

**Acknowledgement and General Information for
Entities That File Returns Electronically**

2023

Name(s) as shown on return

NEW ORLEANS MISSION, INC

Tax ID Number

**** - ***1696**

Entity address

1130 40 ORETHA C HALEY BLVD

New Orleans, LA 70113

Thank you for participating in IRS e-file.

1. 2023 **990** income tax return for **Federal** was filed electronically.
The electronic filing services were provided by **Rita M Borne CPA LLC**.
2. **990** income tax return was accepted on **02-17-2025** using a Personal Identification Number (PIN) as an electronic signature. The entity entered a PIN or authorized the Electronic Return Originator (ERO) to enter or generate a PIN signature.
The submission ID assigned to this return is **7248042025048e1nt21a**.

**PLEASE DO NOT SEND A PAPER COPY OF ENTITY'S RETURN TO THE
IRS. IF YOU DO, IT WILL DELAY THE PROCESSING OF THE RETURN.**

Return of Organization Exempt From Income Tax

2023

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Header section A-M containing organization details: NEW ORLEANS MISSION, INC, EIN 72-1151696, 1130 40 ORETHA C HALEY BLVD, New Orleans, LA 70113.

Part I Summary

Summary table with columns for line number, description, Prior Year, and Current Year. Includes sections for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances.

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.

Signature block for DAVID BOTTNER, EXECUTIVE DIRECTOR, including signature and title fields.

Paid Preparer Use Only section for RITA M BORNE CPA, including name, address, and EIN information.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions.

Part 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: NEW ORLEANS MISSION IS A NONPROFIT 501(C)(3) CHRISTIAN HUMANITARIAN ORGAIZATION DEDICATED TO RELIEVING HUMAN SUFFERING THROUGH OUR CHRISTIAN DISCIPLESHIP RECOVER PROGRAM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 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.

4a (Code:) (Expenses \$ 6,954,653 including grants of \$) (Revenue \$ 4,950,210) FOOD PROGRAMS IS DESIGNED TO MEET THE NEEDS OF THE POOR IN THE COMMUNITY AND PROVIDING HOT MEALS TO THOSE IN NEED 3 TIMES A DAY 7 DAYS A WEEK. WE ALSO OFFER A FOOD PANTRY FOR FAMILIES SUFFERING FROM FOOD INSECURITY. THOSE FAMILIES WHO CAN'T COME TO OUR PANTRY OR FACILITIES CAN CONNECT WITH OUR OUTREACH TEAM WHICH GOES OUT 6 TIMES A WEEK TO BRING FOOD TO THOSE WHO NEED IT IN THEIR HOMES.

4b (Code:) (Expenses \$ 1,678,191 including grants of \$) (Revenue \$ 445,413) DIVINE STAFFING AND BUILDING HOPE ARE PART OF THE MEN'S PROGRAM. IT OFFERS VOCATIONAL TRIANING AND TRANSITIONAL HOUSING .

4c (Code:) (Expenses \$ 671,292 including grants of \$) (Revenue \$ 283,732) LYNHAVEN IS A FAITH BASED WOMEN'S DISCIPLESHIP PROGRAM THAT OFFERS THE SAME PROGRAMS AVAILABLE TO THE MEN ONLY CUSTIMZED FOR THE WOMEN.

4d Other program services (Describe on Schedule O.) (Expenses \$ 414,043 including grants of \$) (Revenue \$ 83,190)

4e Total program service expenses 9,718,179

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	203		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
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			X
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			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			X
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			X
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	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.)	11b			
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	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
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 excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17			

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]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Answer (1a/1b), Yes, No. Rows include questions 1a-9 regarding governing body members, family relationships, control delegation, governance changes, and meeting documentation.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question ID, Question Text, Answer, Yes, No. Rows include questions 10a-16b regarding local chapters, conflict of interest policies, whistleblower policies, and joint venture investments.

Section C. Disclosure

Table with 2 columns: Question ID, Question Text. Rows include questions 17-20 regarding state filing requirements, public inspection of forms, and disclosure of governing documents.

DAVID BOTTNER (504)523-2116, 1130 ORETHA CASTLE HALEY BLVD, New Orleans, LA 70131

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BOTTNER CEO	40.00				X			148,083	0	0
(2) TOM BROOM DIRECTOR	0.25	X						0	0	0
(3) CINDRA REYBA DIRECTOR	0.25	X						0	0	0
(4) LJ FRANZ DIRECTOR	0.25	X						0	0	0
(5) NATHAN WALL DIRECTOR	0.25	X						0	0	0
(6) TOMMY VADELL DIRECTOR	0.25	X						0	0	0
(7) FRANK SHAW DIRECTOR	0.25	X						0	0	0
(8) TOMMY CLAPP DIRCTOR	0.25	X						0	0	0
(9) MARVIARI AMMARI DIRECTOR	0.25	X						0	0	0
(10) EDDIE GEOGHEGAN Jr. DIRECTOR	0.25	X						0	0	0
(11) HY MCENERY DIRECTOR	0.25	X						0	0	0
(12) JENNIFER GARDNER TREASURY	0.50	X		X				0	0	0
(13) TOM GIDDINGS SECRETARY	1.00	X		X				0	0	0
(14) SUE KLIEN DIRECTOR	0.25	X		X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) RICHARD LEEFE CHAIRMAN OF THE BOARD	1.00	X		X				0	0	0
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								148,083	0	0

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 1

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>		X
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? <i>If "Yes," complete Schedule J for such individual.</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	1,203,209				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,574,868				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f		3,778,077				
Program Service Revenue			Business Code				
	2a DIVINE STAFFING	624310	445,413	445,413			
	b GIVEN HOPE RETREAT	624200	83,190	83,190			
	c LYNHAVEN	624310	283,732	283,732			
	d MISSION	624210	119,238	119,238			
	e GIFTS IN KIND	624200	4,830,972	4,830,972			
	f All other program service revenue	624310	1,040,640	1,040,640			
g Total. Add lines 2a-2f		6,803,185					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,628	30,628			
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 1,203,209 of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10a 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							
Miscellaneous Revenue			Business Code				
	11a _____						
	b IDA INSURANCE SETTLEMEN	524298	25,602	25,602			
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		25,602					
12 Total revenue. See instructions		10,637,492	6,859,415	0	0		

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX [X]

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash - non-interest-bearing	2,990,779	1	2,279,420	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	489,525	3	849,741	
	4	Accounts receivable, net	196,878	4	80,313	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8	2,242	
	9	Prepaid expenses and deferred charges	129,831	9	186,515	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,610,498		
	b	Less: accumulated depreciation	10b	1,087,268	10c	2,523,230
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	6,084	15	6,084	
16	Total assets. Add lines 1 through 15 (must equal line 33)	6,362,635	16	5,927,545		
Liabilities	17	Accounts payable and accrued expenses	389,200	17	331,690	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties	154,272	23	237,870	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	543,472	26	569,560	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	5,335,888	27	4,957,880	
	28	Net assets with donor restrictions	483,275	28	400,105	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
	32	Total net assets or fund balances	5,819,163	32	5,357,985	
33	Total liabilities and net assets/fund balances	6,362,635	33	5,927,545		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,637,492
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,015,804
3	Revenue less expenses. Subtract line 2 from line 1	3	(378,312)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,819,163
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	(82,866)
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	5,357,985

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? 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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	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?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization NEW ORLEANS MISSION, INC	Employer identification number 72-1151696
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 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 the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,034,430	7,884,560	11,586,502	9,375,652	10,580,962	46,462,106
2 Tax revenues levied for the organization'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	7,034,430	7,884,560	11,586,502	9,375,652	10,580,962	46,462,106
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)						
6 Public support. Subtract line 5 from line 4.						46,462,106

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	7,034,430	7,884,560	11,586,502	9,375,652	10,580,962	46,462,106
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,798	2,247	1,551	6,689	30,928	43,213
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.)					25,602	25,602
11 Total support. Add lines 7 through 10						46,530,921
12 Gross receipts from related activities, etc. (see instructions)					12	
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) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	99.85 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	99.98 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	2a	
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? <i>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.</i>	2b	
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

NEW ORLEANS MISSION, INC

Employer identification number

72-1151696

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

[] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

General Rule

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

Special Rules

[] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization NEW ORLEANS MISSION, INC	Employer identification number 72-1151696
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BROWN FOUNDATION 320 HAMMOND HWY SUITE 500 Metairie LA 70005	\$ 37,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
2	ADRIANNE ACHEE 600 PORT OF NEW ORLEANS New Orleans LA 70113	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
3	MARY AND CORY ARMAND 230 ROSEWOOD DR Metairie LA 70005	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
4	BANKPLUS 1068 HIGHLAND COLONY PKWY Ridgeland MS 39157	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
5	ERIC AND ANGELA DUNAVANT 514 W 16TH AVE Covington LA 70433	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
6	FELIX BOPP 3421 N CAUSEWAY BLVD STE 102 Metairie LA 70002	\$ 38,445	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization NEW ORLEANS MISSION, INC	Employer identification number 72-1151696
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	EDWIN GEOGHEGAN 1226 1ST ST New Orleans LA 70130	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	MICHAEL N VICTORIA ROHM FOUNDATION 82 CHATEAU MOUTON DR Kenner LA 70065	\$ 30,030	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	FRANKLIN SHAW 77025 CROCKETT RD Folsom LA 70437	\$ 13,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	TOMMY GIDDINGS 4701 MARSAEILLES PL Metairie LA 70002	\$ 11,420	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	GLAGO WILLIAMS LAW FIRM 909 POYDRAS ST STE 2950 New Orleans LA 70112	\$ 21,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	IRPINO LAW FIRM 2216 MAGAZINE ST New Orleans LA 70130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ORLEANS MISSION, INC	Employer identification number 72-1151696
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	RAY KAY ECKSTEIN CHARITABLE TRUST PO BOX 7606 Paducah KY 42002	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
14	ST CHARLES AVENUE PRESBYTERIAN CHUR 1545 STATE ST New Orleans LA 70118	\$ 12,676	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
15	THE CATHOLIC FOUNDATION OF NEW ORLE 1000 HOWARD AVE STE 800 New Orleans LA 70113	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
16	BAPTIST COMMUNITY MINISTRIES 400 POYDRAS ST STE 2950 New Orleans LA 70130	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
17	MCKINLEY MIDDLE SCHOOL 1550 EDDIE ROBINSON DR Baton Rouge LA 70802	\$ 10,560	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
18	DAVID BENDER 425 NOTRE DAME ST New Orleans LA 70130	\$ 10,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization

NEW ORLEANS MISSION, INC

Employer identification number

72-1151696

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	PREMIER LENDING 2400 VETERANS Kenner LA 70062	\$ 11,130	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	GULF COAS POOL 1803 TYNDAL DR Panama City FL 32401	\$ 6,940	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	FORMAN WATKINS AND KRUTZ LLP PO BOX 22608 Jackson MS 39225	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	MORRIS PLACE 311 CHRISTWOOD LANE Covington LA 70433	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	WLIZABETH HAWKINS 507 LONA ST Metairie LA 70005	\$ 7,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	TOM BROOM 113 BEAU CHASSE Mandeville LA 70471	\$ 30,875	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	MARC JONES 529 TWIN RIVER DR Covington LA 70433	\$ 6,218	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	TRUWEALTH ADVISORS 2700 LAKE VILLA DR Metairie LA 70002	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	SHELL OIL CO PO BOX 8687 Princeton NJ 08543	\$ 9,312	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	TROY DUHON 812 LAKESHOREBLVD Slidell LA 70461	\$ 5,430	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	DICK PINER 4401 PATTERSON DR New Orleans LA 70131	\$ 38,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	EMERGENCY FOOD AND SHELTER GRANT 1130 O C HALEY New Orleans LA 70130	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	FIRST BAPTIST CHURCH 16333 HIGHWAY 1085 Covington LA 70433	\$ 17,011	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
32	GULF COAST BANK 200 ST CHARLES New Orleans LA 70130	\$ 40,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
33	CHIP GARDNER 23 HUMMINGBIRD RD Covington LA 70433	\$ 42,810	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
34	NO ALUUMNI CHAPTER 4701 LURLINE ST New Orleans LA 70127	\$ 40,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
35	GREG GROH 427 EXPOSITION BLVD New Orleans LA 70118	\$ 50,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
36	DAVIE SHORING PO BOX 489 Natalbany LA 70451	\$ 54,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization NEW ORLEANS MISSION, INC	Employer identification number 72-1151696
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	HONEY ROCK ENDTIME FOUNDATION 139 BODET RD Boerne TX 78006	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
38	MARK ONEL 453 RIVERGATE DR Henrico VA 23238	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
39	PREMIER NISSAN 6636 VETERANS Metairie LA 70003	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
40	DONNIE SILVA 305 WOODRIDGE BLVD Mandeville LA 70471	\$ 14,942	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
41	SUPREME AUTOMOTIVE GROUP 400 HOWZE BEACH Slidell LA 70461	\$ 6,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
42	DANIEL CONWILL 400 POYDRAS ST New Orleans LA 70130	\$ 56,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	FEATHER SOUND COMMUNITY CHURCH 13880 FEATHER SOUND Clearwater FL 33762	\$ 56,823	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	CREOLE CUISINE 311 DECATUR ST New Orleans LA 70130	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	CINDRA REYBA 588 C CORNICHE DULAC Covington LA 70433	\$ 66,634	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	ORANGE SOLAR HOLD CO PO BOX Mandeville LA 70470	\$ 130,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	DAVID BOTTNER 1612 BRADFORD DT Covington LA 70433	\$ 12,675	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	THE HATLEY FAMILY 218 CANE CT Covington LA 70433	\$ 12,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ORLEANS MISSION, INC	Employer identification number 72-1151696
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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	GERALD BURNS 10105 GAIL CT New Orleans LA 70123	\$ 13,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
50	ODETTE C HENICAN FOUNDATION 1130 O C HALEY New Orleans LA 70130	\$ 14,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
51	TROYS BAIL BONDS 3238 JOHNSON ST Metairie LA 70001	\$ 14,146	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
52	CHRIS PAVING 30216 N DIXIE RANCH Lacombe LA 70445	\$ 14,467	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
53	CRESCENT RIVER PILOTS FOUNDATION 2640 RIDGELAKE DR Metairie LA 70002	\$ 5,620	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
54	ENTERPRISE HOLDINGS FOUNDATION 600 CORPORATE PARKS DR Saint Louis MO 63105	\$ 14,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	MIKE BURRIS 242 ALABAMA AVE Bogalusa LA 70427	\$ 14,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	CHARLES MIRAMON 94 MARK SMITH Mandeville LA 70471	\$ 14,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	SHELL OIL PO BOX 4749 Houston TX 77210	\$ 14,876	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	CHEVRON N AMERICA 100 NOTHPARK Covington LA 70433	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	WILLIAM KINGSMILL 1200 BUSINESS 190 Covington LA 70433	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	DIANE SCHEXNAYDER 13665 RIVERLAKE DR Covington LA 70435	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	SUSAN DWYER 3005 NEYREY Metairie LA 70002	\$ 15,948	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	RIVERTOWN COMMUNIT CHURCH 4534 LAFAYETTE ST Marianna FL 32446	\$ 16,703	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	GREER EQUIPMENT 68349 TAMMANY TRACE Mandeville LA 70471	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	DOORWAYS OF NWFL PO BOX549 Panama City FL 32402	\$ 17,244	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	DELGIORNO 143 W BROOKS New Orleans LA 70124	\$ 19,096	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	COUMMUNITIY FOUNDATION OF S GA PO BOX 2654 Thomasville GA 31799	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	DARYL DUFFY 1376 RIVER CLUB DR Covington LA 70433	\$ 20,060	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	GLAGO WILLIAMS LAW FIRM 909 POYDRAS SR New Orleans LA 70112	\$ 22,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	HOME BANK 69291 HIGHWAY 21 Lafayette LA 70508	\$ 12,015	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	RUEBEN BONTRAGER 860 HWY 71 Marianna FL 32448	\$ 12,286	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	THE UN FOUNDATION 505 PALICAN RIDGE DR Madisonville LA 70447	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	CHARLES TIXIER 273 BMBOO CT New Orleans LA 70123	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	TERRY TATUM 6736 SANDRA RD Panama City FL 32409	\$ 12,654	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	METHODIST HEALTH SYSTEM FOUNDATION 360 OAK HARBOR BLVD Slidell LA 70458	\$ 100,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	TERRAHM GREEN 69115 CHESTNUT ST New Orleans LA 70118	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	LIEN FRADELLA 1130 OC HALEY New Orleans LA 70130	\$ 6,054	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	EILEEN RADCLIFF 21669 OLD COVINGTON HWY Hammond LA 70403	\$ 6,189	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	THOMAS MCCAFFREY 4534 BEECH ST Bellaire TX 77401	\$ 6,231	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	ROBERT BOWER 819 COUNTRY CLUB BLVD Thibodaux LA 70301	\$ 6,234	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
80	THE REACH FOUNDATION 519 W 16TH AVE Covington LA 70433	\$ 6,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
81	RALPH KASTNER SR 550 CLAYTON CT Slidell LA 70461	\$ 6,739	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
82	FIRST BAPTIST CHURCH OF NEW ORLEANS 5290 CANAL BLVD New Orleans LA 70124	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
83	WARREN FORSTALL 320 N CARROLLTON AVE New Orleans LA 70119	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
84	CEASARS ENTERTAINEMENT ONE HARRAHS COURT New Orleans LA 70130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	MARCELYN MOSER 311 KIRKWOOD DR Covington LA 70433	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	NEW STREET RESEARCH PO BOX 130 New Orleans LA 70130	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	PREMIER AUTOMOTIVE GROUP 13040 I10 SERVICD RD New Orleans LA 70128	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	CHARLOTTE SCCOTT 801 COPAL ST Mandeville LA 70448	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	SPECTER CAR WASH 1 LLC P O BOX 13727 New Orleans LA 70185	\$ 7,310	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	FIRST HORIZON BANK 601 POYDRAS ST New Orleans LA 70130	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	MARY JENKINS 1120 RUE TOULOUSE Slideell LA 70458	\$ 7,524	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	COSSE LAW FIRM 1515POYDRAS ST New Orleans LA 70112	\$ 7,595	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	THE DOUROUZ FAMILY CHARITY 4617 SHERIDAN AVE Metairie LA 70002	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	BENNY NOBLES 2716 GAY LYNN DR Kenner LA 70065	\$ 8,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	WAYNE NORTHUP 5000 W ESPLANADE AVE Metairie LA 70006	\$ 9,581	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	SHESTNUT RIDGE BAPTIST CHURCH 499 CHESTNUT RIDGE Laurens SC 29360	\$ 9,599	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	ALLSTAR ELECTRIC 1208 BERT ST La Place LA 70068	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	KAREN MARTIN 222 CROSS CREEEK CIRCLE Freeport FL 32439	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	RICHARD WILLIAMS 1537 6TH ST New Orleans LA 70115	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	CENTRAL PANHANDLE ASSOC OF REALTORS 4952 W HIGHTWAY 98 Panama City FL 32401	\$ 10,221	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	COLLEGIATE ACADEMIES 2625 THALIA ST New Orleans LA 70113	\$ 10,320	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	PATRICK BRACKLEY 870 S CORNICHE DU LAC Covington LA 70433	\$ 10,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	SIMMONS FAMILY GIVING FUND 205 GUM BAYOU Kenner LA 70065	\$ 24,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	PERINOS GARDEN CENTER 3100 VETERANS MEMORIAL BLVD Metairie LA 70002	\$ 27,743	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	BENNET POWELL 215 SYCAMORE Metairie LA 70005	\$ 28,941	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	JOSEPH GEORGUSIS 4408 YALE ST Metairie LA 70003	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	STEVE SPAGNUOLO 4768 OAK ST Kansas City MO 64112	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	UNITED RENTALS 103885 AIRLINE HWY Saint Rose LA 70087	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	DALE VERMILLION 1153 TROON DR Miramar Beach FL 32550	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	VAN MILLER 1124 BURGANDY ST New Orleans LA 70116	\$ 5,030	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	ST MICHAELS COLLEGE PO BOX 395 Colchester VT 05446	\$ 5,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	GERTRUDE GARDNER FOUNDATION 309 COVINGTON Madison MS 39110	\$ 5,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	JOEY RICCIARDO 315 7TH ST Westwego LA 70094	\$ 5,174	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	JIM MOREAU 148 FONTAINBLEAU Mandeville LA 70471	\$ 5,192	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	DEREK BUCHERT 3204 RIVERLAND Chalmette LA 70043	\$ 5,208	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	JIMMY GORDY 304 N SIBLEY Metairie LA 70003	\$ 5,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	MCDONOGH 35 SENIOR HIGH 4000 RONEAGLE WAY New Orleans LA 70122	\$ 5,254	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	DALRENE BASSETT 6305 MAGAZINE ST New Orleans LA 70118	\$ 5,312	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
119	ROBERT SIMMONS 413 EVERGREEN Mandeville LA 70471	\$ 5,323	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	RICHARD HUYE 902 LOUISA New Orleans LA 70117	\$ 5,434	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ORLEANS MISSION, INC	Employer identification number 72-1151696
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	HANDS ON NOLA 4035 WASHINGTON New Orleans LA 70125	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	BOB MCMANN 1025 BONNABEL Metairie LA 70005	\$ 5,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	THOMAS JULIAN 24 ASHLAND Destrehan LA 70047	\$ 5,666	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	DAVID STEPP 82217 JANKINS CEMETARY Bush LA 70431	\$ 5,734	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	LARRY PERRY 200 HARRISON AVE Panama City FL 32401	\$ 56,845	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
126	BOOKER T WASHINGTON SCHOOL 1201 S ROMAN ST New Orleans LA 70125	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW ORLEANS MISSION, INC	Employer identification number 72-1151696
---	---

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	JERRY BRODNAX 46521 CLEARLAKE Metairie LA 70006	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2023

Open to Public Inspection

Name of the organization

Employer identification number

NEW ORLEANS MISSION, INC

72-1151696

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report..., 1b If the organization elected, as permitted under FASB ASC 958, to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements	2,560,811		779,490	1,781,321
d Equipment	167,342		126,177	41,165
e Other STMD1E	882,345		181,601	700,744
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).				2,523,230

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, line 12, col.(B)).		

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B)).		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	6,084
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)).	6,084

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) . . .	

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

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
		GALA (event type)	(event type)	None (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Subtract line 10 from line 3, column (d)					

Part III 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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? Yes No
- b** If "No," explain: _____
- _____
- 10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b** If "Yes," explain: _____
- _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2023

Attach to Form 990 or Form 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW ORLEANS MISSION, INC

Employer identification number

72-1151696

01. Form 990 governing body review (Part VI, line 11)

COPY AVAILABLE FOR REVIEW. EXECUTIVE DIRECTOR REVIEWS

02. Conflict of interest policy compliance (Part VI, line 12c)

AVAILABLE FOR REVIEW

03. CEO, executive director, top management comp (Part VI, line 15a)

BOARD OF DIRECTORS DETERMINE THE SALARY

04. Other officer or key employee compensation (Part VI, line 15b)

BOARD OF DIRECTORS DETERMINE THE SALARY

05. Governing documents, etc, available to public (Part VI, line 19)

AVAILABLE FOR PUBLIC REVIEW

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

THE BUILDINGS, LAND, AND IMPROVEMENTS WAS SEPARATED INTO NEW ORLEANS MISSION PROPERTIES.

07. List of other expenses (Part IX, line 24e)

ALL OTHER EXPENSES ARE LISTED ON ATTACHED OVERFLOW STATEMENT.

08. Part XI, response or note to any line in Part XI

AUDIT ADJUSTMENTS

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning **07-01**, 2023, and ending **06-30**, 2024

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

EIN or SSN

NEW ORLEANS MISSION, INC

72-1151696

Name and title of officer or person subject to tax

DAVID BOTTNER, EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,637,492</u>
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5).	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Rita M Borne CPA LLC to enter my PIN 12345 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____

Date _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

724804 22669

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature _____

Date _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Statement of Program Service Accomplishments

2023 PG01

Name(s) as shown on return

Your Social Security Number

NEW ORLEANS MISSION, INC

72-1151696

Form 990-Part III(a)
Statement of Service Accomplishment

Statement #4

Program Service Code	
Program Service Expenses	\$414043
Grants and allocations included in above expense	\$0
Program Services Revenue	\$83190

Explanation

GIVING HOPE RETREAT IS A FAITH BASED MEN'S DICIPLESHP PROGRAM, REENTRY, VOCATIONAL TRAINING, GED, LITERACY, FINANCIAL LITERSACY, SMALL GROUPS, ONE ON ONE HEART TRAINING AND 2 -3 CLASSES DAILY.

FOR YOUR RECORDS ONLY
Federal Supporting Statements

2023 PG01

Name(s) as shown on return

Tax ID Number

NEW ORLEANS MISSION, INC

72-1151696

Form 990 - Schedule D - Part VI - Line 1e Statement #D1e
Investments - Other

Description of Investment	Cost/basis (Investment)	Cost/basis (Other)	Depr	Book Value
VEHICLES	409,943	0	266,267	143,676
DIVINE VEHICLES	116,605	0	52,813	63,792
FURNITURE NORTHSHORE	36,910	0	28,656	8,254
DIVINE STAFFING	34,112	0	17,498	16,614
FURNITURE NOM	61,051	0	56,097	4,954
ROAD GHR	81,677	0	7,260	74,417
LH EQUIPMENT	39,460	0	13,418	26,042
BH EQUIP	50,858	0	13,804	37,054
EQUIPMENT NORTH SHORE	<u>51,729</u>	<u>0</u>	<u>49,729</u>	<u>2,000</u>
Total	<u><u>882,345</u></u>	<u><u>0</u></u>	<u><u>505,542</u></u>	<u><u>376,803</u></u>

990

Overflow Statement

2023

Page 1

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

NEW ORLEANS MISSION, INC

72-1151696

PART IX STATEMENT OF FUNCTIONAL EXPENSES PROGRAM SERVICES

Description	Amount
EQUIPMENT	\$ 6,744
LYNHAVEN SUPPLIES	20,553
WEBSITE MAINTENANCE	10,708
MAINTENANCE AGREEMENT	20,900
LICENSE	3,707
REPAIRS AND MAINTENANCE	88,554
contract labor	6,830
RENOVATIONS	2,119
PARKING AND TOLLS	695
WASTE DISPOSAL	35,486
BAD DEBT	8,540
FOOD AND FOOD SERVICE SUPPLIES	4,964,545
EXTERMINATING	4,887
SOFTWARE	3,731
EQUIPMENT RENT	7,898
POSTAGE	424
SUPPLIES	44,719
SECURITY	10,924
AUTO EXPENSE	311,384
PENALTIES	52
INSPECTION FEE	118
BUILDING SUPPLIES	794,108
FURNITURE EXPENSE	67,277
PROGRAM	217,186
BONUS	8,768
EDUCATIONAL AND TRAINING	815
LOSS ON SALE OF ASSET	22,939
Total:	\$ 6,664,611

990**Overflow Statement****2023**

Page 2

(This page is not filed with the return. It is for your records only.)

Name(s) as shown on return

FEIN

NEW ORLEANS MISSION, INC

72-1151696

PART IX STATEMENT OF FUNCTIONAL EXPENSES MANAGEMENT SERVICES

Description	Amount
CHARITABLE GIVING	\$ 49,461
HOUSING	30,000
PAYROLL FEES	16,531
AUTO EXPENSE	11,260
PARKING AND TOLLS	4,357
DUES AND SUBSCRIPTION	4,280
GIVE SMART FEES	1,664
EQUIPMENT EXPENSE	1,263
LICENSE AND PERMITS	1,187
PENALTIES	536
PROCESS FEE	31
STRIPE TRANSFER FEES	17,472
WEBSIRE MAINTENANCE	10,708
Total:	\$ 148,750

PART IX STATEMENT OF FUNCTIONAL EXPENSES - FUNDRAISING

Description	Amount
DEVELOPMENT	\$ 145,871
PRINTING	30,497
FUNDRAISING	130,903
POSTAGE	5,983
Total:	\$ 313,254

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

NEW ORLEANS MISSION, INC

Tax ID Number

72-1151696

2% of the amount on Schedule A, Part II, line 11, column (f) **930,618**

Name	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
THE BROWN FOUNDATION	50,000		37,500		37,500	125,000	
ADRIANNE ACHEE	6,276		7,088		5,000	18,364	
MARY AND CORY ARMAND	12,000		7,000		5,000	24,000	
BANKPLUS	10,000		40,000		5,000	55,000	
ERIC AND ANGELA DUNAVANT	34,035		35,604		5,000	74,639	
FELIX BOPP	8,473		15,090		38,445	62,008	
EDWIN GEOGHEGAN	7,621		10,163		6,000	23,784	
MICHAEL N VICTORIA ROHM FOUNDATION	30,415		30,000		30,030	90,445	
FRANKLIN SHAW	14,710		9,360		13,000	37,070	
TOMMY GIDDINGS	5,387		17,682		11,420	34,489	
GLAGO WILLIAMS LAW FIRM	5,385		5,000		21,000	31,385	
IRPINO LAW FIRM	21,500		34,200		5,000	60,700	
RAY KAY ECKSTEIN CHARITABLE TRUST	55,000		100,000		55,000	210,000	
ST CHARLES AVENUE PRESBYTERIAN CHUR	12,500	9,478	15,000		12,676	49,654	
THE CATHOLIC FOUNDATION OF NEW ORLE	50,000	50,000	100,000		25,000	225,000	
BAPTIST COMMUNITY MINISTRIES	27,500	65,000	119,000		40,000	251,500	
MCKINLEY MIDDLE SCHOOL	11,418	7,762	6,520		10,560	36,260	
DAVID BENDER	5,000	8,791	5,998		10,750	30,539	
PREMIER LENDING	9,350	9,200	18,700		11,130	48,380	
GULF COAS POOL	5,044	5,200	6,100		6,940	23,284	
FORMAN WATKINS AND KRUTZ LLP	6,500	5,000	5,000		5,000	21,500	
MORRIS PLACE	12,500	11,850	10,000		7,000	41,350	
WLIZABETH HAWKINS	15,270	17,334	25,000		7,300	64,904	
TOM BROOM	5,250	5,250	51,863		30,875	93,238	
MARC JONES	10,000	10,363	45,265		6,218	71,846	
TRUWEALTH ADVISORS	55,000	55,000	100,000		35,000	245,000	
SHELL OIL CO	54,086	39,741	42,716		9,312	145,855	
TROY DUHON	5,823	15,985	10,225		5,430	37,463	
DICK PINER	26,553	26,553	50,000		38,000	141,106	

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

(This page is not filed with the return. It is for your records only.)

2023

Name(s) as shown on return

NEW ORLEANS MISSION, INC

Tax ID Number

72-1151696

2% of the amount on Schedule A, Part II, line 11, column (f) **930,618**

Name	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
EMERGENCY FOOD AND SHELTER GRANT	7,500	5,849	8,314		40,000	61,663	
FIRST BAPTIST CHURCH	20,000	24,000	16,650		17,011	77,661	
GULF COAST BANK		9,954	8,500		40,000	58,454	
CHIP GARDNER		19,023	10,746		42,810	72,579	
NO ALUYMNI CHAPTER		260,397	40,600		40,500	341,497	
GREG GROH		5,055	5,184		50,500	60,739	
DAVIE SHORING		5,000	5,000		54,250	64,250	
HONEY ROCK ENDTIME FOUNDATION		60,000	60,000		25,000	145,000	
MARK ONEL		5,000	5,000		5,000	15,000	
PREMIER NISSAN		16,700	5,000		12,500	34,200	
DONNIE SILVA		11,756	7,907		14,942	34,605	
SUPREME AUTOMOTIVE GROUP		50,741	5,181		6,750	62,672	
DANIEL CONWILL		10,000	10,000		56,000	76,000	
FEATHER SOUND COMMUNITY CHURCH		10,000	5,000		56,823	71,823	
CREOLE CUISINE			12,200		100,000	112,200	
CINDRA REYBA			8,000		66,634	74,634	
ORANGE SOLAR HOLD CO			5,000		130,000	135,000	
DAVID BOTTNER			10,000		12,675	22,675	
THE HATLEY FAMILY			5,000		12,750	17,750	
GERALD BURNS			8,803		13,625	22,428	
ODETTE C HENICAN FOUNDATION			7,500		14,000	21,500	
TROYS BAIL BONDS			8,956		14,146	23,102	
CHRIS PAVING			8,676		14,467	23,143	
CRESCENT RIVER PILOTS FOUNDATION			15,000		5,620	20,620	
ENTERPRISE HOLDINGS FOUNDATION			5,177		14,500	19,677	
MIKE BURRIS			5,902		14,500	20,402	
CHARLES MIRAMON			70,455		14,600	85,055	
SHELL OIL			7,500		14,876	22,376	
CHEVRON N AMERICA			5,000		15,000	20,000	

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

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2023

Name(s) as shown on return

NEW ORLEANS MISSION, INC

Tax ID Number

72-1151696

2% of the amount on Schedule A, Part II, line 11, column (f) **930,618**

Name	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
WILLIAM KINGSMILL			7,000		15,000	22,000	
DIANE SCHEXNAYDER			25,000		15,000	40,000	
SUSAN DWYER			7,500		15,948	23,448	
RIVERTOWN COMMUNIT CHURCH			129,950		16,703	146,653	
GREER EQUIPMENT			6,900		17,000	23,900	
DOORWAYS OF NWFL			21,712		17,244	38,956	
DELGIORNO			10,000		19,096	29,096	
COUMMUNITY FOUNDATION OF S GA			25,000		20,000	45,000	
DARYL DUFFY			6,300		20,060	26,360	
GLAGO WILLIAMS LAW FIRM			10,100		22,500	32,600	
HOME BANK			8,500		12,015	20,515	
RUEBEN BONTRAGER			5,111		12,286	17,397	
THE UN FOUNDATION			5,000		30,000	35,000	
CHARLES TIXIER			25,000		12,500	37,500	
TERRY TATUM			5,000		12,654	17,654	
METHODIST HEALTH SYSTEM FOUNDATION			102,000		100,500	202,500	
TERRAHM GREEN			5,176		6,000	11,176	
LIEN FRADELLA			5,910		6,054	11,964	
EILEEN RADCLIFF			5,000		6,189	11,189	
THOMAS MCCAFFREY			6,231		6,231	12,462	
ROBERT BOWER			5,000		6,234	11,234	
THE REACH FOUNDATION			5,000		6,700	11,700	
RALPH KASTNER SR			7,000		6,739	13,739	
FIRST BAPTIST CHURCH OF NEW ORLEANS			5,000		5,000	10,000	
WARREN FORSTALL			12,730		5,000	17,730	
CEASARS ENTERTAINEMENT			14,571		5,000	19,571	
MARCELYN MOSER			20,000		5,000	25,000	
NEW STREET RESEARCH			5,040		5,000	10,040	
PREMIER AUTOMOTIVE GROUP			5,552		5,000	10,552	

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

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2023

Name(s) as shown on return

NEW ORLEANS MISSION, INC

Tax ID Number

72-1151696

2% of the amount on Schedule A, Part II, line 11, column (f) **930,618**

Name	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
CHARLOTTE SCCOTT			5,000		5,000	10,000	
SPECTER CAR WASH 1 LLC			20,552		7,310	27,862	
FIRST HORIZON BANK			25,000		7,500	32,500	
MARY JENKINS			10,104		7,524	17,628	
COSSE LAW FIRM			19,893		7,595	27,488	
THE DOUROUZ FAMILY CHARITY			25,000		8,000	33,000	
BENNY NOBLES			75,000		8,750	83,750	
WAYNE NORTHUP			5,000		9,581	14,581	
SHESTNUT RIDGE BAPTIST CHURCH			7,254		9,599	16,853	
ALLSTAR ELECTRIC			5,550		10,000	15,550	
KAREN MARTIN			7,591		10,000	17,591	
RICHARD WILLIAMS			8,811		10,000	18,811	
CENTRAL PANHANDLE ASSOC OF REALTORS			10,030		10,221	20,251	
COLLEGIATE ACADEMIES			6,109		10,320	16,429	
PATRICK BRACKLEY					10,400	10,400	
SIMMONS FAMILY GIVING FUND					24,000	24,000	
PERINOS GARDEN CENTER					27,743	27,743	
BENNET POWELL					28,941	28,941	
JOSEPH GEORGUSIS					30,000	30,000	
STEVE SPAGNUOLO					30,000	30,000	
UNITED RENTALS					5,000	5,000	
DALE VERMILLION					5,000	5,000	
VAN MILLER					5,030	5,030	
ST MICHAELS COLLEGE					5,050	5,050	
GERTRUDE GARDNER FOUNDATION					5,100	5,100	
JOEY RICCIARDO					5,174	5,174	
JIM MOREAU					5,192	5,192	
DEREK BUCHERT					5,208	5,208	
JIMMY GORDY					5,250	5,250	

**Form 990
Worksheet**

Schedule A, Line 5 - Excess 2% Limitation Contributors

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2023

Name(s) as shown on return

NEW ORLEANS MISSION, INC

Tax ID Number

72-1151696

2% of the amount on Schedule A, Part II, line 11, column (f) 930,618

Name	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
MCDONOGH 35 SENIOR HIGH					5,254	5,254	
DALRENE BASSETT					5,312	5,312	
ROBERT SIMMONS					5,323	5,323	
RICHARD HUYE					5,434	5,434	
HANDS ON NOLA					5,500	5,500	
BOB MCMANN					5,500	5,500	
THOMAS JULIAN					5,666	5,666	
DAVID STEPP					5,734	5,734	
LARRY PERRY					56,845	56,845	
BOOKER T WASHINGTON SCHOOL					6,000	6,000	
JERRY BRODNAX					6,000	6,000	

Total

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FOR TAX YEAR 2023

NEW ORLEANS MISSION, INC

Rita M Borne CPA LLC

2020 4th Street

Harvey, LA 70058

(504)363-5454

2023 Filing Instructions
NEW ORLEANS MISSION, INC
Tax year ending 06-30-2024

Form filed:

Form 990 and supplemental forms and schedules

Filing method:

The return has been e-filed, do not mail.

Due date:

11-15-2024

The return reflects neither a refund nor a balance due.

Please note:

The Taxpayer First Act requires tax-exempt organizations to electronically file all information returns in the 990 series and related forms for tax years beginning after July 1, 2019. Mailing these returns is no longer allowed.

Rita M Borne CPA LLC

2020 4th Street
Harvey, LA 70058

Phone: (504)363-5454 | Fax: (504)363-5452

March 19, 2025

NEW ORLEANS MISSION, INC
1130 40 ORETHA C HALEY BLVD
New Orleans, LA 70113

Subject: Preparation of 2023 Tax Returns

NEW ORLEANS MISSION, INC:

Thank you for choosing Rita M Borne CPA LLC to assist with the 2023 taxes for NEW ORLEANS MISSION, INC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2023 federal and state income tax returns for NEW ORLEANS MISSION, INC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of NEW ORLEANS MISSION, INC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2023 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at

(504)363-5454.

Sincerely,

RITA M BORNE CPA
Rita M Borne CPA LLC

Accepted By:

Officer

Date

Rita M Borne CPA LLC

2020 4th Street
Harvey, LA 70058

Phone: (504)363-5454 | Fax: (504)363-5452

March 19, 2025

NEW ORLEANS MISSION, INC
1130 40 ORETHA C HALEY BLVD
New Orleans, LA 70113

NEW ORLEANS MISSION, INC:

Enclosed is the 2023 federal return for a tax-exempt organization, prepared for NEW ORLEANS MISSION, INC from the information provided. The return was e-filed with the IRS and was accepted on February 17, 2025.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (504)363-5454.

Sincerely,

RITA M BORNE CPA
Rita M Borne CPA LLC

Rita M Borne CPA LLC

2020 4th Street
Harvey, LA 70058

Phone: (504)363-5454 | Fax: (504)363-5452

March 19, 2025

NEW ORLEANS MISSION, INC
1130 40 ORETHA C HALEY BLVD
New Orleans, LA 70113

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (504)363-5454.

Sincerely,

RITA M BORNE CPA
Rita M Borne CPA LLC

Schedule B pg 2	Schedule of Contributors, page 2	
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Schedule D	Supplemental Financial Statement, page 1	
Schedule D pg 2	Supplemental Financial Statement, page 2	
Schedule D pg 3	Supplemental Financial Statement, page 3	
Schedule D pg 4	Supplemental Financial Statement, page 4	
Schedule G	Fundraising and Gaming Activities, page 1	
Schedule G pg 2	Fundraising and Gaming Activities, page 2	
Schedule O	Supplemental Information, page 1	
Form 8879-TE	E-file Signature Authorization for Tax Exempt	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Wks Schedule A	Schedule A Worksheet - Excess 2% Contributors	
Stmt Services	Statement of Service Accomplishments	
Statement Sch D	Schedule D - Part VI, Line 1e	
Overflow	Itemized Listing Attachment	
Overflow	Itemized Listing Attachment	
EF Notice	General Information for Electronic Filing	

Total Forms	61	Forms Subtotal	3,000.00
		Total Balance Due	3,000.00

Payment due upon receipt. Thank you for your business!

990

Tax Exempt Diagnostic Summary

2023

Name NEW ORLEANS MISSION, INC

Employer Identification # 72-1151696

Demographics

Mailing Address: 1130 40 ORETHA C HALEY BLVD New Orleans, LA 70113

Phone: (504)523-2116 Email: DAVID@NEWORLEANSMISSION.ORG

Resident State: LA

Signor of Return

Officer: DAVID BOTTNER

Title: EXECUTIVE DIRECTOR

Diagnostics

Preparer: RITA M BORNE CPA

Invoice:

Date: 03-19-2025

Return Information

Table with 3 columns: Item on Return, 2023 Federal, 2022 Federal (If available). Rows include Total Revenue, Total Expenses, Net Excess (Deficit), and Net Assets or Fund Balances.

State/City Information

State/City Taxable Revenue Total Expenses Change Fund Balance UBIT Total Tax Refund/ (Balance Due)