

Return of Organization Exempt From Income Tax

2024

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, 1130 40 ORETHA C HALEY BLVD, New Orleans, LA 70113. Includes tax-exempt status (501(c)(3)), website (NEWORLEANSMISSION.ORG), and formation year (1986).

Part I Summary

Summary table with columns for line number, description, and amounts for Prior Year and Current Year. Rows include mission statement, governance metrics, revenue (Total: 11,977,807), expenses (Total: 11,557,595), and net assets (Total: 5,350,257).

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, dated 01-10-2026.

Paid Preparer Use Only section for RITA M BORNE, RITA M BORNE CPA LLC, 2020 4TH STREET, Harvey LA 70058. Preparer's signature and PTIN (P00226690) are provided.

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

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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

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 \$ 8,230,443 including grants of \$ ) (Revenue \$ 7,020,716 ) 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 \$ 1,365,725 including grants of \$ ) (Revenue \$ 1,572,205 ) DIVINE STAFFING AND BUILDING HOPE ARE PART OF THE MEN'S PROGRAM. IT OFFERS VOCATIONAL TRIANING AND TRANSITIONAL HOUSING

4c (Code: ) (Expenses \$ 809,457 including grants of \$ ) (Revenue \$ 327,233 ) 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 \$ 275,309 including grants of \$ ) (Revenue \$ 52,326 )

4e Total program service expenses 10,680,934

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 covering various IRS schedule requirements.

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, W-2G forms, 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	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8			X
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> 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	<b>Section 501(c)(21) organizations.</b> 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, Yes, No. Rows include 1a (17), 1b (17), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed Louisiana
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records. 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week 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) EDDIE GEOGHEGAN Jr. DIRECTOR	0.25	X					0	0	0	
(3) JENNIFER GARDNER TREASURY	0.50	X		X			0	0	0	
(4) MARVIARI AMMARI I DIRECTOR	0.25	X					0	0	0	
(5) TOMMY CLAPP DIRECTOR	0.25	X					0	0	0	
(6) SUE KLIEN DIRECTOR	0.25	X		X			0	0	0	
(7) HY MCENERY DIRECTOR	0.25	X					0	0	0	
(8) LJ FRANZ DIRECTOR	0.25	X					0	0	0	
(9) TOM GIDDINGS SECRETARY	2.00	X		X			0	0	0	
(10) CINDRA REYBA DIRECTOR	0.25	X					0	0	0	
(11) TOM BROOM DIRECTOR	0.25	X					0	0	0	
(12) RICHARD LEEFE CHAIRMAN OF THE BOARD	1.00	X		X			0	0	0	
(13) FRANK SHAW DIRECTOR	0.25	X					0	0	0	
(14) TOMMY VADELL DIRECTOR	0.25	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)NATHAN WALL DIRECTOR	0.25	X						0	0	0
(16)ETHEL JULIEN DIRECTOR	0.25	X						0	0	0
(17)JOHN OBRIEN DIRECTOR	0.25	X						0	0	0
(18)DONALD SILVA DIRECTOR	0.25	X						0	0	0
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Subtotal</b>								<b>148,083</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>148,083</b>	<b>0</b>	<b>0</b>

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 <b>former</b> 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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	653,219				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,269,918				
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f . . . . .		2,923,137				
Program Service Revenue			Business Code				
	<b>2a</b> DIVINE STAFFING	624310	465,267	465,267			
	<b>b</b> GIVEN HOPE RETREAT	624200	52,326	52,326			
	<b>c</b> LYNHAVEN	624310	327,233	327,233			
	<b>d</b> MISSION	624210	1,140,781	1,140,781			
	<b>e</b> GIFTS IN KIND	624200	5,879,935	5,879,935			
	<b>f</b> All other program service revenue . . . . .	624310	1,106,938	1,106,938			
	<b>g Total.</b> Add lines 2a-2f . . . . .		8,972,480				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		82,190	82,190			
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents . . . . .	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses . . . . .	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
<b>c</b> Gain or (loss) . . . . .	<b>7c</b>						
<b>d</b> Net gain or (loss) . . . . .							
<b>8a</b> Gross income from fundraising events (not including \$ 653,219 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>						
<b>b</b> Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue			Business Code				
	<b>11a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .			11,977,807	9,054,670	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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . .				
4	Benefits paid to or for members . . . . .				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages . . . . .	2,086,759	2,086,759		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .				
9	Other employee benefits . . . . .				
10	Payroll taxes . . . . .	189,678	189,678		
11	Fees for services (nonemployees):				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	43,716		43,716	
d	Lobbying . . . . .				
e	Professional fundraising services. See Part IV, line 17. .				
f	Investment management fees . . . . .				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .				
12	Advertising and promotion . . . . .	35,995	4,352	31,643	
13	Office expenses . . . . .	33,033	4,435	28,598	
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	347,310	305,310	42,000	
17	Travel . . . . .	4,527	3,044	1,483	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .				
20	Interest . . . . .	14,394		14,394	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	313,039	311,307	1,732	
23	Insurance . . . . .	337,343	135,104	202,239	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<b>MEALS AND ENTERTAINMENT</b>	15,893	15,893		
b	<b>TELEPHONE</b>	29,597	29,597		
c	<b>UTILITIES</b>	338,002	338,002		
d	<b>BANK FEES</b>	3,340	277	3,063	
e	All other expenses _____	7,764,969	7,257,176	173,455	334,338
25	<b>Total functional expenses.</b> Add lines 1 through 24e. .	11,557,595	10,680,934	542,323	334,338
26	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**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	2,279,420	1	2,881,633	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	849,741	3	499,785	
	4	Accounts receivable, net	80,313	4		
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	2,242	8	1,841	
	9	Prepaid expenses and deferred charges	186,515	9	184,380	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,728,322		
	b	Less: accumulated depreciation	10b	1,403,270	10c	2,325,052
	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		
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	5,927,545	16	5,892,691		
Liabilities	17	Accounts payable and accrued expenses	331,690	17	96,652	
	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	237,870	23	445,782	
	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	<b>Total liabilities.</b> Add lines 17 through 25	569,560	26	542,434	
Net Assets or Fund Balances	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>					
	27	Net assets without donor restrictions	4,957,880	27	5,050,152	
	28	Net assets with donor restrictions	400,105	28	300,105	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>					
	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	<b>Total net assets or fund balances</b>	5,357,985	32	5,350,257	
33	<b>Total liabilities and net assets/fund balances</b>	5,927,545	33	5,892,691		

**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	11,977,807
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,557,595
3	Revenue less expenses. Subtract line 2 from line 1	3	420,212
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,357,985
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	(427,940)
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,350,257

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

NEW ORLEANS MISSION, INC

72-1151696

**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 must generally 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)						
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	7,884,560	11,586,502	9,375,652	10,580,962	2,570,023	41,997,699
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .	7,884,560	11,586,502	9,375,652	10,580,962	2,570,023	41,997,699
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						41,997,699

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 . . . . .	7,884,560	11,586,502	9,375,652	10,580,962	2,570,023	41,997,699
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,247	1,551	6,689	30,928	82,190	123,605
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .				25,602		25,602
<b>11 Total support.</b> Add lines 7 through 10						42,146,906
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	99.65 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	99.85 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test - 2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> 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

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) - 15 %; 16 Public support percentage from 2023 Schedule A, Part III, line 15 - 16 %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) - 17 %; 18 Investment income percentage from 2023 Schedule A, Part III, line 17 - 18 %

- 19a 33 1/3% support tests - 2024. 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 - 2023. 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	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	<b>Substitutions only.</b> 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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?	<b>11a</b>	
<b>b</b> A family member of a person described on line 11a above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> 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>	<b>2a</b>	
<b>b</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>	<b>2b</b>	
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> 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>	<b>3a</b>	
<b>b</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>	<b>3b</b>	

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> 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	<b>Total annual distributions.</b> 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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019 . . . . .		
b	From 2020 . . . . .		
c	From 2021 . . . . .		
d	From 2022 . . . . .		
e	From 2023 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020 . . . .		
b	Excess from 2021 . . . .		
c	Excess from 2022 . . . .		
d	Excess from 2023 . . . .		
e	Excess from 2024 . . . .		



**Schedule B  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

Name of the organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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**

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 <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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	SHANE ANDERSON  10172 HIGHWAY 431  New Orleans, LA 70127-0005	\$ 5,016	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SMITTYS SUPPLY INC  PO BOX 530  Saint Benedict, LA 70457-0113	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CONRAD BERCIER  211 N PHILO DR  Lafayette, LA 70507-0005	\$ 15,350	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	BANK OF AMERICA  601 POYDRAS ST  New Orleans, LA 70130	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	BLUE MARINE TRANSPORTATION  121 HERMAN DR  Belle Chasse, LA 70037	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	FELIX BOPP  3421 N CAUSEWAY BLVD STE 102  Metairie, LA 70002	\$ 22,105	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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	\$ 9,043	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	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	REBEKAH BRACATO 4513 CLEVELAND PL Metairie, LA 70003	\$ 8,637	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	\$ 14,040	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	\$ 16,663	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	\$ 27,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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"/> (Complete Part II for noncash contributions.)
14	ST CHARLES AVENUE PRESBYTERIAN CHUR 1545 STATE ST New Orleans, LA 70118	\$ 11,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	GREGORY BROWN PO BOX 8693 Metairie, LA 70011	\$ 10,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	BAPTIST COMMUNITY MINISTRIES 400 POYDRAS ST STE 2950 New Orleans, LA 70130	\$ 102,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	DAVID CANTRELLE 700 GAUSE BLVD Saint Benedict, LA 70457-0802	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	CHRIS PAVINGS LLC 30216 N DIXIE RANCH RD Lacombe, LA 70445	\$ 17,910	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
19	PREMIER LENDING  2400 VETERANS  Kenner, LA 70062	\$ 15,795	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
20	LAKEVIEW CHRISTIAN CENTER  5885 FLEUR DE LIS DR  New Orleans, LA 70124	\$ 23,585	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
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"/> <small>(Complete Part II for noncash contributions.)</small>
22	MORRIS PLACE  311 CHRISTWOOD LANE  Covington, LA 70433	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
23	ELIZABETH HAWKINS  507 LONA ST  Metairie, LA 70005	\$ 5,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
24	CRESCENT BANK  PO BOX 61813  New Orleans, LA 70167	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
25	MARC JONES 529 TWIN RIVER DR Covington, LA 70433	\$ 35,000	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	\$ 17,985	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	DARRYL DAQUIN 32 ROYAL PALM DR Kenner, LA 70065	\$ 10,312	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	\$ 39,185	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	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
31	THOMAS DEROCHE 32 CHATEAU RUE DU JARDIN Kenner, LA 70065	\$ 9,807	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
32	GULF COAST BANK 200 ST CHARLES New Orleans, LA 70130	\$ 10,151	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
33	CHIP GARDNER 23 HUMMINGBIRD RD Covington, LA 70433	\$ 6,840	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	BONNIE DRUDE 143 ACADIAN LN Mandeville, LA 70471	\$ 6,813	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
35	GREG GROH 427 EXPOSITION BLVD New Orleans, LA 70118	\$ 160,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	DAVIE SHORING PO BOX 489 Natalbany, LA 70451	\$ 18,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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	\$ 40,000	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	\$ 56,250	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	\$ 12,018	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	\$ 10,164	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
42	JAYNE ECONOMIDY  55851 EAST MILES CIRCLE  Tucson, AZ 85712	\$ 7,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
43	FLORIDA MARINE TRANSPORTERS  2360 5TH ST  Mandeville, LA 70471	\$ 18,885	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
44	CREOLE CUISINE  311 DECATUR ST  New Orleans, LA 70130	\$ 38,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
45	GAYLE AND TOM BENSON CHARITABLE FOU  5800 AIRLINE DR  Metairie, LA 70003	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
46	LOUIS GILBERT  5116 CLEVELAND PL  Metairie, LA 70003	\$ 5,718	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
47	GIVING HOPE  13040 I10 SERVICE RD  New Orleans, LA 70128	\$ 6,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
48	THOMAS GRECI  232 ALBANIA DR  Luling, LA 70070	\$ 12,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
49	BIRGER RASMUSSEN 1623 W KINGSFIELD RD Cantonment, FL 32533	\$ 93,458	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	ODETTE C HENICAN FOUNDATION 1130 O C HALEY New Orleans, LA 70130	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	TROYS BAIL BONDS 3238 JOHNSON ST Metairie, LA 70001	\$ 9,965	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
52	RESOURCE BANK 70533 HIGHWAY 21 Covington, LA 70433	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	HODC LLC 8601 LEAKE AVE New Orleans, LA 70118	\$ 12,300	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	ELIZABETH HAWKINS 507 LONA ST Metairie, LA 70005	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
55	MIKE BURRIS 242 ALABAMA AVE Bogalusa, LA 70427	\$ 21,000	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	\$ 7,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	JASON HUNT 13220 HIGHWAY 1073 Franklinton, LA 70438	\$ 6,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	DANA INTERIANO 33 MANOR LN Westwego, LA 70094	\$ 6,222	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	JLG INDUSTRIES INC 1 JLG DR Mc Connellsburg, PA 17233	\$ 5,300	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.)

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
61	SUSAN DWYER 3005 NEYREY Metairie, LA 70002	\$ 15,529	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	DENNIS JORDAN PO BOX 1652 Albany, LA 70711	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	JP MORGAN CHASE 300 BRICKSTONE SQUARE Harvey, LA 70058	\$ 7,762	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	WILLIAM KEAGHEY 35394 KEAGHEY RD Pine Grove, LA 70453	\$ 6,000	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	\$ 6,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	JON KHACHATURIAN 5427 SUTTON PL New Orleans, LA 70131	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
67	DARYL DUFFY 1376 RIVER CLUB DR Covington, LA 70433	\$ 35,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	BOBBIE LANDRY 185 COUNTRY CLUB DR Covington, LA 70433	\$ 10,000	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	\$ 6,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	TREY LAPE 22 BRETTON WAY Mandeville, LA 70471	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	KATHY MAHONEY 243 DELTA DR Mandeville, LA 70448	\$ 12,180	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	\$ 35,075	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
73	KATHY MAHONEY 243 DELTA DR Mandeville, LA 70448	\$ 12,180	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	\$ 100,953	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	DONALD MCCONNELL 7341 BERYL ST New Orleans, LA 70124	\$ 6,806	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	PEGGY MONSTED 1441 ELEONORE ST New Orleans, LA 70115	\$ 14,401	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	\$ 9,879	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	ELEANOR MOULEDOUX 1212 MARENGO ST New Orleans, LA 70115	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
79	ROBERT BOWER  819 COUNTRY CLUB BLVD  Thibodaux, LA 70301	\$ 5,715	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	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
81	MUNHOLLAND UNITED METHODIST CHURCH  1201 METAIRIE RD  Metairie, LA 70005	\$ 8,473	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
82	NEW ORLEANS AND COMPANY  2020 ST CHARLES AVE  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>
83	WARREN FORSTALL  320 N CARROLLTON AVE  New Orleans, LA 70119	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>
84	NEW ORLEANS ACHIEVEMENT FOUNDATION  3861 PEACHTREE CT  New Orleans, LA 70131	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II for noncash contributions.)</small>

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
85	NORTHSHORE COMMUNITY FOUNDATION  807 COVINGTON CENTRE  Covington, LA 70433	\$ 7,250	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	\$ 6,750	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	CHARLOTTE SCOTT  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	WAYNE NORTHUP  5000 W ESPLANAD AVE  Metairie, LA 70006	\$ 9,354	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	ONE STREAM SOFTWARE  362 SOUTH ST  Rochester, MI 48307	\$ 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

**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
91	MARY JENKINS 1120 RUE TOULOUSE Slidell, LA 70458	\$ 5,030	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	OUR LADY OF THE LAKE KNIGHTS OF COL 312 LAFITTE ST Mandeville, LA 70448	\$ 6,454	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	THE DOUROUX FAMILY CHARITY 4617 SHERIDAN AVE Metairie, LA 70002	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	SALVADOR PERINN 230 EVANGELINE DR Mandeville, LA 70471	\$ 10,000	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	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	RETIF OIL AND FUEL 1840 JUTLAND DR Harvey, LA 70058	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
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	RICE VOELKER LLC 327 N COLUMBIA ST Covington, LA 70433	\$ 5,000	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	\$ 10,385	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	PAUL RICHARD 2012 NAPOLEON AVE New Orleans, LA 70115	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	RIVERLAND INSURANCE SERVICES 492 WEST 5TH ST La Place, LA 70068	\$ 5,900	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	\$ 40,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
103	SIMMONS FAMILY GIVING FUND 205 GUM BAYOU Kenner, LA 70065	\$ 48,000	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	\$ 21,688	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	\$ 151,062	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	ROBERT WOLFE CONSTRUCTION PO BOX 2925 Gretna, LA 70054	\$ 10,500	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	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	KATHERINE SCHNEIDER 6785 SCOTTSFEILD TRACE New Orleans, LA 70131	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
109	APRIL SELLERS 62 SHAMROCK DR Des Allemands, LA 70030	\$ 7,682	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	SILICON VALLEY COMMUNITY 444 CATRO ST STE 140 Kiefer, OK 74041	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	BRAD SOILEAU 229 NATCHEZ TRACE Covington, LA 70433	\$ 10,721	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	THE TOLER FOUNDATION 509 OCTAVIA ST New Orleans, LA 70125	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	JEANNETTE THOMASON 35051 NEWSOM LN Denham Springs, LA 70706	\$ 7,825	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	ADAM TUCKER 301 HORD ST New Orleans, LA 70123	\$ 6,724	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
115	THOMAS VADELL 4433 CAMEL ST Metairie, LA 70001	\$ 5,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	CHRISTOPHER VILLERE 1467 ANABELIA ST New Orleans, LA 70115	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	ROBERT WEBB JR PO BOX 536 Reserve, LA 70084	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	GUY WILLIAMS 34 SWALLOW ST New Orleans, LA 70124	\$ 5,000	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	\$ 5,625	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	WOODVINE PARTNERS LLC 316 WOODVINE Metairie, LA 70005	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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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
121	BOB MCMANN  1025 BONNABEL  Metairie, LA 70005	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	THOMAS JULIAN  24 ASHLAND  Destrehan, LA 70047	\$ 6,079	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.)

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) <small>(See instructions.)</small>	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>NEW ORLEANS MISSION, INC</b>	Employer identification number <b>72-1151696</b>
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**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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.

Open to Public Inspection

Name of the organization: NEW ORLEANS MISSION, INC; Employer identification number: 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 total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding purpose, acreage, monitoring, and reporting of conservation easements.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting of art and historical treasures.

**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 in 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 . . . . .	2,620,505		783,272	1,837,233
d Equipment . . . . .	167,342		139,186	28,156
e Other . . . . . <b>STMD1E</b>	940,475		480,812	459,663
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . .				2,325,052

**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) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	

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

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

NEW ORLEANS MISSION, INC

Employer identification number

72-1151696

**01. Governing body decisions (Part VI, line 7b)**

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

COPY AVAILABLE FOR REVIEW. EXECUTIVE DIRECTOR REVIEWS

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

AVAILABLE FOR REVIEW

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

BOARD OF DIRECTORS DETERMINE THE SALARY

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

BOARD OF DIRECTORS DETERMINE THE SALARY

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

AVAILABLE FOR PUBLIC REVIEW

**07. 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.

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

ALL OTHER EXPENSES ARE LISTED ON ATTACHED OVERFLOW STATEMENT.

**09. Part XI, response or note to any line in Part XI**

AUDIT ADJUSTMENTS

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>NEW ORLEANS MISSION, INC</b>	Taxpayer identification number (TIN) <b>72-1151696</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1130 40 ORETHA C HALEY BLVD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>New Orleans, LA 70113</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **DAVID BOTTNER, 1130 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70131**  
 Telephone No. **504-523-2116** Fax No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . .

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_ .

If this is for the whole group, check this box . . . . .

If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for . . . .

**1** I request an automatic 6-month extension of time until 05-15, 2026, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning 07-01, 20 24, and ending 06-30, 20 25.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  
 Initial return    Final return    Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 07-01, 2024, and ending 06-30, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **NEW ORLEANS MISSION, INC** EIN or SSN **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 type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	1b	_____
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 checked="" type="checkbox"/>	b	Balance due (Form 8868, line 3c). . . . .	5b	0
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 2024 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 2024 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 2024 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 11-14-2025

## 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 2024 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 01-10-2026

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

# IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2024, or fiscal year beginning 07-01, 2024, and ending 06-30, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://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>11,977,807</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 2024 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 2024 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 2024 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 11-14-2025

## 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 2024 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 01-10-2026

**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**

**2024** 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	\$ 275309
Grants and allocations included in above expense	\$0
Program Services Revenue	\$ 52326

Explanation

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

FOR YOUR RECORDS ONLY  
**Federal Supporting Statements**

**2024 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	422,342	0	193,275	229,067
DIVINE VEHICLES	131,715	0	71,961	59,754
FURNITURE NORTHSHORE	36,910	0	33,160	3,750
EQUIPMENTGHR	59,229	0	52,829	6,400
DIVINE STAFFING	35,124	0	20,877	14,247
FURNITURE NOM	73,360	0	57,831	15,529
ROAD GHR	81,677	0	9,075	72,602
LH EQUIPMENT	41,760	0	16,642	25,118
BH EQUIP	58,358	0	25,162	33,196
<b>Total</b>	<u><u>940,475</u></u>	<u><u>0</u></u>	<u><u>480,812</u></u>	<u><u>459,663</u></u>

990

**Overflow Statement**

2024

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 - FUNDRAISING**

<b>Description</b>	<b>Amount</b>
GALA EVENT	\$ 160,697
DEVELOPMENT	142,796
PRINTING	23,434
POSTAGE	7,411
<b>Total:</b>	<b>\$ 334,338</b>

**PART IX STATEMENT OF FUNCTIONAL EXPENSES MANAGEMENT SERVICES**

<b>Description</b>	<b>Amount</b>
CHARITABLE GIVING	\$ 2,500
HOUSING	30,000
PAYROLL FEES	20,219
AUTO EXPENSE	14,000
PAYPAL FEES	67
PARKING AND TOLLS	4,664
DUES AND SUBSCRIPTION	5,797
LICENSE AND PERMITS	3,347
PENALTIES	11
MEDICAL	1,445
HEALTH INSURANCE	70,676
STRIPE TRANSFER FEES	20,729
<b>Total:</b>	<b>\$ 173,455</b>

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

Name(s) as shown on return

NEW ORLEANS MISSION, INC

FEIN

72-1151696

**PART IX STATEMENT OF FUNCTIONAL EXPENSES PROGRAM SERVICES**

<b>Description</b>	<b>Amount</b>
EQUIPMENT	\$ 9,249
LYNHAVEN SUPPLIES	22,074
WEBSITE MAINTENANCE	7,446
MAINTENANCE AGREEMENT	29,326
LICENSE	3,883
REPAIRS AND MAINTENANCE	102,278
CONSIGNMENT	13,996
DAMAGE	981
PARKING AND TOLLS	847
WASTE DISPOSAL	43,690
BAD DEBT	334
FOOD AND FOOD SERVICE SUPPLIES	5,960,651
EXTERMINATING	12,929
EQUIPMENT REPAIR	5,175
POSTAGE	103
SUPPLIES	49,218
SECURITY	11,038
AUTO EXPENSE	279,661
BUILDING SUPPLIES	466,161
PROCESSING FEE	12,546
FURNITURE EXPENSE	11,614
PRINTING	692
PENALTIES	903
PROGRAM	205,151
BONUS	1,932
EDUCATIONAL AND TRAINING	719
LOSS ON SALE OF ASSET	4,579
<b>Total:</b>	<b>\$ 7,257,176</b>

**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.)

**2024**

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) . . . . . **842,938**

Name	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
SHANE ANDERSON		37,500		37,500	5,016	80,016	
SMITTYS SUPPLY INC		7,088		5,000	50,000	62,088	
CONRAD BERCIER		7,000		5,000	15,350	27,350	
BANK OF AMERICA		40,000		5,000	25,000	70,000	
BLUE MARINE TRANSPORTATION		35,604		5,000	33,000	73,604	
FELIX BOPP		15,090		38,445	22,105	75,640	
EDWIN GEOGHEGAN		10,163		6,000	9,043	25,206	
MICHAEL N VICTORIA ROHM FOUNDATION		30,000		30,030	25,000	85,030	
REBEKAH BRACATO		9,360		13,000	8,637	30,997	
TOMMY GIDDINGS		17,682		11,420	14,040	43,142	
GLAGO WILLIAMS LAW FIRM		5,000		21,000	16,663	42,663	
IRPINO LAW FIRM		34,200		5,000	27,500	66,700	
RAY KAY ECKSTEIN CHARITABLE TRUST		100,000		55,000	55,000	210,000	
ST CHARLES AVENUE PRESBYTERIAN CHUR	9,478	15,000		12,676	11,251	48,405	
GREGORY BROWN	50,000	100,000		25,000	10,500	185,500	
BAPTIST COMMUNITY MINISTRIES	65,000	119,000		40,000	102,500	326,500	
DAVID CANTRELLE	7,762	6,520		10,560	7,000	31,842	
CHRIS PAVINGS LLC	8,791	5,998		10,750	17,910	43,449	
PREMIER LENDING	9,200	18,700		11,130	15,795	54,825	
LAKEVIEW CHRISTIAN CENTER	5,200	6,100		6,940	23,585	41,825	
FORMAN WATKINS AND KRUTZ LLP	5,000	5,000		5,000	5,000	20,000	
MORRIS PLACE	11,850	10,000		7,000	12,500	41,350	
ELIZABETH HAWKINS	17,334	25,000		7,300	5,300	54,934	
CRESCENT BANK	5,250	51,863		30,875	10,000	97,988	
MARC JONES	10,363	45,265		6,218	35,000	96,846	
TRUWEALTH ADVISORS	55,000	100,000		35,000	35,000	225,000	
SHELL OIL CO	39,741	42,716		9,312	17,985	109,754	
DARRYL DAQUIN	15,985	10,225		5,430	10,312	41,952	
DICK PINER	26,553	50,000		38,000	39,185	153,738	

**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.)

**2024**

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) . . . . . **842,938**

Name	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
EMERGENCY FOOD AND SHELTER GRANT	5,849	8,314		40,000	50,000	104,163	
THOMAS DEROCHE	24,000	16,650		17,011	9,807	67,468	
GULF COAST BANK	9,954	8,500		40,000	10,151	68,605	
CHIP GARDNER	19,023	10,746		42,810	6,840	79,419	
BONNIE DRUDE	260,397	40,600		40,500	6,813	348,310	
GREG GROH	5,055	5,184		50,500	160,000	220,739	
DAVIE SHORING	5,000	5,000		54,250	18,500	82,750	
HONEY ROCK ENDTIME FOUNDATION	60,000	60,000		25,000	40,000	185,000	
MARK ONEL	5,000	5,000		5,000	5,000	20,000	
PREMIER NISSAN	16,700	5,000		12,500	56,250	90,450	
DONNIE SILVA	11,756	7,907		14,942	12,018	46,623	
SUPREME AUTOMOTIVE GROUP	50,741	5,181		6,750	10,164	72,836	
JAYNE ECONOMIDY	10,000	10,000		56,000	7,000	83,000	
FLORIDA MARINE TRANSPORTERS	10,000	5,000		56,823	18,885	90,708	
CREOLE CUISINE		12,200		100,000	38,000	150,200	
GAYLE AND TOM BENSON CHARITABLE FOU		8,000		66,634	5,000	79,634	
LOUIS GILBERT		5,000		130,000	5,718	140,718	
GIVING HOPE		10,000		12,675	6,250	28,925	
THOMAS GRECI		5,000		12,750	12,700	30,450	
BIRGER RASMUSSEN		8,803		13,625	93,458	115,886	
ODETTE C HENICAN FOUNDATION		7,500		14,000	10,000	31,500	
TROYS BAIL BONDS		8,956		14,146	9,965	33,067	
RESOURCE BANK		8,676		14,467	6,000	29,143	
HODC LLC		15,000		5,620	12,300	32,920	
ELIZABETH HAWKINS		5,177		14,500	5,000	24,677	
MIKE BURRIS		5,902		14,500	21,000	41,402	
CHARLES MIRAMON		70,455		14,600	7,100	92,155	
JASON HUNT		7,500		14,876	6,400	28,776	
DANA INTERIANO		5,000		15,000	6,222	26,222	

**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.)

**2024**

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) . . . . . **842,938**

Name	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
JLG INDUSTRIES INC		7,000		15,000	5,300	27,300	
DIANE SCHEXNAYDER		25,000		15,000	15,000	55,000	
SUSAN DWYER		7,500		15,948	15,529	38,977	
DENNIS JORDAN		129,950		16,703	5,000	151,653	
JP MORGAN CHASE		6,900		17,000	7,762	31,662	
WILLIAM KEAGHEY		21,712		17,244	6,000	44,956	
DELGIORNO		10,000		19,096	6,200	35,296	
JON KHACHATURIAN		25,000		20,000	25,000	70,000	
DARYL DUFFY		6,300		20,060	35,250	61,610	
BOBBIE LANDRY		10,100		22,500	10,000	42,600	
HOME BANK		8,500		12,015	6,250	26,765	
TREY LAPE		5,111		12,286	5,000	22,397	
KATHY MAHONEY		5,000		30,000	12,180	47,180	
CHARLES TIXIER		25,000		12,500	35,075	72,575	
KATHY MAHONEY		5,000		12,654	12,180	29,834	
METHODIST HEALTH SYSTEM FOUNDATION		102,000		100,500	100,953	303,453	
DONALD MCCONNELL		5,176		6,000	6,806	17,982	
PEGGY MONSTED		5,910		6,054	14,401	26,365	
EILEEN RADCLIFF		5,000		6,189	9,879	21,068	
ELEANOR MOULEDOUX		6,231		6,231	5,000	17,462	
ROBERT BOWER		5,000		6,234	5,715	16,949	
THE REACH FOUNDATION		5,000		6,700	5,600	17,300	
MUNHOLLAND UNITED METHODIST CHURCH		7,000		6,739	8,473	22,212	
NEW ORLEANS AND COMPANY		5,000		5,000	5,000	15,000	
WARREN FORSTALL		12,730		5,000	7,500	25,230	
NEW ORLEANS ACHIEVEMENT FOUNDATION		14,571		5,000	15,000	34,571	
NORTHSHORE COMMUNITY FOUNDATION		20,000		5,000	7,250	32,250	
NEW STREET RESEARCH		5,040		5,000	5,000	15,040	
PREMIER AUTOMOTIVE GROUP		5,552		5,000	6,750	17,302	

**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.)

**2024**

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) . . . . . **842,938**

Name	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
CHARLOTTE SCOTT		5,000		5,000	5,000	15,000	
WAYNE NORTHUP		20,552		7,310	9,354	37,216	
ONE STREAM SOFTWARE		25,000		7,500	5,000	37,500	
MARY JENKINS		10,104		7,524	5,030	22,658	
OUR LADY OF THE LAKE KNIGHTS OF COL		19,893		7,595	6,454	33,942	
THE DOUROUX FAMILY CHARITY		25,000		8,000	5,000	38,000	
SALVADOR PERINN		75,000		8,750	10,000	93,750	
WAYNE NORTHUP		5,000		9,581	11,000	25,581	
RETIF OIL AND FUEL		7,254		9,599	5,000	21,853	
ALLSTAR ELECTRIC		5,550		10,000	10,000	25,550	
RICE VOELKER LLC		7,591		10,000	5,000	22,591	
RICHARD WILLIAMS		8,811		10,000	10,385	29,196	
PAUL RICHARD		10,030		10,221	5,000	25,251	
RIVERLAND INSURANCE SERVICES		6,109		10,320	5,900	22,329	
PATRICK BRACKLEY				10,400	40,400	50,800	
SIMMONS FAMILY GIVING FUND				24,000	48,000	72,000	
PERINOS GARDEN CENTER				27,743	21,688	49,431	
BENNET POWELL				28,941	151,062	180,003	
ROBERT WOLFE CONSTRUCTION				30,000	10,500	40,500	
STEVE SPAGNUOLO				30,000	35,000	65,000	
KATHERINE SCHNEIDER				5,000	150,000	155,000	
APRIL SELLERS				5,000	7,682	12,682	
SILICON VALLEY COMMUNITY				5,030	20,000	25,030	
BRAD SOILEAU				5,050	10,721	15,771	
THE TOLER FOUNDATION				5,100	10,000	15,100	
JEANNETTE THOMASON				5,174	7,825	12,999	
ADAM TUCKER				5,192	6,724	11,916	
THOMAS VADELL				5,208	5,600	10,808	
CHRISTOPHER VILLERE				5,250	5,000	10,250	

**Form 990  
Worksheet**

**Schedule A, Line 5 - Excess 2% Limitation Contributors**

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**2024**

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) . . . . . 842,938

Name	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total	(g) Excess contributions (col. (f) minus the 2% limitation)
ROBERT WEBB JR				5,254	25,000	30,254	
GUY WILLIAMS				5,312	5,000	10,312	
ROBERT SIMMONS				5,323	5,625	10,948	
WOODVINE PARTNERS LLC				5,434	5,000	10,434	
BOB MCMANN				5,500	10,000	15,500	
THOMAS JULIAN				5,666	6,079	11,745	

Total \_\_\_\_\_