3)	5,635,	0			PARTNER IN PESTIVAL - REVENUE SHARE
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government o	rganizations listed in the	ne line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table	is listed in the line	1 table					<b>A</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Forn	s, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2018)

(a) Type of grant or assistance

. Page 2

20-3461817

(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other) Part # | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THE ORGANIZATION DISTRIBUTES FUNDS TO NONPROFIT PARTNERS OF THEIR (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THE FUNDS ARE UNRESTRICTED PART I, LINE 2: FESTIVALS.

### SCHÈDULE O (Form 990 or 990-EZ)

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

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

FRIENDS OF BAYOU ST. JOHN	20-3461817
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
SUPPORT A CLEAN, HEALTHY BAYOU ST. JOHN THAT IS ACCESSIBLE	E TO ALL.
FORM 990, PART VI, SECTION A, LINE 4:	
MOTHERSHIP FOUNDATION CHANGED ITS NAME IN MARCH 2018 TO FE	RIENDS OF BAYOU
ST. JOHN.	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION HAS TWO LEVELS OF MEMBERSHIP:	
CLASS A - VOTING	
CLASS B - NON-VOTING	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES MADE UP OF M	MEMBERS OUTSIDE OF
THE GOVERNING BODY.	
<del>_</del>	
FORM 990, PART VI, SECTION B, LINE 11B:	<del></del>
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 I	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 MATER	IAL FACTS, AND
AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SH	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedi	ule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization FRIENDS OF BAYOU ST.	JOHN	Employer identification number 20-3461817
GOVERNING BOARD OR COMMITTEE MEETIN	G WHILE THE DETERMINAT	TION OF A CONFLICT
OF INTEREST IS DISCUSSED AND VOTED	UPON. THE REMAINING BO	DARD OR COMMITTEE
MEMBERS SHALL DECIDE IF A CONFLICT	OF INTEREST EXISTS."	IF THERE IS A
CONFLICT OF INTEREST, THEN THE BOAR	D FOLLOWS THE CONFLICT	r of interest's
PROCEDURES FOR ADDRESSING THE CONFL	ICT.	
FORM 990, PART VI, SECTION B, LINE	15A:	<del></del>
THE ORGANIZATION HAS A HUMAN RESOUR	CES PROFESSIONAL ON T	HE BOARD WHO
HANDLES JOB DESCRIPTIONS AND SALARY	REQUIREMENTS FOR THE	HIRING PROCESS.
FORM 990, PART VI, SECTION C, LINE		
ALL INFORMATION IS AVAILABLE UPON R	REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER	FFFS.	
CONTRACT LABOR:	r eeo.	
PROGRAM SERVICE EXPENSES		173,487.
MANAGEMENT AND GENERAL EXPENSES		0.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		173,487.
CONSULTING:		<u> </u>
PROGRAM SERVICE EXPENSES		0.
MANAGEMENT AND GENERAL EXPENSES		3,386.
FUNDRAISING EXPENSES		0.
TOTAL EXPENSES		3,386.
PAYROLL PROCESSING FEES:		
PROGRAM SERVICE EXPENSES	O.L	0 <b>.</b> edule O (Form 990 or 990-EZ) (2018)
832212 10-10-18	32	edule O (FOIM 990 of 990-E2) (2016)

Schedule O (Form 990 or 990 EZ) (2018)	Page <b>2</b>
Name of the organization FRIENDS OF BAYOU ST. JOHN	Employer identification number 20-3461817
MANAGEMENT AND GENERAL EXPENSES	553.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	553.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	
TOTAL OTHER TEED ON TORIL 3907 TAKE TAY BIRE TICY COL II	
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