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

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.



AI	For the	e 2014 calendar year, or tax year beginning and	l ending	_	
B	Check if applicabl	NEW ORLEANS FOLICE AND DUSTICE		D Employer identific	ation number
F	Addre chang Name			72_1	311151
F	_lchang]Initial		De ever (evelte		
	return Final	Number and street (or P.0. box if mail is not delivered to street address) 400 POYDRAS STREET	Room/suite 2105	E Telephone number (504	
L	Ireturn termir ated			G Gross receipts \$	1,605,509.
	Amen return	Med NEW ORLEANS, LA 70130		H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: MELANIE TALIA		for subordinates	
	pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🗴 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: ► HTTP://WWW.NOPJF.ORG/		H(c) Group exemptior	n number 🕨
Κ	orm of	organization: 🔀 Corporation 🔄 Trust 🦳 Association 🔛 Other 🕨	L Year	of formation: 1995 M	I State of legal domicile: ${f LA}$
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: SUPE	ORT OF	THE NEW OR	LEANS
Activities & Governance		POLICE DEPARTMENT AND ORLEANS PARISH CRI			
ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispo	osed of more		
Š					34
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Number of independent voting members of the governing body (Part VI, line 1b)			34
ies		Total number of individuals employed in calendar year 2014 (Part V, line 2a)			4
ivit		Total number of volunteers (estimate if necessary)			34
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, line 34	<u></u>		0.
				Prior Year 1,182,082.	Current Year 1,420,745.
ue	8	Contributions and grants (Part VIII, line 1h)		1,102,002.	<u> </u>
Revenue	9	Program service revenue (Part VIII, line 2g)		1,659.	1,464.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		287,850.	137,068.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,471,591.	1,559,277.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		606,528.	456,764.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.00,520.	<u> </u>
		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		426,914.	393,648.
ses		Professional fundraising fees (Part IX, column (A), line 11e)		46,067.	42,460.
Expenses		Total fundraising expenses (Part IX, column (A), line 119	78.	40,007.	12,100:
Ă		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		195,633.	300,707.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,275,142.	1,193,579.
	19	Revenue less expenses. Subtract line 18 from line 12		196,449.	365,698.
es		10001100 1000 EXPENSES. OUDLIAULINE TO ITOITTINE 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		1,289,966.	1,638,463.
Ass	21	Total liabilities (Part X, line 26)		245,565.	228,364.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,044,401.	1,410,099.
				_,,	_,0,000

Part II Signature Block

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         MELANIE TALIA, PRESIDE         Type or print name and title	NT/CEO		Date
	Print/Type preparer's name	Preparer's signature	Date	
Paid	SHARON CASSIERE			self-employed P00543368
Preparer	Firm's name 🕨 POSTLETHWAITE &			Firm's EIN <b>72-1202445</b>
Use Only	Firm's address 👞 ONE GALLERIA BLV	D., STE 2100		
	METAIRIE, LA 700	01		Phone no. (504)837-5990
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.		Form <b>990</b> (2014)

	NEW ORLEANS POLICE AND JUSTICE		
	1990 (2014) FOUNDATION, INC.	72-1311151	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		📖
1	Briefly describe the organization's mission:		
	SUPPORT OF THE NEW ORLEANS POLICE DEPARTMENT AND ORLEAD CRIMINAL JUSTICE SYSTEM ALONG WITH CRIME PREVENTION AC		
	THE PUBLIC.	,IIVIIIES WIIH	
2	Did the organization undertake any significant program services during the year which were not listed on		
2		Ves	XNo
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service		XNo
Ŭ	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services	. as measured by expenses	
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to a		
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 662,590 • including grants of \$ 456,763 • ) (Re		603.)
	PROVIDE FOR THE NEEDS OF THE NEW ORLEANS POLICE DEPART	MENT INCLUDING	G
	TRAINING AND EDUCATION AND TO PROVIDE EQUIPMENT.		
4b	(Code: ) (Expenses \$ 125,736 • including grants of \$ ) (Re	evenue \$ 6, 3	320.)
	PROVIDE YOUTH OUTREACH COMMUNITY PROGRAMS TO REDUCE CH		
	MENTORING SUMMER CAMP PROGRAM FOR CHILDREN, WHICH INCI	JUDES CRIME	
	PREVENTION INFORMATION PROGRAMS TO EDUCATE THE PUBLIC.		
4c	(Code: ) (Expenses \$ 133,743 • including grants of \$ ) (Re	evenue \$ 18,9	926.)
	PROVIDE FOR AN ELECTRONIC COMMUNICATIONS SYSTEM FOR TH	IE ORLEANS PAR	ISH
	CRIMINAL JUSTICE SYSTEM INCLUDING BY NOT LIMITED TO TH	HE NOPD, DISTR	ICT
	ATTORNEY, CRIMINAL SHERIFF AND CLERK OF COURT, AS WELI	AS THE PUBLIC	С
	DEFENDER'S OFFICE.		
		· · · · · · · · · · · · · · · · · · ·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 922,069.		
		Form 99	<b>90</b> (2014)
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	2		
	010 $757100$ MURINARC $0014$ $04000$ MERLODIERNG DOLLAR	3315 THOM 35151	1001

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FOUNDATION,

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Yes

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t IV Checklist of Required Schedules	
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	
If "Yes," complete Schedule A	1
Is the organization required to complete Schedule B, Schedule of Contributors?	2
Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	
public office? If "Yes," complete Schedule C, Part I	3
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
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 Devenue Disserve 00 100 /f "Vee " complete Schodule C. Dert III	

	similar amounts as defined in Revenue Procedure 98-19? It "Yes," complete Schedule C, Part III	5	
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	
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	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		
	Schedule D, Part III	8	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for		
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		
	If "Yes," complete Schedule D, Part IV	9	

	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X
	as applicable.

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent

а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,
	Part VI

b	Did the organization report an amount for investments - other securities in	n Part X, line 12 that is 5% or more of its total
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	

С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII
Ь	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

rted in Part X, line 16? If "Yes," complete Schedule D, Part IX

е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete
	Schedule D, Parts XI and XII

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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16

ne organization report a total o	of more than \$15,000 of expension	ses for professional fundraising serv	/ices on Part IX,
nn (A), lines 6 and 11e? If "Yes	," complete Schedule G, Part I		
	*		ne organization report a total of more than \$15,000 of expenses for professional fundraising serv nn (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>

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

19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		l
	complete Schedule G, Part III	19	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2014)

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20b

432003 11-07-14

Form 990 (2014)

Part

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13530812 757189 NNEW426

72-1311151	Page <b>4</b>
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NEW ORI	EANS POLICE	AND JUSTIC	E
FOUNDAT	ION, INC.		

Pa	T IV Checklist of Required Schedules (continued)			
			Yes	No
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	Х	
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization mintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
	any tax-exempt bonds?			
	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	0-		v
-	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "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			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
51	If "Vac " complete Schedule N. Part I	31		x
30	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			<u> </u>
32		32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33				x
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			ĺ
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<b> </b>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u></u>
	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	1		Ι_
	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 in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

Form **990** (2014)

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Form 990 (2014)

NEW	ORLEANS	POLICE	AND	JUSTICE
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FOUNDATION, INC.

Form	990 (2014) FOUNDATION, INC.		72-1311	<u>151</u>	P	age <b>5</b>
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	410			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		_			
	filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	-				
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).				37	
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-		_		77
	to file Form 8282?			7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year		_	_		v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-		-		
-	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			-		
				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:	40-				
	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
	Gross income from members or shareholders	11a				
D	Gross income from other sources (Do not net amounts due or paid to other sources against	446				
40-	amounts due or received from them.)	11b		10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	105				
-	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		14-		Х
				14a		
0	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		

432005 11-07-14

FOUNDATION, INC.

Form 990 (2014)

X

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	34			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other			
	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
~	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			10		
	The governing body?	-	-	8a	х	
-	Each committee with authority to act on behalf of the governing body?			oa 8b	X	<u> </u>
b	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			00		<u> </u>
9				9		x
600	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		л
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	e Code.)		V.	
				10	Yes	No X
	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranged	ment v	vith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	(Sect	ion $501(c)(3)$ s only)	availah		
10	for public inspection. Indicate how you made these available. Check all that apply.	(000		i vanac		
	Own website Another's website X Upon request Other (explain	in Sal	hadula ()			
10			,	finan	oiol	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	I IIIICT C	or interest policy, and	a nnan	cial	
00	statements available to the public during the tax year.	-1				
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	na records: 🕨			
	ANNETTE C. BODDEN - $(504)558-9944$	<u> </u>				
	400 POYDRAS ST., SUITE 2105, NEW ORLEANS, LA 7013	U			0000	/0.5 · · · ·
432006	6 11-07-14			Form	990	(2014)

13530812 757189 NNEW426

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

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

FOUNDATION, INC.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos heck	itior	than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer ar	nd a d I	recto	or/trus	itee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		ee	npen		(00-2/1099-101130)		and related
	below	ndivid ual trustee	nstitutional trustee		ƙey employee	st col	5			organizations
	line)	Indivi	Institu	Officer	Keyeı	Highest compensated employee	Former			5
(1) CAROL ASHER	0.10									
BOARD MEMBER		X						0.	0.	0.
(2) JASON BURNS	0.10									
BOARD MEMBER		X						0.	0.	0.
(3) JAMES BERNAZZANI	0.10									
BOARD MEMBER (UNTIL JAN 2014)		X						0.	0.	0.
(4) JIM COOK	0.10									
BOARD MEMBER		X						0.	0.	0.
(5) STACEY DORSEY	0.10									
BOARD MEMBER		X						0.	0.	0.
(6) BROOKE DUNCAN III	0.10									
BOARD MEMBER		x						0.	0.	0.
(7) JOHN EASTMAN	0.10									
BOARD MEMBER		x						0.	0.	0.
(8) DEAN T. FALGOUST	0.10									
BOARD MEMBER		X						0.	0.	0.
(9) GEORGE FOWLER III	0.10									
BOARD MEMBER		X						0.	0.	0.
(10) AIMEE FREEMAN	0.10									
BOARD MEMBER		X						0.	0.	0.
(11) ROY GLAPION	0.10									
BOARD MEMBER (UNTIL JAN 2014)		X						0.	0.	0.
(12) RICHARD HAASE	0.10									
BOARD MEMBER		X						0.	0.	0.
(13) DAVID KERSTEIN	0.10									
BOARD MEMBER		X						0.	0.	0.
(14) STEPHEN KUPPERMAN	0.10									
BOARD MEMBER		X						0.	0.	0.
(15) RITA BENSON LEBLANC	0.10									
BOARD MEMBER		X						0.	0.	0.
(16) JIM LETTEN	0.10									
BOARD MEMBER		Х						0.	0.	0.
(17) CAROL MARKOWITZ	0.10									
BOARD MEMBER		Х						0.	0.	0.
422007 11 07 14										Form <b>990</b> (2014)

432007 11-07-14

Form 990 (2014)

13530812 757189 NNEW426

7

Form 990 (2014)

NEW	ORLEANS	POLICE	AND	JUSTICE
FOUN	NDATION,	INC.		

72-1311151 Page 8

Form 990 (2014) FOUNDATIO	DN, INC	•							72-1311	.151	Page <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)		
(A) (B) Name and title Average hours pe week			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	am	(F) timated nount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee			organizations (W-2/1099-MISC)	fro orga and	pensation om the anization d related unizations			
(18) IRVIN MAYFIELD BOARD MEMBER	0.10	x						0.	0.		0.
(19) GLENDA MCKINLEY BOARD MEMBER	0.10	x						0.	0.		0.
(20) NORMAN MCSWAIN BOARD MEMBER	0.10	x						0.	0.		0.
(21) DAVID MINTZ	0.10	x						0.	0.		0.
BOARD MEMBER (22) CARL MIXON	0.10										
BOARD MEMBER (23) DAVID OESTREICHER II	0.10	X				$\vdash$	-	0.	0.		0.
BOARD MEMBER (UNTIL MAR 2014) (24) MARSHALL POSEY	0.10	X						0.	0.		0.
BOARD MEMBER (25) M. CLELAND POWELL III	0.10	x						0.	0.		0.
BOARD MEMBER	0.10	x						0.	0.		0.
(26) JAMES REISS III BOARD MEMBER	0.10	x						0.	0.		0.
1b Sub-total								0.	0.		0.
c Total from continuation sheets to Part VI	I, Section A							199,110.	0.		3,248.
d         Total (add lines 1b and 1c)           2         Total number of individuals (including but n							► ho r	<b>199,110.</b> received more than \$100	0. 0,000 of reportable	2	3,248.
compensation from the organization 🕨											1 Yes No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i>										3	x
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n ano	d ot	her compensation from			x
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	from	any	/ uni	relat	ted organization or indiv		4	
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	for si	uch j	pers	son				5	X
1 Complete this table for your five highest control the organization. Report compensation for	•	•							· ·	sation f	rom
(A) Name and business	address	N	ONI	 E				(B) Description of s	ervices	(C Comper	
								· · · · ·			
2 Total number of independent contractors (in	ncluding but r	not li	mite	d to		~	stec	d above) who received n	nore than		
\$100,000 of compensation from the organized SEE PART VII, SECTION	zation  A CON'	<u>FI</u>	NUZ	AT I		0 N \$	SHI	EETS		Form	<b>990</b> (2014)
432008 11-07-14											

8

13530812 757189 NNEW426 2014.04000 NEW ORLEANS POLICE AND JUST NNEW4261

NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

Form 990 FOUNDAT	ION, INC	-							72-131	1151
Part VII Section A. Officers, Directors,		nplo	oyee			ligh	est		ees (continued)	
(A) Name and title	(B) Average hours	(cl	<b>(C)</b> Position (check all that apply)					(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) ANDRE ROBERT BOARD MEMBER	0.10	x						0.	0.	0.
(28) GREGORY RUSOVICH	0.10									
BOARD MEMBER		x						0.	Ο.	0.
(29) MARK SCHULINGKAMP	0.10									
BOARD MEMBER		Х						0.	0.	0.
(30) KURT WEIGLE	0.10									_
BOARD MEMBER		х						0.	0.	0.
(31) JIM WILKINSON	0.10							0	0	0
BOARD MEMBER	0 10	X						0.	0.	0.
(32) THOMAS WININGDER	0.10	x						0.	0.	0.
BOARD MEMBER (33) JOHN CASBON	0.10	^						0.	0.	0.
HONORARY OFFICER	0.10	x		x				0.	0.	0.
(34) TERRY EBBERT	0.10									
HONORARY OFFICER		x		x				0.	0.	0.
(35) GARY OSTROSKE	0.10									
SECRETARY/TREASURER		x		x				0.	Ο.	Ο.
(36) ROBERT BROWN	0.10									
VICE CHAIR		Х		Х				0.	0.	0.
(37) SANDY SHILSTONE	0.10	v		v				0	0	0
CHAIR	45.00	X		х				0.	0.	0.
(38) ANNETTE BODDEN CFO/VICE PRESIDENT	45.00			x				97,925.	0.	12,017.
(39) MELAINIE TALIA	45.00			~				57,525.	0.	12,017.
CEO/PRESIDENT				x				101,185.	0.	11,231.
					-					
Total to Part VII, Section A, line 1c								199,110.		23,248.

432201 05-01-14

9

Form 990 (2014)

# NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

Ра	rt VII							
		Check if Schedule O cont	ains a response	or note to any lii	ne in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d f f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1b           1c           1d           ions)         1e           ts, and           ve         1f           1a-1f: \$	164,100. 345,192. 911,453. <u>3,825</u> .	1,420,745.			512-514
-				Business Code				
Program Service Revenue	2a b c d e							
		All other program service reve		•				
	<u> </u>	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta:	dividends, intere	est, and	1,464.			1,464.
	5	Royalties		<b>&gt;</b>				
		Less: rental expenses Rental income or (loss)		(ii) Personal				
		Net rental income or (loss) Gross amount from sales of assets other than inventory	(i) Securities	► (ii) Other				
	с	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)		<b>&gt;</b>				
Other Revenue	8 a	Gross income from fundraisin including \$ 164,1 contributions reported on line Part IV, line 18	.00. of 1c). See	16,451.				
Othe	b	Less: direct expenses		46,232.				
-		Net income or (loss) from fund	-	<b>&gt;</b>	-29,781.			-29,781.
		Gross income from gaming ac Part IV, line 19 Less: direct expenses	а					
		Net income or (loss) from gam		►				
	10 a	Gross sales of inventory, less and allowances						
		Less: cost of goods sold	b					
	С	Net income or (loss) from sale						
	11 a	Miscellaneous Revenu ADMIN SERVICES		Business Code 561000	93,578.	93,578.		
	b			561000	73,271.	73,271.		
	с							
	d			<b>、</b>	166 040			
		Total. Add lines 11a-11d			166,849. 1,559,277.	166,849.	0.	-28,317.
43200 11-07	9 14	Total revenue. See instructions.		····· <b>P</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100,047.	0.	Form <b>990</b> (2014)

13530812 757189 NNEW426

10

	rt IX Statement of Functional Expens		JUDITED	72-13	11151 Page <b>10</b>
	ion 501(c)(3) and 501(c)(4) organizations must com		or organizations must or	mploto column (A)	
Secu	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		•
	and domestic governments. See Part IV, line 21	393,400.	393,400.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	63,364.	63,364.		
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	222,358.	184,749.	24,136.	13,473
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	121,004.	52,755.	68,249.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,355.	1,369. 3,580.	1,986.	
9	Other employee benefits	8,775.	3,580.	5,195.	
10	Payroll taxes	38,156.	15,566.	22,590.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	42,460.			42,460
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	10,533.		10,533.	
12	Advertising and promotion				
13	Office expenses	24,258.		24,258.	
14	Information technology	21,062.		21,062.	
15	Royalties				
16	Occupancy	24,940.		24,940.	
17	Travel	1,215.		1,215.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,034.		1,034.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	730.		730.	
23	Insurance	4,329.		4,329.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISC OPISIS CRIMINAL JU	109,587.	109,587.		
b	MISC YOUTH OUTREACH EXP	97,699.	97,699.		
с	MISCELLANEOUS EXPENSES	5,320.		1,075.	4,245.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,193,579.	922,069.	211,332.	60,178.
26	Joint costs. Complete this line only if the organization				

432010 11-07-14

Check here

13530812 757189 NNEW426

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

11

Form **990** (2014)

Form 990 (		
Part X	Balance	Sheet

#### NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

1 4	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or not	te to any	line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			369,004.	1	648,108.
	2	Savings and temporary cash investments			680,101.	2	785,642.
	3	Pledges and grants receivable, net			24,650.	3	92,500.
	4	Accounts receivable, net			193,357.	4	97,730.
	5	Loans and other receivables from current and for	ormer offi	cers, directors,			
		trustees, key employees, and highest compensation	ated emp	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied perse	ons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(	3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(a	c)(9) voluntary			
st		employees' beneficiary organizations (see instr).	Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
◄	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			21,724.	9	10,833.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	21,757.			
	b	Less: accumulated depreciation	10b	18,107.	1,130.	10c	3,650.
	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 equ		1,289,966.	16	1,638,463.	
	17	Accounts payable and accrued expenses		138,765.	17	133,864.	
	18	Grants payable		L		18	
	19	Deferred revenue		L	106,800.	19	94,500.
	20	Tax-exempt bond liabilities		L		20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
es	22	Loans and other payables to current and former					
ii:		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24). (	Complete Part X of			
		Schedule D				25	220.204
	26	Total liabilities. Add lines 17 through 25			245,565.	26	228,364.
		Organizations that follow SFAS 117 (ASC 958		here ▶ 🔼 and			
ces		complete lines 27 through 29, and lines 33 an			206 522		225 020
Fund Balances	27	Unrestricted net assets	296,533. 747,868.	27	235,828. 1,174,271.		
Ва	28	Temporarily restricted net assets	/4/,000.	28	1,1/4,2/1•		
pui	29			·····		29	
ц		Organizations that do not follow SFAS 117 (A					
Net Assets or		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds			30		
As	31	Paid-in or capital surplus, or land, building, or ec				31	
Net	32	Retained earnings, endowment, accumulated in			1,044,401.	32	
_	33	Total net assets or fund balances			1,289,966.	33	1,410,099. 1,638,463.
	34	Total liabilities and net assets/fund balances			т,209,900.	34	[ 1,030,403.

Form 990 (2014)

432011 11-07-14

13530812 757189 NNEW426

NEW ORLEAN	S POI	LICE	AND	JUSTICE
FOUNDATION	. INC			

	990 (2014) FOUNDATION, INC.	72-13	11151	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,559		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,193		
3	Revenue less expenses. Subtract line 2 from line 1	3			98.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,044	1,4	01.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,410	),0	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			·····	X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both: 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 th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
-					

Form **990** (2014)

432012 11-07-14

SCHEDULE A					OMB No. 1545-0047
(Form 990 or 990-EZ)		Charity Status ar			201/
. ,	Complete if the	organization is a section 50 4947(a)(1) nonexempt ch		or a section	2014
Department of the Treasury		Attach to Form 990 or			Open to Public
Internal Revenue Service		dule A (Form 990 or 990-EZ) and			Inspection
Name of the organizati		S POLICE AND JUS	STICE		er identification number
Part I Reason	FOUNDATION,	<b>TINC •</b> atus (All organizations must c	eventete this most \ C		72-1311151
r	•	e it is: (For lines 1 through 11,	•		
	cribed in section 170(b)(1)	Sociation of churches describe		I)(A)(I).	
		ce organization described in s	ection 170(b)(1)(A)(	;;;)	
		d in conjunction with a hospita		-	er the hospital's name.
city, and stat		, ,			1 ,
		of a college or university owne	d or operated by a g	overnmental unit desci	ribed in
section 170	(b)(1)(A)(iv). (Complete Part	II.)			
	te, or local government or g	overnmental unit described in	section 170(b)(1)(A	)(v).	
7 X An organizati	on that normally receives a	substantial part of its support	from a governmenta	I unit or from the gener	al public described in
section 170(	b)(1)(A)(vi). (Complete Part	11.)			
		170(b)(1)(A)(vi). (Complete Pa	-		
•	,	1) more than 33 1/3% of its su			•
		- subject to certain exceptions			
	509(a)(2). (Complete Part III	ncome (less section 511 tax) f	rom businesses acq	uired by the organizatio	fraiter June 30, 1975.
		<ul> <li>exclusively to test for public s</li> </ul>	afetv. See section 5	09(a)(4).	
	•	exclusively for the benefit of, 1	-		ne purposes of one or
more publicly	supported organizations d	escribed in section 509(a)(1)	or <b>section 509(a)(2)</b> .	See section 509(a)(3).	Check the box in
lines 11a thro	ough 11d that describes the	type of supporting organization	on and complete line	s 11e, 11f, and 11g.	
a 🗌 Typel.As	upporting organization oper	ated, supervised, or controlled	I by its supported or	ganization(s), typically I	by giving
the suppor	ted organization(s) the pow	er to regularly appoint or elect	a majority of the dire	ectors or trustees of the	supporting
	n. You must complete Par				
		ervised or controlled in connect			
	•	ng organization vested in the	same persons that c	ontrol or manage the si	ipported
	n(s). You must complete P	pporting organization operated	Lin connection with	and functionally intogr	atod with
		uctions). You must complete			ited with,
		A supporting organization ope			nization(s)
		organization generally must sa			
	, ,	ist complete Part IV, Section		•	
e 🗌 Check this	box if the organization rece	ived a written determination fr	om the IRS that it is	a Type I, Type II, Type I	II
functionally	integrated, or Type III non-	functionally integrated suppor	ting organization.		
f Enter the number	of supported organizations				
	ing information about the su		(iv) Is the organization	(a) Amount of monoton	(ui) Amount of
(i) Name of supp organizatior		(iii) Type of organization (described on lines 1-9	listed in your	support (see	(vi) Amount of other support (see
C C		above or IRC section	governing document?	Instructions)	Instructions)
		(see instructions))			
				-	+
Total					
	duction Act Notice, see th	e Instructions for		Schedule A (Fo	 orm 990 or 990-EZ) 2014
Form 990 or 990-EZ.	•			( · ·	,

## Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

Part II

72-1311151 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ſ					
	include any "unusual grants.")	888,257.	707,947.	936,272.	1,182,082.	1,420,745.	5,135,303.
2	Tax revenues levied for the organ-	ſ					
	ization's benefit and either paid to	ſ					
	or expended on its behalf						
3	The value of services or facilities	ſ					
	furnished by a governmental unit to	I					
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	888,257.	707,947.	936,272.	1,182,082.	1,420,745.	5,135,303.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						502,206.
	Public support. Subtract line 5 from line 4.						4,633,097.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	<b>(d)</b> 2013	(e) 2014	(f) Total
7	Amounts from line 4	888,257.	707,947.	936,272.	1,182,082.	1,420,745.	5,135,303.
8	Gross income from interest,	ſ					
	dividends, payments received on	ſ					
	securities loans, rents, royalties						
	and income from similar sources $\dots$	1,296.	1,071.	1,187.	1,659.	1,464.	6,677.
9	Net income from unrelated business	ſ					
	activities, whether or not the	ſ					
	business is regularly carried on						
10	Other income. Do not include gain	ſ					
	or loss from the sale of capital	ſ					
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5,141,980.
12	Gross receipts from related activities,	, etc. (see instructi	ons)			12 1	,346,471.
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u> </u>	organization, check this box and stor						
	ction C. Computation of Publ						90.10 %
	Public support percentage for 2014 (					14	01 06
	Public support percentage from 2013					15	81.86 %
16a	33 1/3% support test - 2014. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						
40	organization meets the "facts-and-cire		•	• •	,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 100, 17a, 0r 17b			
					SCNE	edule A (Form 990	01 990-62) 2014

432022 09-17-14

13530812 757189 NNEW426

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
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						
7a Amounts included on lines 1, 2, and						1
3 received from disqualified persons						
b 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						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization'	s first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
check this box and stop here	<u></u>					<b>▶</b>
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2014 (li	ne 8, column (f) d	livided by line 13,	column (f))		15	9
16 Public support percentage from 2013					16	9
Section D. Computation of Inves						
17 Investment income percentage for 20					17	9
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2014. If the	-					
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	alifies as a publicly	supported organiz	zation	▶∟
b 33 1/3% support tests - 2013. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3% , che	ck this box and <b>s</b>	top here. The org	anization qualifies	as a publicly supp	ported organization	·►
20 Private foundation. If the organization	<u>ו did not check a</u>	box on line 14, 19	9a, or 19b, check t			
<b>20</b> Private foundation. If the organization	1 dia not check a	box on line 14, 19	9a, or 19b, check t 16		hedule A (Form 99	

13530812 757189 NNEW426

Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *Part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
   (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" *and if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) 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, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in 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 in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer (b) 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.)

432024 09-17-14

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

Yes No

Schedule A (Form 990 or 990-EZ) 2014

13530812 757189 NNEW426

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17

72-1311151 Page 5

Sche	edule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC.	72-131115	1 _{Pa}	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
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	tion D. 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, (1) a written notice describing the type and amount of support provided during the prior ta	x		
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
-	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions):		
a	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b><i>line</i> 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	ity (see instructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
-	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
-	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule 18	A (Form 990 or 99	#U-EZ)	2014

13530812 757189 NNEW426

#### Schedule A (Form 990 or 990-EZ) 2014 FOUNDATION, INC. 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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 2 Other gross income (see instructions) 3 3 4 4 Add lines 1 through 3 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 4

5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions)

7  $\perp$  Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

13530812 757189 NNEW426

5

6

	dule A (Form 990 or 990-EZ) 2014 FOUNDATION, I			2-1311151 Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	on D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Cont	on E. Distribution Allocations (ass instructions)	Excess Distributions	Underdistributions	Distributable
Sect	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
с				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
-	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
-	and 4c.			
8	Breakdown of line 7:			
a				
 b				
 C				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14


(Forr	HEDULE D n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	anization answer	ld, 11e, 11f, 12a, or 12b.		OMB No. 1545-0047 2014 Open to Public
Interna	I Revenue Service	Information about Schedule D (For	m 990) and its ins	structions is at www.irs.gov		
Nam	e of the organizati		AND JUST	ICE	Em	ployer identification number
Da	rt I Organiza	FOUNDATION, INC. ations Maintaining Donor Advise	d Eurode or Ot	hor Similar Funds or		72-1311151
Fai		n answered "Yes" to Form 990, Part IV, line			4000	<b>JITES.</b> Complete if the
	organizatio	franswered fes to Form 990, Part IV, Ind		advised funds	(b) Fur	ids and other accounts
1	Total number at er	nd of year			() + cir	
2		f contributions to (during year)				
3		f grants from (during year)				
4		t end of year				
5		on inform all donors and donor advisors in		sets held in donor advised fu	nds	
-	-	on's property, subject to the organization's	-			Yes No
6		on inform all grantees, donors, and donor a				
		ooses and not for the benefit of the donor o				
	impermissible priv	ate benefit?				Yes No
Pai	rt II Conserv	ation Easements. Complete if the org	ganization answere	ed "Yes" to Form 990, Part IV	, line 7	
1	Purpose(s) of cons	servation easements held by the organizati	on (check all that a	apply).		
	Preservation	n of land for public use (e.g., recreation or e	education)	Preservation of a historical	y impo	rtant land area
	Protection o	f natural habitat		Preservation of a certified I	istoric	structure
	Preservation	n of open space				
2	Complete lines 2a	through 2d if the organization held a quality	fied conservation o	contribution in the form of a c	onserv	ation easement on the last
	day of the tax year	r.				1
						Held at the End of the Tax Year
а	Total number of co	onservation easements			2a	
b	•				2b	
		vation easements on a certified historic str			2c	
d		vation easements included in (c) acquired				
•		nal Register			2d	
3		vation easements modified, transferred, re	leased, extinguisne	ed, or terminated by the orga	nizatio	n during the tax
4	year	where property subject to conservation ea	comont is located			
5		tion have a written policy regarding the pe				
5		forcement of the conservation easements i				Yes No
6		r hours devoted to monitoring, inspecting,				
7		ses incurred in monitoring, inspecting, and	•	•		
8		vation easement reported on line 2(d) abov				*
		)(4)(B)(ii)?	, ,		,,,,	Yes No
9		be how the organization reports conservati				and balance sheet, and
	include, if applicat	ble, the text of the footnote to the organiza	tion's financial stat	ements that describes the o	ganiza	tion's accounting for
	conservation ease				-	-
Pa	rt III Organiza	ations Maintaining Collections o	f Art, Historica	al Treasures, or Other	Simi	ar Assets.
		f the organization answered "Yes" to Form				
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to rep	ort in its revenue statement a	and bal	ance sheet works of art,
	historical treasures	s, or other similar assets held for public ext	nibition, education,	, or research in furtherance c	f public	service, provide, in Part XIII,
		tnote to its financial statements that descri				
b		elected, as permitted under SFAS 116 (AS				
		r similar assets held for public exhibition, e	ducation, or resear	ch in furtherance of public s	ervice,	provide the following amounts
	relating to these it					<b>^</b>
		ded in Form 990, Part VIII, line 1				\$
~		ed in Form 990, Part X				۵
2	-	received or held works of art, historical tre		-	, provic	ie
-	-	unts required to be reported under SFAS 1		-		¢
a ⊾		in Form 990, Part VIII, line 1				\$\$
b		ı Form 990, Part X			🚩	Ψ
I HA	For Paperwork R	eduction Act Notice, see the Instruction	s for Form 990			Schedule D (Form 990) 2014
43205	1 -					
			27			

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	NEW ORL	EANS POLIC	E AN	D JUSI	ICE						
Sche	dule D (Form 990) 2014 FOUNDAT	ION, INC.					7	2-13	11151	L Pa	age <b>2</b>
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	reasures, c	or Other	Simila	r Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following that	t are a sig	nificant u	se of its	collectior	ı item	s
	(check all that apply):										
а	Public exhibition	c	a 🗌	Loan or exc	hange progra	ims					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how th	ney further t	he organizatio	on's exem	pt purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	nization's c	ollection?			🗆	Yes		No
Par	t IV Escrow and Custodial Arran								line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
<b>1</b> a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	sets not ir	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
		•	0						Amount		
с	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f							16 1f				
	Ending balance Did the organization include an amount on F	orm 990 Part X line	21 for	ASCROW OR C	ustodial acco	unt liability			Yes		No
	If "Yes," explain the arrangement in Part XIII.					-					
Par										-	
		(a) Current year	1	Prior year	(c) Two year		I) Three ye	ars hack	(e) Four	vears	hack
10	Beginning of year balance	(a) Ourient year		nor year			<b>y</b> mice ye			yours	buok
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
-	End of year balance			. ,	<u> </u>						
2	Provide the estimated percentage of the cur	rent year end baland	•	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	-									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	and administe	red for the	e organiza	ation	г		
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Scheo	dule R?					3b		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" to Form 990	), Part IV	/, line 11a. S	See Form 990,	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o	other	(b) Cost	t or other	( <b>c)</b> Acc	umulated	1	(d) Book	value	e
		basis (invest	ment)	basis	(other)	depr	eciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment										
	Other			2	21,757.		18,10	7.		3,6	
	. Add lines 1a through 1e. (Column (d) must e		t X, colur	nn (B), line i	10c.)					3,6	50.
							S	chedule	D (Form	990)	2014

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NEW	ORLEANS	POLICE	AND	JUSTICE

Schedule D	(Form 990) 2014	FOUNDATION,	INC.				72	-1311151	Page 🕄
Part VII		Other Securities.							
	Complete if the org	anization answered "Yes"	to Form 990, Part IV, lir	ne 11b.	See Form 990,	Part X, line 12	-		
(a) Descrip		GOTY (including name of security)	(b) Book value					d-of-year market	value
(1) Financia	al derivatives								
. ,		\$ 							
(3) Other									
(A)									
(B)									
(C)									
(D)									
(E)									
(F)									
(G)									
(H)				_					
		0, Part X, col. (B) line 12.) ►							
Part VIII		Program Related.							
	Complete if the org	anization answered "Yes"							
	(a) Description of	investment	(b) Book value		(c) Method of v	aluation: Cost	or end	l-of-year market	value
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	) muct aqual Form 000	0, Part X, col. (B) line 13.) ►		_					
Part IX	Other Assets.	, 1 art A, col. (b) into 10.)							
T are ix		anization answered "Yes"	to Form 990 Part IV/ li	no 11d	See Form 990	Part X line 15			
			Description	ic rru.	00010111000,			(b) Book v	alue
(1)		(4)	booonption						
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
		orm 990, Part X, col. (B) line	e 15.)	<u></u>			🕨		
Part X	Other Liabilitie	es.							
		anization answered "Yes"	to Form 990, Part IV, lin			n 990, Part X, I	line 25.		
1.	<b>(a)</b> D	escription of liability		(b) B	3ook value				
(1) Fed	eral income taxes								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
	mn (h) must equal F	orm 990, Part X, col. (B) lin	e 25)						
		sitions. In Part XIII, provide		a to the	organization's	financial states	menter	that reports the	
		certain tax positions under							XIII X
organiza	ation 5 liability for Un	USILIONS UNDER	1 10 40 (AOU / 40). UNE	SOK HERE		ie iootriote nas			
							Scho	edule D (Form 9	990) 2014

Scho	dule D (Form 990) 2014 FOUNDATION, INC.	SIICE	72-	1311151 Page <b>4</b>
	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rever	ue per Return	<u></u>
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			-
1	Total revenue, gains, and other support per audited financial statements		1	1,559,277.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u> </u>
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,559,277.
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 <b>4a</b> and <b>4b</b>			0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,559,277.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Expe	nses per Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements		1	1,193,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	<b>2</b> a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)			•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			1,193,579.
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		•
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,193,579.
	t XIII Supplemental Information.			, ,

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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:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE SERVICE CODE AND FROM LOUISIANA INCOME TAXES. IN
ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE
SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION
509(A) OF THE CODE.
THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO
BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS.

UNDER THAT GUIDANCE, THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN

UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX 432054 10-01-14 Schedule D (Form 990) 2014 30

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			DATION, IN	с.		72-1311151 Page			
Part XIII Supplemental Information (continued)									
POSI	TION WILL	BE SUSTAIN	ED ON EXAM	INATION BY	TAXING AUTHO	RITIES BASED ON			
THE	TECHNICAL	MERITS OF	THE POSITI	ON. EXAMPL	ES OF TAX POS	ITIONS INCLUDE			
THE	TAX-EXEMP1	STATUS OF	THE FOUND	ATION AND	VARIOUS POSIT	IONS RELATED TO			
THE	POTENTIAL	SOURCES OF	UNRELATED	BUSINESS	TAXABLE INCOM	E (UBIT).			

THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES AT DECEMBER 31, 2014 OR 2013.

SCHEDULE G	Suppland	ental Information Regarding		-	ing or Coming	Activitico	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	e organization answered "Yes" to	Form 9	90, P	art IV, lines 17, 18, o		2014
Department of the Treasury Internal Revenue Service		organization entered more than \$1 Attach to Form 99					Open to Public
Name of the organizatio	Information a n NEW ORT	about Schedule G (Form 990 or 990-EZ JEANS POLICE AND JU	<u>) and its</u> JSTT	<u>instru</u> CE	ictions is at <u>www.irs.</u> g	ov/form 990. Employer	Inspection identification numbe
		TION, INC.		<u> </u>		72-13	
	complete this pa	• Complete if the organization answ rt.	ered "Y	es" to	9 Form 990, Part IV, li	ine 17. Form 990	)-EZ filers are not
a X Mail solicitat b X Internet and c X Phone solici d X In-person so	tions email solicitation tations licitations		ation of ation of I fundra	non-g gover ising	overnment grants nment grants events		
key employees list	ted in Form 990, F n highest paid inc	Part VII) or entity in connection with p lividuals or entities (fundraisers) pure	orofess	ional f	undraising services?	X	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by
HANSEL-BROWN, LLC		SOLICITATIONS (ALL EXCEPT	Yes	No	100 551		26 127 225
56487, NEW ORLEANS	, LA 70156	GOVT GRANTS) AND SPECIAL		X	180,551.	53,2	26. 127,325
Fotal		1		•	180,551.	53,2	26. 127,325
3 List all states in wh or licensing.	ich the organizati	on is registered or licensed to solicit	contrib	ution	s or has been notified	d it is exempt fro	m registration
LA							
432081		tice, see the Instructions for Form FOR CONTINUATIONS	990 or	990-	EZ. S	chedule G (For	m 990 or 990-EZ) 201
08-28-14			32				
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### NEW ORLEANS POLICE AND JUSTICE Schedule G (Form 990 or 990 EZ) 2014 FOUNDATION, INC.

## 72-1311151 Page 2

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and gr	-			
			(a) Event #1 ANNUAL FALL FUNDRAISER	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	180,551.			180,551.
	2	Less: Contributions	164,100.			164,100.
	3	Gross income (line 1 minus line 2)	16,451.			16,451.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	4,676.			4,676.
irect E>	7	Food and beverages	16,700.			16,700.
	8	Entertainment	400.			400.
	9	Other direct expenses	24,456.			400. 24,456.
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		►	46,232.
Da	11   <b>rt  </b>	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		000 Dart IV/ line 10, etc		-29,781.
1 6		\$15,000 on Form 990-EZ, line 6a.	answered res to Form	990, Part IV, ille 19, 011	eported more than	
Revenue		¢.0,000 0 0 0.00 <u>-</u> , 0	(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6		└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
~	_					
	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
~		No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:				. Yes No
4320	82 NS	8-28-14			Schedule G (Fo	rm 990 or 990-EZ) 2014
_,					(	<b>,</b> • • •

33

NEW ORLEANS PO	LICE AND	JUSTICE
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Schedule G (Form 990 or 990 EZ) 2014 FOUNDATION, INC.	72-1311151 Page 3
11 Does the organization conduct gaming activities with nonmembers?	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
to administer charitable gaming?	Yes I No
<ul><li>13 Indicate the percentage of gaming activity conducted in:</li><li>a The organization's facility</li></ul>	<b>13a</b> %
<b>b</b> An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and record	
Name	
Address	
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount	unt
of gaming revenue retained by the third party ►\$	
c If "Yes," enter name and address of the third party:	
Name	
Address ►	
16 Gaming manager information:	
Name	
Gaming manager compensation 🕨 \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
retain the state gaming license?	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	n the
organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and F	Part III lines 9 9b 10b 15b
15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRA	ISERS:
(I) NAME OF FUNDRAISER: HANSEL-BROWN, LLC	
(I) ADDRESS OF FUNDRAISER: P.O. BOX 56487, NEW ORLEANS, LA	70156
(II) ACTIVITY: SOLICITATIONS (ALL EXCEPT GOVT GRANTS) AND SP	ECIAL EVENTS
PART I, LINE 2B, COLUMN (V):	
FEES BASED ON PAYMENT PLAN OF \$53,000; OUT OF POCKET FEES FO REIMBURSEMENTS OF \$226.	ĸ
	G (Form 990 or 990-EZ) 2014
34	. ,
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Schedule G	i (Form 990 or 990-EZ) Supplemental Info	FOUNDATIO	N, INC.				72-131	1151 Page 4
Part IV	Supplemental Info	rmation (continuea	)					
							Schedule G (Fo	rm 990 or 990-EZ)
432084 05-01-14				25			•	,
530812	757189 NNEW4	26 20	14.04000	35 NEW	ORLEANS	POLICE	AND JUST	NNEW4261
				•				

13

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an lete if the organizatio	nd Individua	ls in the Ŭni	ted States		OMB No. 1545-0047			
Department of the Treasury Internal Revenue Service											
Name of the organizat											
Part I General II	nformation on Grants a							72-1311151			
criteria used to a	zation maintain records award the grants or assis : IV the organization's pro	stance?						tion X Yes No			
Part II Grants an	nd Other Assistance to	Domestic Organi	zations and Domesti	<b>c Governments.</b> C	omplete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, for any			
1 (a) Name and ad	that received more than a ddress of organization overnment	\$5,000. Part II can <b>(b)</b> EIN	be duplicated if addit (c) IRC section if applicable	ional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	( <b>h)</b> Purpose of grant or assistance			
CITY OF NEW ORLEA 715 BROAD ST NEW ORLEANS, LA 7		72-6000969		391,745.	0.			POLICE OVERTIME FOR COMMUNITY POLICING, EVIDENCE SEARCHES AND RECORDS RETRIEVALS PLUS			
3 Enter total numb	ber of section 501(c)(3) a ber of other organization k Reduction Act Notice	s listed in the line	1 table	l ne line 1 table		 		↓ 1 . 0 . Schedule I (Form 990) (2014)			
	SEE PART	IV FOR CO	LUMN (H) DE	SCRIPTION	S						

FOUNDATION, INC.

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
COLLEGE TUITION ASSISTANCE FOR NEW ORLEANS POLICE					
OFFICERS AND PERSONNEL	33	18,900.	0.		
TRAGEDY FUND	6	16,500.	0.		
COMPASSION FUND	3	27,964.	0.		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

DISTRICT SUPPORT: PAYMENTS MADE DIRECTLY TO THE NEW ORLEANS POLICE

DEPARTMENT (OR ANY OTHER ORGANIZATION) ARE UNRESTRICTED, AND SOME PAYMENTS

ARE MADE DIRECTLY TO VENDORS ON BEHALF OF THE NOPD.

TUITION ASSISTANCE: COMMANDER OF THE POLICE ACADEMY AND OTHER PERSONNEL

FROM THE ACADEMY, ALONG WITH A MEMBER OF THE ORGANIZATION REVIEW ALL

APPLICATIONS TO VERIFY THAT THE APPLICANT MEETS THE CRITERIA SELECTION.

NOPD TRAGEDY FUND & COMPASSION FUND: FUNDS SET ASIDE FOR NOPD EMPLOYEES

AND THEIR FAMILIES FOR WHEN AN OFFICER EXPERIENCES A LOSS OF LIFE OR

72-1311151

Page 2

Part IV Supplemental Information

SIGNIFICANT INJURY. DISTRIBUTIONS ARE MADE AT THE DISCRETION OF THE FUND

BOARDS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NEW ORLEANS - NOPD

(H) PURPOSE OF GRANT OR ASSISTANCE: POLICE OVERTIME FOR COMMUNITY

POLICING, EVIDENCE SEARCHES AND RECORDS RETRIEVALS PLUS TRAINING,

INCLUDING REGISTRATION FEES, TRAVEL AND PER DIEMS.

Schedule I (Form 990)

432291 05-01-14 SCHEDULE O

(Form 990 or 990-EZ)

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 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.



Employer identification number 72 - 1311151

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

FOUNDATION,

CPA AND STAFF REVIEW THE RETURN IN FULL WITH THE BOARD BEFORE FILING.

NEW ORLEANS POLICE AND JUSTICE

INC.

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

DISCUSSED AT BOARD MEETING IF "CONFLICT" MAY BE OCCURRING BY OTHER BOARD

MEMBERS TO NOTIFY CHAIRMAN AND/OR CEO. CEO/CFO MONITORS ACTIVITIES.

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

THE EXECUTIVE COMMITTEE OF THE BOARD IS CHARGED WITH THE HIRING OF THE

PRESIDENT/CEO. THEY USE SOME COMPARABILITY DATA, BUT SINCE THE

ORGANIZATION IS A VERY UNIQUE FOUNDATION, IT IS MOSTLY BASED ON

RESPONSIBILITIES AND THE APPLICANT'S EXPERIENCE.

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

ALL INFORMATION IS AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

NO CHANGE FROM THE PRIOR YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

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