	000	
Form	330	

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

OMB No. 1545-0047 \mathbf{n} 1 **Open to Public** Inspection

		of the Treasury nue Service	 Go to www.irs.gov/Form990 for instructions and 	•	•	Open to Public Inspection				
					UG 31, 2022	•				
B c	Check if applicabl	le: C Name o	forganization		D Employer identifica	ation number				
	Addre		NDS OF WWOZ, INC.							
	Name chang		usiness as		**-***222	0				
	Initial return	v		Room/suite	E Telephone number					
	 Final return		504-568-1	239						
	termin ated		5,781,588.							
	Amen	ded NT TTAT	urn							
	Applic tion		nd address of principal officer: CHAUNCEY L. ROYSTE	R	for subordinates?					
	pendi		AS C ABOVE		H(b) Are all subordinates incl					
11	Fax-ex	empt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 📃 527		st. See instructions				
			WWOZ.ORG		H(c) Group exemption					
κF	Form of	forganization:	X Corporation Trust Association Other ►	L Year	of formation: 1986 M	State of legal domicile: ${f LA}$				
Pa	art I	Summary								
e	1	Briefly describ	be the organization's mission or most significant activities: $rac{ extsf{FRIEI}}{ extsf{relevent}}$	NDS OF	WWOZ, INC.	OPERATES A				
Governance		NONCOMM	ERICAL, EDUCATIONAL RADIO STATION	WHICH	WAS [CONT'D	ON SCH 0]				
erné	2	Check this bo	x 🕨 🛄 if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass					
Š0	3	Number of vo	ting members of the governing body (Part VI, line 1a)			16				
ن ھ	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			16 17				
ies										
Activities &			of volunteers (estimate if necessary)			300				
Act			d business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.				
					Prior Year	Current Year				
ne			and grants (Part VIII, line 1h)		4,255,325.	5,494,151.				
Revenue		•	ce revenue (Part VIII, line 2g)		0.	0.				
Re			come (Part VIII, column (A), lines 3, 4, and 7d)		8,720. 253,774.	16,057.				
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,517,819.	135,744. 5,645,952.				
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,517,819.	<u> </u>				
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
			to or for members (Part IX, column (A), line 4)		1,722,067.	1,883,522.				
Expenses			r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
nəc	10a	Professional f	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 1,329,64	47	• •	•				
Ĕ			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,120,981.	2,857,369.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,843,048.	4,740,891.				
			expenses. Subtract line 18 from line 12		1,674,771.	905,061.				
es					ginning of Current Year	End of Year				
ets (20	Total assets (I	Part X, line 16)		5,419,395.	4,509,272.				
Ass Bal	21		(Part X, line 26)	······	1,982,266.	167,082.				
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20	······ 	3,437,129.	4,342,190.				
	art II	Signature			, , , , , , , , , , , , , , , , , , , ,	, = _ , = • •				
		-								

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer CHAUNCEY L. ROYSTER, C Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN
Paid	JOHN S. WILES, CPA		P01222673		
Preparer	Firm's name 🕒 LAPORTE, APAC			Firm's EIN 🕨 **	-***8864
Use Only	Firm's address 👞 111 VETERANS MEM	IORIAL BLVD., #600			
	METAIRIE, LA 700	05-4958		Phone no. 504 -	835-5522
May the I	RS discuss this return with the preparer shown ab	ove? See instructions			X Yes No
132001 12-0	D9-21 LHA For Paperwork Reduction Act Noti	ce, see the separate instructions.			Form 990 (2021)
S	SEE SCHEDULE O FOR ORGANIZ	ATION MISSION STATE	MENT C	ONTINUATI	ON

	1990 (2021) FRIENDS OF WWOZ, INC.	**-***2220	Pag
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	[
1	Briefly describe the organization's mission:		
	FRIENDS OF WWOZ, INC. OPERATES A NONCOMMERICAL, EDUCA STATION WHICH WAS LICENSED TO OPERATE BY THE FEDERAL		
	COMMISSION ON OCTOBER 29, 1981. THE STATION'S CALL		12
	WWOZ-FM THE MISSION OF THE STATION IS TO CELEBRATE		01
2	Did the organization undertake any significant program services during the year which were not listed on the year which were n		01
-	prior Form 990 or 990-EZ?		X
	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 service	vices? Yes	X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	to others, the total expenses,	and
	revenue, if any, for each program service reported. (code:) (Expenses \$ 2,439,350 · including grants of \$)	1	
4a	(Code:)(Expenses 2,439,350. including grants of) FRIENDS OF WWOZ, INC. OPERATES A NONCOMMERICAL, EDUCA	(Revenue \$ ATTONAL RADIO	
	STATION WHICH WAS LICENSED TO OPERATE BY THE FEDERAL		IS
	COMMISSION ON OCTOBER 29, 1981. THE STATION'S CALL		
	THE MISSION OF THE STATION IS TO CELEBRATE THE CULTUR	RAL DIVERSITY C)F
	NEW ORLEANS AND ITS SURROUNDING REGIONS THROUGH MUSIC		
	THE STATION IS FUNDED MAINLY BY FEDERAL AND STATE GRA		
	THE NEW ORLEANS JAZZ AND HERITAGE FOUNDATION, COMMUN		
	UNDERWRITING CONTRIBUTIONS. THE BROADCAST HOURS OF TWERE 8,760 FOR 2022.	THE RADIO STATI	.ON
	WERE 8,760 FOR 2022.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
	,,, , ,, , , , , , , , , ,		
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 2,439,350.		000
000-		Form	790 (
32002	² 12-09-21 2		
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		100	

 Form 990 (2021)
 FRIENDS OF WWOZ, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	If "Yes," complete Schedule A	2	X	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2		
•	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	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,		х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	- 11	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
U	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
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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 Form 990 (2021)
 FRIENDS
 OF
 WWOZ,
 INC.

 Part IV
 Checklist of Required Schedules (continued)

22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			_
	Part 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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
-	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			Ι.
~	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	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			
u	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete Schedule N, Part II</i>	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
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			
~	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 41	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	N
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 17	′		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?		X 990	(000
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30	330 755639 18599 2021.05070 FRIENDS OF WWOZ, INC.	185	599_	

2a					Yes	٤.
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					ł
	filed for the calendar year ending with or within the year covered by this return	2a	17			l
	If at least one is reported on line 2a, did the organization file all required federal employment tax retur			2b	Х	Γ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions					t
				3a	Х	ľ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	Х	t
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					t
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		l
	If "Yes," enter the name of the foreign country		/			ľ
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccou	nts (FBAR).			l
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		ľ
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		t
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		t
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					t
	any contributions that were not tax deductible as charitable contributions?			6a		l
	If "Yes," did the organization include with every solicitation an express statement that such contribut					t
	were not tax deductible?			6b		l
	Organizations that may receive deductible contributions under section 170(c).			0.0		ł
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the pavor?	7a	Х	ľ
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	ł
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			15		ł
	to file Form 8282?			7c		l
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		10		ł
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		L	7e		ľ
				76 7f		ł
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		ł
-	If the organization received a contribution of qualified intellectual property, did the organization life or			79 7h		ł
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		ł
				8		ľ
	Sponsoring organization have excess business nothings at any time during the year?	•••••		0		ł
				9a		ľ
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		ł
	Section 501(c)(7) organizations. Enter:			30		ł
	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	11a	1			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	114				
		116				
	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	1	120		ſ
		1041	:	12a		ł
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120	I			I
	Is the organization licensed to issue qualified health plans in more than one state?			13a		f
	Note: See the instructions for additional information the organization must report on Schedule O.	•••••		15a		┝
	°					
	Enter the amount of reserves the organization is required to maintain by the states in which the	106	1			
	organization is licensed to issue qualified health plans	13b	+			I
	Enter the amount of reserves on hand	13c		44-		┞
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		ł
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedu</i>			14b		┞
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					l
	excess parachute payment(s) during the year?			15		┝
	If "Yes," see the instructions and file Form 4720, Schedule N.	 :		40		I
	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	it inco	ome?	16		┞
	If "Yes," complete Form 4720, Schedule O.					I
7 \$	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					l
						£
ä	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.			17		1

Form 990	(2021)
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FRIENDS OF WWOZ, INC.

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

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				_
				Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	6		
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b 1	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				
	officer, director, trustee, or key employee?		2		Γ
3	Did the organization delegate control over management duties customarily performed by or under t				t
•	of officers, directors, trustees, or key employees to a management company or other person?		3		
4	Did the organization make any significant changes to its governing documents since the prior Form				t
- 5	Did the organization become aware during the year of a significant diversion of the organization's a				t
				x	t
6 7-	Did the organization have members or stockholders?		0	- 23	╀
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		_	v	
	more members of the governing body?		7a	X	╀
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			I
а	The governing body?		8a	X	L
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				Γ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		L
ec	tion B. Policies (This Section B requests information about policies not required by the Internal				
				Yes	Ι
Da	Did the organization have local chapters, branches, or affiliates?		10a		t
	If "Yes," did the organization have written policies and procedures governing the activities of such				t
~	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		l
1			11a	x	t
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		IId	- 11	┝
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			v	l
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>			X	╞
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X	Ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				l
	on Schedule O how this was done		12c	Х	
3	Did the organization have a written whistleblower policy?			Х	
4	Did the organization have a written document retention and destruction policy?		14	Х	
5	Did the process for determining compensation of the following persons include a review and appro				T
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	•			L
а	The organization's CEO, Executive Director, or top management official		15a	x	I
	Other officers or key employees of the organization			x	t
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		150		\dagger
6-		amont with a			
oa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang		10		I
	taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				L
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	anization's			L
	exempt status with respect to such arrangements?		16b		
ec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed NONE				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 990-T (section 501(c)((3)s only) avail	а
	for public inspection. Indicate how you made these available. Check all that apply.				
		in on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	,	and fina	ncial	
-	statements available to the public during the tax year.			.0141	
^		ooks and records			
0	State the name, address, and telephone number of the person who possesses the organization's b BEAU ROYSTER $-504-568-1239$	oucks and records			
			-	000	
2006	3 12-09-21		Form	1 990	(2
~ ~					
30	330 755639 18599 2021.05070 FRIENDS OF WWC	DZ, INC.	185	599	

Part VII	Compensation of Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensate
	Employees, and Independe	ent Contrac	ctors				

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.

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

(A) Name and title	(B) Average hours per week	box	not c , unle	ss pe	ition ^{more} rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BETH UTTERBACK CEO	40.00			x				165,565.	0.	10,212.
(2) CHAUNCEY ROYSTER	40.00									
CFO				Х				101,664.	0.	23,364.
(3) DEBORAH D HARKINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(4) BOB EDMUNDSON	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(5) COURTNEY SLATTEN KATZENSTEIN	2.00									•
BOARD MEMBER		X						0.	0.	0.
(6) DAVID KERSTEIN	2.00								0	0
TREASURER		X		X				0.	0.	0.
(7) NORMAN ROBINSON	2.00								0	0
BOARD MEMBER	2 00	Х						0.	0.	0.
(8) IRMA THOMAS	2.00	v						0.	0.	0
BOARD MEMBER	2.00	X						0.	0.	0.
(9) RONALD MCCLAIN	2.00	x						0.	0.	0.
BOARD MEMBER (10) SIDNEY CATES	2.00	^						0.	0.	0.
PRESIDENT	6.00	x		x				0.	0.	0.
(11) BRITTANY MAJOR	2.00	Δ		~				•	•	0.
SECRETARY	2.00	x		x				0.	0.	0.
(12) TULIO MURILLO	2.00									
BOARD MEMBER		x						0.	0.	0.
(13) J PEGUES	2.00							•		
BOARD MEMBER		х						0.	0.	0.
(14) BRUCE BARNES	2.00									
BOARD MEMBER		х						0.	0.	0.
(15) CHRISTOPHER LEBATO	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) BRUCE WAINER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) FLOZELL DANIELS JR.	2.00									
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21						_				Form 990 (2021)

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2021.05070 FRIENDS OF WWOZ, INC.

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	n 990 (20)	*									**_**	**2	220	Pa	age 8
Par	rt VII s	ection A. Officers, Directors, Tru		ploy	vees		d Hi C)	ighe	st C						
(A) Name and title			week						h an tee)	from the	(E) Reportable compensatio from related organizations	in I S	am c comp	(F) imate ount o other pensa	of tion
			related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	;C/	orga and	om the anizati I relate nizatio	ion ed
		RA LACEN KELLER	2.00	x						0.		ο.			0.
	RD MEMB	5K		A											
										267,229.		0.	22	3,5	76
	Subtota Total fr	n om continuation sheets to Part '								0.		0.			0.
-		dd lines 1b and 1c)								267,229.		0.	33	3,5	76.
2		mber of individuals (including but usation from the organization	not limited to tr	iose	liste	ed al	bove	e) wi	no r	eceived more than \$100	,000 of reportabl	е			2
														Yes	No
3		organization list any former office If "Yes," complete Schedule J for		,	-	•				ghest compensated emp			3		х
4		individual listed on line 1a, is the steel ted organizations greater than \$1		le co	omp	ensa	atior	n and	d ot	her compensation from			4	x	
5	Did any	person listed on line 1a receive of	r accrue compei	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				
Sec		d to the organization? If "Yes," co Idependent Contractors	mplete Schedul	e J f	or si	uch	pers	son .					5		X
1	Comple	te this table for your five highest o										pensa	ation fr	om	
	the orga	nization. Report compensation fo	r the calendar y	ear	endi	ng v	vith	or w	ithir I	n the organization's tax (B)	year.		(C	<u> </u>	
		Name and busines	s address	N	ONI	Ξ				Description of s	services	C	ompen		n
2		mber of independent contractors 00 of compensation from the orga		ot li	mite	d to		se li: 0	stec	d above) who received n	nore than				
													Form S)90 (2	2021)

132008 12-09-21

	VIII	/	ENDS OF						220 Pa
		Check if Schedule O	contains a respo	onse or n	ote to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excl
Γ	1 a	Federated campaigns	1a						
		Membership dues			1,830.				
	с	Fundraising events	1c		5,000.				
	d	Related organizations	1d		0,000.				
	е	Government grants (conti	ributions) 1e	51	8,561.				
	f	All other contributions, gifts,	grants, and						
		similar amounts not included	above 1f	27	8,760.				
	g	Noncash contributions included in	lines 1a-1f	\$					
	h	Total. Add lines 1a-1f			🕨	<u>5,494,151.</u>			
				Bu	siness Code				
	2 a								
	b								
	С								
	d								
	е								
		All other program service							
_		Total. Add lines 2a-2f							
	3	Investment income (inclue	-			16,253.			16 2
		other similar amounts)			F	10,233.			16,2
	4	Income from investment of			· · ·				
	5	Royalties	(i) Rea		Personal				
	6 .	Cross ranta		. (1)	1 ersonar				
		Gross rents	6b						
		Less: rental expenses							
		Rental income or (loss) Net rental income or (loss	6c		>				
		Gross amount from sales of) (i) Securit		(ii) Other				
	<i>,</i> u	assets other than inventory	7a		(.,				
	h	Less: cost or other basis							
		and sales expenses	7b		196.				
	с	Gain or (loss)	7c		-196.				
		Net gain or (loss)				-196.			-1
		Gross income from fundraisi							
		including \$ 35	5,000. of						
		contributions reported on							
		Part IV, line 18		8a 26	0,780.				
	b	Less: direct expenses			5,440.				
		Net income or (loss) from			🕨	125,340.			125,34
	9 a	Gross income from gamin	g activities. See	e					
		Part IV, line 19	-	9a					
	b	Less: direct expenses		9b					
	с	Net income or (loss) from	gaming activitie	s	►				
1	0 a	Gross sales of inventory,	less returns						
		and allowances		10a					
	b	Less: cost of goods sold		10b					
L	с	Net income or (loss) from	sales of invento		🕨				
					siness Code	F 584			
1		LICENSE PLATE			00099	5,579.		ļ	
		BROADCASTING			00099	4,549.		ļ	
		MISCELLANEOUS			00099	276.	276.	ļ	
		All other revenue				10 404			
1	е	Total. Add lines 11a-11d Total revenue. See instruction				10,404. 5,645,952.	10,404.		141,3
_	2					<u>, הוה עהן</u>	1 10 404	I 0.	

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FRIENDS OF WWOZ, INC. Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(D) 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				
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	281,939.	140,795.	91,792.	49,352
6	Compensation not included above to disqualified	201,555.	110,755.	51,7520	19,552
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,089,899.	544,273.	354,843.	190,783
8	Pension plan accruals and contributions (include	, ,			/ _ / _ /
-	section 401(k) and 403(b) employer contributions)	70,202.	35,057.	22,856.	12,289
9	Other employee benefits	337,066.	168,324.	109,740.	59,002
10	Payroll taxes	104,416.	52,143.	33,995.	18,278
11	Fees for services (nonemployees):				
а					
b	· · · [5,674.		5,674.	
с	• • • •	27,550.		27,550.	
d	Lobbying				
е					
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	83,745.	61,297.	22,448.	
12	Advertising and promotion				
13	Office expenses	31,468.	15,810.	15,658.	
14	Information technology	156,317.	101,152.	18,777.	36,388
15	Royalties				
16	Occupancy	99,350.	42,393.	56,957.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	76,779.	26,017.	50,762.	
23	Insurance	40,712.	40,712.		
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		1,666,552.	1,083,259.		583,293
b	MEMBERSHIP PREMIUMS	288,270.			288,270
с	TELEPHONE	122,104.	3,252.	118,852.	
d	FINANCIAL FEES	70,416.	19,100.	6,749.	44,567
е	· · · · · · · · · · · · · · · · · · ·	188,432.	105,766.	35,241.	47,425
25	Total functional expenses. Add lines 1 through 24e	4,740,891.	2,439,350.	971,894.	1,329,647
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (202

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Form **990** (2021)

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FRIENDS OF WWOZ, INC.

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,647,773.	1	1,730,873.
	2	Savings and temporary cash investments	2,420,345.	2	2,421,762.
	3	Pledges and grants receivable, net	60,760.	3	62,486.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	31,934.	9	64,049.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,160,894Less: accumulated depreciation10b930,792			
	b	Less: accumulated depreciation 10b 930,792.	258,583.	10c	230,102.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	5,419,395.	16	4,509,272.
	17	Accounts payable and accrued expenses	53,381.	17	112,082.
	18	Grants payable		18	
	19	Deferred revenue		19	55,000.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	309,235.	25	0.
	26	Total liabilities. Add lines 17 through 25	1,982,266.	26	167,082.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
čě		and complete lines 27, 28, 32, and 33.			
lan	27	Net assets without donor restrictions	3,437,129.	27	4,342,190.
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here 🕨 🗌			
ц		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
: As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	3,437,129.	32	4,342,190.
	33	Total liabilities and net assets/fund balances	5,419,395.	33	4,509,272.
					Form 990 (2021)

-*2220 Page 11

Form 990 (2021) Part X Balance Sheet

	1990 (2021) FRIENDS OF WWOZ, INC.	**_**	<u>*2220</u>	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,64		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,74		
3	Revenue less expenses. Subtract line 2 from line 1	3			61.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,43	7,1	29.
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,			~ 4	~ ~
	column (B))	10	4,34	2,1	90.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			37	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	-		77	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				ĺ
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2021)

132012 12-09-21

Department of the Treasury Internal Revenue Service

(Form 990)

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
------	--------	--------------

INdii	ie or i	une organization							identification number
		FRIE	NDS OF WWO	Z, INC.				*	*-**2220
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	complete t	his part.) S	See instruction	S.	
The	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	check only	one box.)			
1		A church, convention of ch							
2	H					// // //	•,,,,,,,,		
	H	A school described in secti							
3	\square	A hospital or a cooperative							
4		A medical research organization	ation operated in coi	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)	(III). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	nit describ	bed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 1	70(b)(1)(A)	(v).		
7		An organization that normal	lly receives a substa	ntial part of its support f	from a gov	vernmental	l unit or from th	ne general	public described in
		section 170(b)(1)(A)(vi). (Co	•		Ū			•	
8		A community trust describe		1)(A)(vi), (Complete Par	+ 11)				
9	\square	An agricultural research org				ed in conii	inction with a	land-arant	college
5									
		or university or a non-land-g	grant college of agric			manne, cit	y, and state of	the colleg	6 01
		university:							
10		An organization that normal							
		activities related to its exem							
		income and unrelated busir		(less section 511 tax) fr	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Cor	nplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	afety. See	section 50	09(a)(4).		
12	X	An organization organized a	and operated exclusi	vely for the benefit of, to	o perform	the function	ons of, or to ca	rry out the	e purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type o	f supporting organizatio	on and con	nplete line:	s 12e, 12f, and	l 12g.	
а	X	Type I. A supporting orga	nization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	giving
		the supported organization							
		organization. You must c			, ,				
b		Type II. A supporting organization	-		tion with it	te sunnart	ed organizatio	n(s) by ba	vina
	L	control or management o	-				•		-
		-			ame perso		Shiror or mana	ge the sup	ported
_		organization(s). You mus							
с		☐ Type III functionally inte						ly integrate	ed with,
		its supported organization							
d		_ Type III non-functionally	/ integrated. A supp	orting organization oper	rated in co	nnection v	with its suppor	ted organi	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and	l an attent	iveness
		_ requirement (see instructi	ions). You must con	plete Part IV, Sections	s A and D	, and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, or	Type III non-function	nally integrated support	ing organi	zation.			
f	Ente	er the number of supported o	organizations						1
g	Pro	vide the following information	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
NE	W O	RLEANS JAZZ							
AN		ERITAGE FOUNDA	**-***2744	10	x		1,666	.552.	0.
								,	
Tota	1						1,666	,552.	0.

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(b)(ir) IComplete only if you checked the box on line 5, 7, or 61 Part III. If the organization failes to qualify under Part III. If the organization failes to qualify under the tests istead below, please complete Part III. Section A. Public Support (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 offs, grants, contributions, and membership tess received. (Do not include any "unusual grants.") (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 offs, grants, contributions, and membership tess received. (Do not include any "unusual grants.") (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 3 The value of services or facilities (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 4 Total, Add lines 1 through 3 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 6 Public support, Skotaff tiss from test (d) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Anonats from line 4 (d) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Anonats from line 4 (d) 2017	Sch	edule A (Form 990) 2021 FI	RIENDS OF	WWOZ, IN	IC.		**_**	2220 Page 2
Table to quality under the tests listed below, please complete Part III.) Section A. Public Support Total section A. Public Support 1 offs, grants, contributions, and membership less received. (Ob not include any 'unusual grants.') (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 2 Tax revenues level for the organ- ization's benefit and ether paid to or expended on fits behalf	Pa	rt II Support Schedule for (Organization	s Described ir	Sections 170)(b)(1)(A)(iv) a	nd 170(b)(1)(A)(vi)
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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

Schedule A (Form 990) 2021

132022 01-04-22

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

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

	ction A. Public Support		i	1			i
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	l (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	ļ					
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
•	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
ale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	l (f) Total
9	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
6	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						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>					
14	First 5 years. If the Form 990 is for th	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	inization,
2	check this box and stop here						<u></u>
	ction C. Computation of Publ					45	
	Public support percentage for 2021 (15	%
16 30/	Public support percentage from 2020 ction D. Computation of Inves					16	%
	•					17	0/
	Investment income percentage for 20						%
18 10-	Investment income percentage from 22 1/2% support tests 2021 If the					18	/line 17 is not
136	a 33 1/3% support tests - 2021. If the more than 33 1/3%, check this box a						
F	33 1/3% support tests - 2020. If the						►
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
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					-		

FRIENDS OF WWOZ, INC.

Yes

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3b

3c

4a

4b

4c

5a

5b

5c

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9a

9b

9c

10a

10b

No

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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No

Yes No

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		X
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

|--|

			Yes
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		
	or management of the supporting organization was vested in the same persons that controlled or managed		
	the supported organization(s).	1	
Sec	ction D. All Type III Supporting Organizations		

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral P	Part Test during the veafsee instructions).

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

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17 2021.05070 FRIENDS OF WWOZ, INC. 3b | | Schedule A (Form 990) 2021

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2b

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Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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 complete Sections A through E.

FRIENDS OF WWOZ, INC.

Sectio	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3 (Other gross income (see instructions)	3		
4 /	Add lines 1 through 3.	4		
5 I	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
(collection of gross income or for management, conservation, or			
r	maintenance of property held for production of income (see instructions)	6		
7 (Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	instructions for short tax year or assets held for part of year):			
a /	Average monthly value of securities	1a		
b/	Average monthly cash balances	1b		
c l	Fair market value of other non-exempt-use assets	1c		
d '	Total (add lines 1a, 1b, and 1c)	1d		
еl	Discount claimed for blockage or other factors			
((explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
3 3	Subtract line 2 from line 1d.	3		
4 (Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
5	see instructions).	4		
5 1	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	on C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 i	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6 I	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrate	d Type III supporting org	Janization (see

instructions).

Schedule A (Form 990) 2021

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Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	าร	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 t	he organization is responsiv	e		
	(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	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	IS	(iii) Distributable
			Pre-2021		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				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	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:				
а	Excess from 2017				
b	Excess from 2018				
с	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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	(Form 990) 2021			WWOZ,			**_*	*2220 Page
Part VI	Supplemental I Part IV, Section A, lii line 1; Part IV, Section Section D, lines 5, 6	nes 1, 2, 3b, 3c, 4 on D. lines 2 and 3	o, 4c, 5a, : Part IV. S	6, 9a, 9b, 9c Section E. lin	, 11a, 11b, and 11c; es 1c. 2a. 2b. 3a. an	Part IV, Section E d 3b: Part V, line	e 17a or 17b; Part II 8, lines 1 and 2; Part 1: Part V. Section B	I, line 12; IV, Section C, line 1e: Part V.
	(See instructions.)	, and o, and r are i	,					
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32028 01-04-2			-		20			A (Form 990) 2
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

*	*	_	*	*	*	2	2	2	0	
						~	4	4	v	

	FRIENDS	OF	WWOZ
Organization type (che	eck one):		

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

INC.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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.

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

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

SCHEDULE D

Name of the organization

(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 ſ L Open to Public Inspection

Employer identification number

Ham	o or and	FRIENDS	OF WWOZ, IN	C.			<u> </u>	**-***2220
Par	rt I	Organizations Maintainin	ng Donor Advised	l Funds or Oth	er Similar Fund	s or A	ccou	Ints.Complete if the
		organization answered "Yes" on	Form 990, Part IV, line	6.				
				(a) Donor ad	vised funds		(b) Fun	ds and other accounts
1	Total r	number at end of year						
2		gate value of contributions to (dur						
3		gate value of grants from (during y						
4		gate value at end of year						
5		e organization inform all donors ar		-				
		e organization's property, subject						Yes
6		e organization inform all grantees,						
		aritable purposes and not for the b	penefit of the donor or	donor advisor, or f	or any other purpose	e confe	rring	
Der								Yes
Par		Conservation Easements				Part IV	, line 7	
1		se(s) of conservation easements h	, ,	· ·	· · · · · · · · · · · · · · · · · · ·			
		Preservation of land for public use	e (for example, recreati	on or education)				important land area
		Protection of natural habitat			Preservation o	of a cert	ified hi	storic structure
		Preservation of open space						
2		lete lines 2a through 2d if the orga	anization held a qualifie	ed conservation co	ntribution in the form	n of a co	onserv	ation easement on the las Held at the End of the Tax
	-	the tax year.						
		number of conservation easement					2a	
b		creage restricted by conservation			······		2b	
		er of conservation easements on a					2c	
d		er of conservation easements incl					0.4	
3		n the National Register					2d	during the tax
3			ullieu, transferreu, reie	aseu, extinguisneu	, or terminated by tr	ie orgai	IIZALIOI	i duning the tax
	year 🕨							
		er of states where property subject						
5		he organization have a written po						
6		ons, and enforcement of the cons						
6		nd volunteer hours devoted to me	onitoring, inspecting, n	and ing of violation	is, and emorcing cor	Iserval	ion eas	ements during the year
7	Amour	nt of expenses incurred in monitor	ring increating bandli	ng of violations on	d onforcing concorr	ation of		ata during the year
'	► \$	it of expenses incurred in monitor	ning, inspecting, narion	ng of violations, an			23611161	its during the year
8	-	each conservation easement repo	orted on line 2(d) above	satisfy the require	ments of section 17	O(b)(4)(I	⊇)(i)	
U		ection 170(h)(4)(B)(ii)?		• •				Yes
9		XIII, describe how the organization						
5		e sheet, and include, if applicable	•		•			
		zation's accounting for conservati		te to the organizat			at ucc	
Par		Organizations Maintainir		Art. Historical	Treasures. or C	Other	Simil	ar Assets.
_		Complete if the organization answ	-	-	,			
1a	If the c	organization elected, as permitted			s revenue statement	and ba	lance	sheet works
		historical treasures, or other simila		•				
		e, provide in Part XIII the text of th	•	-				
b		organization elected, as permitted					e shee	et works of
~		storical treasures, or other similar						
		e the following amounts relating to	•			linorarie	, o o i p i	
	•	evenue included on Form 990, Par						\$
		sets included in Form 990, Part X						
2		organization received or held work						
-		lowing amounts required to be rep				a gan,	P.010	
а		ue included on Form 990, Part VII						\$
		s included in Form 990, Part X						Υ \$
		aperwork Reduction Act Notice,				<u></u>		[⊕] Schedule D (Form 990)
	1 10-28-2	•						2
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			-		-	-		

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets[continued] 3 Using the organization accussion, and other records, check any of the following that make significant use of its collection terms (check all that apply): Puble exhibitson Charling the organization accussion, and other records, their any of the following that make significant use of its collections? Preservation for future generations Provide a description of the organization sciencical treasures, or other similar assets to be soft or anise funds rationation a dark of the organization accustoring in Part XIII. String the year, did the organization sciencical treasures, or other similar assets to be soft orise funds rationatic and a part of the organization answered "Yes" on Form 990, Part IV, line 9, or resported an anount on Form 900, Part X, line 21. Te is the organization an agent, fusites, custodian or other intermediary for contributions or ther assets not included on Form 900, Part X, line 21. Te forg balance the organization and using the year the organization and using the year the organization include an amount on Form 900, Part X, line 21. Part V Endowment Funds. Complete the organization asset on Form 900, Part X, line 10. the organization include an amount on Form 900, Part X, line 10. the organization include an amount on Form 900, Part X, line 10. the organization include an amount on Form 900, Part X, line 10. the organization include an amount on Form 900, Part X, line 10. the organization include an am	Sche		OF WWOZ,						**_**			<u>ge</u> 2
collection terms (check all that apply): d Loan or exchange program a Debic exhibition d Loan or exchange program b Scholarly research e Other Provide a description of the organization solucitors and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solucitors and explain how they further the organization assess to es of the organization and collection? Yes No Part VI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XII. To a Is the organization and gent, further, ousdodan or other intermediary for contributions or other assets not included on form 900, Part X, Ine 21. Is the organization and gent, further, ousdodan or other intermediary for contributions or other assets not included on form 900, Part X, Ine 21. Yes. No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation inbas been provided on Part XIII. Provide the asset and the organization include an amount on Form 900, Part X, Ine 21. Yes No b If "Yes," explain the arrangement in Part XIII. Check here If the explanation inbas been provided on Part XIII. Provide the astimuted part XIII. Check here If the explanation inbas been provided on Part XIII. Provide the astimuted part XIII. Check here If the explanation inbas been provided on Part XIII. Provide the astination include an amount on Form 900, Part X, Ine 10. <td>Pa</td> <td>t III Organizations Maintaining C</td> <td>Collections of A</td> <td>rt, Hist</td> <td>orical Tr</td> <td>easures, o</td> <td>or Othe</td> <td>r Simila</td> <td>ar Asse</td> <td>ts(contir</td> <td>nued)</td> <td></td>	Pa	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	or Othe	r Simila	ar Asse	ts (contir	nued)	
a Public exhibition d □ can or exchange program b Scholary research 0 □ Other	3		ion, and other record	ds, checł	any of the	following that	t make si	gnificant	use of its			
b Scholary research e Other												
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets 1 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Parl XIII. 7 Provide a description of the organization's collections? Yes 7 reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Both or organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 2 Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 3 D othe organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No 4 Additions of facilities Image: facilities Image: facilities Image: facilities 4 D othe organization include an amount on	а		c									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collection?	b	Scholarly research	e		Other							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Ves No Part IV Excrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization angement. Insules, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Ic c Beginning balance Ic Amount Ic d Additions during the year Id Id Intermediation angement in Part XII. 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XII. Check here if the organization has been provided on Part XII. Part V Fordowment Funds, complete the regarization answered 'Yes' on Form 990, Part X, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back in the organization answered 'Yes' on Form 990, Part X, line 21. a Beginning of year balance (b) Prior year (c) Two years back in the postession of the organization answered 'Yes' on Form 990, Part V, line 10.	С	Preservation for future generations										
top sold to raise funds rather than to be maintained as part of the organization's collection? Yes No. Part IV Escrow and Custodial Arrangements. Complete in the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21. Amount Yes No. b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Intermediation during the year Intermediation during they year Interme	4		-		-	-			ose in Par	t XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Exercise of the organization and agent, trustee, custodian or other intermediary for contributions of other assets not included an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ne b If 'Yes', explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Intermediate in the organization answered 'Yes' on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Intere years back (e) Four years back (e) Four years back in the arrangement in Part XII. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back in the organization answered 'Yes' on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year end balance (line 1g, column (a)) held as: a dordinate or calculates and programs. ind 1b Contributions	5					,				-		ı
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrew or custodial account liability? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 16 d Additions during the year 16 1a Is the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Beginning of year balance (a) Current year end balance (line 1g, column (a) held as: a a a a Arr bere endowment \box % % b permanent endowment \box <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>No</td></td<>												No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Amount Ic Amount d Additions during the year Id Id Id Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Pert V Fedowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X in Ine 2. Ine 0. Part V Indownent Funds. Complete if the organization answered 'Yes' on Form 900, Part X in Ine 0. Ine 0. Ine 0. a Grants or scholarships Into 0. Into 0. Into 0. Into 0. a Grants or scholarships Into 0. Into 0. Into 0. Into 0. a Grants or scholarships Into 0. Into 0. Into 0. Into 0. a Grants or scholarships Into 0. Into 0.	Pa			ete if the	organizatio	n answered '	'Yes" on I	Form 990), Part IV,	line 9, or		
on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part W, line 10. f a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back if organization answered 'Yes' on Form 990, Part W, line 10. f a Beginning of year balance (a) Current year (b) Prior year (c) Three years back if (e) Four years back if of Four years back if organization answered 'Yes' on Form 990, Part W, line 10. f Administrative expenses												
b If "Yes," explain the arrangement in Part XII and complete the following table:	1a									-		í
c Beginning balance Id d Additions during the year Id e Distributions during the year Id f Ending balance If a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided or Part XIII Image: Check here if the organization answered 'Yes' on Form 990, Part XI, line 10. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10. Image: Check here if the organization answere 'Yes' on Form 990, Part X, line 20. a Other expenditures for facilities Image: Check here if the organization answere 'Yes' on Form 990, Part X, line 10. Image: Check here if the organization is listed as required on Schedule R? b Permanet endowment image: Check here if the organization is listed as required on Schedule R? Sa(0) Sa(0) ii) Notic the org									L	Yes		No
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "ves," veloain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Three years back (e) Four years back a Beginning of year balance (a) Current year (b) Prior year (c) Three years back (e) Four years back a Grants or scholarships (a) Current year (b) Prior year (c) Three years back (e) Four years back e Other expenditures for facilities (b) Prior year (c) Three years back (e) Four years back f Administrative expenses (b) Current year (c) Three years back (e) Four years back g End of year balance (f) Administrative expenses (f) Administred for the current year end ba	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Grants or scholarships [a] Current year [b] Prior year [c] Two years back [c] Two										Amoun	t	
e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Contributions												
f Ending balance	d	Additions during the year						. 1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part K, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part K, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions 0 0 0 0 0 0 1a Contributions 0 <td>е</td> <td>Distributions during the year</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>. 1e</td> <td></td> <td></td> <td></td> <td></td>	е	Distributions during the year						. 1e				
b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back 6 Other expenditures for facilities (a) Current year end balance (line 1g, column (a)) held as: (a) Column (a) (a) Column (a) (a) Column (a) 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: (a) Column (a) (b) Parmanent endowment (b) (b) Parmanent endowment (b) (c) (c) Term endowment (c) (c) Accumation (c) (b) Parmanent endowment (c) (c) Accumation (c) 3 Are there endowment (c) (f) Unrelated organizations (b) Parmanent endowment (c) (c) Accumation (c) (b) Interve endowment (c) (c) Accumation (c) 4 Describe in Part XIII the intended uses of the organization s indowment funds. (c) Accumation (c) Accu								·				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back c Net investment earnings, gains, and losses (a) Current year (b) Prior year (c) Two years back (e) Four years back d Grants or scholarships (a) Current year (a) Current year (b) Prior year (c) Two years back	2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for e	escrow or cu	ustodial acco	unt liabilit	ty?	L	Yes		No
Image: the set of the se	_											
1a Beginning of year balance	Pai	Endowment Funds. Complete	1									
b Contributions			(a) Current year	(b) P	rior year	(c) I wo year	rs back (d) Three y	ears back	(e) Four	years t	Jack
c Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses										
and programs	d	Grants or scholarships										
f Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% mthe percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment ▶% (i) Unrelated organizations (ii) Unrelated organizations (iii) Related organizations (ii) Related organizations 3a(ii) 3a(ii) 3b	f	Administrative expenses										
a Board designated or quasi-endowment ▶% b Permanent endowment ▶% c Term endowment ▶% d Description satistic as required on Schedule R? d Description of property (a) Cost or other b Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings	g	End of year balance										
b Permanent endowment ▶ % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment		_%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations (ii) Related organizations (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (e) Cost or other (b) Cost or other	b	Permanent endowment	%									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land b Buildings c Leasehold improvements 381, 480. 294, 825. 86, 655. d Equipment 606, 376. 462, 929. 143, 447. e Other 173, 038. 173, 038. 0.	с	Term endowment	%									
by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other (b) Cost or 376. 462, 929. 143, 447. e Other (c) Accumulated (c)		The percentages on lines 2a, 2b, and 2c sho	buld equal 100%.									
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 5 b Buildings 381, 480. 294, 825. c Leasehold improvements 381, 480. 294, 825. d Equipment 606, 376. 462, 929. 143, 447. 173, 038. 0.	3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are held a	nd administe	red for th	e organiz	ation			
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings		by:									Yes	No
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation b Buildings		(i) Unrelated organizations								3a(i)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land										3a(ii)		
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	chedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land	Pai	rt VI Land, Buildings, and Equipn	nent.									
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	ed "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 990), Part X, I	ine 10.				
1a Land		Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Ac	cumulate	d	(d) Boo	k value	,
b Buildings 381,480. 294,825. 86,655. c Leasehold improvements 606,376. 462,929. 143,447. e Other 173,038. 173,038. 0.			basis (investr	ment)	basis	(other)	dep	reciation				
b Buildings 381,480. 294,825. 86,655. c Leasehold improvements 606,376. 462,929. 143,447. e Other 173,038. 173,038. 0.	1a	Land										
c Leasehold improvements 381,480. 294,825. 86,655. d Equipment 606,376. 462,929. 143,447. e Other 173,038. 173,038. 0.												
d Equipment 606,376. 462,929. 143,447. e Other 173,038. 173,038. 0.					38	1,480.	2	94,82	25.	8	6,65	55.
e Other												
											-	
				X, colun		-	<u></u>			23	0,10)2.

Schedule D (Form 990) 2021

12130330 755639 18599

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11h See Form 000 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
			for year market value
(1) Financial derivatives(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e TTd. See Form 990, Part X, line T5.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	· _ ·		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	
2 Liability for uncertain tax positions. In Part XIII, provide			bat roports the

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	dule D (Form 990) 2021 FRIENDS OF WWOZ, INC.			**_	***2220	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	n Revenue per R	eturr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	5,826	,988.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	45,400.			
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d	135,636.			
е	Add lines 2a through 2d			2e		,036.
3	Subtract line 2e from line 1			3	5,645	<u>,952.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,645	<u>,952.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per	Retu	irn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				4 0 0 1	007
1	Total expenses and losses per audited financial statements			1	4,921	,927.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<u>і і</u>	45 400			
а	Donated services and use of facilities		45,400.			
b	Prior year adjustments					
С	Other losses		125 626			
d	Other (Describe in Part XIII.)		135,636.		101	0.2.6
е	Add lines 2a through 2d			2e		,036.
3	Subtract line 2e from line 1			3	4,740	,891.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	4b				0
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	4,740	,891.
Pa	rt XIII Supplemental Information.					

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

12

THE STATION'S ACTIVITIES RELATING TO THE OPERATION OF ITS RADIO STATION
ARE EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL
REVENUE CODE (IRC). THE STATION QUALIFIES AS AN ORGANIZATION THAT IS NOT A
PRIVATE FOUNDATION AS DEFINED IN SECTION 509(A) OF THE IRC. HOWEVER,
INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE STATION'S
TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA
PROVIDE ACCOUNTING AND DISCLOSURE GUIDANCE ABOUT POSITIONS TAKEN BY AN
ENTITY IN ITS TAX RETURNS THAT MIGHT BE UNCERTAIN. THE STATION BELIEVES
THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND
132054 10-28-21 Schedule D (Form 990) 2021 29
130330 755639 18599 2021.05070 FRIENDS OF WWOZ, INC. 18599_1

MANAGEMENT HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT

ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PENALTIES AND INTEREST ASSESSED BY INCOME TAXING AUTHORITIES, IF ANY,

WOULD BE INCLUDED IN INCOME TAX EXPENSE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS ON SALE OF INVESTMENTS196.FUNDRAISING EXPENSES35,826.MANGO FREEZE COGS99,614.TOTAL TO SCHEDULE D, PART XI, LINE 2D135,636.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	35,826.
LOSS ON SALE OF INVESTMENTS	196.
MANGO FREEZE COGS	99,614.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	135,636.

Schedule D (Form 990) 2021

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SCHEDULE G (Form 990)			• •			ing or Gaming A Part IV, line 17, 18, c			OMB No. 1545-0047
、		organization ente	red more than \$1	5,000	on Fo	rm 990-EZ, line 6a.		, 	202 I
Department of the Treasury Internal Revenue Service	► Go	F	tach to Form 990 Form990 for instr			0-EZ. the latest informat	ion.		Open to Public Inspection
Name of the organizatio	n	OF WWOZ,						Employer ide **-**2	entification number
	ing Activities	Complete if the c		ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E	Z filers are not
Indicate whether th a Mail solicitat b Internet and c Phone solici d In-person so 2 a Did the organization	tions email solicitations tations blicitations on have a written o ted in Form 990, P 0 highest paid indiv	sed funds through or oral agreement art VII) or entity in viduals or entities	e Solicita f Solicita g Special with any individual connection with p	tion of tion of fundra (inclue profess	non-g gover lising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Ye:	
(i) Name and addres or entity (fund		(ii) Ad	ctivity	(iii) fundr have cr or con contribu	ustody trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
				Yes	No				
3 List all states in wh	ich the organizatio				D ution:	s or has been notified	d it is	exempt from	registration
or licensing.									
		a an the less	untions for Fam	000 -	0000	-7		Oak at 1	0.0 (Form 000) 000 t
LHA For Paperwork R	eduction ACT NOT	ice, see the instri	uctions for Form	ອອບ or	990-I	=2.		Schean	e G (Form 990) 2021

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FRIENDS OF WWOZ, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2	(c) Other events	
1			MANGO FREEZE			(d) Total events
				PIANO NIGHT	1	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	162,940.	120,340.	12,500.	295,780
	2	Less: Contributions		22,500.	12,500.	35,000
	3	Gross income (line 1 minus line 2)	162,940.	97,840.		260,780
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		7,500.		7,500
	7	Food and beverages	99,614.	16,164.		115,778
		Entertainment		9,000. 3,162.		9,000 3,162
		Other direct expenses			`	135,440
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I	.,		•	125,340
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
:	1	Gross revenue				
	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
_	5	Other direct expenses			· · · · ·	
		Other direct expenses	Yes%	└── Yes % └── No	└── Yes % └── No	
	6		No	No	No	
	6 7	Volunteer labor	No	No No	□ No ►	
	6 7 8	Volunteer labor Direct expense summary. Add lines 2 throug	h 5 in column (d)	No No	□ No ►	
а	6 7 8 Ent	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7	No N	No States?	No ►	Yes N
a b	6 7 Ent Is t If "I	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No No h 5 in column (d)	No states?	No	
a b a	6 7 Ent Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a	No No h 5 in column (d)	No states? erminated during the tax y	No	
a b a	6 7 Ent Is t If "I We	Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization condu- he organization licensed to conduct gaming a No," explain:	No No h 5 in column (d)	No states? erminated during the tax y	No	

Sche	edule G (Form 990) 2021 FRIENDS OF WWOZ	INC.	**_	***2220 Pag
11	Does the organization conduct gaming activities with nonmember			
	Is the organization a grantor, beneficiary or trustee of a trust, or a			
	to administer charitable gaming?			Yes
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			13a
	An outside facility			
	Enter the name and address of the person who prepares the orga			
	Name			
	Address			
15a	Does the organization have a contract with a third party from who	n the organization receives gaming	revenue?	Yes
b	If "Yes," enter the amount of gaming revenue received by the orga	nization 🕨 \$	and the amount	
	of gaming revenue retained by the third party \$		•	
	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
		Independent contractor		
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable dis	ributions from the gaming proceed	is to	
	retain the state gaming license?			Yes
b	Enter the amount of distributions required under state law to be d	stributed to other exempt organizat	tions or spent in the	
	organization's own exempt activities during the tax year 🕨 \$			
Par	rt IV Supplemental Information. Provide the explanation	ns required by Part I, line 2b, colum	nns (iii) and (v); and P	art III, lines 9, 9b, 10
	15b, 15c, 16, and 17b, as applicable. Also provide any ad	litional information. See instruction	S.	
3208	33 10-21-21	33	Schee	dule G (Form 990) 2
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50		OF WWO2	а, тис.	T0222

		Schedule G (Form 990)
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FOODON IDDOD TODA	ZUZI OJU/U FRIENDS OF WWOA, INC.	185991

sc	HEDULE J	Compensation Information	1	OMB No. 1	1545-00	47
	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	I
•		Compensated Employees		ΖU		1
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organizatio		Employer ic			mber
_		FRIENDS OF WWOZ, INC.	**_*	**222	0	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ו 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or o	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		cation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
-	-	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
•						
3		ny, of the following the organization used to establish the compensation of the organization'				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
		compensation consultant				
	└── Form 990 of o	ther organizations X Approval by the board or compensation of	committee			
4	During the year dir	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
c		eive payment from an equity-based compensation arrangement?				X
•		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	•			5a		X
b	Any related organiz	ation?		5b		X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а	•	~ 		6a		X
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	S			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				X
9		id the organization also follow the rebuttable presumption procedure described in				
		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990) 2021

132111 11-02-21

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Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC (compensation			other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BETH UTTERBACK	(i)	165,565.	0.	0.	9,360.	852.	175,777.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE ORGANIZATION'S EXECUTIVE COMMITTEE MEETS ANNUALLY TO REVIEW THE CEO'S

COMPENSATION AND DETERMINES ANY BONUS AMOUNT TO BE PAID.

Schedule J (Form 990) 2021

SCHEDULE O

Department of the Treasury Internal Revenue Service Name of the organization 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.



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FRIENDS OF WWOZ, INC.

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

LICENSED TO OPERATE BY THE FEDERAL COMMMUNICATIONS COMMISSION ON

OCTOBER 29, 1981. THE STATION'S CALL LETTERS ARE WWOZ-FM THE MISSION

OF THE STATION IS TO CELEBRATE THE CULTURAL DIVERSITY OF NEW ORLEANS

AND ITS SURROUNDING REGIONS THROUGH MUSIC AND INFORMATION. THE STATION

IS FUNDED MAINLY BY FEDERAL AND STATE GRANTS, SUPPORT FROM THE NEW

ORLEANS JAZZ AND HERITAGE FOUNDATION, COMMUNITY FUNDRAISING AND

UNDERWRITING CONTRIBUTIONS. THE BROADCAST HOURS OF THE RADIO STATION

WERE 8,760 FOR 2022.

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

THE CULTURAL DIVERSITY OF NEW ORLEANS AND ITS SURROUNDING REGIONS

THROUGH MUSIC AND INFORMATION. THE STATION IS FUNDED MAINLY BY FEDERAL

AND STATE GRANTS, SUPPORT FROM THE NEW ORLEANS JAZZ AND HERITAGE

FOUNDATION, COMMUNITY FUNDRAISING AND UNDERWRITING CONTRIBUTIONS. THE

BROADCAST HOURS OF THE RADIO STATION WERE 8,760 FOR 2022.

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

THE ORGANIZATION HAS ONE MEMBER, THE NEW ORLEANS JAZZ AND HERITAGE

FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE NEW ORLEANS JAZZ AND HERITAGE FOUNDATION SHALL APPOINT SOME OF THE

REGULAR MEMBERS OF THE BOARD OF DIRECTORS WHENEVER A VACANCY OR NEWLY

CREATED DIRECTORSHIP OCCURS.

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

Schedule O (Form 990) 2021

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2021.05070 FRIENDS OF WWOZ, INC.

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PRESIDENT OF THE BOARD. THE ENTIRE BOARD IS GIVEN THE OPPORTUNITY TO

REVIEW THE FORM 990. UPON APPROVAL BY THE BOARD, IT WILL BE RELEASED FOR

SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

THE CEO, CFO, AND THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY

ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION IS AS FOLLOWS: THE COMPENSATION IS

REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS OF THE ORGANIZATION. THE

COMPENSATION IS REVIEWED AND APPROVED USING DATA AS TO COMPARABLE

COMPENSATION FOR SIMILAR QUALIFIED PERSONS IN SIMILAR SITUATED

ORGANIZATIONS. ALL DELIBERATION AND DECISIONS REGARDING THE DETERMINATION OF COMPENSATION ARE DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE FINANCE COMMITTEE AND BOARD MEMBERS ARE RESPONSIBLE FOR OVERSIGHT

OF THE AUDIT. THIS HAS NOT CHANGED FROM THE PRIOR YEAR.

132212 11-11-21

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.											
Name of the organization	FRIENDS OF WW						ployer identi * * _ * * * 2		umber			
Part I Identification		te if the organization answered "Yes	" on Form 990, Part IV, line 3	33.								
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(d) or Total inco	(e) me End-of-year	assets		(f) controlling entity	g				
		-										
		-										
		-										
		_										
Part II Identification	on of Related Tax-Exempt Organiz as during the tax year.	ations. Complete if the organization	answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or more	related tax-e	kempt				
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) t controlling entity	conti ent	g) 512(b)(13) trolled tity?			
	AND HERITAGE FOUNDATION - N RAMPART STREET, NEW 6	PROMOTE NEW ORLEANS JAZZ AND HERITAGE	LOUISIANA	501(C)(3)	10			Yes	No X			
		_						<u> </u>				
		-1										

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

Schedule R (Form 990) 2021

OMB No. 1545-0047

Schedule R (Form 990) 2021 FRIENDS OF WWOZ, INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f))	(g	1)	l) (ł	h)	(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fro	ant income unrelated, om tax under	Share c inco		Shaı end-o ass	f-year	alloca		amount in b	ox ^{ma} ule ^{pa}	anaging artner?	Percenta ownershi
		country)		sections	512-514)					Yes	No	K-1 (Form 10	65) Y e	es No	
														_	
														_	
IV Identification of Related Orgoriganizations treated as a co	ganizations Taxable rporation or trust duri	as a Corpo	oration or Trust. C year.	omplete if th	ie organizat	ion answe	ered "Yes	" on Forr	n 990, Pa	art IV,	line 3	4, because it h	ad one	e or m	ore relate
(a)			(b)	(c)	(d)		(e)		(f)			(g)	(h	n)	(i) Section
		Drim	ary activity	Legal domicile	Direct cont	trolling	Type of e	entity	Share o	f total		Share of	Perce	entage	Section 512(b)(1
Name, address, and E of related organizatio		FIIII	ary activity	(state or foreign	entity		C corp, S or trus	Scorp,	inco			end-of-year assets	owne	ership	controll entity

Schedule R (Form 990) 2021 FRIENDS OF WWOZ, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1 i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
Т	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		Х
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NEW ORLEANS JAZZ AND HERITAGE FOUNDATION	С	600,000.	CASH
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>	42		Schedule B (Form 990) 2021

Schedule R (Form 990) 2021 FRIENDS OF WWOZ, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.) all s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging ier?	(k) Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
												+	
												+	
												+	
												+	
												_	

Schedule R (Form 990) 2021

Devit VII		
Part VII	Supplemental	Information

Provide additional information for responses to questions on Schedule R. See instructions.

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Schedule R (Form 990) 2021