PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number NEW ORLEANS POLICE AND JUSTICE Address change FOUNDATION, INC. Name change 72-1311151 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (504) 558-9944 320 METAIRIE HAMMOND HIGHWAY 519 2,682,980. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 70005 METAIRIE, LA H(a) Is this a group return return
Application
pending F Name and address of principal officer: MELANIE TALIA Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: HTTP://WWW.NOPJF.ORG/ H(c) Group exemption number K Form of organization: X Corporation Other L Year of formation: 1995 M State of legal domicile: LA Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT OF THE NEW ORLEANS **Activities & Governance** POLICE DEPARTMENT & THE ORLEANS PARISH CRIMINAL JUSTICE SYSTEM. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 31 3 Number of voting members of the governing body (Part VI, line 1a) 3 31 Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 1,324,481. 2,483,952. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 236. 2,834. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 44,581. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 100,289. 11 1,369,298. 2,587,075. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 572,052. 1,484,348. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 544,360. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 666,556. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 155,656. 164,796. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,272,068. 2,315,700. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 97,230. 271,375. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,983,018. 2,523,566. Total assets (Part X, line 16) 490,925. 760,098. 21 Total liabilities (Part X, line 26) 三年 492,093. 763,468 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, 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. Signature of officer Date Sign MELANIE TALIA, PRESIDENT/CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00543368 SHARON CASSIERE Paid Firm's name EAG GULF COAST, LLC Firm's EIN 92-3320348 Preparer Firm's address ONE GALLERIA BLVD., STE 2100 Use Only METAIRIE, LA 70001 Phone no. (504)837-5990 X Yes

No

May the IRS discuss this return with the preparer shown above? See instructions

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: SUPPORT OF THE NEW ORLEANS POLICE DEPARTMENT AND ORLEANS PARISH
	CRIMINAL JUSTICE SYSTEM ALONG WITH CRIME PREVENTION ACTIVITIES WITH
	THE PUBLIC. NOPJF HELPS THE NOPD INITIATE INNOVATIVE PROGRAMS THAT
	MAKE NEW ORLEANS A SAFER PLACE TO LIVE, VISIT AND WORK. THE POLICE
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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, as measured by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$1, 866, 287. including grants of \$1, 484, 348.) (Revenue \$ 126, 040.)
4a	(Code:) (Expenses \$1,866,287.our including grants of \$1,484,348.our) (Revenue \$126,040.our) THE NOPJF IS A MEASURABLE EXAMPLE OF HOW PUBLIC-PRIVATE COLLABORATIONS
	(PPC) CAN IMPACT PUBLIC SAFETY. NOPJF WITH CONTRIBUTIONS FROM ITS
	BUSINESS, INDIVIDUAL, AND PHILANTHROPIC PARTNERS PROVIDES RECRUITING,
	TRAINING, CONTINUING EDUCATION, EQUIPMENT AND DISTRICT/UNIT SUPPORT FOR
	EXPENSES THAT FALL OUTSIDE THE CITY'S BUDGETARY LINES. THIS PPC ENABLES
	THE NOPD TO BENEFIT FROM THE EXPERTISE AND EFFICIENCIES OF THE NOPJF'S
	RESOURCES IN THE PRIVATE SECTOR.
	THE POST OF THE PO
4b	(Code:) (Expenses \$
	NOPJF INITIATED THE SAFECAM ADOPT-A-BLOCK COMPANION PROGRAM TO THE
	POPULAR SAFECAM NOLA PRIVATE CAMERA REGISTRY FOR THE NOPD. SAFECAM
	ADOPT-A-BLOCK PROGRAM LEVERAGES PRIVATE DONATIONS TO INSTALL PRIVATE
	SECURITY CAMERAS FOR THE PUBLIC. FOOTAGE FROM BOTH OF THE SAFECAM
	PROGRAMS HAS SOLVED INNUMERABLE CRIMES ACROSS THE CITY OF NEW ORLEANS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
-r u	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,945,534.
	Form 990 (2022)

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	public office? If "Yes," complete Schedule C, Part I	3_		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			х
44	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		Х	
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	445		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		Х
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	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		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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	 -		
124	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	ı.zu		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		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,	<u></u>		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Form **990** (2022)

NEW ORLEANS POLICE AND JUSTICE

Form 990 (2022) FOUNDATION, INC. Part IV Checklist of Required Schedules (continue)

I ai	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	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			1
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		1
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			1
	, ,	256		x
06	Schedule L, Part I	25b		<u> </u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	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
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			1
	"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	Х	
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	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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			
U-T		34		x
35	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
D		256		1
00	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?			v
	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			v
	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?		77	
Da	Note: All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Щ
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 12	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Form 990 (2022) FOUNDATION, INC.

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

	i (continued)		V	N1 -						
0-	Fatewiths number of ampleyage vaported on Form W.S. Transmittel of Wage and Tay Statements		Yes	No						
Za	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	filed for the calendar year ending with or within the year covered by this return	2b	Х							
b 3a	74.00	3a	- 21	х						
		3b		- 21						
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30								
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
h	b If "Yes," enter the name of the foreign country									
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
c	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 the organization solicit	"								
-	any contributions that were not tax deductible as charitable contributions?	6a		х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
-	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		Х						
d	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 contract?	7e		Х						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	_								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	4								
13	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	-								
С	Enter the amount of reserves on hand			37						
14a	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 Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v						
	excess parachute payment(s) during the year?	15		X						
40	If "Yes," see the instructions and file Form 4720, Schedule N.	40		v						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
4-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	47								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

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

	Check if Schedule O contains a response or note to any line in this Part VI			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 31									
	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 31									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint 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, stockholders, or	1								
	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 following:	1.5								
а	The governing body?	8a	х							
h	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
Ŭ	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 Revenue Code.)	1 -	ı							
	(This occitor b requests information about policies not required by the internal nevenue occur.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before 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 conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe									
	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	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
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 arrangement with 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 its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ble						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finand	cial							
	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 books and records									
	MELANIE TALIA - (504) 558-9944									
	320 METAIRIE HAMMOND HIGHWAY, 519, METAIRIE, LA 70005									

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other				
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MELANIE TALIA	45.00			l				125 504		10 564
CEO/PRESIDENT	45.00			X				137,524.	0.	19,564.
(2) ANNETTE BODDEN	45.00			l				100 400		16 440
CFO/VICE PRESIDENT	40.00			X				123,492.	0.	16,448.
(3) KEVIN WHITE PROGRAM DIRECTOR	40.00	-				x		102,372.	0.	11,436.
(4) ELICIA BROUSSARD SHERIDAN	4.00					^		102,372.	0.	11,430.
BOARD MEMBER	4.00	x						0.	0.	0.
(5) JOHN CASBSON	4.00	- 22						0.	0.	<u></u>
BOARD MEMBER	4.00	х						0.	0.	0.
(6) JIM COOK	4.00							•		
BOARD MEMBER		х						0.	0.	0.
(7) KAREN DEBLIEUX	4.00	 								
BOARD MEMBER (THRU 11/2022)		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) BROOKE DUNCAN III	4.00									
BOARD MEMBER		Х						0.	0.	0.
(12) ANN DUPLESSIS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(13) G. PERRY EASTMAN, IV	4.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DEAN T. FALGOUST	4.00									
BOARD MEMBER		Х						0.	0.	0.
(15) NOAH HARDIE	4.00	ļ								
BOARD MEMBER	4 00	Х						0.	0.	0.
(16) DANNY HARDMAN	4.00	١								^
BOARD MEMBER	4 00	Х				_		0.	0.	0.
(17) ERIC HOFFMAN	4.00	. ,							_	^
BOARD MEMBER		X						0.	0.	0. Form 990 (2022)

232007 12-13-22 Form **990** (2022)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (D) (E) (F) Position Average Reportable Name and title Reportable **Estimated** (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee) week from from related other (list any organizations ndividual trustee or director the compensation hours for organization (W-2/1099-MISC/ from the lighest compensated related nstitutional truste (W-2/1099-MISC/ 1099-NEC) organization organizations 1099-NEC) and related below organizations line) (18) E. JAMES KOCK III 4.00 BOARD MEMBER Х 0 . 0. 0. (19) STEPHEN KUPPERMAN 4.00 X 0. 0 . 0. BOARD MEMBER 4.00 (20) PATTI LAPEYRE BOARD MEMBER Х 0 0. 0. (21) JIM LETTEN 4.00 BOARD MEMBER X 0. 0. 4.00 (22) CAROL MARKOWITZ BOARD MEMBER (THRU 02/2022) Х 0. 0. 0. 4.00 (23) TONI MOBLEY BOARD MEMBER Х 0. 0. 0. (24) MARSHALL POSEY 4.00 0. 0. BOARD MEMBER Х 0 (25) JAMES REISS III 4.00 0. BOARD MEMBER 0. 0. (26) GREGORY RUSOVICH 4.00 BOARD MEMBER 0 0. 0. 47,448. 363,388. 0. 1b Subtotal 0. 0. 0. Total from continuation sheets to Part VII, Section A 363,388. 0. 47.448. Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes No

3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FBP CONSULTING, LLC 9177 GLENFOREST DRIVE, NAPLES, FL 34120	NOPD CONSULTING	370,021.
JOHN E. LINDER 106 PALACIO ROAD, CORRALES, NM 87048	NOPD CONSULTING	182,809.
FAUSTO B. PICHARDO 9177 GLENFOREST DRIVE, NAPLES, FL 34120	NOPD CONSULTING	150,372.

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

\$100,000 of compensation from the organization

Form 990 FOUNDATION	ON, INC.								72-131	1151			
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)		(D)	(E)	(F)								
Name and title	Average		Position						1		Reportable	Reportable	Estimated
	hours	(check all that apply)			(check all that apply)		compensation	compensation	amount of				
	per							from	from related	other			
	week (list any	tor				ploye		the organization	organizations (W-2/1099-MISC)	compensation from the			
	hours for	or director				d em		(W-2/1099-MISC)	(** 27 1033 141100)	organization			
	related	tee or	stee			en sa te		(** 2. *********************************		and related			
	organizations	trus	nal tru		oyee	omp				organizations			
	below	Individual trustee	Institutional trustee	cer	Key employee	Highest compensated employee	Former						
	line)	Ind	Inst	Officer	Key	ij	윤						
(27) TARIK SEDKY	4.00												
BOARD MEMBER	4 00	Х				_		0.	0.	0.			
(28) KRISTI TAGLAUER	4.00	. ,							_				
BOARD MEMBER (29) BENJAMIN TILLER	4.00	Х						0.	0.	0.			
BOARD MEMBER (THRU 11/2022)	4.00	Х						0.	0.	0.			
(30) SEAN TOOMEY	4.00		\vdash	\vdash	\vdash	\vdash		0.	· ·	<u></u>			
BOARD MEMBER	4.00	Х						0.	0.	0.			
(31) IAM TUCKER	4.00												
BOARD MEMBER		Х						0.	0.	0.			
(32) JASON WAGUESPACK	4.00												
BOARD MEMBER		Х						0.	0.	0.			
(33) T. SEMMES WALMSLEY	4.00												
BOARD MEMBER		Х						0.	0.	0.			
(34) KURT WEIGLE	4.00												
BOARD MEMBER		Х						0.	0.	0.			
(35) THOMAS WININGDER	4.00												
BOARD MEMBER		Х						0.	0.	0.			
(36) ELIZABETH BOH	4.00	.,											
CHAIR	4 00	Х		Х		_		0.	0.	0.			
(37) F. DARRAH SCHAEFER VICE CHAIR	4.00	х		х				0.	0.	0.			
(38) KATIE LEGARDEUR	4.00	Λ		^				0.	0.				
SECRETARY/TREASURER	4.00	Х		Х				0.	0.	0.			
BECKETTIKET, TREMBOREK		25		25				•	•	•			
		1											
		1											
		-											
					_	\vdash							
		1											
		1											
								I	I				

Total to Part VII, Section A, line 1c

Form 990 (2022) FOUNDAT
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		Officer if Schedule O Contains a response of	i flote to arry iiri	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
ts ts	1 :	a Federated campaigns1a					
ran	- 1	b Membership dues 1b					
Ω, E	,		326,630.				
ifts	١.	d Related organizations 1d	•				
Contributions, Gifts, Grants and Other Similar Amounts		e Government grants (contributions)	518,210.				
Sin	ľ	• • •	310,1100				
atic er	1	f All other contributions, gifts, grants, and	620 112				
듈된			<u>639,112.</u>				
onti d	!	g Noncash contributions included in lines 1a-1f 1g \$	29,999.				
a C	I	h Total. Add lines 1a-1f		2,483,952.			
			Business Code				
e e	2 :	a					
, vic		b					
am Ser	١.	с					
m (
gra Re							
Program Service Revenue		e					
ъ		f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		2,834.			2,834.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 :	a Gross rents 6a					
		b Less: rental expenses 6b					
		'					
		` ′ ——					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	I	b Less: cost or other basis					
ne		and sales expenses					
/en		c Gain or (loss)7c					
Revenue		d Net gain or (loss)					
her		a Gross income from fundraising events (not					
оŧ		including \$ 326,630 • of					
		contributions reported on line 1c). See					
		Part IV, line 188a	63,628.				
			95,443.				
			JJ, 44J•	-31,815.			-31,815.
		c Net income or (loss) from fundraising events		-31,613.			-31,613.
	9 :	Gross income from gaming activities. See	006				
		Part IV, line 199a	926.				
	I	b Less: direct expenses 9b	462.				
		c Net income or (loss) from gaming activities		464.			464.
	10 :	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
		The time of the solution of th	Business Code				
ns	44.	a FISCAL AGENT FEES	561000	131,640.	131,640.		
ieo ue	113		301000	131,040.	131,040.		
llan		b					
Miscellaneous Revenue	•	c					
Mis	•	d All other revenue		124 542			
_		e Total. Add lines 11a-11d		131,640.			
	12	Total revenue. See instructions		2,587,075.	131,640.	0.	-28,517.

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Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,450,594.	1,450,594.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	33,754.	33,754.		
3	Grants and other assistance to foreign	007.01	3077320		
•	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	297,028.	181,328.	79,299.	36,401
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	298,753.	165,831.	130,461.	2,461
8	Pension plan accruals and contributions (include	,	,	,	_,
	section 401(k) and 403(b) employer contributions)	8,536.	4,010.	4,455.	71
9	Other employee benefits	16,218.	16,018.		71 200
0	Payroll taxes	46,021.	27,300.	12,428.	6,293
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting	16,900.		16,900.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	00 055		22.425	
	column (A), amount, list line 11g expenses on Sch 0.)	22,255.	2,120.	20,135.	
2	Advertising and promotion	349.	3,567.	349.	1 0 4 1
3	Office expenses	13,789.	3,56/•	9,181.	1,041 386
4	Information technology	10,987.		10,601.	300
5	Royalties	23,397.		23,397.	
6 -	Occupancy	1,024.		981.	43
7	Travel	1,024.		901.	4.
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	659.		659.	
9	Interest	333.			
:1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,706.		2,706.	
3	Insurance	6,531.		6,531.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	MISC CRIME CAMERAS	54,616.	54,616.		
b	MISC OPSIS CRIMINAL JUS	6,396.	6,396.		
С	MISCELLANEOUS EXPENSES	5,187.		781.	4,406
d					
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	2,315,700.	1,945,534.	318,864.	51,302
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2022)
Part X Balance Sheet

Part X		Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			1,174,331.	1	1,449,842
2		Savings and temporary cash investments			680,775.	2	1,036,584
3		Pledges and grants receivable, net			100,500.	3	8,000
4		Accounts receivable, net			11,243.	4	19,161
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
6	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ပ္ 7	7	Notes and loans receivable, net				7	
Assets	3	Inventories for sale or use				8	
₹ 9		B			11,871.	9	4,219
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a				
		Less: accumulated depreciation		10,833.	4,298.	10c	5,760
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line	e 11			12	
13		Investments - program-related. See Part IV, lin				13	
14		Intangible assets				14	
15	5	Other assets. See Part IV, line 11				15	
16		Total assets. Add lines 1 through 15 (must ed			1,983,018.	16	2,523,566
17		Accounts payable and accrued expenses			195,748.	17	351,706
18		Grants payable				18	
19		Deferred revenue			295,177.	19	408,392
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complet				21	
က္က 22		Loans and other payables to any current or fo					
┋		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	-	·····		22	
23		Secured mortgages and notes payable to unre				23	
24		Unsecured notes and loans payable to unrelate				24	
25	5	Other liabilities (including federal income tax, I					
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X			
	_	of Schedule D			400 025	25	760 000
26	<u>o</u>	Total liabilities. Add lines 17 through 25			490,925.	26	760,098
ဖွ		Organizations that follow FASB ASC 958, cl	neck ner				
ဍ ္	-	and complete lines 27, 28, 32, and 33.			700,285.	07	833,004
<u>a</u> 27					791,808.	27	930,464
<u>හි</u> 28 ප		Net assets with donor restrictions			791,000.	28	330,404
들		Organizations that do not follow FASB ASC	958, CN6	eck nere			
声 ^		and complete lines 29 through 33.	la.			00	
Ste 29		Capital stock or trust principal, or current fund				29	
98 30		Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances 22 28 25 31 32 32 32 32 32 32 32 32 32 32 32 32 32		Retained earnings, endowment, accumulated			1,492,093.	31	1,763,468
		Total liabilities and not assets fund balances			1,983,018.	32	2,523,566
33	5	Total liabilities and net assets/fund balances			T, 303, UIO.	33	Eorm 990 (201

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	, 58'	7,0	75.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,31	5,7	00.
3	Revenue less expenses. Subtract line 2 from line 1	3		27:	1,3	75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1			93.
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	,763	3,4	68.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	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:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O	.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Г	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audi	it			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

NEW ORLEANS POLICE AND JUSTICE Name of the organization FOUNDATION, INC.

Employer identification number 72-1311151

Pa	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.									
The	organ	zation is not a private found								
1	Ŭ.	A church, convention of chu					VAVi).			
2	H	A school described in secti	· ·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_	H			•		/b//4// A//;;	:\			
3	H	A hospital or a cooperative						the beenitel's name		
4	ш	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name, city, and state:								
_										
5		An organization operated for		lege or university owned	or operat	ed by a go	vernmental unit describ	ed in		
		section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	Щ	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X	An organization that normal	lly receives a substar	ntial part of its support fr	om a gove	ernmental ı	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	anization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	nction with a land-grant	college		
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of the college	e or		
		university:								
10		An organization that normal	Ilv receives (1) more t	than 33 1/3% of its supp	ort from c	ontribution	s. membership fees. an	d gross receipts from		
		activities related to its exem								
		income and unrelated busin	•	•				-		
		See section 509(a)(2). (Cor		(1000 000tion of the tax) no		occ acquii	od by the organization t	artor durio do, roro.		
11		An organization organized a	-	volv to tost for public sat	ioty Soo	saction FC)O(a)(A)			
	H	•	•	•	•			nurnacea of ano ar		
12	ш	An organization organized a	•	•	-		•			
		more publicly supported org	-					Sneck the box on		
		lines 12a through 12d that o	* *							
а		Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·		•	_				
		the supported organization	· · · · · ·		majority o	of the direc	tors or trustees of the s	upporting		
		organization. You must c	omplete Part IV, Se	ections A and B.						
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with it	s supporte	d organization(s), by hav	/ing		
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the sup	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	rith its supported organi	zation(s)		
		that is not functionally into	egrated. The organiz	ation generally must sati	isfy a distr	ibution req	uirement and an attenti	veness		
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	·	-						
		functionally integrated, or					31 / 31 / 31			
f	Ente	r the number of supported o	* *	, 5	5 5					
		ride the following information		d organization(s)						
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other		
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
				above (see instructions))						

72-1311151 Page 2

Part II 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.)

	(e) 2022	(f) Tatal
		(f) Total
1 Gifts, grants, contributions, and		_
membership fees received. (Do not		
include any "unusual grants.") 1408661. 1577519. 1454636. 1324481. 24	83952. 8	249249.
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 1408661. 1577519. 1454636. 1324481. 24	83952. 8	249249.
5 The portion of total contributions		
by each person (other than a		
governmental unit or publicly		
supported organization) included		
on line 1 that exceeds 2% of the		
amount shown on line 11,		
column (f)	1	008048.
6 Public support. Subtract line 5 from line 4.	7	241201.
Section B. Total Support		
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 ((e) 2022	(f) Total
7 Amounts from line 4 1408661. 1577519. 1454636. 1324481. 24	83952. 8	249249.
8 Gross income from interest,		_
dividends, payments received on		
securities loans, rents, royalties,		
and income from similar sources 2,087. 4,571. 1,132. 236.	2,834.	10,860.
9 Net income from unrelated business		
activities, whether or not the		
business is regularly carried on		
10 Other income. Do not include gain		
or loss from the sale of capital		
assets (Explain in Part VI.)		
11 Total support. Add lines 7 through 10	8	260109.
12 Gross receipts from related activities, etc. (see instructions)	5	38,965.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	 3)	
organization, check this box and stop here	·····	
Section C. Computation of Public Support Percentage		
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))14		7.66 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	9	8.83 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, cl	heck this box an	ıd
stop here. The organization qualifies as a publicly supported organization		X
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or mo	ore, check this be	ox
and stop here. The organization qualifies as a publicly supported organization		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line		nore,
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI hov	w the organization	on
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, ar	nd line 15 is 10%	ó or
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part	VI how the	
more, and it the organization meets the lactorandroncombiances test, offect this box and stop field. Explain in Falt		
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	г	_	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	-		•			
Se	check this box and stop herection C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			oolumn (f)\		15	%
	Public support percentage from 2021					16	/ 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2			10, 00141111 (1))		18	%
	a 33 1/3% support tests - 2022. If the						
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						ınd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
4		
1		
2		
3a		
3b		
30		
3с		
4a		
48		
4b		
4c		
5a		
- Gu		
5b		
5c		
6		
_		
7		
8		
9a		
9b		
9c		
10a		
100		
10b		
le A (Forn	n 990)	2022

Par	Tiv 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?	3	
	A family member of a person described on line 11a above?)	
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		4
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations	1	_
		Yes	No_
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		
<u>Sac</u>	supervised, or controlled the supporting organization. 2 tion C. Type II Supporting Organizations		
<u> </u>	tion 6. Type it supporting Organizations		Τ
_	Ways a saciality of the apparientian's directors on to stop during the tay year also a saciality of the directors	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		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations		
		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	163	140
•	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?		
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		
•	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
а	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.		
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions)	ion <u>s).</u>	
2	Activities Test. Answer lines 2a and 2b below.	Yes	No
а	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.		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.		_
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.		

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Schedule A (Form 990) 2022 FOUNDATION, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualify All other Type III non-functionally integrated supporting organizations mu		•	Part VI). See instruction
Section A	A - Adjusted Net Income	ist complete s	(A) Prior Year	(B) Current Year (optional)
1 Net	short-term capital gain	1		
2 Rec	coveries of prior-year distributions	2		
3 Oth	er gross income (see instructions)	3		
4 Add	d lines 1 through 3.	4		
5 Dep	preciation and depletion	5		
6 Por	tion of operating expenses paid or incurred for production or			
coll	ection of gross income or for management, conservation, or			
	ntenance of property held for production of income (see instructions)	6		
	er expenses (see instructions)	7		
8 Adi	usted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
_	3 - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Agg	gregate fair market value of all non-exempt-use assets (see			
inst	ructions for short tax year or assets held for part of year):			
	erage monthly value of securities	1a		
b Ave	erage monthly cash balances	1b		
	market value of other non-exempt-use assets	1c		
	al (add lines 1a, 1b, and 1c)	1d		
	count claimed for blockage or other factors			
	plain in detail in Part VI):			
	quisition indebtedness applicable to non-exempt-use assets	2		
	otract line 2 from line 1d.	3		
	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	instructions).	4		
	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Itiply line 5 by 0.035.	6		
	coveries of prior-year distributions	7		
	nimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
1 Adj	usted net income for prior year (from Section A, line 8, column A)	1		
	er 0.85 of line 1.	2		
3 Min	imum asset amount for prior year (from Section B, line 8, column A)	3		
	er greater of line 2 or line 3.	4		
	ome tax imposed in prior year	5		
	tributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		Type III supporting orga	nization (see
	instructions).	, g. 2	,, - · · · · · · · · · · · · ·	

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

Schedule A (Form 990) 2022

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10: Part II, line 17a or 17b: Part III, line 12:
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

NEW ORLEANS POLICE AND JUSTICE

FOUNDATION, INC.

Employer identification number

72-1311151

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990	D-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	•	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
X	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization
NEW ORLEANS POLICE AND JUSTICE
FOUNDATION, INC.

Employer identification number

72-1311151

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a)	(b)	(c)	(d)
No. 1	Name, address, and ZIP + 4	* 518,210.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and ZiP + 4	\$117,373.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Name, address, and ZiF + 4	\$53,150.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 989,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 70,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

NEW ORLEANS POLICE AND JUSTICE

FOUNDATION, INC.

Employer identification number

72-1311151

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I

Name of organization **Employer identification number** NEW ORLEANS POLICE AND JUSTICE FOUNDATION, 72-1311151 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

Employer identification number 72-1311151

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		ilar Funds or Ad	counts. Complete if the
		(a) Donor advised fu	ınds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant f	funds can be used o	nly
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any ot	her purpose conferr	ing
	impermissible private benefit?			Yes No
Pai			n Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizatio	`		
	Preservation of land for public use (for example, recreat	ion or education)	reservation of a histo	orically important land area
	Protection of natural habitat	Pı	reservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution	n in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or term	inated by the organi	ization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the periodic little and		•	
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and e	nforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforc	ing conservation ea	sements during the year
		3	3	J ,
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue	and expense statem	nent and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements the	at describes the
_	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of		ires, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	•		
	of art, historical treasures, or other similar assets held for publ			nce of public
	service, provide in Part XIII the text of the footnote to its finance			
b	If the organization elected, as permitted under FASB ASC 958	•		
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	search in furtherance	e of public service,
	provide the following amounts relating to these items:			•
	(i) Revenue included on Form 990, Part VIII, line 1			
_				'
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			•
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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

Schedule D (Form 990) 2022

	NEW ORLEA	NS POLIC	E ANI	JUST	ICE					
Sche	edule D (Form 990) 2022 FOUNDATIO	N, INC.					72-13	11151	- Pa	age 2
	rt III Organizations Maintaining Coll	ections of Ar	t, Histo	orical Tre	easures, or Oth	er Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accession,									
	collection items (check all that apply):		,	,	3	3				
а	Public exhibition	c	ı 🗀	I oan or exc	hange program					
b	Scholarly research	6			mango program					
C	Preservation for future generations		, <u> </u>	Otrici						
_		ations and avalois	a bau, tb	av frutbart	a araani-atian'a ay	count name	aaa in Dart	VIII		
4	Provide a description of the organization's collect						JSE III Part	AIII.		
5	During the year, did the organization solicit or re							7		٦
Dai	to be sold to raise funds rather than to be maint rt IV Escrow and Custodial Arrange							_ Yes		No
Pai			ete if the	organizatio	on answered "Yes"	on Form 99	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Part X									
1a	Is the organization an agent, trustee, custodian						_	7		٦
	on Form 990, Part X?						L	⊻ Yes		_ No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing t	able:						
								Amount		
С	Beginning balance					1c	<u> </u>			
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Form							Yes		No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the ex	planatio	n has been	provided on Part X	III				
Pai	rt V Endowment Funds. Complete if the	e organization an	swered	"Yes" on Fo	orm 990, Part IV, lin	e 10.				
	(a) Current year	(b) P	rior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	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									
g	End of year balance									
2	Provide the estimated percentage of the current	vear end halance	e (line 1c	r column (a	// pelq se.	I		!		
	Board designated or quasi-endowment	•	0/	y, coluitiii (a	jj rield as.					
a		%	—70							
D		70								
C		I 1000/								
0-	The percentages on lines 2a, 2b, and 2c should				and and a take on all form	41				
за	Are there endowment funds not in the possession	on of the organiza	ation tha	t are neid ar	na administered for	tne		Г	Yes	No
	organization by:								162	NO
	(i) Unrelated organizations							3a(i)	\dashv	—
	(ii) Related organizations							3a(ii)	\dashv	—
b	3							3b		
4	Describe in Part XIII the intended uses of the organization		wment f	unds.						
Pai	rt VI Land, Buildings, and Equipmen		_							
	Complete if the organization answered "	Yes" on Form 990), Part IV	', line 11a. S	See Form 990, Part	X, line 10.				
	Description of property	(a) Cost or o		(b) Cost	t or other (c)	Accumula	ted	(d) Book	value	е
		basis (investr	ment)	basis	(other)	depreciatio	n			
1a	Land		_							
	Buildings									

Schedule D (Form 990) 2022

5,760. 5,760.

e Other

16,593.

c Leasehold improvements
d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)

10,833.

INC.	72	-1311151 Page
_	T	
(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
	•	
on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
Description		(b) Book value
e 15.)		
		•
on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
· · · · · · · · · · · · · · · · · · ·		(b) Book value
		l .
e 25.)		
	on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line Description	on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or end on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (b) Book value (c) Method of valuation: Cost or end on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

232053 09-01-22

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Sahaa	dule D (Form 990) 2022 FOUNDATION, INC.	LICE		72-	1311151 Page 4
Part		nts With F	Revenue per Re	turn.	IJIIIJI Page
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1				1	2,668,367.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities		66,388.		
	Recoveries of prior year grants	1 1			
	Other (Describe in Part XIII.)		14,904.		
	Add lines 2a through 2d			2e	81,292.
3	Subtract line 2e from line 1			3	2,587,075.
	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			
C.	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	2,587,075.
Part	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Returi	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,396,992.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
	Donated services and use of facilities	1 1	66,388.	-	
b	Prior year adjustments	1 1		-	
С	Other losses	2c	14 004	-	
	Other (Describe in Part XIII.)		14,904.		01 000
	Add lines 2a through 2d			2e	81,292.
	Subtract line 2e from line 1			3	2,315,700.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			4.	0.
	Add lines 4a and 4b			4c 5	2,315,700.
5 Parl	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information.			5	2,313,700.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V lines 1h	and 2h: Part V. line 4	· Dart \	/ line 2: Dart VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			, rait /	t, iiile Z, i ait Xi,
111103 2	a and 45, and 1 art An, into 24 and 45. Also complete this part to provide any addit	lional illioni	ation.		
PAR	T X, LINE 2:				
	·				
THE	FOUNDATION IS EXEMPT FROM FEDERAL INCOME	TAXES	UNDER SECT	ION	501(C)(3)
OF	THE INTERNAL REVENUE SERVICE CODE AND FROM	LOUIS	IANA INCOM	E T	AXES. IN
<u>ADD</u>	ITION, THE FOUNDATION HAS BEEN DETERMINED	BY THE	INTERNAL	REVI	ENUE
ann.	UTGE NOW WO DE A UDDIVINE HOUNDAWTONU WITH				
SER	VICE NOT TO BE A "PRIVATE FOUNDATION" WITH	IN THE	MEANING O	F SI	ECTION
EOO	/A \ OF MITE CODE				
509	(A) OF THE CODE.				
тнв	ACCOUNTING STANDARD ON ACCOUNTING FOR UNC	ERTAIN	THY TH THEO	MF. 1	TAXES
	1.00001.11110 DILLIDINID ON HOCCONTING TON ONC				
ADD	RESSES THE DETERMINATION OF WHETHER TAX BE	NEFITS	CLAIMED O	R E	XPECTED TO
		 	<u> </u>		
BE	CLAIMED ON A TAX RETURN SHOULD BE RECORDED	IN TH	E FINANCIA	LS.	TATEMENTS.

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

Part XIII Supplemental Information (continued)	
POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES BASI	ED ON
THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX POSITIONS INCI	LUDE
THE TAX-EXEMPT STATUS OF THE FOUNDATION AND VARIOUS POSITIONS RELATI	ED TO
THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT).	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES SEPARATELY STATED	14,904.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES SEPARATELY STATED	14,904.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization NEW ORI	EANS POLICE AND JUS	STIC	CE			Employer ide	ntification number
FOUNDAT	ION, INC.					72-1311	151
Part I Fundraising Activities required to complete this part	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
Indicate whether the organization rai	sed funds through any of the following e Solicitat s f Solicitat g Special or oral agreement with any individual Part VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.	on is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

72-1311151 Page 2 FOUNDATION, INC. Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ANNUAL FALL KREWES FOR NONE (add col. (a) through FUNDRAISER KARNIVAL'S F col. (c)) (total number) (event type) (event type) 325,027. 390,258. 65,231. Gross receipts 295,712. 30,918. 2 Less: Contributions 326,630. Gross income (line 1 minus line 2) 29,315. 34,313. 63,628. 4 Cash prizes 350. 5 Noncash prizes 20,289. 20,639. Direct Expenses 17,706. 2,798. 20,504. 6 Rent/facility costs 26,910. 5,240. 32,150. 7 Food and beverages 7,140. 2,200. 4,940. Entertainment 8 14,084. 15,010. Other direct expenses 95,443. 10 Direct expense summary. Add lines 4 through 9 in column (d) -31,815. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain: _

Schedule G (Form 990) 2022

232082 10-27-22

NEW ORLEANS POLICE AND JUSTICE FOUNDATION INC

Sch	nedule G (Form 990) 2022 FOUNDATION, INC.	<u>72-1</u>	<u>311151</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:			
			120	0.4
	a The organization's facility		13a	<u>%</u>
	a An outside facility		13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	oras:		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	s If "Yes," enter the amount of gaming revenue received by the organization \$ and the	amount		
	of gaming revenue retained by the third party \$			
c	If "Yes," enter name and address of the third party:			
Ĭ	The root, office flame and address of the time party.			
	Name			
	Name			
	Address			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a			Yes	No
	retain the state gaming license?		res	□ NO
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or sper	it in the		
Da	organization's own exempt activities during the tax year \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	v); and Part	: III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
_				
_				

NEW ORLEANS POLICE AND JUSTICE

Schedule G	(Form 990)	FOUNDATION,	INC.	72-1311151	Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)			
	• • • • • • • • • • • • • • • • • • • •	(continued)			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

NEW ORLEANS POLICE AND JUSTICE

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FOUNDATIO	N, INC.						72-1311151
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records to					-		
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monito	oring the use of grant	funds in the United	l States.			
Part II Grants and Other Assistance to recipient that received more than S					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							ASSISTANCE TO THE NEW
CITY OF NEW ORLEANS - NOPD							ORLEANS POLICE
715 BROAD ST							DEPARTMENT'S
NEW ORLEANS, LA 70119	72-6000969		0.	1,450,594.			HEADQUARTTERS, DISTRICTS
2 Enter total number of section 501(c)(3) a	nd government org	anizations listed in the	e line 1 table				1.
3 Enter total number of other organizations	s listed in the line 1	table					0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 FOUNDATION, INC	• •				72-IJIIJI Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE TUITION ASSISTANCE FOR NEW ORLEANS POLICE					
OFFICERS AND PERSONNEL	8	7,400.	0.		
TRAGEDY FUND	4	8,000.	0.		
COMPASSION FUND	1	18,354.	0.		
Part IV Supplemental Information. Provide the information red	uuired in Part I, lin	ı e 2; Part III, column	(b); and any other ac	I dditional information.	
PART I, LINE 2:					
TUITION ASSISTANCE GRANTS ARE AWAR	DED DIREC	TLY TO THE	E NOPD OFFI	CER AFTER	
THE COMMANDER AND A LOWER LEVEL NO					
GRANT APPLICATION REQUEST. ALL APP					
GRANT AFFIICATION REQUEST: ALL AFF	LICATIONS	ARE ITEM	KEVIEWED B	I THE NOPUP	
TO VERIFY THE NOPD OFFICER (APPLIC	ANT) MEET	S THE PROC	GRAM CRITER	IA.	
ASSISTANCE TO PUBLIC ENTITIES ARE	EITHER FE	DERAL PASS	THROUGH V	IA OBJECTIVE	
CRITERIA OR DIRECT REQUESTS FROM N	OPD.				

Part IV Supplemental Information
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.

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

 $Employer\ identification\ number \\ 72-1311151$

Pa	art I Questions Regarding Compensation			
			Yes	No
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-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up 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 of the CEO/Executive Director, but explain in Part III.			
	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:			
а	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
С		4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	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:	_		v
a	The organization?	5a		X
D	Any related organization?	5b		
_	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:	60		х
	The organization?	6a		X
D	Any related organization?	6b		-21
7	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	7	Х	
0	not described on lines 5 and 6? If "Yes," describe in Part III	7	Λ	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	0		х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		-21
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
			i	

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Schedule J (Form 990) 2022

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

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

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

	(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MELANIE TALIA	(i)	127,524.	10,000.	0.	4,295.	15,269.	157,088.	0.
CEO/PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
EMPLOYEES WERE PAID PERFORMANCE BONUSES WHICH WERE DETERMINED AND APPROVED
BY THE NOPJF EXECUTIVE COMMITTEE.

SCHEDULE M (Form 990)

Name of the organization

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

NEW ORLEANS POLICE AND JUSTICE

Open to Public Inspection

Employer identification number

	FOUNDATION,	INC.				72-1	311	151	
Pai									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	non	(d) Method of de cash contribu	tion ar	nount	s
1	Art - Works of art	X	14	3,575.	FAIR	MARKET	VA:	LUE	
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other $_{\dots}$								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles	X	25			MARKET			
19	Food inventory	X	2	285.	FAIR	MARKET	VA.	LUE	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			11 000					
25	Other (GIFT CERTIFICAT)	X	23	11,839.					
26	Other (WELLNESS PRODUC)	X	1	10,710.	FAIR	MARKET	VA.	LUE	
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organi							0	
	for which the organization completed Form 82	.83, Part V, D	onee Acknowledg	ement 29				0	
								Yes	No
30a	During the year, did the organization receive b	-		· · · · · · · · · · · · · · · · · · ·		t it			
	must hold for at least 3 years from the date of						00		v
	exempt purposes for the entire holding period	?					30a		X
	If "Yes," describe the arrangement in Part II.	nalia, that ra	aniroo tha raviour	of any nanatandard contribu	tiono?		0.4		Х
31	Does the organization have a gift acceptance				iions?		31		
32a	Does the organization hire or use third parties		_				20-		X
L	contributions?						32a		A
	If "Yes," describe in Part II.	\ - \ \	v a truno of managerit	, for which columns (a) is also	alcad				
33	If the organization didn't report an amount in ordescribe in Part II.	Joiumin (C) foi	a type of property	nior which column (a) is che	Jkeu,				

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

2022
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.

Employer identification number 72-1311151

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:

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Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page 2
Name of the organization NEW ORLEANS POLICE AND JUSTICE FOUNDATION, INC.	Employer identification number 72-1311151
ALL INFORMATION IS AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR IN THE OVER	SIGHT OR
SELECTION PROCESSES FOR THE AUDIT THAT THE ORGANIZATION'S	COMMITTEE
USES.	