| Form | <b>990</b> |
|------|------------|
| Form | <b>990</b> |

Department of the Treasury Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

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



| ΑF                      | or the                | e 2021 calendar year, or tax year beginning and  | ending             |                              |                              |
|-------------------------|-----------------------|--|--------------------|------------------------------|------------------------------|
| B                       | Check if<br>applicabl | S DOINDATION THE   |                    | D Employer identific         | cation number                |
|                         | Name                  |  |                    | 72-131115                    | 51                           |
|                         | Initial<br>return     |  | E Telephone number |                              |                              |
|                         | Final<br>return       | 320 METATRIE HAMMOND HICHWAV   | Room/suite<br>519  |                              | 8-9944                       |
|                         | termir<br>ated        |  |                    | G Gross receipts \$          | 1,431,924.                   |
|                         | Amen<br>return        |  |                    | H(a) Is this a group re      |                              |
|                         | Applic tion           | F Name and address of principal officer: MELANIE TALIA   |                    | for subordinates'            | ?                            |
|                         | pendi                 | <sup>19</sup> SAME AS C ABOVE  |                    | H(b) Are all subordinates in | cluded? Yes No               |
| 11                      | Гax-ex                | empt status: 🗴 501(c)(3) 🗌 501(c) ( )◀ (insert no.) 🗌 4947(a)(1) d   | or 📃 527           | If "No," attach a            | list. See instructions       |
| J١                      | Nebsi                 | te: ► HTTP://WWW.NOPJF.ORG/  |                    | H(c) Group exemption         |                              |
| KF                      | orm of                | organization: 🚺 Corporation 🔄 Trust 🔄 Association 📄 Other ►  | L Year             | of formation: 1995 N         | State of legal domicile: LA  |
| Pa                      | art I                 | Summary  |                    |                              |                              |
| đ                       | 1                     | Briefly describe the organization's mission or most significant activities:  |                    |                              |                              |
| ŭ                       |                       | POLICE DEPARTMENT & THE ORLEANS PARISH CR  | IMINAI             | JUSTICE SY:                  | STEM.                        |
| Activities & Governance | 2                     | Check this box 🕨 🛄 if the organization discontinued its operations or dispos   | ed of more         |                              |                              |
| Ň                       | 3                     |  |                    | 34                           |                              |
| യ<br>ഷ                  | 4                     | Number of independent voting members of the governing body (Part VI, line 1b)  |                    |                              | 34                           |
| es                      | 5                     | Total number of individuals employed in calendar year 2021 (Part V, line 2a)   |                    |                              | 6                            |
| iti                     | 6                     | Total number of volunteers (estimate if necessary)   |                    |                              | 34                           |
| Act                     | 7a                    | Total unrelated business revenue from Part VIII, column (C), line 12   |                    |                              | 0.                           |
|                         | b                     | Net unrelated business taxable income from Form 990-T, Part I, line 11   | <u></u>            |                              | 0.                           |
|                         |                       |  |                    | Prior Year                   | Current Year                 |
| e                       | 8                     | Contributions and grants (Part VIII, line 1h)  |                    | 1,454,636.                   | 1,324,481.                   |
| ent                     | 9                     | Program service revenue (Part VIII, line 2g)   |                    | 0.                           | 0.                           |
| Revenue                 | 10                    | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                    | 1,132.                       | 236.                         |
| _                       | 11                    | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                    | 67,875.                      | <u>44,581.</u><br>1,369,298. |
|                         | 12                    | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |                    | 1,523,643.<br>653,441.       | 572,052.                     |
|                         | 1                     | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                    | 055,441.                     | <u> </u>                     |
|                         | 14                    | Benefits paid to or for members (Part IX, column (A), line 4)  |                    | 529,968.                     | 544,360.                     |
| ses                     | 15                    | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |                    | 0.                           | 0.                           |
| Expenses                | 16a                   | Professional fundraising fees (Part IX, column (A), line 11e)<br>Total fundraising expenses (Part IX, column (D), line 25) <b>104,62</b> | 25                 | 0.                           | 0.                           |
| Ä                       |                       | • • • • • • • • • • • • • • • • • • •  |                    | 251,625.                     | 155,656.                     |
| _                       | 1 17                  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                    | 1,435,034.                   | 1,272,068.                   |
|                         |                       | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |                    | 88,609.                      | 97,230.                      |
| - 2                     | 19                    | Revenue less expenses. Subtract line 18 from line 12   |                    | ginning of Current Year      | End of Year                  |
| sts o                   | 20                    | Total assets (Part X, line 16)   |                    | 1,986,313.                   | 1,983,018.                   |
| Asse                    | 20                    |  |                    | 591,450.                     | 490,925.                     |
| Net Assets or           | 21                    | Total liabilities (Part X, line 26)<br>Net assets or fund balances. Subtract line 21 from line 20  |                    | 1,394,863.                   | 1,492,093.                   |
|                         |                       | Signature Block  |                    | ±,55±,005•                   | I, IJ4, UJJ•                 |

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<br>Here | Signature of officer         MELANIE TALIA, PRESIDED         Type or print name and title | NT/CEO                         | Date                    |
|--------------|---|--------------------------------|-------------------------|
| Deld         | Print/Type preparer's name  | Preparer's signature           | Date Check PTIN         |
| Paid         | SHARON CASSIERE   |                                |                         |
| Preparer     | Firm's name <b>POSTLETHWAITE</b> & 1  | NETTERVILLE                    | Firm's EIN ▶ 72-1202445 |
| Use Only     | Firm's address <b>ONE GALLERIA BLV</b>  | D., STE 2100                   |                         |
|              | METAIRIE, LA 700  | 01                             | Phone no. (504)837-5990 |
| May the II   | RS discuss this return with the preparer shown abo  | ve? See instructions           | X Yes No                |
|              |   | a and the compute instructions | Gauss 990 (0001)        |

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

|        | NEW ORLEANS POLICE AND JUSTICE   |                           |                   |
|--------|--|---------------------------|-------------------|
|        | 990 (2021) FOUNDATION, INC.  | 72-1311151                | Page <b>2</b>     |
| Par    | t III Statement of Program Service Accomplishments   |                           |                   |
|        | Check if Schedule O contains a response or note to any line in this Part III                                     | <u></u>                   | X                 |
| 1      | Briefly describe the organization's mission:<br>SUPPORT OF THE NEW ORLEANS POLICE DEPARTMENT AND ORLEAN          |                           |                   |
|        | CRIMINAL JUSTICE SYSTEM ALONG WITH CRIME PREVENTION ACT  |                           |                   |
|        | THE PUBLIC. NOPJF HELPS THE NOPD INITIATE INNOVATIVE PR  |                           |                   |
|        | MAKE NEW ORLEANS A SAFER PLACE TO LIVE, VISIT AND WORK.  |                           |                   |
| 2      | Did the organization undertake any significant program services during the year which were not listed on the     |                           |                   |
| -      | prior Form 990 or 990-EZ?  | Ye                        | s 🛛 No            |
|        | If "Yes," describe these new services on Schedule O.   |                           |                   |
| 3      | Did the organization cease conducting, or make significant changes in how it conducts, any program services      | ? <b>Y</b> e              | s X No            |
|        | If "Yes," describe these changes on Schedule O.  |                           |                   |
| 4      | Describe the organization's program service accomplishments for each of its three largest program services, a    | as measured by expenses   | S.                |
|        | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth | ners, the total expenses, | and               |
|        | revenue, if any, for each program service reported.  |                           |                   |
| 4a     | (  |                           | <b>,984.</b> )    |
|        | THE NOPJF IS A MEASURABLE EXAMPLE OF HOW PUBLIC-PRIVATE  |                           | ONS               |
|        | (PPC) CAN IMPACT PUBLIC SAFETY. NOPJF WITH CONTRIBUTION  |                           | ~                 |
|        | BUSINESS, INDIVIDUAL, AND PHILANTHROPIC PARTNERS PROVID  |                           |                   |
|        | TRAINING, CONTINUING EDUCATION, EQUIPMENT AND DISTRICT/  |                           |                   |
|        |  | THIS PPC ENAL             |                   |
|        | THE NOPD TO BENEFIT FROM THE EXPERTISE AND EFFICIENCIES<br>RESOURCES IN THE PRIVATE SECTOR.                      | OF THE NOPUL              | 5                 |
|        | RESOURCES IN THE PRIVATE SECTOR.   |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
| 4b     | (Code:) (Expenses \$93,365. including grants of \$) (Re  | venue \$ 4                | <b>,397.</b> )    |
|        | NOPJF INITIATED THE SAFECAM ADOPT-A-BLOCK COMPANION PRO  |                           | · ,               |
|        | POPULAR SAFECAM NOLA PRIVATE CAMERA REGISTRY FOR THE NO  | PD. SAFECAM               |                   |
|        | ADOPT-A-BLOCK PROGRAM LEVERAGES PRIVATE DONATIONS TO IN  | STALL PRIVAT              | E                 |
|        | SECURITY CAMERAS FOR THE PUBLIC. FOOTAGE FROM BOTH OF T  |                           |                   |
|        | PROGRAMS HAS SOLVED INNUMERABLE CRIMES ACROSS THE CITY   | OF NEW ORLEAD             | NS.               |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
| 4c     | (Code:) (Expenses \$ including grants of \$ ) (Re  | \$                        | )                 |
| 70     | (code) (Expenses #) (ne  |                           | /                 |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
|        |  |                           |                   |
| 4d     | Other program services (Describe on Schedule O.)   |                           |                   |
|        | (Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ▶ 950,118.                | )                         |                   |
| 4e     | Total program service expenses 950,118.  | <b>F</b>                  | <b>990</b> (2021) |
| 100000 | 2 12 00 21   | Form                      | 2021)             |
| 132002 | 3  |                           |                   |

06201114 757189 NNEW426.0

FOUNDATION, INC.

Form 990 (2021)

Part IV Checklist of Required Schedules

|         |  |            | Yes      | No       |
|---------|--|------------|----------|----------|
| 1       | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            |          |          |
|         | If "Yes," complete Schedule A  | 1          | X        |          |
| 2       | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions  | 2          | Х        |          |
| 3       | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |            |          |          |
|         | public office? If "Yes," complete Schedule C, Part I   | 3          |          | <u> </u> |
| 4       | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |            |          | 77       |
| _       | during the tax year? If "Yes," complete Schedule C, Part II  | 4          |          | <u> </u> |
| 5       | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | _          |          | v        |
| ~       | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III  | 5          |          | X        |
| 6       | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to  |            |          | х        |
| -       | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |          | <u> </u> |
| 7       | Did the organization receive or hold a conservation easement, including easements to preserve open space,  | 7          |          | х        |
| 0       | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i><br>Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i> | - 1        |          | <u> </u> |
| 8       | , , ,  | 8          |          | х        |
| 9       | Schedule D, Part III<br>Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  | •          |          |          |
| 9       | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |            |          |          |
|         |  | 9          |          | х        |
| 10      | If "Yes, " complete Schedule D, Part IV<br>Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  | 3          |          |          |
| 10      | or in quasi endowments? If "Yes," complete Schedule D, Part V  | 10         |          | х        |
| 11      | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, IX, or X,  |            |          |          |
|         | as applicable.   |            |          |          |
| а       | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |            |          |          |
| u       | Part VI  | 11a        | x        |          |
| b       | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   |            |          |          |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |          | х        |
| с       | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total  |            |          |          |
|         | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |          | х        |
| d       | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in  |            |          |          |
|         | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d        |          | х        |
| е       | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  | 11e        |          | Х        |
|         | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses  |            |          |          |
|         | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f        | Х        |          |
| 12a     | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete   |            |          |          |
|         | Schedule D, Parts XI and XII   | 12a        | X        |          |
| b       | Was the organization included in consolidated, independent audited financial statements for the tax year?  |            |          |          |
|         | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  | 12b        |          | X        |
| 13      | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |          | X        |
| 14a     | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a        |          | X        |
| b       | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |            |          |          |
|         | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |            |          |          |
|         | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |          | <u>X</u> |
| 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  |            |          | 77       |
|         | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         |          | <u>X</u> |
| 16      | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |            |          | v        |
|         | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         |          | <u>X</u> |
| 17      | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  |            |          | v        |
| 40      | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions  | 17         |          | <u>X</u> |
| 18      | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   |            | x        |          |
| 10      | 1c and 8a? If "Yes," complete Schedule G, Part II  | 18         | <u>^</u> |          |
| 19      | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"  | 10         |          | х        |
| 20-     | complete Schedule G, Part III  | 19<br>20a  |          | X        |
|         | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>  | 20a<br>20b |          | - 23     |
| р<br>21 | It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?<br>Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or                                      | 200        |          |          |
| - 1     | domestic government on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>  | 21         | x        |          |
| 32003   |  |            |          | 2021)    |

4

132003 12-09-21

| Form        | 990 (2021) FOUNDATION, INC. 72-131  | 1151  | Р   | age <b>4</b> |
|-------------|---|-------|-----|--------------|
| Pa          | rt IV Checklist of Required Schedules (continued)   |       |     |              |
|             |   |       | Yes | No           |
| 22          | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                                 |       |     |              |
|             | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22    | Х   |              |
| 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    | х   |              |
| 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   |     | <u> </u>     |
|             | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease                          | 215   |     |              |
| Ŭ           |   | 24c   |     |              |
| Ч           | any tax-exempt bonds?<br>Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?              | 24d   |     |              |
|             | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                                  | 24u   |     |              |
| <b>2</b> 5a |   | 25a   |     | x            |
| h           | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 254   |     |              |
| D           | 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                         | 0.51  |     | x            |
| ~~          | Schedule L, Part I  | 25b   |     |              |
| 26          | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current                               |       |     |              |
|             | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%                                       |       |     |              |
|             | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26    |     | X            |
| 27          | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,                   |       |     |              |
|             | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled                   |       |     |              |
|             | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III                      | 27    |     | X            |
| 28          | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,                        |       |     |              |
|             | instructions for applicable filing thresholds, conditions, and exceptions):   |       |     |              |
| а           | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If                              |       |     |              |
|             | "Yes," complete Schedule L, Part IV   | 28a   |     | X            |
|             | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b   |     | X            |
| С           | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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                   |       |     |              |
|             | contributions? If "Yes," complete Schedule M  | 30    | Х   |              |
| 31          | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I                            | 31    |     | X            |
| 32          | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                              |       |     |              |
|             | Schedule N, Part II   | 32    |     | X            |
| 33          | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                                    |       |     |              |
|             | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33    |     | X            |
| 34          | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and                     |       |     |              |
|             | Part V, line 1  | 34    |     | X            |
| 35a         | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a   |     | X            |
| b           | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity                     |       |     |              |
|             | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b   |     |              |
| 36          | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?                    |       |     |              |
|             | If "Yes," complete Schedule R, Part V, line 2   | 36    |     | X            |
| 37          | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                              |       | [   |              |
|             | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                                  | 37    |     | x            |
| 38          | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?                                |       |     |              |
|             | • • • • • •   | 38    | х   |              |
| Pa          | Note: All Form 990 filers are required to complete Schedule 0           ttv         Statements Regarding Other IRS Filings and Tax Compliance |       | •   | e            |
|             | Check if Schedule O contains a response or note to any line in this Part V  |       |     |              |
|             |   |       | Yes | No           |
| 12          | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  | 4     |     | 110          |
|             |   | ō     |     |              |
|             | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming                            | -     |     |              |
| U           | (gambling) winnings to prize winners?   | 1c    | x   |              |
| 132004      | 4 12-09-21  |       |     | (2021)       |
| 102002      | 5   | 1 011 |     | (_321)       |

| NEW ORLEANS | POLICE | AND | JUSTICE |
|-------------|--------|-----|---------|
|-------------|--------|-----|---------|

| _        | 990 (2021) FOUNDATION, INC.  |                | 72-1311       | 151 | Pa  | age <b>5</b> |
|----------|--|----------------|---------------|-----|-----|--------------|
| Par      | <b>V</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)   |                |               |     |     |              |
| <b>-</b> |  | 1 1            | l             |     | Yes | No           |
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                          | 2a             | 6             |     |     |              |
| h        | If at least one is reported on line 2a, did the organization file all required federal employment tax retur  | · · ·          |               | 2b  | x   |              |
| N        | <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e_{-file}$ . See instruction   |                |               | 20  |     |              |
| 3a       |  |                |               | 3a  |     | Х            |
|          | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule  |                |               | 3b  |     |              |
|          | At any time during the calendar year, did the organization have an interest in, or a signature or other a  |                |               |     |     |              |
|          | financial account in a foreign country (such as a bank account, securities account, or other financial a   |                |               | 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   | ccounts (FBA   | NR).          |     |     |              |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |                |               | 5a  |     | Х            |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa   | ction?         |               | 5b  |     | Х            |
| с        | 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 th  | e organizatio  | n solicit     |     |     |              |
|          | any contributions that were not tax deductible as charitable contributions?  |                |               | 6a  |     | X            |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributi   | ons or gifts   |               |     |     |              |
|          | were not tax deductible?   |                |               | 6b  |     |              |
| 7        | Organizations that may receive deductible contributions under section 170(c).  |                |               |     |     |              |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se   | vices provided | to the payor? | 7a  | X   |              |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |                |               | 7b  | X   |              |
| С        | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa  | as required    |               |     |     |              |
|          | to file Form 8282?   | 1 1            |               | 7c  |     | X            |
|          | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d             |               |     |     |              |
| е        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co   |                |               | 7e  |     | X            |
| f        | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr   |                |               | 7f  |     | Х            |
| -        | If the organization received a contribution of qualified intellectual property, did the organization file Fc   |                |               | 7g  |     |              |
| -        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza   |                | m 1098-C?     | 7h  |     |              |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained  | -              |               | 0   |     |              |
| 9        | sponsoring organization have excess business holdings at any time during the year?   |                |               | 8   |     |              |
|          | Sponsoring organizations maintaining donor advised funds.<br>Did the sponsoring organization make any taxable distributions under section 4966?  |                |               | 9a  |     |              |
|          |  |                |               | 9b  |     |              |
| 0        | Section 501(c)(7) organizations. Enter:  |                |               | 30  |     |              |
|          | Initiation fees and capital contributions included on Part VIII, line 12   | 10a            |               |     |     |              |
|          | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b            |               |     |     |              |
|          | Section 501(c)(12) organizations. Enter:   |                |               |     |     |              |
|          | Gross income from members or shareholders  | 11a            |               |     |     |              |
|          | Gross income from other sources. (Do not net amounts due or paid to other sources against  |                |               |     |     |              |
| -        | amounts due or received from them.)  | 11b            |               |     |     |              |
| 2a       | 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            |               |     |     |              |
| 3        | Section 501(c)(29) qualified nonprofit health insurance issuers.   | •              |               |     |     |              |
| а        | Is the organization licensed to issue qualified health plans in more than one state?   |                |               | 13a |     |              |
|          | Note: See the instructions for additional information the organization must report on Schedule O.  |                |               |     |     |              |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which the   |                |               |     |     |              |
|          | organization is licensed to issue qualified health plans   | 13b            |               |     |     |              |
| с        | Enter the amount of reserves on hand   | 13c            |               |     |     |              |
| 4a       | Did the organization receive any payments for indoor tanning services during the tax year?   |                |               | 14a |     | X            |
| b        | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu  | le O           |               | 14b |     |              |
| 5        | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune   |                |               |     |     |              |
|          | excess parachute payment(s) during the year?   |                |               | 15  |     | Х            |
|          | If "Yes," see the instructions and file Form 4720, Schedule N.   |                |               |     |     |              |
| 6        | Is the organization an educational institution subject to the section 4968 excise tax on net investmen   | income?        |               | 16  |     | Х            |
|          | If "Yes," complete Form 4720, Schedule O.  |                |               |     |     |              |
|          |  | 001/           |               |     |     |              |
| 7        | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in   | any            |               |     |     |              |
| 7        | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? |                |               | 17  |     |              |

06201114 757189 NNEW426.0

## NEW ORLEANS POLICE AND JUSTICE FOUNDATION. INC.

| Form | 990 (2021) FOUNDATION, INC.   |             | 72-1311                |         |         | age <b>6</b> |
|------|---|-------------|------------------------|---------|---------|--------------|
| Pa   | t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th                                    | rough       | 7b below, and for a    | "No" r  | espon   | se           |
|      | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.                        |             |                        |         |         |              |
|      | 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 on Schedule O.                 |             |                        |         |         |              |
| b    | Enter the number of voting members included on line 1a, above, who are independent                                    | 1b          | 34                     |         |         |              |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | with a      | any other              |         |         |              |
|      | officer, director, trustee, or key employee?  |             |                        | 2       |         | X            |
| 3    | Did the organization delegate control over management duties customarily performed by or under the                    | direc       | t supervision          |         |         |              |
|      | of officers, directors, trustees, or key employees to a management company or other person?                           |             |                        | 3       |         | X            |
| 4    | Did the organization make any significant changes to its governing documents since the prior Form 99                  |             |                        | 4       |         | X            |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's asse               | ets?        |                        | 5       |         | X            |
| 6    | Did the organization have members or stockholders?  |             |                        | 6       |         | X            |
| 7a   | Did the organization have members, stockholders, or other persons who had the power to elect or ap                    | point       | one or                 |         |         |              |
|      | more members of the governing body?   |             |                        | 7a      |         | X            |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, ste                 | ockho       | lders, or              |         |         |              |
|      | persons other than the governing body?  |             |                        | 7b      |         | X            |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       | by the      | e following:           |         |         |              |
| а    | The governing body?   |             |                        | 8a      | Х       |              |
| b    | Each committee with authority to act on behalf of the governing body?   |             |                        | 8b      | Х       |              |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read            | hed a       | t the                  |         |         |              |
|      | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                               |             |                        | 9       |         | X            |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Rev                 | <u>enue</u> | Code.)                 |         |         |              |
|      |   |             |                        |         | Yes     | No           |
| 10a  | Did the organization have local chapters, branches, or affiliates?  |             |                        | 10a     |         | X            |
| b    | If "Yes," did the organization have written policies and procedures governing the activities of such cha              | apters      | , affiliates,          |         |         |              |
|      | and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$               |             |                        | 10b     |         |              |
| 11a  | Has the organization provided a complete copy of this Form 990 to all members of its governing body                   | befor       | e filing the form?     | 11a     | Х       |              |
| b    | Describe on Schedule O the process, if any, used by the organization to review this Form 990.                         |             |                        |         |         |              |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13                               |             |                        | 12a     | Х       |              |
| b    | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to con      | flicts?                | 12b     | Х       |              |
| с    | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                 | es," d      | escribe                |         |         |              |
|      | on Schedule O how this was done   |             |                        | 12c     | Х       |              |
| 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 approval                   | by in       | dependent              |         |         |              |
|      | 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 on Schedule O. See instructions.                                    |             |                        |         |         |              |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem           | ient w      | ith a                  |         |         |              |
|      | taxable entity during the year?   |             |                        | 16a     |         | X            |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate            | e its p     | articipation           |         |         |              |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi                | zatior      | 's                     |         |         |              |
|      | exempt status with respect to such arrangements?  |             |                        | 16b     |         |              |
| Sec  | tion C. Disclosure  |             |                        |         |         |              |
| 17   | List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>                                |             |                        |         |         |              |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and                | d 990       | -T (section 501(c)(3)s | only) a | availat | ole          |
|      | for public inspection. Indicate how you made these available. Check all that apply.                                   |             |                        |         |         |              |
|      | Own website Another's website X Upon request Other (explain   | on Sc       | hedule O)              |         |         |              |
| 19   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, con                    |             | ,                      | financ  | ial     |              |
|      | statements available to the public during the tax year.   |             |                        |         |         |              |
| 20   | State the name, address, and telephone number of the person who possesses the organization's boo                      | ks and      | d records 🕨            |         |         |              |
|      | MELANIE TALIA - (504) 558-9944  |             |                        |         |         |              |

| 320 | METAIRIE | HAMMOND | HIGHWAY, | 519, | METAIRIE, | LA | 70005 |
|-----|----------|---------|----------|------|-----------|----|-------|
|-----|----------|---------|----------|------|-----------|----|-------|

7

132006 12-09-21

2021.05000 NEW ORLEANS POLICE AND JU NNEW4261

Form **990** (2021)

|    | MELANIE TALIA - (504) 558-9944  |
|----|---|
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and reco |

| Form 990 (2021)                               | FOUNDATION, INC.  | 72-1311151   | Page 7    |
|---|---|--|-----------|
| Part VII Compensati                           | ion of Officers, Directors, Trustees, Key Emplo                 | oyees, Highest Compensated                               |           |
| Employees,                                    | and Independent Contractors                                     |  |           |
| Check if Schedu                               | ule O contains a response or note to any line in this Part VII  |  |           |
| Section A. Officers, Direc                    | ctors, Trustees, Key Employees, and Highest Compensate          | ed Employees   |           |
| 1a Complete this table for a                  | all persons required to be listed. Report compensation for the  | e calendar year ending with or within the organization's | tax year. |
| <ul> <li>List all of the organizat</li> </ul> | tion's current officers, directors, trustees (whether individua | ls or organizations), regardless of amount of compensa   | ation.    |

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

NEW ORLEANS POLICE AND JUSTICE

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

| (A)                           | (B)                  |                                | (C)                                     |         |              |                                 |           | (D)                          | (E)             | (F)                         |
|-------------------------------|----------------------|--------------------------------|---|---------|--------------|---------------------------------|-----------|------------------------------|-----------------|-----------------------------|
| Name and title                | Average              | (do                            | Position<br>(do not check more than one |         | Reportable   | Reportable                      | Estimated |                              |                 |                             |
|                               | hours per            | box                            | , unles                                 | ss per  | rson i       | s both                          | n an      | compensation                 | compensation    | amount of                   |
|                               | week                 |                                | cer an                                  | aaa     | Irecto       | r/trus                          | tee)      | from                         | from related    | other                       |
|                               | (list any            | recto                          |   |         |              |                                 |           | the                          | organizations   | compensation                |
|                               | hours for<br>related | e or di                        | ee                                      |         |              | sated                           |           | organization                 | (W-2/1099-MISC/ | from the                    |
|                               | organizations        | rustee                         | l trust                                 |         | ee           | npens                           |           | (W-2/1099-MISC/<br>1099-NEC) | 1099-NEC)       | organization<br>and related |
|                               | below                | dual ti                        | ıtiona                                  |         | nploy        | st cor<br>yee                   | -         | 1000 NEO)                    |                 | organizations               |
|                               | line)                | Individual trustee or director | Institutional trustee                   | Officer | Key employee | Highest compensated<br>employee | Former    |                              |                 | o gamzanono                 |
| (1) MELANIE TALIA             | 45.00                |                                | _                                       |         |              |                                 |           |                              |                 |                             |
| CEO/PRESIDENT                 |                      |                                |   | х       |              |                                 |           | 134,059.                     | Ο.              | 19,422.                     |
| (2) ANNETTE BODDEN            | 45.00                |                                |   |         |              |                                 |           |                              |                 |                             |
| CFO/VICE PRESIDENT            |                      |                                |   | Х       |              |                                 |           | 123,079.                     | 0.              | 15,955.                     |
| (3) ELIZABETH BOH             | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (4) ELICIA BROUSSARD SHERIDAN | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (5) JAMES CARTER              | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (6) JIM COOK                  | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (7) KAREN DEBLIEUX            | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (8) MARTIN DE LAUREAL, JR     | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (9) LARRY DEMARCAY III        | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (10) STACEY DORSEY            | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (11) ANN DUPLESSIS            | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (12) G. PERRY EASTMAN, IV     | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (13) DEAN T. FALGOUST         | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (14) NOAH HARDIE              | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (15) DANNY HARDMAN            | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (16) ERIC HOFFMAN             | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| (17) E. JAMES KOCK III        | 4.00                 |                                |   |         |              |                                 |           |                              |                 |                             |
| BOARD MEMBER                  |                      | Х                              |   |         |              |                                 |           | 0.                           | 0.              | 0.                          |
| 132007 12-09-21               |                      |                                |   |         |              |                                 |           |                              |                 | Form <b>990</b> (2021)      |

#### 132007 12-09-21

Form 990 (2021)

8

| NEW         | ORLEANS | POLICE | AND | JUSTICE |
|-------------|---------|--------|-----|---------|
| FOUNDATION. |         | INC.   |     |         |

72-1311151 Page 8

| Form 990 (2021) FOUNDATIC                                     | N, INC.          |                                |                       |  |              |                                 |          |                                       | 72-131:           | L151 Pag                                | je <b>8</b> |
|---|------------------|--------------------------------|-----------------------|--|--------------|---------------------------------|----------|---------------------------------------|-------------------|---|-------------|
| Part VII Section A. Officers, Directors, Trust                | ees, Key Emp     | oloye                          | ees, a                | and  | Hig          | hest                            | t C      | ompensated Employee                   | s (continued)     |   |             |
| (A)   | (B)              |                                |                       | (C   |              |                                 |          | (D)                                   | (E)               | (F)                                     |             |
| Name and title  | Average          |                                |                       | Posit  | tion         |                                 |          | Reportable                            | Reportable        | Estimated                               |             |
| Name and the  | hours per        |                                | not ch                |  |              |                                 |          | compensation                          | compensation      | amount of                               |             |
|   | week             |                                |                       | ss person is both an<br>nd a director/trustee) |              |                                 |          | from                                  | from related      | other                                   |             |
|   | (list any        | tor                            |                       |  |              |                                 |          | the                                   | organizations     | compensatio                             | on          |
|   | hours for        | direc                          |                       |  |              | q                               |          | organization                          | (W-2/1099-MISC/   | from the                                |             |
|   | related          | e or                           | stee                  |  | ŀ            | nsate                           |          | (W-2/1099-MISC/                       | 1099-NEC)         | organizatio                             | n           |
|   | organizations    | trust                          | altru                 |  | yee          | m pe                            |          | 1099-NEC)                             | ,                 | and related                             |             |
|   | below            | dual                           | ution                 | -  | oldu         | st co<br>oyee                   | er       | ,                                     |                   | organization                            | າຣ          |
|   | line)            | Individual trustee or director | Institutional trustee | Officer  | Key employee | Highest compensated<br>employee | Former   |                                       |                   |   |             |
| (18) STEPHEN KUPPERMAN  | 4.00             | _                              | _                     | _  | -            |                                 | _        |                                       |                   |   |             |
| BOARD MEMBER  |                  | х                              |                       |  |              |                                 |          | 0.                                    | 0 .               |   | 0.          |
| (19) JIM LETTEN   | 4.00             | 23                             |                       |  |              |                                 |          |                                       | 0                 |   | <u> </u>    |
| BOARD MEMBER  | 4.00             | х                              |                       |  |              |                                 |          | 0.                                    | 0.                |   | 0.          |
|   | 4 0 0            | Δ                              | $\vdash$              |  | _            |                                 |          | 0.                                    | 0.                | • · · · · · · · · · · · · · · · · · · · | <u>.</u>    |
| (20) CAROL MARKOWITZ  | 4.00             |                                |                       |  |              |                                 |          |                                       | •                 |   | ~           |
| BOARD MEMBER  |                  | Х                              |                       |  |              |                                 |          | 0.                                    | 0 .               | ,                                       | 0.          |
| (21) TONI MOBLEY  | 4.00             |                                |                       |  |              |                                 |          |                                       |                   |   |             |
| BOARD MEMBER  |                  | Х                              |                       |  |              |                                 |          | 0.                                    | 0.                |   | 0.          |
| (22) MARSHALL POSEY   | 4.00             |                                |                       |  |              |                                 |          |                                       |                   |   |             |
| BOARD MEMBER  |                  | х                              |                       |  |              |                                 |          | 0.                                    | 0 .               |   | 0.          |
| (23) JAMES REISS III  | 4.00             |                                |                       |  |              |                                 |          |                                       |                   |   |             |
| BOARD MEMBER  | 4.00             | х                              |                       |  |              |                                 |          | 0.                                    | 0 .               |   | 0.          |
|   | 4.00             | Δ                              | $\left  \right $      |  | -            |                                 |          | 0.                                    | 0.                | ,                                       | <u>.</u>    |
| (24) GREGORY RUSOVICH   | 4.00             |                                |                       |  |              |                                 |          |                                       | 0                 |   | ~           |
| BOARD MEMBER  |                  | Х                              |                       |  | _            |                                 |          | 0.                                    | 0.                | ,                                       | 0.          |
| (25) F. DARRAH SCHAEFER                                       | 4.00             |                                |                       |  |              |                                 |          |                                       |                   |   | _           |
| BOARD MEMBER  |                  | Х                              |                       |  |              |                                 |          | 0.                                    | 0 .               |   | 0.          |
| (26) TARIK SEDKY  | 4.00             |                                |                       |  |              |                                 |          |                                       |                   |   |             |
| BOARD MEMBER  |                  | х                              |                       |  |              |                                 |          | 0.                                    | 0 .               |   | 0.          |
| 1b Subtotal   |                  |                                |                       | -  |              |                                 | •        | 257,138.                              | 0 .               |   |             |
| c Total from continuation sheets to Part VII                  |                  |                                |                       |  |              |                                 |          | 0.                                    | 0                 |   | 0.          |
|   |                  |                                |                       |  |              |                                 |          | 257,138.                              | 0                 |   |             |
| d Total (add lines 1b and 1c)                                 |                  |                                |                       |  |              |                                 |          |                                       |                   | 55,57                                   | <u> </u>    |
| 2 Total number of individuals (including but no               | ot limited to th | ose                            | listec                | abo  | ove)         | wno                             | o re     | eceived more than \$100,              | 000 of reportable |   | h           |
| compensation from the organization                            |                  |                                |                       |  |              |                                 |          |                                       |                   |   | 2           |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   | Yes I                                   | No          |
| <b>3</b> Did the organization list any <b>former</b> officer, | director, truste | ee, k                          | ey er                 | nplo   | byee         | e, or                           | hig      | hest compensated emp                  | oyee on           |   |             |
| line 1a? If "Yes," complete Schedule J for su                 | uch individual   |                                |                       |  |              |                                 |          |                                       |                   | 3                                       | <u>X</u>    |
| 4 For any individual listed on line 1a, is the su             |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
| and related organizations greater than \$150                  | ,000? If "Yes    | " co                           | mole                  | te So  | cher         | dule                            | .J f     | for such individual                   |                   | 4 X                                     |             |
| 5 Did any person listed on line 1a receive or a               |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
| rendered to the organization? If "Yes." com                   |                  |                                |                       |  | -            |                                 |          | -                                     |                   | 5                                       | х           |
| Section B. Independent Contractors                            | olete Schedule   | 3 J 10                         | or su                 | <u>ch p</u> e                                  | erso         |                                 |          |                                       |                   |   | <u> </u>    |
| · · · · · · · · · · · · · · · · · · ·                         |                  |                                |                       |  |              |                                 |          | · · · · · · · · · · · · · · · · · · · | 100.000 - (       | - 1'                                    |             |
| 1 Complete this table for your five highest cor               | •                | •                              |                       |  |              |                                 |          |                                       | · ·               | ation from                              |             |
| the organization. Report compensation for t                   | he calendar ye   | ear e                          | nding                 | g wit  | th or        | r wit                           | nın<br>T |                                       | ear.              |   |             |
| (A)   |                  |                                |                       |  |              |                                 |          | (B)                                   |                   | (C)                                     |             |
| Name and business   | address          | NC                             | ONE                   |  |              |                                 |          | Description of s                      | ervices           | Compensation                            |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 | $\dashv$ |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
|   |                  |                                |                       |  |              |                                 |          |                                       |                   |   |             |
| 2 Total number of independent contractors (ir                 | cluding but no   | ot lin                         | nited                 | to th  |              |                                 | ed       | above) who received mo                | ore than          |   |             |
| \$100,000 of compensation from the organiz                    |                  |                                |                       |  | 0            |                                 |          |                                       |                   |   |             |
| SEE PART VII, SECTION   | A CONT           | IN                             | UA                    | CIC  | ΟN           | SI                              | ΙE       | ETS                                   |                   | Form <b>990</b> (20                     | 121)        |

132008 12-09-21

| Part VII Section A. Officers, Directors, Tr<br>(A)<br>Name and title | ustees, Key Er<br>(B)   | nplo                                      | yee                   |         | nd H          | lighe                          | est (  | Compensated Employe                            | es (continued)                                   |   |
|--|---|---|-----------------------|---------|---------------|--------------------------------|--------|--|--|---|
|  | (B)   | I.  |                       |         |               |                                |        |  | , ,  |   |
|  | Average<br>hours  | (C)<br>Position<br>(check all that apply) |                       |         |               |                                | ly)    | (D)<br>Reportable<br>compensation              | (E)<br>Reportable<br>compensation                | (F)<br>Estimated<br>amount of   |
|  | per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director            | Institutional trustee | Officer | Key em ployee | Highest com pensated em ployee | Former | from<br>the<br>organization<br>(W-2/1099-MISC) | from related<br>organizations<br>(W-2/1099-MISC) | other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
| 27) KRISTI TAGLAUER<br>OARD MEMBER                                   | 4.00  | x   |                       |         |               |                                |        | 0.   | 0.   | 0.  |
| 28) BENJAMIN TILLER<br>OARD MEMBER                                   | 4.00  | x   |                       |         |               |                                |        | 0.   | 0.   | 0.  |
| 29) SEAN TOOMEY  | 4.00  |   |                       |         |               |                                |        |  |  |   |
| OARD MEMBER<br>30) IAM TUCKER  | 4.00  | X   |                       |         |               |                                |        | 0.   | 0.   | 0.  |
| OARD MEMBER<br>31) JASON WAGUESPACK                                  | 4.00  | X   |                       |         |               |                                |        | 0.   | 0.   | 0.  |
| OARD MEMBER<br>32) KURT WEIGLE                                       | 4.00  | x   |                       |         |               |                                |        | 0.   | 0.   | 0.  |
| OARD MEMBER  |   | x   |                       |         |               |                                |        | 0.   | 0.   | 0.  |
| 33) THOMAS WININGDER<br>OARD MEMBER                                  | 4.00  | х   |                       |         |               |                                |        | 0.   | 0.   | 0.  |
| 34) KATIE LEGARDEUR<br>ECRETARY/TREASURER                            | 4.00  | x   |                       | x       |               |                                |        | 0.   | 0.   | 0.  |
| 35) T. SEMMES WALMSLEY<br>HAIRMAN                                    | 4.00  | x   |                       | x       |               |                                |        | 0.   | 0.   | 0.  |
| 36) BROOKE DUNCAN III  | 4.00  |   |                       |         |               |                                |        |  |  |   |
| ICE CHAIRMAN   |   | X   |                       | X       |               |                                |        | 0.   | 0.   | 0.  |
|  |   |   |                       |         |               |                                |        |  |  |   |
|  |   |   |                       |         |               |                                |        |  |  |   |
|  |   |   |                       |         |               |                                |        |  |  |   |
|  |   |   |                       |         |               |                                |        |  |  |   |
|  |   |   |                       |         |               |                                |        |  |  |   |
|  |   | -   |                       |         |               |                                |        |  |  |   |
|  |   |   |                       | L       |               | L                              |        |  |  |   |
|  |   |   |                       |         |               |                                |        |  |  |   |
|  |   |   |                       |         |               |                                |        |  |  |   |
|  |   |   |                       |         |               |                                |        |  |  |   |
|  |   |   |                       |         |               |                                |        |  |  |   |
| otal to Part VII, Section A, line 1c                                 |   |   |                       |         |               |                                |        |  |  |   |

132201 04-01-21

|  |      |          | FOUNDATION, IN  | NC.                 |                             |                          | 72-1311          | 151 Page <b>9</b>              |
|--|------|----------|---|---------------------|-----------------------------|--------------------------|------------------|--------------------------------|
| Pa   | rt V | 111      |   |                     |                             |                          |                  |                                |
|  |      |          | Check if Schedule O contains a response o   | r note to any lin   |                             | (B)                      | (C)              |                                |
|  |      |          |   |                     | <b>(A)</b><br>Total revenue | (P)<br>Related or exempt | Unrelated        | <b>(D)</b><br>Revenue excluded |
|  |      |          |   |                     | i otal i ovondo             |                          | business revenue | from tax under                 |
|  |      |          |   |                     |                             |                          |                  | sections 512 - 514             |
| Contributions, Gifts, Grants and Other Similar Amounts | 1    |          | Federated campaigns 1a  |                     |                             |                          |                  |                                |
| Gra  |      |          | Membership dues 1b  |                     |                             |                          |                  |                                |
| ts, (<br>Arr   |      |          | -   | 303,598.            |                             |                          |                  |                                |
| Gifi<br>İlar   |      |          | Related organizations 1d  | 470 204             |                             |                          |                  |                                |
| ns,  |      |          |   | 478,394.            |                             |                          |                  |                                |
| er S   |      | f        | All other contributions, gifts, grants, and   |                     |                             |                          |                  |                                |
| Dth  |      |          | similar amounts not included above If   | 542,489.<br>20,333. |                             |                          |                  |                                |
| onti<br>od (   |      | -        |   | 20,333.             | 1 204 401                   |                          |                  |                                |
| <u>o</u> e   |      | h        | Total. Add lines 1a-1f  |                     | 1,324,481.                  |                          |                  |                                |
|  | _    |          | -   | Business Code       |                             |                          |                  |                                |
| ice  | 2    |          |   |                     |                             |                          |                  |                                |
| Program Service<br>Revenue                             |      | b        |   |                     |                             |                          |                  |                                |
| n S<br>/eni  |      | С        |   |                     |                             |                          |                  |                                |
| jrar<br>Rev  |      | d        |   |                     |                             |                          |                  |                                |
| roç  |      | e        |   |                     |                             |                          |                  |                                |
| Δ.   |      |          | All other program service revenue   | <b>\</b>            |                             |                          |                  |                                |
|  |      | g        | Total. Add lines 2a-2f  |                     |                             |                          |                  |                                |
|  | 3    |          | Investment income (including dividends, interes                                       |                     | 236.                        |                          |                  | 236.                           |
|  |      |          | other similar amounts)  |                     | 230.                        |                          |                  | 230.                           |
|  | 4    |          | Income from investment of tax-exempt bond pro   | -                   |                             |                          |                  |                                |
|  | 5    |          | Royalties   | (ii) Personal       |                             |                          |                  |                                |
|  | ~    | _        |   | (II) Fersonal       |                             |                          |                  |                                |
|  | 6    |          | Gross rents 6a  |                     |                             |                          |                  |                                |
|  |      |          | Less: rental expenses 6b  |                     |                             |                          |                  |                                |
|  |      |          | Rental income or (loss) 6c  | <b>`</b>            |                             |                          |                  |                                |
|  |      |          | Net rental income or (loss)         Gross amount from sales of         (i) Securities | (ii) Other          |                             |                          |                  |                                |
|  | 1    | а        |   |                     |                             |                          |                  |                                |
|  |      | <b>L</b> | assets other than inventory <b>7a</b>   |                     |                             |                          |                  |                                |
| Ø  |      | D        | Less: cost or other basis   |                     |                             |                          |                  |                                |
| evenue   |      | _        | and sales expenses  |                     |                             |                          |                  |                                |
| eve  |      |          |   |                     |                             |                          |                  |                                |
| r Re   |      |          | Net gain or (loss)         Gross income from fundraising events (not                  | ····· ►             |                             |                          |                  |                                |
| Other  | ð    | а        | including \$303,598. of   |                     |                             |                          |                  |                                |
| 0  |      |          | contributions reported on line 1c). See   |                     |                             |                          |                  |                                |
|  |      |          |   | 16,776.             |                             |                          |                  |                                |
|  |      | h        |   | 57,851.             |                             |                          |                  |                                |
|  |      |          | Less: direct expenses 8b Net income or (loss) from fundraising events                 | 57,051.             | -41,075.                    |                          |                  | -41,075.                       |
|  |      |          | Gross income from gaming activities. See  |                     |                             |                          |                  |                                |
|  | 9    | d        |   | 6,050.              |                             |                          |                  |                                |
|  |      | h        | Part IV, line 19     9a       Less: direct expenses     9b                            | 4,775.              |                             |                          |                  |                                |
|  |      |          | Net income or (loss) from gaming activities   | <u> </u>            | 1,275.                      |                          |                  | 1,275.                         |
|  |      |          | Gross sales of inventory, less returns  |                     | 1,275.                      |                          |                  | 1,275.                         |
|  | 10   | a        | and allowances 10a  |                     |                             |                          |                  |                                |
|  |      | h        | Less: cost of goods sold 10b  |                     |                             |                          |                  |                                |
|  |      |          | Net income or (loss) from sales of inventory  | <b></b>             |                             |                          |                  |                                |
|  |      |          |   | Business Code       |                             |                          |                  |                                |
| sni  | 11   | а        | FISCAL AGENT FEES   | 561000              | 84,381.                     | 84,381.                  |                  |                                |
| neo  | •••  | a<br>b   |   |                     | ,                           |                          |                  | <u> </u>                       |
| ella<br>Wer  |      | c        |   |                     |                             |                          |                  |                                |
| Miscellaneous<br>Revenue                               |      |          | All other revenue   |                     |                             |                          |                  |                                |
| Σ  |      |          | Total. Add lines 11a-11d  | •                   | 84,381.                     |                          |                  |                                |
|  | 12   |          | Total revenue. See instructions   |                     | 1,369,298.                  | 84,381.                  | 0.               | -39,564.                       |
| 13200  |      | 09-:     |   | <b>F</b>            | -                           | -                        |                  | Form <b>990</b> (2021)         |

11

72-1311151 Page 10

 NEW ORLEANS POLICE AND JUSTICE

 Form 990 (2021)
 FOUNDATION, INC.

 Part IX
 Statement of Functional Expenses

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

| 0000      | Charle if Schedule O contains a record  |                  | 0                |                                 |                            |
|-----------|---|------------------|------------------|---------------------------------|----------------------------|
|           | Check if Schedule O contains a respons  | (A)              | (B)              | (C)                             | (D)                        |
|           | not include amounts reported on lines 6b,   | Total expenses   | Program service  | Management and general expenses | Fundraising                |
| 7b,       | 8b, 9b, and 10b of Part VIII.   |                  | expenses         | general expenses                | expenses                   |
| 1         | Grants and other assistance to domestic organizations   |                  |                  |                                 |                            |
|           | and domestic governments. See Part IV, line 21  | 542,352.         | 542,352.         |                                 |                            |
| 2         | Grants and other assistance to domestic   |                  |                  |                                 |                            |
|           | individuals. See Part IV, line 22   | 29,700.          | 29,700.          |                                 |                            |
| 3         | Grants and other assistance to foreign  |                  |                  |                                 |                            |
| Ŭ         | 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   | 292,515.         | 192,479.         | 63,876.                         | 36,160.                    |
| 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  | 199,077.         | 81,648.          | 66,342.                         | 51,087.                    |
|           |   | 1,0,7,           | 01,010.          | 00,5120                         | 51,007.                    |
| 8         | Pension plan accruals and contributions (include  | E 004            | 2 242            | 2 007                           | 1 666                      |
|           | section 401(k) and 403(b) employer contributions)   | 5,804.<br>9,936. | 2,242.<br>6,110. | 2,007.                          | <u> </u>                   |
| 9         | Other employee benefits   | 9,936.           | 6,110.           |                                 | 1,555.<br>3,826.<br>6,377. |
| 10        | Payroll taxes   | 37,028.          | 20,209.          | 10,442.                         | 6,377.                     |
| 11        | Fees for services (nonemployees):   |                  |                  | T                               |                            |
| а         | Management  |                  |                  |                                 |                            |
|           | Legal   |                  |                  |                                 |                            |
|           | Accounting  | 13,825.          |                  | 13,825.                         |                            |
|           |   | 10,020.          |                  | 10/0201                         |                            |
|           | Lobbying  |                  |                  |                                 |                            |
| е         | Professional fundraising services. See Part IV, line 17   |                  |                  |                                 |                            |
| f         | Investment management fees  |                  |                  |                                 |                            |
| g         | Other. (If line 11g amount exceeds 10% of line 25,  |                  |                  |                                 |                            |
|           | column (A), amount, list line 11g expenses on Sch 0.)   | 4,773.           | 932.             | 3,841.                          |                            |
| 12        | Advertising and promotion   | 1,364.           |                  | 90.                             | 1,274.                     |
| 13        | Office expenses   | 11,343.          | 804.             | 9,129.                          | 1,274.<br>1,410.           |
| 14        | Information technology  | 7,285.           | 18.              | 7,267.                          |                            |
| 15        |   | .,               |                  | .,                              |                            |
|           | Royalties   | 24,251.          |                  | 24,251.                         |                            |
| 16        |   |                  |                  |                                 |                            |
| 17        | Travel  | 598.             |                  | 598.                            |                            |
| 18        | Payments of travel or entertainment expenses  |                  |                  |                                 |                            |
|           | for any federal, state, or local public officials   |                  |                  |                                 |                            |
| 19        | Conferences, conventions, and meetings  | 1,329.           |                  | 1,329.                          |                            |
| 20        | Interest  | 345.             |                  | 345.                            |                            |
| 21        | Payments to affiliates  |                  |                  |                                 |                            |
| 22        | Depreciation, depletion, and amortization   | 2,438.           |                  | 2,438.                          |                            |
| 23        |   | 6,510.           |                  | 6,510.                          |                            |
|           |   | 0,010.           |                  | 0,510.                          |                            |
| 24        | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses on line 24e. If |                  |                  |                                 |                            |
|           | line 24e amount exceeds 10% of line 25, column (A),   |                  |                  |                                 |                            |
|           | amount, list line 24e expenses on Schedule 0.)  |                  |                  |                                 |                            |
| а         | MISC OPSIS CRIMINAL JUS   | 37,500.          | 37,500.          |                                 |                            |
| b         | MISC CRIME CAMERAS  | 36,124.          | 36,124.          |                                 |                            |
| с         | MISCELLANEOUS EXPENSES  | 7,971.           |                  | 5,035.                          | 2,936.                     |
| d         |   | -                |                  | -                               |                            |
|           | All other expenses  |                  |                  |                                 |                            |
|           | Total functional expenses. Add lines 1 through 24e  | 1,272,068.       | 950,118.         | 217,325.                        | 104,625.                   |
| <u>25</u> | · · · · · · · · · · · · · · · · · · ·   | 1,212,000.       | ,110.            | <u></u> , J.J.J.                | 107,043.                   |
| 26        | Joint costs. Complete this line only if the organization  |                  |                  |                                 |                            |
|           | reported in column (B) joint costs from a combined  |                  |                  |                                 |                            |
|           | educational campaign and fundraising solicitation.  |                  |                  |                                 |                            |
|           | Check here Figure if following SOP 98-2 (ASC 958-720)   |                  |                  |                                 |                            |
| 100010    | 12-00-21  |                  |                  |                                 | Form <b>990</b> (2021)     |

12

132010 12-09-21

Form **990** (2021)

| Orm | 990 | (2021) |  |
|-----|-----|--------|--|

## NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

| orm 990<br>Part X   |    | E021) FOUNDATION, IN Balance Sheet                   | iC.   |                     |                                 | 72-      | 1311151 Page <b>11</b> |  |  |  |
|---|----|--|---|---------------------|---------------------------------|----------|------------------------|--|--|--|
|   |    | Check if Schedule O contains a response or not       | e to any  | line in this Part X |                                 |          |                        |  |  |  |
|   |    |  | e to any  |                     | <b>(A)</b><br>Beginning of year |          | (B)<br>End of year     |  |  |  |
| 1   | 1  | Cash - non-interest-bearing                          |   |                     | 1,013,197.                      | 1        | 1,174,331.             |  |  |  |
| 2   | 2  | Savings and temporary cash investments               |   |                     | 680,544.                        | 2        | 680,775.               |  |  |  |
| 3   |    | Pledges and grants receivable, net                   |   |                     | 255,500.                        | 3        | 100,500.               |  |  |  |
| 4   |    | Accounts receivable, net                             |   |                     | 31,958.                         | 4        | 11,243.                |  |  |  |
| 5   |    | Loans and other receivables from any current or      |   |                     |                                 |          |                        |  |  |  |
|   |    | trustee, key employee, creator or founder, subst     |   |                     |                                 |          |                        |  |  |  |
|   |    | controlled entity or family member of any of thes    |   |                     |                                 | 5        |                        |  |  |  |
| 6   | 3  |  | Loans and other receivables from other disqualified persons (as defined |                     |                                 |          |                        |  |  |  |
|   |    | under section 4958(f)(1)), and persons described     |   |                     |                                 | 6        |                        |  |  |  |
| ω 7   | 7  | Notes and loans receivable, net                      |   |                     |                                 | 7        |                        |  |  |  |
| Assets  | 3  | Inventories for sale or use                          |   |                     |                                 | 8        |                        |  |  |  |
| 8 9   | )  |  |   |                     | 3,186.                          | 9        | 11,871.                |  |  |  |
| 10  | )a | Land, buildings, and equipment: cost or other        | 1 1   |                     |                                 |          |                        |  |  |  |
|   |    | basis. Complete Part VI of Schedule D                | 10a   | 12,424.             |                                 |          |                        |  |  |  |
|   | b  | Less: accumulated depreciation                       | 10b   | 12,424.<br>8,126.   | 1,928.                          | 10c      | 4,298.                 |  |  |  |
| 11  | 1  | Investments - publicly traded securities             |   |                     |                                 | 11       |                        |  |  |  |
| 12  | 2  | Investments - other securities. See Part IV, line 1  |   |                     | 12                              |          |                        |  |  |  |
| 13  | 3  | Investments - program-related. See Part IV, line     |   |                     |                                 | 13       |                        |  |  |  |
| 14  | 1  | Intangible assets                                    |   | 14                  |                                 |          |                        |  |  |  |
| 15  | 5  | Other assets. See Part IV, line 11                   |   | 15                  |                                 |          |                        |  |  |  |
| 16  | 3  | Total assets. Add lines 1 through 15 (must equa      |   |                     | 1,986,313.                      | 16       | 1,983,018.             |  |  |  |
| 17  | 7  | Accounts payable and accrued expenses                |   | 193,716.            | 17                              | 195,748. |                        |  |  |  |
| 18  | 3  | Grants payable                                       |   |                     |                                 | 18       |                        |  |  |  |
| 19  | )  | Deferred revenue                                     |   |                     | 305,266.                        | 19       | 295,177.               |  |  |  |
| 20  | )  | Tax-exempt bond liabilities                          |   |                     |                                 | 20       |                        |  |  |  |
| 21  | 1  | Escrow or custodial account liability. Complete I    |   |                     |                                 | 21       |                        |  |  |  |
| ທ 22  | 2  | Loans and other payables to any current or form      | ner office  | er, director,       |                                 |          |                        |  |  |  |
| Liabilities   |    | trustee, key employee, creator or founder, subst     | antial co   | ontributor, or 35%  |                                 |          |                        |  |  |  |
| abi   |    | controlled entity or family member of any of these   | se perso  | ns                  |                                 | 22       |                        |  |  |  |
| ⊐   23  | 3  | Secured mortgages and notes payable to unrela        | ated thire  | d parties           |                                 | 23       |                        |  |  |  |
| 24  | 1  | Unsecured notes and loans payable to unrelated       | d third p   | arties              |                                 | 24       |                        |  |  |  |
| 25  | 5  | Other liabilities (including federal income tax, pa  | yables t  | o related third     |                                 |          |                        |  |  |  |
|   |    | parties, and other liabilities not included on lines | s 17-24).   | Complete Part X     |                                 |          |                        |  |  |  |
|   |    | of Schedule D  |   |                     | 92,468.                         | 25       | 0.                     |  |  |  |
| 26  | 6  | Total liabilities. Add lines 17 through 25           |   |                     | 591,450.                        | 26       | 490,925.               |  |  |  |
|   |    | Organizations that follow FASB ASC 958, che          | ck here   |                     |                                 |          |                        |  |  |  |
| Ces   |    | and complete lines 27, 28, 32, and 33.               |   |                     |                                 |          |                        |  |  |  |
| <u>la</u> 27  | 7  |  | ······  | 559,708.            | 27                              | 700,285. |                        |  |  |  |
| <u>m</u>   28   | 3  | Net assets with donor restrictions                   | 835,155.  | 28                  | 791,808.                        |          |                        |  |  |  |
| ů l   |    | Organizations that do not follow FASB ASC 9          |   |                     |                                 |          |                        |  |  |  |
| Net Assets or Fund Balances<br>8 25<br>8 26<br>7 26<br>8 25<br>8 25<br>8 25<br>8 25<br>8 25<br>8 25<br>8 25<br>8 25 |    | and complete lines 29 through 33.                    |   |                     |                                 |          |                        |  |  |  |
| ອ<br>ຊຸຊີ   29  | )  | Capital stock or trust principal, or current funds   | ······  |                     | 29                              |          |                        |  |  |  |
| s<br>30   |    | Paid-in or capital surplus, or land, building, or ec |   |                     |                                 | 30       |                        |  |  |  |
| ¥   31  |    | Retained earnings, endowment, accumulated in         |   |                     | 1 204 202                       | 31       | 1 400 000              |  |  |  |
|   |    | Total net assets or fund balances                    |   |                     | 1,394,863.                      | 32       | 1,492,093.             |  |  |  |
| 33  | 3  | Total liabilities and net assets/fund balances       |   |                     | 1,986,313.                      | 33       | 1,983,018.             |  |  |  |

Form 990 (2021)

132011 12-09-21

| NEW | ORLEANS | POLICE | AND | JUSTICE |
|-----|---------|--------|-----|---------|
|     |         |        |     |         |

| Form | 990 (2021) FOUNDATION, INC.  | 72-13     | 11151       | Pag | e 12     |  |  |  |
|------|--|-----------|-------------|-----|----------|--|--|--|
| Pa   | rt XI Reconciliation of Net Assets   |           |             |     |          |  |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XI  |           |             |     |          |  |  |  |
|      |  |           |             |     |          |  |  |  |
| 1    | Total revenue (must equal Part VIII, column (A), line 12)  | 1         | 1,369       |     |          |  |  |  |
| 2    | Total expenses (must equal Part IX, column (A), line 25)   | 2         | 1,272       |     |          |  |  |  |
| 3    | Revenue less expenses. Subtract line 2 from line 1   | 3         | 97<br>1,394 | ,23 |          |  |  |  |
| 4    |  |           |             |     |          |  |  |  |
| 5    | Net unrealized gains (losses) on investments   | 5         |             |     |          |  |  |  |
| 6    | Donated services and use of facilities   | 6         |             |     |          |  |  |  |
| 7    | Investment expenses  | 7         |             |     |          |  |  |  |
| 8    | Prior period adjustments   | 8         |             |     |          |  |  |  |
| 9    | Other changes in net assets or fund balances (explain on Schedule O)   | 9         |             |     | 0.       |  |  |  |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                   |           |             |     |          |  |  |  |
|      | column (B))  | 10        | 1,492       | ,09 | 13.      |  |  |  |
| Pa   | rt XII Financial Statements and Reporting  |           |             |     |          |  |  |  |
|      | Check if Schedule O contains a response or note to any line in this Part XII   |           | ·····       |     | X        |  |  |  |
|      | Accounting method used to prepare the Form 990: Cash X Accrual Other   |           |             | Yes | No       |  |  |  |
| 1    |  | 0         | -           |     |          |  |  |  |
| 0-   | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule       |           | 0-          |     | х        |  |  |  |
| za   | Were the organization's financial statements compiled or reviewed by an independent accountant?                      |           | 2a          |     | <u></u>  |  |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed      | on a      |             |     |          |  |  |  |
|      | separate basis, consolidated basis, or both:   |           |             |     |          |  |  |  |
|      | Separate basis Consolidated basis Both consolidated and separate basis   |           | 0           | x   |          |  |  |  |
| a    | Were the organization's financial statements audited by an independent accountant?                                   |           | 2b          |     |          |  |  |  |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate     | basis,    |             |     |          |  |  |  |
|      | consolidated basis, or both:<br>X Separate basis Consolidated basis Both consolidated and separate basis             |           |             |     |          |  |  |  |
|      |  |           |             |     |          |  |  |  |
| С    | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the   |           | 0.          | x   |          |  |  |  |
|      | review, or compilation of its financial statements and selection of an independent accountant?                       |           | 2c          |     |          |  |  |  |
| 26   | If the organization changed either its oversight process or selection process during the tax year, explain on Sche   |           |             |     |          |  |  |  |
| Ja   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | yie Audit |             |     | x        |  |  |  |
| Ŀ    | Act and OMB Circular A-133?  |           | <u>3a</u>   |     | <u> </u> |  |  |  |
| α    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require |           | 0.          |     |          |  |  |  |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                             |           |             | 200 |          |  |  |  |

Form **990** (2021)

132012 12-09-21

| <b>(Fc</b> | orm 99           | DULE A<br>PO)<br>f the Treasury<br>nue Service | Co                      | Public Charity Status and Public Support         Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         Attach to Form 990 or Form 990-EZ.         Go to www.irs.gov/Form990 for instructions and the latest information.         NEW ORLEANS POLICE AND JUSTICE |              |  |                  |                                  |                 |               |                            |  |  |  |
|------------|------------------|--|-------------------------|--|--------------|--|------------------|----------------------------------|-----------------|---------------|----------------------------|--|--|--|
| Nar        | ne of t          | he organizatio                                 |                         |  | -            |  |                  |                                  |                 | Employer      | identification number      |  |  |  |
|            |                  | -  |                         | DATION,  |              |  |                  |                                  |                 |               | 2-1311151                  |  |  |  |
| Pa         | art I            | Reason   |                         |  |              | ganizations must c                           | omplete th       | nis part.) S                     | ee instructior  |               |                            |  |  |  |
| The        | organ            |  |                         |  |              | es 1 through 12, c                           |                  |                                  |                 |               |                            |  |  |  |
| 1          | Ŭ                |  | -                       |  | -            | nurches described                            | -                | -                                | I)(A)(i).       |               |                            |  |  |  |
| 2          |                  |  |                         |  |              | Schedule E (Forn                             |                  |                                  |                 |               |                            |  |  |  |
| 3          |                  | A hospital or                                  | a cooperative           | hospital service   | organizatio  | on described in se                           | ection 170       | (b)(1)(A)(ii                     | i).             |               |                            |  |  |  |
| 4          |                  | A medical res                                  | earch organiza          | ation operated in  | n conjuncti  | on with a hospital                           | described        | in sectio                        | n 170(b)(1)(A   | )(iii). Enter | the hospital's name,       |  |  |  |
|            | city, and state: |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
| 5          |                  | An organizati                                  | on operated fo          | or the benefit of  | a college o  | r university owned                           | l or operat      | ed by a go                       | vernmental u    | nit describe  | ed in                      |  |  |  |
|            |                  | section 170(                                   | <b>b)(1)(A)(iv).</b> (C | Complete Part II.  | )            |  |                  |                                  |                 |               |                            |  |  |  |
| 6          |                  | A federal, sta                                 | te, or local gov        | vernment or gov  | ernmental    | unit described in                            | section 17       | 70(b)(1)(A)                      | (v).            |               |                            |  |  |  |
| 7          | X                | An organizati                                  | on that normal          | lly receives a su  | ostantial pa | art of its support fi                        | rom a gove       | ernmental                        | unit or from tl | he general    | oublic described in        |  |  |  |
|            |                  | section 170(I                                  | <b>o)(1)(A)(vi).</b> (C | omplete Part II.)  |              |  |                  |                                  |                 |               |                            |  |  |  |
| 8          |                  | A community                                    | trust describe          | ed in section 17   | 0(b)(1)(A)(v | <b>/i).</b> (Complete Par                    | t II.)           |                                  |                 |               |                            |  |  |  |
| 9          |                  | -  | -                       |  |              | ction 170(b)(1)(A)(                          |                  | -                                |                 | -             | -                          |  |  |  |
|            |                  | or university o                                | or a non-land-g         | grant college of a   | agriculture  | (see instructions).                          | Enter the        | name, city                       | , and state of  | the college   | e or                       |  |  |  |
|            |                  | university:                                    |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
| 10         |                  |  |                         |  |              |  |                  |                                  |                 |               | d gross receipts from      |  |  |  |
|            |                  |  |                         | -  | -            | -  |                  |                                  |                 |               | rom gross investment       |  |  |  |
|            |                  |  |                         |  | ome (less s  | ection 511 tax) fro                          | om busines       | ses acqui                        | rea by the org  | ganization a  | after June 30, 1975.       |  |  |  |
| 44         |                  |  |                         | mplete Part III.)  |              | toot for public op                           | fati Caa         | oootion E(                       | O(a)(4)         |               |                            |  |  |  |
| 11<br>12   |                  | -  | -                       | -  | •            | test for public sat                          | •                |                                  |                 | rn out the    | nurnance of one or         |  |  |  |
| 12         |                  | -  | -                       | -  | •            | ection 509(a)(1) o                           | -                |                                  |                 | •             | purposes of one or         |  |  |  |
|            |                  |  |                         | -  |              | orting organization                          |                  |                                  |                 |               |                            |  |  |  |
| a          |                  | 7  | -                       |  |              | sed, or controlled                           |                  |                                  |                 | -             | aivina                     |  |  |  |
|            |                  |  |                         | -  |              | appoint or elect a                           | • • • •          | -                                |                 | •••••         |                            |  |  |  |
|            |                  |  | -                       | complete Part IV   |              |  |                  |                                  |                 |               |                            |  |  |  |
| k          | <b>)</b>         | <b>Type II.</b> A s                            | upporting org           | anization superv   | rised or co  | ntrolled in connect                          | tion with it     | s supporte                       | ed organizatio  | n(s), by hav  | ving                       |  |  |  |
|            |                  | control or n                                   | nanagement o            | f the supporting   | organizati   | on vested in the sa                          | ame perso        | ns that co                       | ntrol or mana   | ge the supp   | ported                     |  |  |  |
|            |                  | organizatio                                    | n(s). <b>You mus</b>    | t complete Par   | t IV, Sectio | ons A and C.                                 |                  |                                  |                 |               |                            |  |  |  |
| c          | ; [              |  |                         |  |              | nization operated                            |                  |                                  |                 | lly integrate | ed with,                   |  |  |  |
|            |                  |  | -                       |  | -            | I must complete I                            |                  |                                  |                 |               |                            |  |  |  |
| c          |                  | ••   | -                       | -  |              | organization oper                            |                  |                                  |                 | •             |                            |  |  |  |
|            |                  |  |                         |  |              | generally must sat                           |                  |                                  |                 | an attentiv   | /eness                     |  |  |  |
|            |                  |  | -                       |  | -            | Part IV, Sections<br>determination fro       |                  |                                  |                 |               |                            |  |  |  |
| e          | •                | _  | 0                       |  |              | tegrated supporti                            |                  |                                  | турет, туре     | п, туре ш     |                            |  |  |  |
| 1          | Ente             | er the number of                               |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
|            |                  |  |                         | n about the supp   |              | inization(s).                                |                  |                                  |                 |               |                            |  |  |  |
|            |                  | i) Name of suppo                               |                         | (ii) EIN   | (iii) ⊤      | pe of organization                           | (iv) Is the orga | anization listed<br>ng document? | (v) Amount o    | f monetary    | (vi) Amount of other       |  |  |  |
|            |                  | organization                                   |                         |  |              | ribed on lines 1-10<br>e (see instructions)) | Yes              | No                               | support (see i  | nstructions)  | support (see instructions) |  |  |  |
|            |                  |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
|            |                  |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
|            |                  |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
|            |                  |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
|            |                  |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
|            |                  |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
|            |                  |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
|            |                  |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |
| Tot        | al               |  |                         |  |              |  |                  |                                  |                 |               |                            |  |  |  |

# NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

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.)

| See     | ction A. Public Support                      |                  |                       |                        |                     |                     |                  |
|---------|--|------------------|-----------------------|------------------------|---------------------|---------------------|------------------|
| Cale    | ndar year (or fiscal year beginning in) 🕨    | (a) 2017         | <b>(b)</b> 2018       | (c) 2019               | (d) 2020            | (e) 2021            | <b>(f)</b> Total |
| 1       | Gifts, grants, contributions, and            |                  |                       |                        |                     |                     |                  |
|         | membership fees received. (Do not            |                  |                       |                        |                     |                     |                  |
|         | include any "unusual grants.")               | 1589799.         | 1408661.              | 1577519.               | 1454636.            | 1324481.            | 7355096.         |
| 2       | Tax revenues levied for the organ-           |                  |                       |                        |                     |                     |                  |
|         | ization's benefit and either paid to         |                  |                       |                        |                     |                     |                  |
|         | or expended on its behalf                    |                  |                       |                        |                     |                     |                  |
| 3       | The value of services or facilities          |                  |                       |                        |                     |                     |                  |
|         | furnished by a governmental unit to          |                  |                       |                        |                     |                     |                  |
|         | the organization without charge              |                  |                       |                        |                     |                     |                  |
| 4       | Total. Add lines 1 through 3                 | 1589799.         | 1408661.              | 1577519.               | 1454636.            | 1324481.            | 7355096.         |
| 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)                                   |                  |                       |                        |                     |                     | 77,723.          |
|         | Public support. Subtract line 5 from line 4. |                  |                       |                        |                     |                     | 7277373.         |
|         | ction B. Total Support                       | 1                |                       | 1                      | 1                   | 1                   |                  |
|         | ndar year (or fiscal year beginning in) 🕨    | (a) 2017         | (b) 2018              | (c) 2019               | (d) 2020            | (e) 2021            | (f) Total        |
| 7       | Amounts from line 4                          | 1589799.         | 1408661.              | 1577519.               | 1454636.            | 1324481.            | 7355096.         |
| 8       | Gross income from interest,                  |                  |                       |                        |                     |                     |                  |
|         | dividends, payments received on              |                  |                       |                        |                     |                     |                  |
|         | securities loans, rents, royalties,          |                  |                       |                        |                     |                     |                  |
|         | and income from similar sources $\dots$      | 707.             | 2,087.                | 4,571.                 | 1,132.              | 236.                | 8,733.           |
| 9       | Net income from unrelated business           |                  |                       |                        |                     |                     |                  |
|         | activities, whether or not the               |                  |                       |                        |                     |                     |                  |
|         | business is regularly carried on             |                  |                       |                        |                     |                     |                  |
| 10      | Other income. Do not include gain            |                  |                       |                        |                     |                     |                  |
|         | or loss from the sale of capital             |                  |                       |                        |                     |                     |                  |
|         | assets (Explain in Part VI.)                 |                  |                       |                        |                     |                     |                  |
|         | Total support. Add lines 7 through 10        |                  |                       |                        |                     |                     | 7363829.         |
|         | Gross receipts from related activities,      | •                | ,                     |                        |                     | 12                  | 535,089.         |
| 13      | First 5 years. If the Form 990 is for the    |                  | rst, second, third, t | fourth, or fifth tax y | ear as a section 5/ | 01(c)(3)            | . —              |
| <u></u> | organization, check this box and <b>stop</b> |                  |                       |                        |                     |                     | ·····            |
|         | ction C. Computation of Publi                |                  |                       | . (2)                  |                     |                     | 00 02            |
|         | Public support percentage for 2021 (I        |                  | -                     |                        |                     | 14                  | <u>98.83 %</u>   |
|         | Public support percentage from 2020          |                  |                       |                        |                     | 15                  | 97.12 %          |
| 16a     | 33 1/3% support test - 2021. If the o        |                  |                       |                        | 14 is 33 1/3% or m  | ore, check this boy |                  |
|         | stop here. The organization qualifies        |                  | •                     |                        |                     |                     |                  |
| C       | 33 1/3% support test - 2020. If the o        |                  |                       |                        |                     |                     |                  |
| 47      | and <b>stop here.</b> The organization qual  |                  |                       |                        |                     |                     |                  |
| 1/a     | 10% -facts-and-circumstances test            |                  |                       |                        |                     |                     |                  |
|         | and if the organization meets the fact       |                  |                       | -                      | -                   | vi now the organiz  |                  |
|         | meets the facts-and-circumstances te         | •                | •                     | <b>,</b>               | •                   |                     |                  |
| b       | 10% -facts-and-circumstances test            | -                |                       |                        |                     |                     | IU% Or           |
|         | more, and if the organization meets the      |                  |                       |                        |                     |                     |                  |
| 10      | organization meets the facts-and-circle      |                  |                       |                        |                     |                     |                  |
| 18      | Private foundation. If the organization      | л ана пот спеска |                       | a, 100, 17a, or 170    | , check this dox a  |                     |                  |
|         |  |                  |                       |                        |                     | Schedule A          | (Form 990) 2021  |

Schedule A (Form 990) 2021

Part II

| NEW ORLEANS | POLICE | AND | JUSTICE |
|-------------|--------|-----|---------|
|-------------|--------|-----|---------|

Schedule A (Form 990) 2021

### FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

72-1311151 Page 3

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

| Section A. Public Support  |                      |                     |                      |                    |                 |                        |
|--|----------------------|---------------------|----------------------|--------------------|-----------------|------------------------|
| Calendar year (or fiscal year beginning in)  | (a) 2017             | <b>(b)</b> 2018     | (c) 2019             | (d) 2020           | (e) 2021        | (f) Total              |
| 1 Gifts, grants, contributions, and  |                      |                     |                      |                    |                 |                        |
| membership fees received. (Do not  |                      |                     |                      |                    |                 |                        |
| include any "unusual grants.")   |                      |                     |                      |                    |                 |                        |
| 2 Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                     |                      |                    |                 |                        |
| <b>3</b> Gross receipts from activities that   |                      |                     |                      |                    |                 |                        |
| are not an unrelated trade or bus-<br>iness under section 513  |                      |                     |                      |                    |                 |                        |
| <b>4</b> 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   |                      |                     |                      |                    |                 |                        |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disgualified persons   |                      |                     |                      |                    |                 |                        |
| <b>b</b> Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>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) 2017             | <b>(b)</b> 2018     | (c) 2019             | (d) 2020           | (e) 2021        | (f) Total              |
| 9 Amounts from line 6  |                      |                     |                      |                    |                 |                        |
| <b>10a</b> Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                                      |                      |                     |                      |                    |                 |                        |
| <b>b</b> Unrelated business taxable income   |                      |                     |                      |                    |                 |                        |
| (less section 511 taxes) from businesses acquired after June 30, 1975  |                      |                     |                      |                    |                 |                        |
| c Add lines 10a and 10b  |                      |                     |                      |                    |                 |                        |
| <ul> <li>11 Net income from unrelated business<br/>activities not included on line 10b,<br/>whether or not the business is<br/>regularly carried on</li> </ul>                           |                      |                     |                      |                    |                 |                        |
| 12 Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)   |                      |                     |                      |                    |                 |                        |
| <b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)   |                      |                     |                      |                    |                 |                        |
| 14 First 5 years. If the Form 990 is for the   | ne organization's fi | rst, second, third, | fourth, or fifth tax | year as a section  | 501(c)(3) organ | nization,              |
| check this box and stop here   |                      |                     |                      |                    |                 |                        |
| Section C. Computation of Publi  |                      |                     |                      |                    | <u> </u>        |                        |
| 15 Public support percentage for 2021 (I   | ine 8, column (f), d | livided by line 13, | column (f))          |                    | 15              | %                      |
| 16 Public support percentage from 2020   |                      |                     |                      |                    | 16              | %                      |
| Section D. Computation of Inves  | stment Income        | e Percentage        |                      |                    | <u> </u>        |                        |
| 17 Investment income percentage for 20   |                      |                     |                      |                    | 17              | %                      |
| <b>18</b> Investment income percentage from  |                      |                     |                      |                    | 18              | %                      |
| 19a 33 1/3% support tests - 2021. If the   |                      |                     |                      |                    |                 | ine 17 is not          |
| more than 33 1/3%, check this box ar   |                      |                     |                      |                    |                 | ▶∟                     |
| b 33 1/3% support tests - 2020. If the   |                      |                     |                      |                    |                 |                        |
| line 18 is not more than 33 1/3%, che  |                      |                     |                      |                    |                 | tion ►                 |
| 20 Private foundation. If the organization   | n did not check a    | box on line 14, 19  | a, or 19b, check t   | his box and see in |                 | ▶∟                     |
| 132023 01-04-22  |                      | . –                 |                      |                    | Sched           | lule A (Form 990) 2021 |
|  |                      | 17                  |                      |                    |                 |                        |

<sup>2021.05000</sup> NEW ORLEANS POLICE AND JU NNEW4261

## NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

1

2

3a

3b

3c

4a

4b

Yes No

## Schedule A (Form 990) 2021 FOUI Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

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

18

132024 01-04-21

4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 FOUNDATION, INC.

| 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 on lines 11b and  |     |     |    |
|     | 11c below, the governing body of a supported organization?  | 11a |     |    |
| b   | A family member of a person described on line 11a above?  | 11b |     |    |
| с   | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide  |     |     |    |
|     | detail in Part VI.  | 11c |     |    |
| Sec | tion B. Type I Supporting Organizations   |     |     |    |
|     |   |     | Yes | No |
| 1   | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or<br>more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,<br>directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i><br><i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i><br><i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> |     |     |    |
| ~   | 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,   |     |     |    |
| 800 | supervised, or controlled the supporting organization.<br>tion C. Type II Supporting Organizations  | 2   |     |    |
| Sec |   |     |     |    |
|     |   |     | 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  |     |     |    |
| 800 | the supported organization(s).<br>tion D. All Type III Supporting Organizations   | 1   |     |    |
| Sec | auon D. An Type in Supporting Organizations   |     | 1   |    |
|     |   |     | Yes | No |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the  |     |     |    |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax   |     |     |    |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the  |     |     |    |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?  | 1   |     |    |
| 0   | Ware any of the examination's officers, directory, or tructure either (i) encipted or elected by the supported  |     |     |    |

- 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).
  3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a
- **3** By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If* "Yes," *describe in* **Part VI** *the role the organization's*

#### <u>supported organizations played in this regard.</u> Section 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 instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** \_\_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* line 3 *below.*

| c 🗋 | The organization supported a go | vernmental entity. Describe i | n Part VI how y | ou supported a g | governmental entity | (see instruction <u>s).</u> |
|-----|---------------------------------|-------------------------------|-----------------|------------------|---------------------|-----------------------------|
|-----|---------------------------------|-------------------------------|-----------------|------------------|---------------------|-----------------------------|

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

3b | | Schedule A (Form 990) 2021

2

3

2a

2b

3a

Yes No

06201114 757189 NNEW426.0

```
19
```

|      | NEW ORLEANS POLICE AND J   | USTI     | ICE                                 |                                |
|------|--|----------|-------------------------------------|--------------------------------|
| Sche | edule A (Form 990) 2021 FOUNDATION, INC.   |          |                                     | 72-1311151 Page 6              |
| Pa   | rt V Type III Non-Functionally Integrated 509(a)(3) Supporting                   | Orga     | nizations                           |                                |
| 1    | Check here if the organization satisfied the Integral Part Test as a qualifying  | trust or | n Nov. 20, 1970 ( <i>explain in</i> | Part VI). See instructions.    |
|      | All other Type III non-functionally integrated supporting organizations must c   | omplet   | e Sections A through E.             |                                |
| Sect | tion A - Adjusted Net Income   |          | (A) Prior Year                      | (B) Current Year<br>(optional) |
| 1    | Net short-term capital gain  | 1        |                                     |                                |
| 2    | Recoveries of prior-year distributions   | 2        |                                     |                                |
| 3    | Other gross income (see instructions)  | 3        |                                     |                                |
| 4    | Add lines 1 through 3.   | 4        |                                     |                                |
| 5    | Depreciation and depletion   | 5        |                                     |                                |
| 6    | Portion of operating expenses paid or incurred for production or                 |          |                                     |                                |
|      | collection of gross income or for management, conservation, or                   |          |                                     |                                |
|      | maintenance of property held for production of income (see instructions)         | 6        |                                     |                                |
| 7    | Other expenses (see instructions)  | 7        |                                     |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                     | 8        |                                     |                                |
| Sect | tion B - Minimum Asset Amount  |          | (A) Prior Year                      | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                    |          |                                     |                                |
|      | instructions for short tax year or assets held for part of year):                |          |                                     |                                |
| а    | Average monthly value of securities  | 1a       |                                     |                                |
| b    | Average monthly cash balances  | 1b       |                                     |                                |
| с    | Fair market value of other non-exempt-use assets                                 | 1c       |                                     |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d       |                                     |                                |
| е    | Discount claimed for blockage or other factors                                   |          |                                     |                                |
|      | (explain in detail in Part VI):  |          |                                     |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                     | 2        |                                     |                                |
| 3    | Subtract line 2 from line 1d.  | 3        |                                     |                                |
| 4    | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,      |          |                                     |                                |
|      | see instructions).   | 4        |                                     |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)                 | 5        |                                     |                                |
| 6    | Multiply line 5 by 0.035.  | 6        |                                     |                                |
| 7    | Recoveries of prior-year distributions   | 7        |                                     |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                      | 8        |                                     |                                |
| Sect | tion C - Distributable Amount  |          |                                     | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, column A)            | 1        |                                     |                                |
| 2    | Enter 0.85 of line 1.  | 2        |                                     |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, column A)           | 3        |                                     |                                |
| 4    | Enter greater of line 2 or line 3.   | 4        |                                     |                                |
| 5    | Income tax imposed in prior year   | 5        |                                     |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to             |          |                                     |                                |
|      | emergency temporary reduction (see instructions).                                | 6        |                                     |                                |
| 7    | Check here if the current year is the organization's first as a non-functionally | integra  | ted Type III supporting org         | anization (see                 |

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

|              | dule A (Form 990) 2021 FOUNDATION, I   |                                       | ·  |   | 2-1311151 Pa | ge <b>7</b> |  |  |  |
|--------------|--|---------------------------------------|----|---|--------------|-------------|--|--|--|
| Pa           | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |                                       |    |   |              |             |  |  |  |
| Sect         | ion D - Distributions  |                                       |    |   | Current Year |             |  |  |  |
| _1           | Amounts paid to supported organizations to accomplish exer                                 | mpt purposes                          |    | 1   |              |             |  |  |  |
| 2            | Amounts paid to perform activity that directly furthers exemp                              | t purposes of supported               |    |   |              |             |  |  |  |
|              | organizations, in excess of income from activity   |                                       |    | 2   |              |             |  |  |  |
| 3            | Administrative expenses paid to accomplish exempt purpose                                  | 3                                     | 3  |   |              |             |  |  |  |
| _4           | Amounts paid to acquire exempt-use assets  |                                       | 4  |   |              |             |  |  |  |
| 5            | Qualified set-aside amounts (prior IRS approval required - pro                             |                                       | 5  |   |              |             |  |  |  |
| 6            | Other distributions (describe in Part VI). See instructions.                               |                                       | 6  |   |              |             |  |  |  |
| 7            | Total annual distributions. Add lines 1 through 6.   |                                       |    | 7   |              |             |  |  |  |
| 8            | Distributions to attentive supported organizations to which th                             | e organization is responsive          |    |   |              |             |  |  |  |
|              | (provide details in Part VI). See instructions.  |                                       |    | 8   |              |             |  |  |  |
| 9            | Distributable amount for 2021 from Section C, line 6                                       |                                       |    | 9   |              |             |  |  |  |
| 10           | Line 8 amount divided by line 9 amount   | (i)                                   |    | 10  |              |             |  |  |  |
| Sect         | ion E - Distribution Allocations (see instructions)  | (ii)<br>Underdistributior<br>Pre-2021 | าร | (iii)<br>Distributable<br>Amount for 2021 |              |             |  |  |  |
| 1            | Distributable amount for 2021 from Section C, line 6                                       |                                       |    |   |              |             |  |  |  |
| 2            | Underdistributions, if any, for years prior to 2021 (reason-                               |                                       |    |   |              |             |  |  |  |
|              | able cause required - explain in Part VI). See instructions.                               |                                       |    |   |              |             |  |  |  |
| 3            | Excess distributions carryover, if any, to 2021  |                                       |    |   |              |             |  |  |  |
| a            | From 2016  |                                       |    |   |              |             |  |  |  |
| b            | From 2017  |                                       |    |   |              |             |  |  |  |
| C            | From 2018  |                                       |    |   |              |             |  |  |  |
| d            | From 2019  |                                       |    |   |              |             |  |  |  |
| e            | From 2020  |                                       |    |   |              |             |  |  |  |
| f            | Total of lines 3a through 3e   |                                       |    |   |              |             |  |  |  |
| g            | Applied to underdistributions of prior years   |                                       |    |   |              |             |  |  |  |
| h            | Applied to 2021 distributable amount   |                                       |    |   |              |             |  |  |  |
| <u>    i</u> | Carryover from 2016 not applied (see instructions)   |                                       |    |   |              |             |  |  |  |
| j            | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                     |                                       |    |   |              |             |  |  |  |
| 4            | Distributions for 2021 from Section D,   |                                       |    |   |              |             |  |  |  |
|              | line 7: \$   |                                       |    |   |              |             |  |  |  |
| a            | Applied to underdistributions of prior years   |                                       |    |   |              |             |  |  |  |
| b            | Applied to 2021 distributable amount   |                                       |    |   |              |             |  |  |  |
| C            | Remainder. Subtract lines 4a and 4b from line 4.   |                                       |    |   |              |             |  |  |  |
| 5            | Remaining underdistributions for years prior to 2021, if                                   |                                       |    |   |              |             |  |  |  |
|              | any. Subtract lines 3g and 4a from line 2. For result greater                              |                                       |    |   |              |             |  |  |  |
|              | than zero, explain in Part VI. See instructions.   |                                       |    |   |              |             |  |  |  |
| 6            | Remaining underdistributions for 2021. Subtract lines 3h                                   |                                       |    |   |              |             |  |  |  |
|              | and 4b from line 1. For result greater than zero, explain in                               |                                       |    |   |              |             |  |  |  |
|              | Part VI. See instructions.   |                                       |    |   |              |             |  |  |  |
| 7            | Excess distributions carryover to 2022. Add lines 3j and 4c.                               |                                       |    |   |              |             |  |  |  |
| 8            | Breakdown of line 7:   |                                       |    |   |              |             |  |  |  |
| a            | Excess from 2017   |                                       |    |   |              |             |  |  |  |
| b            | Excess from 2018   |                                       |    |   |              |             |  |  |  |
| с            | Excess from 2019   |                                       |    |   |              |             |  |  |  |
| d            | Excess from 2020   |                                       |    |   |              |             |  |  |  |
| е            | Excess from 2021   |                                       |    |   |              |             |  |  |  |
|              |  |                                       |    |   |              |             |  |  |  |

Schedule A (Form 990) 2021

132027 01-04-22

| Schedule A      | (Form 990) 2021                                     | NEW ORLEANS   |   | AND JUSI                                | ICE  | 72–1311151 Page 8   |
|-----------------|---|---|---|---|--|---|
| Part VI         | Supplemental Inform<br>Part IV, Section A, lines 1, | <b>mation.</b> Provide the 6<br>2, 3b, 3c, 4b, 4c, 5a, 6<br>lines 2 and 3; Part IV, S | explanations re<br>5, 9a, 9b, 9c, 11<br>ection E, lines | 1a, 11b, and 11c;<br>1c, 2a, 2b, 3a, an | Part IV, Section B, line<br>d 3b; Part V, line 1; Pa | a or 17b; Part III, line 12;<br>s 1 and 2; Part IV, Section C,<br>rt V, Section B, line 1e; Part V, |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
|                 |   |   |   |   |  |   |
| 132028 01-04-22 | 2   |   | 2   | 2                                       |  | Schedule A (Form 990) 202   |

| SC     | HEDULE D                                   |  |                  | I Financial Stateme  |                 |                    | OMB No. 1545-0047                 | ,   |
|--------|--|--|------------------|--|-----------------|--------------------|-----------------------------------|-----|
| (Forr  | n 990)                                     |  |                  | anization answered "Yes" on Forn<br>11a, 11b, 11c, 11d, 11e, 11f, 12a,                     |                 |                    | 2021                              |     |
|        | ment of the Treasury                       |  |                  | Attach to Form 990.  |                 |                    | Open to Public                    | ł   |
|        | I Revenue Service<br>e of the organization | 1101 001 0110                                      |                  | 0 for instructions and the latest in<br>אחד. תוופייד היו                                   | ntormation.     | Employer           | Inspection<br>identification numb |     |
| Indiff | e of the organization                      | FOUNDATION,  |                  | MID CODITCE  |                 |                    | 2-1311151                         | er  |
| Pa     | t I Organizati                             |  |                  | d Funds or Other Similar Fu  | inds or Ac      |                    |                                   |     |
|        | organization a                             | nswered "Yes" on Form 9                            | 90, Part IV, lin | e 6.   |                 |                    | •                                 |     |
|        |  |  |                  | (a) Donor advised funds  | (               | <b>b)</b> Funds an | d other accounts                  |     |
| 1      | Total number at end                        | of year  |                  |  |                 |                    |                                   |     |
| 2      |  | ontributions to (during year                       |                  |  |                 |                    |                                   |     |
| 3      |  | rants from (during year)                           |                  |  |                 |                    |                                   |     |
| 4      |  | nd of year   |                  |  |                 |                    |                                   |     |
| 5      | -  |  |                  | vriting that the assets held in donor  |                 |                    |                                   |     |
| ~      |  |  |                  | exclusive legal control?   |                 |                    |                                   | No  |
| 6      | •  | <b>e</b> .   | -                | dvisors in writing that grant funds ca<br><sup>r</sup> donor advisor, or for any other pur |                 |                    |                                   |     |
|        | impermissible private                      |  |                  | donor advisor, or for any other pur  |                 | •                  | Yes I                             | No  |
| Pa     |  |  |                  | anization answered "Yes" on Form   |                 |                    |                                   | 10  |
| 1      |  | vation easements held by t                         |                  |  |                 |                    |                                   |     |
|        |  | land for public use (for ex                        | 0                | 11 57  | ion of a histo  | rically impor      | tant land area                    |     |
|        | Protection of n                            | atural habitat                                     | • •              | Preservat  | ion of a certif | ied historic :     | structure                         |     |
|        | Preservation of                            | open space   |                  |  |                 |                    |                                   |     |
| 2      | Complete lines 2a thi                      | rough 2d if the organization                       | n held a qualif  | ed conservation contribution in the  | form of a cor   | servation ea       | asement on the last               |     |
|        | day of the tax year.                       |  |                  |  |                 | Held               | at the End of the Tax Ye          | ear |
| а      | Total number of cons                       | ervation easements                                 |                  |  |                 | 2a                 |                                   |     |
| b      | •  | ed by conservation easem                           |                  |  |                 | 2b                 |                                   |     |
| С      |  |  |                  | icture included in (a)   |                 | 2c                 |                                   |     |
| d      |  |  | ., .             | fter 7/25/06, and not on a historic s  |                 |                    |                                   |     |
| 3      |  |  |                  | eased, extinguished, or terminated I   |                 | 2d                 | the tex                           |     |
| 3      | year                                       | ion easements mounieu, ti                          | ansieneu, rei    | eased, extinguished, or terminated i   | by the organiz  |                    | ine tax                           |     |
| 4      |  | ere property subject to cor                        | servation eas    | ement is located   |                 |                    |                                   |     |
| 5      |  | , ,  |                  | odic monitoring, inspection, handlir   | ng of           |                    |                                   |     |
|        |  | cement of the conservation                         |                  |  |                 |                    | Yes I                             | No  |
| 6      | Staff and volunteer h                      | ours devoted to monitoring                         | g, inspecting,   | handling of violations, and enforcing  |                 |                    |                                   |     |
|        | ▶  | _  |                  |  |                 |                    |                                   |     |
| 7      | Amount of expenses                         | incurred in monitoring, ins                        | pecting, hand    | ling of violations, and enforcing con  | servation eas   | ements duri        | ng the year                       |     |
|        | ►\$  |  |                  |  |                 |                    |                                   |     |
| 8      |  |  |                  | e satisfy the requirements of sectior  |                 | -                  |                                   |     |
| -      |  |  |                  |  |                 |                    |                                   | No  |
| 9      |  | •  |                  | on easements in its revenue and exp  |                 |                    | 4h a                              |     |
|        |  |  |                  | ote to the organization's financial st   | atements tha    | t describes        | the                               |     |
| Pa     |  | nting for conservation ease<br>ons Maintaining Col |                  | Art, Historical Treasures, o   | or Other Si     | milar Ass          | ets.                              |     |
|        |  | e organization answered "                          |                  |  |                 |                    |                                   |     |
| 1a     |  |  |                  | 8, not to report in its revenue staten   | nent and bala   | nce sheet w        | orks                              | _   |
|        | U U  | •  |                  | lic exhibition, education, or researc  |                 |                    |                                   |     |
|        |  |  | -                | cial statements that describes thes  |                 | ·                  |                                   |     |
| b      | If the organization ele                    | ected, as permitted under I                        | ASB ASC 95       | 8, to report in its revenue statement  | and balance     | sheet works        | s of                              |     |
|        | art, historical treasure                   | es, or other similar assets h                      | neld for public  | exhibition, education, or research in  | n furtherance   | of public se       | rvice,                            |     |
|        | provide the following                      | amounts relating to these                          | items:           |  |                 |                    |                                   |     |
|        | (i) Revenue include                        | d on Form 990, Part VIII, lir                      | ne 1             |  |                 |                    |                                   |     |
|        | (ii) Assets included i                     |  |                  |  |                 | ▶ \$               |                                   |     |
| 2      |  |  |                  | asures, or other similar assets for fin  | ancial gain, p  | rovide             |                                   |     |
|        | -  |  |                  | SC 958 relating to these items:  |                 |                    |                                   |     |
|        |  |  |                  |  |                 | ► \$               |                                   |     |
|        |  |  |                  | for Form 000   |                 | ► \$               |                                   | 004 |
|        | 10-28-21                                   | uction Act Notice, see the                         | = msu ucuons     |  |                 | Sche               | dule D (Form 990) 20              | JZ  |
| 13203  | 10-20-21                                   |  |                  | 29   |                 |                    |                                   |     |

06201114 757189 NNEW426.0

|      |   | EANS POLIC                      | E AN            | D JUSTI         | ICE                 |                    |                         |              |                   |               |
|------|---|---------------------------------|-----------------|-----------------|---------------------|--------------------|-------------------------|--------------|-------------------|---------------|
|      |   | ION, INC.                       |                 |                 |                     |                    |                         | 72-13        | 11151             | Page <b>2</b> |
| Par  | t III Organizations Maintaining C   | ollections of Ar                | t, Hist         | orical Tre      | asures, or          | <sup>r</sup> Other | <sup>-</sup> Similar    | Assets       | (continu          | ied)          |
| 3    | Using the organization's acquisition, accessic collection items (check all that apply): | on, and other record            | ls, check       | any of the f    | ollowing that       | make si            | gnificant ι             | ise of its   |                   |               |
| а    | Public exhibition   | c                               | a 🗌             | Loan or excl    | hange progra        | m                  |                         |              |                   |               |
| b    | Scholarly research  | e                               |                 |                 | 0.0                 |                    |                         |              |                   |               |
| с    | Preservation for future generations   |                                 |                 |                 |                     |                    |                         |              |                   |               |
| 4    | Provide a description of the organization's co  | plections and explain           | n how th        | nev further th  | e organizatio       | n's exem           | not purpos              | se in Part   | XIII.             |               |
| 5    | During the year, did the organization solicit o   | -                               |                 | •               | -                   |                    |                         |              |                   |               |
| Ū    | to be sold to raise funds rather than to be ma  |                                 |                 |                 |                     |                    |                         |              | Yes               | No No         |
| Par  | t IV Escrow and Custodial Arrange   |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | reported an amount on Form 990, Par   |                                 |                 | organization    | in answered         | 103 011            | 1 0111 000              | , i aitiv, i | 110 0, 01         |               |
| 10   | Is the organization an agent, trustee, custodi  |                                 | lian, for       | contributions   | or other ass        | ete not i          | ncluded                 |              |                   |               |
| Ia   |   |                                 |                 |                 |                     |                    |                         |              | Yes               | No            |
| L    | on Form 990, Part X?<br>If "Yes," explain the arrangement in Part XIII                  |                                 |                 |                 |                     |                    |                         | L            | 1 1 1 2 5         |               |
| a    | in res, explain the arrangement in Part All   | and complete the lo             | nowing t        | apie.           |                     |                    |                         |              | Amount            |               |
|      |   |                                 |                 |                 |                     |                    |                         |              | Amount            |               |
|      | Beginning balance   |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | Additions during the year   |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | Distributions during the year   |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | Ending balance  |                                 |                 |                 |                     |                    |                         |              | 7                 |               |
|      | Did the organization include an amount on Fe  |                                 |                 |                 |                     |                    | ty?                     | L            | Yes               | No            |
| _    | If "Yes," explain the arrangement in Part XIII.   |                                 |                 |                 |                     |                    |                         |              |                   |               |
| Par  | <b>t V</b> Endowment Funds. Complete i  |                                 |                 |                 |                     |                    |                         |              | ( ) 5             | <u> </u>      |
|      |   | (a) Current year                | (b)⊦            | Prior year      | (c) Two year        | 'S DACK            | (d) Three y             | ears back    | <b>(e)</b> Four y | /ears back    |
|      | Beginning of year balance   |                                 |                 |                 |                     |                    |                         |              |                   |               |
| b    | Contributions   |                                 |                 |                 |                     |                    |                         |              |                   |               |
| С    | Net investment earnings, gains, and losses  |                                 |                 |                 |                     |                    |                         |              |                   |               |
| d    | Grants or scholarships  |                                 |                 |                 |                     |                    |                         |              |                   |               |
| е    | Other expenditures for facilities   |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | and programs  |                                 |                 |                 |                     |                    |                         |              |                   |               |
| f    | Administrative expenses   |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | End of year balance   |                                 |                 |                 |                     |                    |                         |              |                   |               |
| 2    | Provide the estimated percentage of the curr  | ent vear end balanc             | e (line 1o      | a, column (a)   | ) held as:          | I                  |                         |              |                   |               |
|      | Board designated or quasi-endowment   |                                 | %               | g, oolanni (u)  |                     |                    |                         |              |                   |               |
| h    | Permanent endowment   |                                 |                 |                 |                     |                    |                         |              |                   |               |
| č    |   | <u> </u>                        |                 |                 |                     |                    |                         |              |                   |               |
| U    | The percentages on lines 2a, 2b, and 2c sho   |                                 |                 |                 |                     |                    |                         |              |                   |               |
| 20   | Are there endowment funds not in the posse  |                                 | otion the       | t are hold an   | d administar        | ad for th          | o oraoniza              | tion         |                   |               |
| Ja   |   | ssion of the organiza           |                 | it are neiu an  | iu aurimister       |                    | e organiza              |              |                   | Yes No        |
|      | by:   |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | (i) Unrelated organizations   |                                 |                 |                 |                     |                    |                         |              | 3a(i)             |               |
|      | (ii) Related organizations  |                                 |                 |                 |                     |                    |                         |              | 3a(ii)            |               |
| b    | If "Yes" on line 3a(ii), are the related organiza                                       |                                 |                 |                 |                     |                    |                         |              | 3b                |               |
|      | Describe in Part XIII the intended uses of the  |                                 | wment f         | unds.           |                     |                    |                         |              |                   |               |
| Fai  | <b>t VI</b> Land, Buildings, and Equipm   |                                 |                 | / line 11 - 0   | Ferrer 000          | Devt V             | line 10                 |              |                   |               |
|      | Complete if the organization answere  |                                 |                 | 1               |                     |                    |                         |              |                   |               |
|      | Description of property   | (a) Cost or c<br>basis (investr |                 | • •             | or other<br>(other) | • •                | ccumulate<br>preciation | d            | <b>(d)</b> Book   | value         |
| 4-   | Land  |                                 | nong            | 04313           |                     |                    | or obtailoff            |              |                   |               |
|      | Land  |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | Buildings   |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | Leasehold improvements  |                                 |                 |                 |                     |                    |                         |              |                   |               |
|      | Equipment   |                                 |                 |                 | 2 4 2 4             |                    | 0 1 /                   |              |                   | 200           |
|      | Other   |                                 |                 |                 | 2,424.              |                    | 8,12                    | 40.          |                   | <u>,298.</u>  |
| Tota | . Add lines 1a through 1e. (Column (d) must e   | <u>qual Form 990, Part</u>      | <u>X, colun</u> | nn (B), line 10 | 0c.)                |                    |                         |              |                   | ,298.         |
|      |   |                                 |                 |                 |                     |                    |                         | Schedule     | D (Form           | 990) 2021     |

|  | NEW | ORLEANS | POLICE | AND | JUSTICE |
|--|-----|---------|--------|-----|---------|
|--|-----|---------|--------|-----|---------|

| Schedule [        | D (Form 990) 2021          | FOUNDATION,                      | INC.                         | 7   | 2-1311151 Page 3        |
|-------------------|----------------------------|----------------------------------|------------------------------|---|-------------------------|
| Part VII          | Investments - 0            | Other Securities.                |                              |   |                         |
|                   | Complete if the orga       | anization answered "Yes"         | on Form 990, Part IV, line 1 | 11b. See Form 990, Part X, line 12.       |                         |
| <b>(a)</b> Descri | ption of security or categ | Ory (including name of security) | (b) Book value               | (c) Method of valuation: Cost or e        | nd-of-year market value |
| (1) Financ        | ial derivatives            |                                  |                              |   |                         |
| (2) Closely       | held equity interests      |                                  |                              |   |                         |
| (3) Other         |                            |                                  |                              |   |                         |
| (A)               |                            |                                  |                              |   |                         |
| (B)               |                            |                                  |                              |   |                         |
| (C)               |                            |                                  |                              |   |                         |
| (D)               |                            |                                  |                              |   |                         |
| (E)               |                            |                                  |                              |   |                         |
| (F)               |                            |                                  |                              |   |                         |
| (G)               |                            |                                  |                              |   |                         |
| (H)               |                            |                                  |                              |   |                         |
| Total. (Col.      | (b) must equal Form 990    | , Part X, col. (B) line 12.) 🕨   |                              |   |                         |
| Part VII          |                            | Program Related.                 |                              |   |                         |
|                   | Complete if the orga       | anization answered "Yes"         | on Form 990, Part IV, line 1 | 11c. See Form 990, Part X, line 13.       |                         |
|                   | (a) Description of i       | investment                       | (b) Book value               | (c) Method of valuation: Cost or e        | nd-of-year market value |
| (1)               |                            |                                  |                              |   |                         |
| (2)               |                            |                                  |                              |   |                         |
| (3)               |                            |                                  |                              |   |                         |
| (4)               |                            |                                  |                              |   |                         |
| (5)               |                            |                                  |                              |   |                         |
| (6)               |                            |                                  |                              |   |                         |
| (7)               |                            |                                  |                              |   |                         |
| (8)               |                            |                                  |                              |   |                         |
| (9)               |                            |                                  |                              |   |                         |
|                   |                            | , Part X, col. (B) line 13.) 🕨   |                              |   |                         |
| Part IX           | J                          |                                  |                              |   |                         |
|                   | Complete if the orga       |                                  |                              | 11d. See Form 990, Part X, line 15.       |                         |
|                   |                            | (a)                              | Description                  |   | (b) Book value          |
| (1)               |                            |                                  |                              |   |                         |
| (2)               |                            |                                  |                              |   |                         |
| (3)               |                            |                                  |                              |   |                         |
| (4)               |                            |                                  |                              |   |                         |
| (5)               |                            |                                  |                              |   |                         |
| (6)               |                            |                                  |                              |   |                         |
| (7)               |                            |                                  |                              |   |                         |
| (8)               |                            |                                  |                              |   | _                       |
| (9)               |                            |                                  |                              |   | _                       |
|                   | umn (b) must equal Fo      | rm 990, Part X, col. (B) line    | e 15.)                       |   |                         |
| Part X            | Other Liabilities          |                                  |                              |   |                         |
|                   |                            |                                  | on Form 990, Part IV, line 1 | 11e or 11f. See Form 990, Part X, line 2  |                         |
| 1.                | ( <b>a</b> ) De            | escription of liability          |                              |   | (b) Book value          |
| (1) Fe            | deral income taxes         |                                  |                              |   | _                       |
| (2)               |                            |                                  |                              |   |                         |
| (3)               |                            |                                  |                              |   |                         |
| (4)               |                            |                                  |                              |   |                         |
| (5)               |                            |                                  |                              |   | _                       |
| (6)               |                            |                                  |                              |   |                         |
| (7)               |                            |                                  |                              |   |                         |
| (8)               |                            |                                  |                              |   |                         |
| (9)               |                            |                                  |                              |   |                         |
| Total. (Col       | umn (b) must equal Fo      | rm 990, Part X. col. (B) line    | e 25.)                       |   | ►                       |
|                   |                            |                                  |                              | the organization's financial statements   | that reports the        |
|                   |                            |                                  |                              | re if the text of the footnote has been p |                         |

132053 10-28-21

Schedule D (Form 990) 2021

|      | NEW ORLEANS POLICE AND JUST  | TICE      |                |        |                       |
|------|--|-----------|----------------|--------|-----------------------|
| Sche | dule D (Form 990) 2021 FOUNDATION, INC.  |           |                |        | 1311151 Page <b>4</b> |
| Par  | t XI Reconciliation of Revenue per Audited Financial Statemer                    | nts With  | Revenue per Re | turn.  |                       |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |                |        |                       |
| 1    | Total revenue, gains, and other support per audited financial statements         |           |                | 1      | 1,477,430.            |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:              |           |                |        |                       |
| а    | Net unrealized gains (losses) on investments                                     | 2a        |                |        |                       |
| b    | Donated services and use of facilities   | 2b        | 108,132.       |        |                       |
| с    | Recoveries of prior year grants  | 2c        |                |        |                       |
| d    | Other (Describe in Part XIII.)   |           |                |        |                       |
| е    | Add lines 2a through 2d  |           |                | 2e     | 108,132.              |
| 3    | Subtract line 2e from line 1   |           |                | 3      | 1,369,298.            |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:             |           |                |        |                       |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a        |                |        |                       |
| b    | Other (Describe in Part XIII.)   | 4b        |                |        |                       |
| с    | Add lines 4a and 4b  |           |                | 4c     | 0.                    |
| 5    | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  |           |                | 5      | 1,369,298.            |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Stateme                   | ents With | Expenses per F | Returi | າ.                    |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.      |           |                |        |                       |
| 1    | Total expenses and losses per audited financial statements                       |           |                | 1      | 1,380,200.            |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                |           |                |        |                       |
| а    | Donated services and use of facilities   | 2a        | 108,132.       |        |                       |
| b    | Prior year adjustments   | 2b        |                |        |                       |
| с    | Other losses   | 2c        |                |        |                       |
| d    | Other (Describe in Part XIII.)   | 2d        |                |        |                       |
| е    | Add lines 2a through 2d  |           |                | 2e     | 108,132.              |
| 3    | Subtract line 2e from line 1   |           |                | 3      | 1,272,068.            |
| 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                 | 4a        |                |        |                       |
| b    | Other (Describe in Part XIII.)   | 4b        |                |        |                       |
| с    | Add lines 4a and 4b  |           |                | 4c     | 0.                    |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |           |                | 5      | 1,272,068.            |
| Pa   | t XIII Supplemental Information.   |           |                |        |                       |

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

### PART X, LINE 2:

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

132054 10-28-21

Schedule D (Form 990) 2021

32

| NEW ORLEANS POLICE AND JUSTICE   |                            |
|--|----------------------------|
| Schedule D (Form 990) 2021     FOUNDATION, INC.       Part XIII     Supplemental Information (continued) | 72-1311151 Page 5          |
|  |                            |
| POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUT  | THORITIES BASED ON         |
| THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX P  | OSITIONS INCLUDE           |
| THE TAX-EXEMPT STATUS OF THE FOUNDATION AND VARIOUS POS  | SITIONS RELATED TO         |
| THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INC  | COME (UBIT).               |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  |                            |
|  | Schedule D (Form 990) 2021 |

| SCHEDULE G   | Suppleme   | ities                                   | OMB No. 1545-0047                                 |   |  |   |  |                |   |
|--|--|---|---|---|--|---|--|----------------|---|
| (Form 990)   |  |   | ation answered "Yes" o<br>ion entered more than s |   |  |   | r 19,  | or if the      | 2021  |
| Department of the Treasury   |  | n gamzat                                | Attach to Form 9                                  |   |  |   |  |                | Open to Public  |
| Internal Revenue Service   |  |   | .irs.gov/Form990 for ins                          |   |  | the latest information  | on.  |                | Inspection  |
| Name of the organization   | FOUNDAT  |   | POLICE AND J<br>INC.                              | USTIC   | )E   |   |  | 2-1311         | entification number<br>.151                             |
|  | complete this part   |   | te if the organization ans                        | wered "Y  | es" or   | n Form 990, Part IV, li   | ine 1  | 7. Form 990-E2 | Z filers are not  |
| <ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | ions<br>email solicitations<br>tations<br>licitations<br>on have a written o<br>ed in Form 990, Pa<br>I highest paid indiv | r oral agr<br>art VII) or<br>viduals or | f Solici<br>g Spec                                | itation of<br>itation of<br>ial fundra<br>al (includ<br>professio | non-g<br>gover<br>iising o<br>ling of<br>onal fu | overnment grants<br>nment grants<br>events<br>ficers, directors, trus<br>undraising services? |  | Ye:            |   |
| (i) Name and addres<br>or entity (fund   | s of individual  |   | (ii) Activity                                     | (iii)<br>fundr<br>have ci<br>or con<br>contribu                   | ustody<br>trol of                                | (iv) Gross receipts from activity   | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col. (i) |                | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |  |   |   | Yes   | No   |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  | ich the organizatio  |   | tered or licensed to solic                        | it contrib  | ▶<br>utions                                      | or has been notified  | it is (  | exempt from re | egistration   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
|  |  |   |   |   |  |   |  |                |   |
| LHA For Paperwork Ro   | eduction Act Noti  | ce, see t                               | he Instructions for Forn                          | n 990 or :  | 990-E  | Ζ.  |  | Schedul        | e G (Form 990) 2021                                     |

| Sob             | odul      |  | EANS POLICE .<br>ION, INC. | AND JUSTICE                  | 72_                       | 1311151 Page <b>2</b>      |
|-----------------|-----------|--|----------------------------|------------------------------|---------------------------|----------------------------|
| Pa              |           |  |                            | I "Ves" on Form 990 Par      |                           |                            |
|                 |           | of fundraising event contributions and gro       | oss income on Form 990     | -EZ, lines 1 and 6b. List e  | events with gross receipt | s greater than \$5.000.    |
|                 |           | 5 5  | (a) Event #1               | (b) Event #2                 | (c) Other events          |                            |
|                 |           |  | ANNUAL FALL                |                              | NONE                      | (d) Total events           |
|                 |           |  | FUNDRAISER                 |                              |                           | (add col. (a) through      |
|                 |           |  | (event type)               | (event type)                 | (total number)            | col. <b>(c)</b> )          |
| Ine             |           |  |                            |                              |                           |                            |
| Revenue         | 1         | Gross receipts                                   | 320,374.                   |                              |                           | 320,374.                   |
| Ē               |           |  |                            |                              |                           |                            |
|                 | 2         | Less: Contributions                              | 303,598.                   |                              |                           | 303,598.                   |
|                 |           |  |                            |                              |                           |                            |
| -               | 3         | Gross income (line 1 minus line 2)               | 16,776.                    |                              |                           | 16,776.                    |
|                 |           |  |                            |                              |                           |                            |
|                 | 4         | Cash prizes                                      |                            |                              |                           |                            |
|                 | 5         | Noncash prizes                                   | 15,833.                    |                              |                           | 15,833.                    |
| SS              | Ũ         |  |                            |                              |                           |                            |
| ense            | 6         | Rent/facility costs                              |                            |                              |                           |                            |
| ЦХD             |           |  |                            |                              |                           |                            |
| Direct Expenses | 7         | Food and beverages                               | 24,776.                    |                              |                           | 24,776.                    |
| ä               |           |  | 1 200                      |                              |                           | 1 200                      |
|                 | 8         | Entertainment                                    | 1,300.<br>15,942.          |                              |                           | 1,300.                     |
|                 | 9         | Other direct expenses                            |                            |                              | <u> </u>                  | 15,942.                    |
|                 | 10        | Direct expense summary. Add lines 4 through      |                            |                              | •                         | <u>57,851.</u><br>-41,075. |
| Pa              | 11<br>Int |  |                            | 000 Dort IV line 10 or       |                           | -41,075.                   |
| Гa              |           | \$15,000 on Form 990-EZ, line 6a.                | answered res on Form       | 1990, Part IV, line 19, or l | reported more than        |                            |
|                 |           |  |                            | (b) Pull tabs/instant        |                           | (d) Total gaming (add      |
| e               |           |  | (a) Bingo                  | bingo/progressive bingo      | (c) Other gaming          | col. (a) through col. (c)  |
| Revenue         |           |  |                            |                              |                           |                            |
| Å               | 1         | Gross revenue                                    |                            |                              |                           |                            |
|                 | -         |  |                            |                              |                           |                            |
| s               | 2         | Cash prizes                                      |                            |                              |                           |                            |
| xpenses         |           |  |                            |                              |                           |                            |
| xpe             | 3         | Noncash prizes                                   |                            |                              |                           |                            |
| Ш<br>Н          |           |  |                            |                              |                           |                            |
| Direct E        | 4         | Rent/facility costs                              |                            |                              |                           |                            |
|                 | _         |  |                            |                              |                           |                            |
| -               | 5         | Other direct expenses                            | Yes%                       |                              |                           |                            |
|                 | 6         | Volunteer labor                                  | No                         | Yes%                         | Yes %                     |                            |
|                 | 0         | volunteer labor                                  |                            |                              |                           |                            |
|                 | 7         | Direct expense summary. Add lines 2 through      | n 5 in column (d)          |                              |                           |                            |
|                 |           | - · · · · · · · · · · · · · · · · · · ·          |                            |                              | ······ ·                  |                            |
|                 | 8         | Net gaming income summary. Subtract line 7       | from line 1, column (d)    |                              |                           |                            |
|                 |           |  |                            |                              |                           |                            |
| 9               | En        | ter the state(s) in which the organization condu | cts gaming activities:     |                              |                           |                            |
| а               | ls t      | he organization licensed to conduct gaming a     | tivities in each of these  | states?                      |                           | Yes No                     |
| b               | lf "      | No," explain:                                    |                            |                              |                           |                            |
|                 |           |  |                            |                              |                           |                            |
| 40 -            |           |  |                            |                              |                           |                            |
|                 |           | ere any of the organization's gaming licenses re |                            |                              | /ear?                     | Yes No                     |
| α               | IT "      | Yes," explain:                                   |                            |                              |                           |                            |
|                 |           |  |                            |                              |                           |                            |
|                 |           |  |                            |                              |                           |                            |
| 13208           | 32 10     | )-21-21  |                            |                              | Sche                      | dule G (Form 990) 2021     |

| Cab   |  |            |                    |      | POLICE A        |                 |               |                   | 72-1     | 211                | 151     | Dess 0    |
|-------|--|------------|--------------------|------|-----------------|-----------------|---------------|-------------------|----------|--------------------|---------|-----------|
|       | edule G (Form 990) 2021<br>Does the organization conduct gar             |            | IDATION,           |      |                 |                 |               |                   |          | $\frac{311}{\Box}$ |         | Page 3    |
|       | Is the organization a grantor, bene<br>to administer charitable gaming?  | ficiary or | r trustee of a tru | rust | , or a member o | f a partnership | or other enti | ty formed         |          |                    |         |           |
| 13    | Indicate the percentage of gaming  |            |                    |      |                 |                 |               |                   |          |                    | 163     |           |
|       | The organization's facility  |            |                    |      |                 |                 |               |                   |          | 13a                |         | %         |
| b     | An outside facility  |            |                    |      |                 |                 |               |                   |          | 13b                |         | %         |
| 14    | Enter the name and address of the  |            |                    |      | -               |                 |               | s and record      | IS:      |                    |         |           |
|       | Name   |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       | Address ►  |            |                    |      |                 |                 |               |                   |          |                    | Vee     |           |
|       | Does the organization have a cont  |            |                    |      |                 |                 |               |                   |          |                    | Yes     | No        |
| b     | If "Yes," enter the amount of gamin<br>of gaming revenue retained by the |            |                    |      |                 | ▶ \$            |               | and the amo       | ount     |                    |         |           |
| с     | If "Yes," enter name and address of                                      |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       | Name ►   |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       | Address 🕨  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
| 16    | Gaming manager information:  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       | Name ►   |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       | Gaming manager compensation  | ▶ \$       |                    |      |                 |                 |               |                   |          |                    |         |           |
|       | Description of services provided   | •          |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       | Director/officer   | Em Em      | ployee             |      | Indeper         | dent contracto  | or            |                   |          |                    |         |           |
|       | Mandatory distributions:   |            |                    |      |                 |                 |               |                   |          |                    |         |           |
| а     | Is the organization required under                                       |            |                    |      |                 |                 |               |                   |          |                    | Yes     | No        |
| b     | retain the state gaming license?<br>Enter the amount of distributions r  |            |                    |      | be distributed  |                 |               |                   | n the    |                    | res     |           |
|       | organization's own exempt activitie                                      | •          |                    |      |                 |                 | or gainizatio | ne er epenni      |          |                    |         |           |
| Pa    | rt IV Supplemental Inforr<br>15b, 15c, 16, and 17b, as                   |            |                    |      |                 |                 |               | ns (iii) and (v); | and Part | III, lin           | es 9, 9 | 9b, 10b,  |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   |          |                    |         |           |
|       |  |            |                    |      |                 |                 |               |                   | Och - I  |                    | <b></b> | 000\ 0001 |
| 13208 | 3 10-21-21   |            |                    |      | 36              |                 |               |                   | Schedu   | ie G (             | Form    | 990) 2021 |

|                |                                   | NEW            | ORLEANS     | POLICE | AND | JUSTICE |               |          |
|----------------|-----------------------------------|----------------|-------------|--------|-----|---------|---------------|----------|
| Schedule G     | (Form 990)<br>Supplemental Inform | FOUN<br>mation | IDATION,    | INC.   |     |         | 72-1311151    | Page 4   |
| i artiv        |                                   | mation         | (continuea) |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         | <br>          |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         |               |          |
|                |                                   |                |             |        |     |         | Schedule G (F | orm 990) |
| 132084 11-18-2 | 21                                |                |             |        |     |         |               |          |

| SCHEDULE I   |   | G                     | rants and Oth                             | er Assistan   | ce to Organ                                   | izations.   |                                       | OMB No. 1545-0047   |
|--|---|-----------------------|---|---|---|---|---------------------------------------|---|
| (Form 990)   |   | Gov                   | vernments, an                             | d Individual  | s in the Ŭni                                  | ted States  |                                       | 2021  |
| Department of the Treasury<br>Internal Revenue Service   |   | Comple                | ete if the organization<br>► Go to www.ir | n answered "Yes"<br>► Attach to For<br>s.gov/Form990 fo | m 990.  |   |                                       | Open to Public<br>Inspection  |
| Name of the organization                                 | on NEW ORLEA<br>FOUNDATIO   |                       | AND JUSTIC                                |   |   |   |                                       | Employer identification number 72-1311151   |
| Part I General In  | formation on Grants a   |                       |   |   |   |   |                                       | /2 1511151  |
| criteria used to a                                       | ation maintain records t<br>ward the grants or assis<br>IV the organization's pro | stance?               |   |   |   |   |                                       | on X Yes No   |
| Part II Grants and                                       | d Other Assistance to I<br>nat received more than \$                              | Domestic Organiz      | ations and Domestic                       | Governments. C  | complete if the orga                          | anization answered "Y   | ′es" on Form 990, Part                | IV, line 21, for any  |
|  | ldress of organization<br>vernment  | <b>(b)</b> EIN        | (c) IRC section<br>(if applicable)        | (d) Amount of cash grant                                | <b>(e)</b> Amount of<br>noncash<br>assistance | <b>(f)</b> Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance   |
| CITY OF NEW ORLEAN<br>715 BROAD ST<br>NEW ORLEANS, LA 70 |   | 72-6000969            |   | 542,352.  | 0.  |   |                                       | ASSISTANCE TO THE NEW<br>ORLEANS POLICE<br>DEPARTMENT'S<br>HEADQUARTTERS, DISTRICTS |
|  |   |                       |   |   |   |   |                                       |   |
|  |   |                       |   |   |   |   |                                       |   |
|  |   |                       |   |   |   |   |                                       |   |
|  |   |                       |   |   |   |   |                                       |   |
|  |   |                       |   |   |   |   |                                       |   |
| 2 Enter total number                                     | er of section 501(c)(3) a   | nd government org     | anizations listed in the                  | e line 1 table  | L   | L   | I                                     | ▶ <u> </u>  |
|  | er of other organizations   |                       |   | ······  |   |   |                                       | • 0.  |
| LHA For Paperwork  | Reduction Act Notice,   | , see the Instruction | ons for Form 990.                         |   |   |   |                                       | Schedule I (Form 990) 2021  |

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

FOUNDATION, INC.

72–1311151

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---|--------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
|   |                          |                             |                                       |   |                                       |
| COLLEGE TUITION ASSISTANCE FOR NEW ORLEANS POLICE |                          |                             |                                       |   |                                       |
| OFFICERS AND PERSONNEL                            | 6                        | 5,700.                      | 0.                                    |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
| RAGEDY FUND                                       | 9                        | 24,000.                     | 0.                                    |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |
|   |                          |                             |                                       |   |                                       |

PART I, LINE 2:

TUITION ASSISTANCE GRANTS ARE AWARDED DIRECTLY TO THE NOPD OFFICER AFTER

THE COMMANDER AND A LOWER LEVEL NOPD ACADEMY OFFICER HAVE APPROVED THE

GRANT APPLICATION REQUEST. ALL APPLICATIONS ARE THEN REVIEWED BY THE NOPJF

TO VERIFY THE NOPD OFFICER (APPLICANT) MEETS THE PROGRAM CRITERIA.

ASSISTANCE TO PUBLIC ENTITIES ARE EITHER FEDERAL PASS THROUGH VIA OBJECTIVE

CRITERIA OR DIRECT REQUESTS FROM NOPD.

| NEW ORLEANS POLICE AND JUSTICE           Schedule I (Form 990)         FOUNDATION, INC.         72-1311151         Page           Part IV         Supplemental Information         72-1311151         Page | e <b>2</b>       |
|--|------------------|
| NAME OF ORGANIZATION OR GOVERNMENT: CITY OF NEW ORLEANS - NOPD   |                  |
| (H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE TO THE NEW ORLEANS POLICE   |                  |
| DEPARTMENT'S HEADQUARTTERS, DISTRICTS AND UNITS DAILY OPERATIONAL  |                  |
| EXPENSES AND THEIR CRIME FIGHTING SUPPLIES AND EQUIPMENT.  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
|  |                  |
| 132291<br>04-01-21 Schedule I (Form 9  | <del>3</del> 90) |

| (Form 990)       For carbin Officers, Dreators, Trustees, Key Employees, and Highest<br>Componented Employees<br>Development of the Treaty<br>Prevention of the Spectra Difference of the Spectra Difference of the Spectra<br>Prevention of the Spectra Difference Oil Difference Oil Difference Oil Differen                        | SC       | HEDULE J             | Compensation Information  | I          | OMB No. 1     | 545-004 | 47       |
|---|----------|----------------------|---|------------|---------------|---------|----------|
| Complete if the organization assessed Yes' on Form 990, Part IV, line 23.     Logentreme the instaty     Complete if the organization assessed Yes' on Form 990, Part IV, line 23.     Logentreme the organization     New ORLEARNS POLICIC AND JUSTICE     Employer identification number     72-1331151     Text for complete Are if the organization for worked any of the following the organization     Text of the organization     Yes No     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization form 900,     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Part VI, Section A, line 1a, complete Part III to provide any of the following the organization fees     Travel for companiton     Compensation committee     Travel for companiton complete Part III to provide the part III to provide any of the following the organization fees     Complete Part III to provide the part III to provide the part Part III to provide the part IIII to provide the part III to provide the part III to provide the | (Fo      | rm 990)              | -   | -          |               |         |          |
| Complete If the organization answered "Yes" on Form 990, Part IV, line 23.     Do to two with a gov/Form890 for instructions and the latest information.     New of the organization     NEW ORLEANS FOILTCE AND JUSTICE     For 990, Part IV, Section A, Line 1a, dd the organization provide any of the following to or for a person listed on Form 990,     Part IV, Section A, Line 1a, Complete Part III to provide any or level and information regarding these items.     Part IV, Section A, Line 1a, Complete Part III to provide any or level information regarding these items.     Part IV, Section A, Line 1a, Complete Part III to provide any or level and information regarding these items.     Part IV, Section A, Line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990,     Part VII, Section A, Line 1a, and the organization to regarding these items.     Parsen for comparisons     Taxie for comparisons     Parsen is a complete part III to provide any of the following to or for a personal ised one Form 990,     Part VII, Section A, Line 1a, Complete Part III to provide any of the following the complex counce of personal use     Parsenal services (such as maid, chauffeur, chel)     If any of the boxes on line 1a are checked, did the organization to low any information regarding the set personal services (such as maid, chauffeur, chel)     If any of the boxes on line 1a are checked, did the organization to complex part III * 0. Complexe Part III to explain     Porn 990 of there organization use for methods use organization currents of al directors,     trustees, and offices, including the CEO/Executive Director, regarding the items checked on line 1a?     Ideate which, if any, of the following the organization to catestation portice box phy constant complexe for any parsent on committee     During the year, did any person listed on Form 990, Part VII, Section A, Line 1a, with respect to the filing     organization or a related organization.     Receive a soverance payment form anguly- | <b>1</b> | ,                    | Compensated Employees   |            | ZU            | 21      |          |
| Detailed Text Section 2         Image of the organization         Decision of the organization number FOUNDATION_INC.         Image of the organization number FOUNDATION_INC.           Part II         Questions Regarding Compensation         Yes         No           III         Check the appropriate box(e3) if the organization provided any of the following to or for a person listed on Form 990.         Yes         No           IIII         Check the appropriate box(e3) if the organization provided any of the following to or for a person listed on Form 990.         Yes         No           IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  |          |                      |   |            |               |         |          |
| Name of the organization         NEW ORLEANS         POLICE         AND JUSTICE         Employer identification number<br>72-1311151           Part I         Questions Regarding Compensation         Yes         No           ************************************  |          |                      |   |            | •             |         |          |
| FOUNDATION_INC.         T2-1311151           Part II         Questions Regarding Compensation         Yes         No           Ia         Check the appropriate box(8s) if the organization provide any of the following to or for a person listed on Form 990, Part VII. Section A, line 1a, complete Part III to provide any relevant information regarding these items.         Yes         No           Instructions of the compension         Part VII. Section A, line 1a, complete Part III to provide any relevant information regarding these items.         Yes         No           Instructions of the compension         Part VII. Section A, line 1a, complete Part III to provide any relevant information regarding payment or reintbursement or provision of all of the expanse described aboxel II''.No, complete Part III to explain         1b         Indicate which, if any, of the following the organization tollow a written policy regarding payment or reintbursement or provision of all of the expanse described aboxel II''.No, complete Part III to explain         1b           2         Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation consultant         Compensation survey or study         2           3         Indicate which, if any, of the following the provide any relevant plane and plane aboxed compensation committee         Writen employment contract         4a         X           4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization to establish dore organization: </td <td>-</td> <td></td> <td></td> <td>Employer</td> <td>identificatio</td> <td>on nui</td> <td>mber</td>  | -        |                      |   | Employer   | identificatio | on nui  | mber     |
| 1a         Check the appropriate box(ac) if the organization provided any of the following to or for a person listed on Form 980,<br>Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.           Image: Track class or charter travel         Housing allowance or residence for personal use<br>Payments for business use of personal residence<br>Image: Tax indemnification and gross-up payments         Health or social club dues or initiation fees           Discretionary spending account         Personal services (such as maid, chartler, chef)         Image: Complete Part III to provide any relevant information regarding payment or<br>reimbursement or provision of all of the expanses described advorg? If 'No,' complete Part III to provide any relevant information require substantiation prior to reimbursing or allowing expenses incurred by all directors,<br>trustees, and officers, including the Organization used to establish the compensation of the organization to<br>establish compensation committee         Image: Complete Part III.           Compensation complexition to certain the CEO/Executive Director, but explain IP Part III.         Compensation committee         Image: Compensation committee           4         During the year, did any person listed on Form 980, Part VII, Section A, line 1a, with respect to the filing<br>organization or a related organization:<br>a Receive a severance payment from an equity-based compensation arrangement?         Image: Compensation committee           4         Diring the year, did any person listed on Form 980, Part VII, Section A, line 1a, did the organization pay or accrue any compensation<br>continge  |          |                      |   | 72-3       | L31115:       | 1       |          |
| 1a         Check the appropriate box(ac) if the organization provided any of the following to or for a person listed on Form 980,<br>Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Image: Complete Part III to provide any relevant information regarding these items.           Image: Track class or charter travel         Housing allowance or residence for personal use<br>Payments for business use of personal residence<br>Image: Tax indemnification and gross-up payments         Health or social club dues or initiation fees           Discretionary spending account         Personal services (such as maid, chartler, chef)         Image: Complete Part III to provide any relevant information regarding payment or<br>reimbursement or provision of all of the expanses described advorg? If 'No,' complete Part III to provide any relevant information require substantiation prior to reimbursing or allowing expenses incurred by all directors,<br>trustees, and officers, including the Organization used to establish the compensation of the organization to<br>establish compensation committee         Image: Complete Part III.           Compensation complexition to certain the CEO/Executive Director, but explain IP Part III.         Compensation committee         Image: Compensation committee           4         During the year, did any person listed on Form 980, Part VII, Section A, line 1a, with respect to the filing<br>organization or a related organization:<br>a Receive a severance payment from an equity-based compensation arrangement?         Image: Compensation committee           4         Diring the year, did any person listed on Form 980, Part VII, Section A, line 1a, did the organization pay or accrue any compensation<br>continge  | Pa       | rt I Question        | s Regarding Compensation  | 4          |               |         |          |
| 1a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.            First-lises or charter travel        Housing allowance or residence for personal use             First-lises or charter travel        Housing allowance or residence for personal use             First-lises or charter travel        Housing allowance or residence for personal use             First-lises or charter travel        Discretionary spending account             b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or         reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain             2 Did the organization require busthartiation prior to reimbursing or allowing expenses incurred by all directors,        Ito             2 Indicate which, if any, of the following the organization used to establish the compensation of the organization to        Ito the compensation or the CEO/Executive Director, but explain in Part III.             Compensation committee           Orthor organizations             Autionate on payment for a supplement payment?           Compansition committee             During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing         organization?  |          |                      |   |            |               | Yes     | No       |
| Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Paryments for business use of personal residence         Tax indemnification and gross up payments       Peayments for business use of personal residence       Paryments for business use of personal residence         Discretionary spending account       Personal services (such as maid, chardfrex, cher)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses desorbed above? If 'No,' complete Part III to explain       1b         2       Indicate which, if any, of the following the organization regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization cuest to establish the compensation of the CEO/Executive Director, put explain In Part III.       Compensation committee       Weith engage and the expenses downer?         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?       4a       X.         5       For persons listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization?       4a       X.         6       During the year, did any p  | 1a       | Check the appropr    | ate box(es) if the organization provided any of the following to or for a person listed on Form | 990.       |               |         |          |
| Image: First-class or charter travel       Image: Ima                                    |          |                      |   |            |               |         |          |
| Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for company spending account       Personal services (such as maid, chauffeur, chef)         Image: Travel for the object of the expenses described above? If "No," complete Part III to explain       The organization or regurnes substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, inculution the organization used to establish the compensation or the organization to cestablish compensation and provide the applicable amounts or melated organization to establish compensation and provide the applicable amounts for each item in Part III.         Comparization or a related organization?       4a       X         Participate in or receive payment from a supplemental nonqualified rethement plan?       4a <t< td=""><td></td><td></td><td></td><td>onal use</td><td></td><td></td><td></td></t<>   |          |                      |   | onal use   |               |         |          |
| Tax indemnification and grossup payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         4 Participate in or receive payment from an equity-based compensation arrangement?       4a       X         drives' to any of lines 4ac, list the persons and provide the applicable amounts for each item in Part III.       5a       X         6 Nay section 501(c)(3), 501(c)(4), and 501(c)(29) organization pay or accrue any compensation contingent on the retermings of:       5a       X         7 Tyee' to any of lines 4a of part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retaremings of:   |          |                      |   |            |               |         |          |
| Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is CEO/Executive Director, but explain in Part III.       2         Indicate which, if any, of the following the organization used to establish compensation committee       2       2         Image: the organization is CEO/Executive Director, but explain in Part III.       2       2         Indicate which, if any, of the following the organization is CEO/Executive Director, but explain in Part III.       2       2         Image: the organization       1       2       2         Image: the organization       1       2       2         Image: the organization       1       2       2         Image: the organization       2       3       3         Indicate which, if any of the solution and part the organization and provide the applicable amounts for each item in Part III.       4a   |          |                      |   |            |               |         |          |
| b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       Written employment contract         Impendent compensation comsultant       Compensation survey or study       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         f"Yes" to any of lines 4ac, list the persons and provide the applicable amounts for each tem in Part III.       Sb       X  |          |                      |   |            |               |         |          |
| reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employment contract       0         Compensation committee       Written employment contract       4a         Porticipate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         Chysection 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5b       X         F or persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a   |          | ,                    |   | , , ,      |               |         |          |
| reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain       1b         2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         COMpensation committee       Written employment contract       0         Compensation committee       Written employment contract       0         Compensation or related organization:       X Approval by the board or compensation committee       4a         4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         B Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         C Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         My section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5       5       5         6 rop resons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b   | b        | If any of the boxes  | on line 1a are checked, did the organization follow a written policy regarding payment or       |            |               |         |          |
| 2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the corporation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       3         6       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4       4         6       Participate in or receive payment from a supplemental nonqualified retirement plan?       4       4       4         7       Participate in or receive payment from an equity-based compensation arrangement?       4       4       X         9       Participate in or receive payment from an equity-based compensation arrangement?       4       5       X         16       Participate in or receive payment from a supplemental nonqualified retirement plan?       5       5       5       For persons listed on Form 990,  |          | •                    |   |            | 1b            |         |          |
| trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the organization is       2         CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Written employment contract       1         Compensation committee       Written employment contract       0       1         Independent compensation consultant       Compensation survey or study       1       4         Porting the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         B       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         C       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         M rives' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       5b       X         F vryes' on line 5 aor 5b, describe in Part III.       5a       X       X         May related organization?       5a       X       X  | 2        |                      |   |            |               |         |          |
| 3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Companization or a related organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       Image: Compensation argument?         a Participate in or receive payment from a supplemental nonqualified retirement plan?       Image: Compensation argument?       Image: Compensation argument?         b Participate in or receive payment from a supplemental nonqualified retirement plan?       Image: Compensation argument?       Image: Compensation argument?         ft "Yes" to any of lines 4a.c., list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation pay or accrue any compensation contingent on the revenues of:       Image: Compensation pay or accrue any compensation contingent on the net earnings of:         ft "Yes" on line 5 aor 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earamings of:       Image: Compensitement pay: Compensiteme  | -        |                      |   |            | 2             |         |          |
| CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Undependent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment or change of control payment?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>H "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarmings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>Any related organization?</li></ul>  |          |                      |   |            |               |         |          |
| CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Undependent compensation consultant</li> <li>Compensation survey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 4         During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <ul> <li>Receive a severance payment or change of control payment?</li> <li>Participate in or receive payment from an equity-based compensation arrangement?</li> <li>H "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retarmings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>Any related organization?</li> <li>Any related organization?</li></ul>  | 3        | Indicate which if a  | ay of the following the organization used to establish the compensation of the organization?    | s          |               |         |          |
| establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         d       It "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         d       The organization?       5a       X         f" Yes" on line 5a or 5b, describe in Part III.       6a       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | -        |                      |   |            |               |         |          |
| Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4a       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a.c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         d       Any related organization?       5a       X       5b       X         if "Yes" on line 6a or 6b, describe in Part III.       6a       X       6b       X         for persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net eamings of:       6a       X         a The organization?       6a       X       <   |          |                      |   |            |               |         |          |
| Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from an equity-based compensation arrangement?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5a       X         f "Yes" on line 5a or 5b, describe in Part III.       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, Section A, line 1a, did the organization provide any no   |          | ·                    |   |            |               |         |          |
| Image: Source of the second state second state of the second state of the s                           |          | ·                    |   |            |               |         |          |
| 4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4c       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X       6b       X         f" Yes" on line 6a or 6b, describe in Part III.       7 <t< td=""><td></td><td></td><td></td><td>committoo</td><td></td><td></td><td></td></t<>  |          |                      |   | committoo  |               |         |          |
| organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a The organization?       5a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III </td <td></td> <td></td> <td></td> <td>Johnmillee</td> <td></td> <td></td> <td></td>   |          |                      |   | Johnmillee |               |         |          |
| organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a The organization?       5a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III </td <td>4</td> <td>During the year did</td> <td>any person listed on Form 990 Part VII. Section &amp; line 1a with respect to the filing</td> <td></td> <td></td> <td></td> <td></td>   | 4        | During the year did  | any person listed on Form 990 Part VII. Section & line 1a with respect to the filing            |            |               |         |          |
| a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       5a       X         a The organization?       6a       X         b Any related organization?       6a       X         c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6b       X         a The organization?       6a       X       X         b Any related organization? </td <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | -        |                      |   |            |               |         |          |
| b       Participate in or receive payment from a supplemental nonqualified retirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes,"  | 2        | -                    | -   |            | 45            |         | x        |
| c       Participate in or receive payment from an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation<br>contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation<br>contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments<br>not described on lines 5 and 69. If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the<br>initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III<  |          |                      |   |            |               |         |          |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Contract of Contrect of Contend of Contend of Contract of Contract of Contract of C                                    |          |                      |   |            |               |         |          |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.         5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <ul> <li>a</li> <li>The organization?</li> <li>Any related organization?</li> <li>ff "Yes" on line 5a or 5b, describe in Part III.</li> <li>6</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                 <ul> <li>a</li> <li>The organization?</li> <li>ff "Yes" on line 6a or 6b, describe in Part III.</li> </ul> </li> </ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li>  | C        | -                    |   |            | +0            |         |          |
| 5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         fi "Yes" on line 6a or 6b, describe in Part III.       6b       X         fi "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6  |          | II Tes to any of III | 100 $4a$ , ist the persons and provide the applicable amounts for each term in that in.         |            |               |         |          |
| 5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception describe in Part III.       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(  |          | Only section 501/    | (3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9                            |            |               |         |          |
| contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         b Any related organization?       6b       X         b Any related organization?       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       7       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9  | 5        |                      |   | าท         |               |         |          |
| a The organization?       5a       X         b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         contingent on the net earnings of:       6b       X         a The organization?       6b       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9  | 5        |                      |   |            |               |         |          |
| b       Any related organization?         If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         contingent on the net earnings of:       6a         a       The organization?         b       Any related organization?         f       "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?  | -        | -                    |   |            | 50            |         | x        |
| If "Yes" on line 5a or 5b, describe in Part III.         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:         a       The organization?         b       Any related organization?         if "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III         7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?   |          |                      |   |            |               |         | <u> </u> |
| 6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9   | 5        |                      |   |            |               |         |          |
| contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments<br>not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the<br>initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in<br>Regulations section 53.4958-6(c)?       9       9   | 6        |                      |   | n          |               |         |          |
| a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments<br>not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the<br>initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in<br>Regulations section 53.4958-6(c)?       9       9   | U        | -                    |   | 71         |               |         |          |
| b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments<br>not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the<br>initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in<br>Regulations section 53.4958-6(c)?       9       9  | •        | -                    | -   |            | 62            |         | x        |
| If "Yes" on line 6a or 6b, describe in Part III.         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9   |          |                      |   |            |               |         | <u> </u> |
| <ul> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</li> <li>Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> </ul>  | U U      |                      |   |            |               |         |          |
| not described on lines 5 and 6? If "Yes," describe in Part III       7       X         8       Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9   | 7        |                      | -   | e          |               |         |          |
| <ul> <li>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> <li>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Part III</li> </ul>   | '        |                      |   |            | 7             |         | x        |
| initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X<br>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9   | ø        |                      |   |            |               |         |          |
| 9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in<br>Regulations section 53.4958-6(c)?         9   | ø        |                      |   |            | 0             |         | y        |
| Regulations section 53.4958-6(c)?   | •        |                      |   |            | <u>ð</u>      |         |          |
|   | Э        |                      |   |            |               |         |          |
|   |          |                      |   |            |               | . 000   | 1 2024   |

132111 11-02-21

Schedule J (Form 990) 2021

FOUNDATION, INC.

72-1311151

Page 2

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

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

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

| (A) Name and Title |             | <b>(B)</b> Breakdown of W | /-2 and/or 1099-MIS<br>compensation       | C and/or 1099-NEC                         | (C) Retirement and other deferred | (D) Nontaxable<br>benefits | (E) Total of columns<br>(B)(i)-(D) | in column (B)                             |
|--------------------|-------------|---------------------------|---|---|-----------------------------------|----------------------------|------------------------------------|---|
|                    |             | (i) Base<br>compensation  | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      |                            |                                    | reported as deferred<br>on prior Form 990 |
| (1) MELANIE TALIA  | (i)         | 134,059.                  | 0.  | 0.  | 4,228.                            | 15,194.                    | 153,481.                           | 0.  |
| CEO/PRESIDENT      | (ii)        | 0.                        | 0.  | 0.  | 0.                                | 0.                         | 0.                                 | 0.  |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)<br>(ii) |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (i)<br>(ii) |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |
|                    | (i)         |                           |   |   |                                   |                            |                                    |   |
|                    | (ii)        |                           |   |   |                                   |                            |                                    |   |

| NEW  | ORLEANS  | POLICE | AND | JUSTICE |
|------|----------|--------|-----|---------|
| FOUN | NDATION, | INC.   |     |         |

Schedule J (Form 990) 2021

## Part III Supplemental Information

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

Schedule J (Form 990) 2021

| SCHEDULE M                                    |  | Noncash Contributions                                       |               |  |   |        |          |   | OMB No. 1545-0047 |      |      |  |
|---|--|---|---------------|--|---|--------|----------|---|-------------------|------|------|--|
| (Form 990)                                    |  | [   |               |  |   |        |          |   | วกว               | 1    |      |  |
|   | Complete if the org  |   |               | ganizations answered "Yes" on Form 990, Part IV, lines 29 or 30. |   |        |          |   | 2021              |      |      |  |
| Department of the Treasury Attach to Form 990 |  |   |               |  |   |        |          | Open to Public                            |                   |      |      |  |
| Go to www.irs.gov/                            |  |   |               |  | the latest information.                             |        | <b>F</b> | Inspection                                |                   |      |      |  |
| Name  | e of the organizatior  |   |               |  |   |        |          | Employer identification number 72-1311151 |                   |      |      |  |
| Par   |  | FOUNDATION, Property  | INC.          |  |   |        |          | /2-1.                                     | ) 1 1 1 3         | ) T  |      |  |
| 1 41  |  | Troporty  | (a)           | (b)  | (c)   |        |          | (d)                                       |                   |      |      |  |
|   |  |   | Check if      | Number of  | Noncash contribution                                |        | Meth     | od of det                                 | ermining          | 3    |      |  |
|   |  |   | applicable    | contributions or   | amounts reported on<br>Form 990, Part VIII, line 1g | r      | noncash  | contribut                                 | ion amo           | unts | ;    |  |
| 1   | Art - Works of art   |   | X             | 4  | 2,197.  | FAT    | R MA     | RKET                                      | VALI              | JE   |      |  |
| 2   | Art - Historical treasures   |   |               |  | _//   | F      |          |   |                   |      |      |  |
| 3   | Art - Fractional interests   |   |               |  |   |        |          |   |                   |      |      |  |
| 4   | Books and publications   |   |               |  |   |        |          |   |                   |      |      |  |
| 5   |  |   |               |  |   |        |          |   |                   |      |      |  |
| 6   |  |   |               |  |   |        |          |   |                   |      |      |  |
| 7   |  |   |               |  |   |        |          |   |                   |      |      |  |
| 8   |  | y   |               |  |   |        |          |   |                   |      |      |  |
| 9   |  | y traded  |               |  |   |        |          |   |                   |      |      |  |
| 10  |  | / held stock  |               |  |   |        |          |   |                   |      |      |  |
| 11  | Securities - Partne  |   |               |  |   |        |          |   |                   |      |      |  |
|   |  |   |               |  |   |        |          |   |                   |      |      |  |
| 12  |  |   |               |  |   |        |          |   |                   |      |      |  |
| 13  | Qualified conserva   | tion contribution -   |               |  |   |        |          |   |                   |      |      |  |
|   | Historic structures  |   |               |  |   |        |          |   |                   |      |      |  |
| 14  | Qualified conserva   | tion contribution - Other                                   |               |  |   |        |          |   |                   |      |      |  |
| 15  | Real estate - Resid  | ential  |               |  |   |        |          |   |                   |      |      |  |
| 16  | Real estate - Comr   | nercial   |               |  |   |        |          |   |                   |      |      |  |
| 17  | Real estate - Other  |   |               |  |   |        |          |   |                   |      |      |  |
| 18  | Collectibles   |   | X             | 5  | 5,137.  | _      |          |   |                   |      |      |  |
| 19  | Food inventory   |   | X             | 1  | 200.  | FAI    | R MA     | RKET                                      | VALU              | JE   |      |  |
| 20  |  |   |               |  |   |        |          |   |                   |      |      |  |
| 21  |  |   |               |  |   |        |          |   |                   |      |      |  |
| 22  | Historical artifacts   |   |               |  |   |        |          |   |                   |      |      |  |
| 23  | Scientific specimens   |   |               |  |   |        |          |   |                   |      |      |  |
| 24  |  | acts  |               | 26   | 10 700  |        |          | DUDD                                      |                   |      |      |  |
| 25  |  | IFT CERTIFIC )  | X             | 26   | 12,799.   | FAI    | R MA     | RKET                                      | VALU              | JE   |      |  |
| 26  | Other  (   | )   |               |  |   |        |          |   |                   |      |      |  |
| 27  | Other (  | )   |               |  |   |        |          |   |                   |      |      |  |
| 28  | Other (  | )<br>)  |               |  |   |        |          |   |                   |      |      |  |
| 29  |  | 8283 received by the organiz<br>nization completed Form 828 |               |  |   |        |          |   |                   | 0    |      |  |
|   | for which the organ  | nization completed Form 620                                 | bo, Part V, D | onee Acknowledge   | ement 29  |        |          |   |                   | es   | No   |  |
| 200   | During the year di   | d the organization receive by                               | ( contributio | n any proporty rap   | ortad in Dart L linaa 1 throug                      | nh 00  | that it  | ſ   | T                 | es   | NO   |  |
| Jua   | a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for           |   |               |  |   |        |          |   |                   |      |      |  |
|   | must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?   |   |               |  |   |        |          |   | 30a               |      | Х    |  |
| h   |  | the arrangement in Part II.                                 |               |  |   |        |          | ·····                                     | 30a               |      |      |  |
| 31  |  | -   | olicy that re | auires the review o  | of any nonstandard contribut                        | tions? |          |   | 31                |      | х    |  |
|   | <ol> <li>Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?</li> <li>2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash</li> </ol> |   |               |  |   |        |          |   | +                 |      |      |  |
| 5_4   | contributions?   | -   |               | -  |   |        |          |   | 32a               |      | х    |  |
| b   | If "Yes," describe i   |   |               |  |   |        |          |   |                   |      |      |  |
| 33  |  | didn't report an amount in c                                | olumn (c) for | a type of propertv   | for which column (a) is che                         | cked.  |          |   |                   |      |      |  |
|   | describe in Part II.   |   |               |  |   |        |          |   |                   |      |      |  |
| LHA   |  | Reduction Act Notice, see                                   | the Instruct  | ions for Form 990  | ).  |        | Sch      | edule M                                   | (Form 9           | 90)  | 2021 |  |

| NEW         | ORLEANS | POLICE | AND | JUSTICE |
|-------------|---------|--------|-----|---------|
| FOUNDATION, |         | INC.   |     |         |

72-1311151 Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

## SCHEDULE M, PART I, COLUMN (B):

Schedule M (Form 990) 2021

THE ORGANIZATION IS REPORTING THE NUMBER OF INSTANCES OF CONTRIBUTIONS.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.



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

FOUNDATION WAS ESTABLISHED IN 1995 BY BUSINESS AND CIVIC LEADERS AS AN

INDEPENDENT, NON-PROFIT ORGANIZATION DEDICATED TO STRENGTHENING THE

POLICE DEPARTMENT AND PROMOTING PUBLIC SAFETY.

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

MANAGEMENT REVIEWS THE RETURN WITH FULL BOARD PLUS IT IS EMAILED TO

OFF-SITE BOARD MEMBERS. THE FULL BOARD HAS AN OPPORTUNITY TO REVIEW AND ASK

QUESTIONS AND EMAIL THE CPA FIRM.

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/PRESIDENT, ETC. IF A CONFLICT WOULD EXIST, THE BOARD MEMBER WILL RECUSE THEMSELVES FROM VOTING ON ALL ISSUES WHERE A CONFLICT MIGHT OR DOES EXIST. ALSO, CEO AND CFO MONITOR ACTIVITIES THROUGHTOUT THE YEAR.

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

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 UNIQUE IN ITS MISSION, THE EXECUTIVE COMMITTEE MOSTLY BASES THE COMPENSATION ON JOB RESPONSIBILITIES AND THE APPLICANT'S EXPERIENCE. BASED ON CURRENT DATA IN THE GREATER NEW ORLEANS AREA, OUR CEO POSITION IS ON THE LOW END OF COMPENSATION FOR LAW ENFORCEMENT RELATED ENTITIES.

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

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

46

| 12212 11-11-21 Schedule Q (Form 95                                  |  |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| USES.   |  |
| SELECTION PROCESSES FOR THE AUDIT THAT THE ORGANIZATION'S COMMITTEE |  |
| THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE OVERSIGHT OR  |  |

## ALL INFORMATION IS AVAILABLE UPON REQUEST.

FOUNDATION, INC.

NEW ORLEANS POLICE AND JUSTICE

## FORM 990, PART XII, LINE 2C

Schedule O (Form 990) 2021

Name of the organization

Employer identification number

72-1311151

0

261