efil	e Pu	ıblic Visı	al Render ObjectId: 202431359349305098 - Submission	n: 2024-05	-14	Т	IN: 72-0760857		
	00	20	Return of Organization Exempt From	Income	Тах		OMB No. 1545-0047		
Form	ອະ	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may	(except priv	ate foundation	s)	2022		
		f the Treasury nue Service	► Go to <u>www.irs.gov/Form990</u> for instructions and the la	•			Open to Public Inspection		
_			lendar year, or tax year beginning 07-01-2022 ,and ending 06-30-	2022					
		applicable:	C Name of organization	-2025	D Employer i	denti	fication number		
		change	PRESERVATION ALLIANCE OF NEW ORLEANS IN		72-076085	7			
		hange	Doing business as		72-070005	/			
_	tial re	eturn rn/terminated	Doing business as						
		d return	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	2	E Telephone nu	ımbei	-		
О Ар	plicati	ion pending	923 TCHOUPITOULAS ST		(504) 581-	7032	2		
			City or town, state or province, country, and ZIP or foreign postal code NEW ORLEANS, LA 70130						
					G Gross receip		2,108,447		
			F Name and address of principal officer: DANIELLE DEL SOL		a group return	n for			
			923 TCHOUPITOULAS ST NEW ORLEANS, LA 70130		dinates? subordinates		□Yes ☑No		
I Tax	k-exer	mpt status:		includ	ed?	~	Yes No		
			✓ 501(c)(3) □ 501(c) () ◀ (insert no.) □ 4947(a)(1) or □ 527		attach a list. exemption nu				
JVV	edsi	te: 🕨 🗤 🗤	W.PKCNU.URG		exemption nu	mber			
K Forr	n of o	organization:	Corporation Trust Association Other	L Year of forma	tion: 1974 M	State	of legal domicile: LA		
Pa	art I	Sum	nary						
			cribe the organization's mission or most significant activities:						
Ce		PROMOTE	THE RESTORATION AND REVITALIZATION OF HISTORIC ARCHITECTURE AN	D NEIGHBOR	HOODS				
nan									
Governance	_	Check this							
60	_		3	30					
×۵ د	4	Number o	umber of independent voting members of the governing body (Part VI, line 1b)						
Activities &	5	Total num	al number of individuals employed in calendar year 2022 (Part V, line 2a)						
SUV	6	Total num	Total number of volunteers (estimate if necessary)						
A	7a	Total unre	lated business revenue from Part VIII, column (C), line 12			7a	107,000		
	b	Net unrela	ated business taxable income from Form 990-T, Part I, line 11			7b	0		
				Pric	or Year		Current Year		
9			ons and grants (Part VIII, line 1h)		1,311,308		798,186		
Revenue		5	ervice revenue (Part VIII, line 2g)		131,181		107,000		
Rev			nt income (Part VIII, column (A), lines 3, 4, and 7d)		141,985		175,177		
			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		106,733		81,365 1,161,728		
			nue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,091,207		0		
			d similar amounts paid (Part IX, column (A), lines 1–3)		0		0		
			other compensation, employee benefits (Part IX, column (A), lines 5–10)		739,537		846,605		
SG			hal fundraising fees (Part IX, column (A), line 11e)		0		0		
Exp enses			ising expenses (Part IX, column (D), line 25) ▶0		-				
ă			enses (Part IX, column (A), lines 11a–11d, 11f–24e)		699,572		718,055		
		-	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,439,109		1,564,660		
	19	Revenue	ess expenses. Subtract line 18 from line 12	252,098			-402,932		
Net Assets or Fund Balances				Beginning o	of Current Year		End of Year		
sset	20	Total asse	ts (Part X, line 16)		7,811,366		7,858,954		
Nt A:									
			ities (Part X, line 26)		59,902		168,696		
ΖĽ	22	Net asset	ities (Part X, line 26)		59,902 7,751,464		168,696 7,690,258		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Page 2 Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III Check If Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission: Resservation NULLIANCE OF New ORLEANS, INC. D/s/A PRESERVATION RESOURCE CENTER OF NEW ORLEANS (PRC) IS A NON-FOR-PI ORGANIZATION WHICH PRESERVES AND ENHANCES TARGETED HISTORICAL NEIGHBORHOODS OF NEW ORLEANS THROUGH COMMUNI REVTALIZATION PROJECTS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 wes f"kss," describe these mes vervices on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expert Section 501(c)(3) and 501(c)(4) organisations are required to report the amount of grants and allocations to others, the total experiments for each of its three largest program services, as measured by expert Section 501(c)(4) organizations are required to report the mount of grants and allocations to others, the total experimentary for each program service reported. 4a (Code:) (Expenses \$ 102.367 Including grants of \$) (Revenue \$ 4b (Code:) (Expenses \$ 102.367 Including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ 505.396 <t< th=""><th>Page 2</th></t<>	Page 2
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Program Immit a nume ► DOURCEDUS BENNET LLC Immit a LIN ► 72 0.138970 Himmit a defress ► 111 VETERANS BLVD SUITE 1700 METAINER, LA 20005 Home so. (S04) 831-9499 May the IRS discuss this return with the preparer shown above? See Instructions. Cat. No. 11282Y For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022) Page 2 For Helfy describe the organization's mission: Respect 2 Restruction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2022) Form 990 (2022) Part III Statement of Program Service Accomptilshiments Check If Schedule O contains a response or note to any line in this Part III The Helfy describe the organization's mission: ResCentration which repearer show above? StateGrEED HISTORICAL NEIGHBORHOODS OF NEW ORLEANS THROUGH COMMUNI The West Program Services and program services during the year which were not listed on Ithe organization cases conducting, or make significant changes in how it conducts, any program services, as measured by experison 500 or 990-E27 Vest If "Yes," describe these organizations are required to report the amount of grants and allocations to others, the total expa and revenue, farm, for each program service accomptishments for each of its three largest program services, as measured by experison Section 501(cl(3) or 90777107787874000000000000000000000000000	Page 2
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3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	ies
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes
for public office? If "Yes," complete Schedule C, Part I	No
4 Section $501(c)(3)$ organizations. Did the organization engage in lobbying activities or have a section $501(b)$	
election in effect during the tax year? If "Yes," complete Schedule C, Part II	No

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5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III .	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D</i> ,Part I 😼	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🗐	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 🗐	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> ¹	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 🗐	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 3	11b		No
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🗐	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🔞	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🗐	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🗐	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 😼	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🗐	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
		F	orm 99	0 (2022)

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Form 990 (2022) Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 22 No column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's No current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 23 complete Schedule J • . . . 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 253 No

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b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? \ldots .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🧐	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Pa				0
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 38		185	NU
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . 1b	1		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
		_		0 (2022)
				,)
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Form	990 (2022)			Page 5
	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			

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	14	ļ		-
b	If at least one is reported on line 2a, did the organization file all required federal employ	ment i	tax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the	e year?	· · · ·	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation	in Sch	edule O	3b	Yes	

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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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	50 5c		
	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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	0.5		
а	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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	-		NL
£		7e 7f		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of gualified intellectual property, did the organization file Form 8899 as	71		No
g	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> .	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?	15		No
16	If "Yes," see the instructions and file Form 4720, Schedule N. 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		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.		orm 00	0 (2022

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	lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	r		
50	Check if Schedule O contains a response or note to any line in this Part VI	• •	• •	
30	ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 30			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N
		9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenue	-	e.)	NO
Se		-	e.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates? .	-		
10a b	Did the organization have local chapters, branches, or affiliates?	e Code		No
10a b	Ction B. Policies (<i>This Section B requests information about policies not required by the Internal Revenue</i> Did the organization have local chapters, branches, or affiliates?	e Code 10a		No
10a b 11a	Cition B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e Code 10a 10b	Yes	No
10a b 11a b	Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	e Code 10a 10b	Yes	No
10a b 11a b 12a	Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10a 10b 11a	Yes	No
10a b 11a b 12a b	Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	10a 10b 11a 12a	Yes	No
10a b 11a b 12a b c	Image: Construction B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b c 13	Action B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	10a 10b 11a 12a 12b 12c	Yes Yes Yes Yes	No
10a b 11a b 12a b c 13	Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy?	e Code 10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Action B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written operation and destruction policy? Did the organization regularly and consistently monitor and destruction policy? Did the organization have a written objective policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	e Code 10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
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10a b 11a b 12a c 13 14 15 a	Internal Revenue Did the organization have local chapters, branches, or affiliates? Image: Construct of the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written occument retention and destruction policy? Did the organization have a written occument retention and destruction policy? Did the organization have a written occument retention and destruction policy? Did the organization have a written document retention and destruction policy? Did the organization have a written document retention and destruction policy? Did t	e Code 10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a c 13 14 15 a b	Action B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization have a written whistleblower policy? Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . Other officers or key employees of the organization .	e Code 10a 10b 11a 12a 12b 12c 13 14 15a	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a c 13 14 15 a b 16a	Cition B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates?	e Code 10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b 13 14 15 a b 16a b	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization negularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written monomore the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 	e Code 10a 10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes	No

Section 6104 requires an organization to make its Form 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. 18

Describe in 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. 19

State the name, address, and telephone number of the person who possesses the organization's books and records: DANIELLE DEL SOL 923 TCHOUPITOULAS ST NEW ORLEANS, LA 70130 (504) 636-3064 20

Form 990 (2022)

Employees, Highest Componented Employees

Page 7

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

Section A. Onicers, 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, or 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.

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

(A) Name and title	(B) Average hours per week (list any hours	one of	(C) ition (do not ch box, unless pe ficer and a dire	neck ersoi ectoi	n is	both a	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	compensation from the organization and related organizations
(1) ASHLEY HARRISON	1.00	х						0	0	0
BOARD MEMBER										
(2) ASHLEY KING BOARD MEMBER		х						0	0	0
(3) AULSTON TAYLOR BOARD MEMBER AT LARGE	1.00	x		x				0	0	0
(4) BARBARA LACEN-KELLER BOARD MEMBER	1.00	х						0	0	0
(5) BEN DUPUY BOARD MEMBER	1.00	x						0	0	0
(6) CARLING L DINKLER IV BOARD MEMBER AT LARGE	1.00	х		x				0	0	0
(7) CHARLES URSTADT VICE PRESIDENT	1.00	x		x				0	0	0
(8) CHRIS KORNMAN BOARD MEMBER AT LARGE	1.00	x		x				0	0	0
(9) CLAY COLTON BOARD MEMBER AT LARGE	1.00	x		x				0	0	0
(10) DANIEL ZANGARA BOARD MEMBER	1.00	x						0	0	0
(11) DAVID GALLO JR BOARD MEMBER	1.00	x						0	0	0
(12) HARTLEY M CRUNK	1.00	x		x				0	0	0
TREASURER										
(13) JEREMY HEAD		x						0	0	0
BOARD MEMBER										
(14) JESSIE HAYNES	1.00				_					

11/19/24, 12:37 PM	Preservation Alli	ance Of	New Orleans Inc	corp	orat	ed - F	ull F	Filing- Nonprofit I	Explorer - ProPut	olica
SECRETARY		x		х				0	0	
(15) KATIE WITRY	1	.00 X		х				0	0	
PRESIDENT								_		
(16) LAURA CARLISLE BOARD MEMBER		.00 X						0	0	
(17) LESLIE P BOUIE	1	.00 X		х				0	0	
EX-OFFICIO		Â		~					0	

- Page 8

Form 990 (2022)

Page **8**

Form 990 (2022)

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for related pelow dotted line) Y at set Institutional functional	nated unt of ner	(F) Estimate amount other compensat	(E) Reportable compensation from related organizations	(D) Reportable compensation from the organization	n	ooth a stee)	n is l r/tru	neck erso ecto	(C) ition (do not ch box, unless pe fficer and a dire	one off	(B) Average hours per week (list any hours	(A) Name and title		
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THEF ADMINISTRATIVE OFFICER	8,958	1	n	110.676			1	x			I			
	5,550		Ű	110,070				Ê						
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)	18,529													

1/19/ 2	/24, 12:37 PM Preserv Total number of individuals (including but not		lew Orleans Incorpo sted above) who red		5		ProΡι	ıblica	
	of reportable compensation from the organiza	ation 🕨 2						Yes	No
3	Did the organization list any former officer, d line 1a? If "Yes," complete Schedule J for suc			ighest com	pensated e	mployee on	3		No
4	For any individual listed on line 1a, is the sum organization and related organizations greate individual					the	4		No
5	Did any person listed on line 1a receive or acc services rendered to the organization?If "Yes,		•	-			5		No
S 1	ection B. Independent Contractors Complete this table for your five highest comp						pens	ation	
	from the organization. Report compensation f (A) Name and busine		ar ending with or w	ithin the or		s tax year. (B) ption of services		(C Comper	
					Deser			comper	
							_		
	Total number of independent contractors (includ	ling but not limited	d to those listed abo	ve) who re	ceived mo	re than \$100,000) of		
	compensation from the organization \blacktriangleright 0							Form 99	0 (2022
			Page 9 ———						
Forn	990 (2022)								Page
Pa	art VIII Statement of Revenue Check if Schedule O contains a respo	onse or note to any	y line in this Part VII						
			(A) Total revenue	(B Relate exer func reve	ed or npt tion	(C) Unrelated business revenue		(D) Rever excluded x under s 512 -	nue 1 from section:
conti Gifte and Simi Afric d e f	Image: state of the state	798,186 Business Code				107.0	00		
đ	2a ADVERTISING REVENUE	541800	107,000			107,0	00		
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Preservation Alliance Of New Orleans Incorporated - Full Filing- Nonprofit Explorer - ProPublica

r All other program s	servi	ce revenue.	1 1		U	· · ·	
9 Total. Add lines 2	a-2f		107,000			1	
3 Investment income similar amounts) .			nterest, and other	199,408			199,408
4 Income from investr	ment	t of tax-exempt bo	ond proceeds				
5 Royalties	•						
		(i) Real	(ii) Personal				
6a Gross rents	6a	47,55	0				
 b Less: rental expenses 	6b	-77,55	0				
c Rental income or (loss)	6c	47,55	0				
d Net rental income	or (l	loss)	· · · •	47,550			47,550
1		(i) Securities	(ii) Other				
7a Gross amount from sales of assets other than inventory	7a	658,18	1				
Gain or (loss) d Net gain or (loss)	7b	682,41	2				
Gain or (loss)	7c	-24,23	1				
d Net gain or (loss)			· · · ▶	-24,231			-24,231
	l on li • Ses	166,860 of ne 1c). * 8a . . . 8b	221,391 264,307	-42,916			-42,916
	5) 110		ents	12,510			12,510
9a Gross income from g See Part IV, line 19	•	9a					
b Less: direct expense							
c Net income or (loss	5) 110	om gaming activit	les				
10a Gross sales of inverse returns and alloward	nces	· · 10a					
b Less: cost of goods							
C Net income or (loss	s) fro	om sales of invent	ory Business Code				
11aMISCELLANEOUS	REVE	ENUE	900099	76,731			76,731
b							
Other Revenue MiscAmt							
d All other revenue							
e Total. Add lines 11			· · ►	76,731			
12 Total revenue. Se	e in	structions	•	1,161,728	0	107,000	256 542
				1,101,/28	0	107,000	256,542

Form **990** (2022)

Page 10 ------

Form 990 ((2022)				Page 10
Part IX	Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must	complete all columns	a. All other organizati	ons must complete c	olumn (A).
	Check if Schedule O contains a response or note to a	ny line in this Part IX			🗆
	clude amounts reported on lines 6b, o, and 10b of Part VIII.	(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	257,149	137,843	119,306	
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	481,849	334,139	147,710	
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	107,607	67,621	39,986	
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
Ċ	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	28,559		28,559	
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	44,509	8,627	35,882	
12	Advertising and promotion	13,262	13,262		
13	Office expenses	36,310	17,708	18,602	
14	Information technology	35,526	4,094	31,432	
15	Royalties				
16	Occupancy				
17	Travel	58,546	56,202	2,344	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	199		199	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	90,360		90,360	
23	Insurance	82,968	100	82,868	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a POSTAGE AND PRINTING	82,952	79,078	3,874	
	b CONSTRUCTION	60,243	60,243		
	c UTILITIES	50,853	1,628	49,225	
	d CONTRACT LABOR	46,114	17,475	28,639	
	e All other expenses	87,654	59,655	27,999	
25	Total functional expenses. Add lines 1 through 24e	1,564,660	857,675	706,985	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here 🕨 🗌 if following SOP 98-2 (ASC 958-720).				

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		Check if Schedule O contains a response or note to	any line in this Part IX .			🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		2,280,712	1	1,922,810
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	F	12,000	3	2,500
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or for trustee, key employee, creator or founder, substant controlled entity or family member of any of these	tial contributor, or 35%		5	
	6	Loans and other receivables from other disqualified section $4958(f)(1)$, and persons described in section			6	
ŝ	7	Notes and loans receivable, net		233,069	7	76,225
ssets	8	Inventories for sale or use		1,807	8	7,184
SS	9	Prepaid expenses and deferred charges	F	95,796	9	122,454
A	10a	Land, buildings, and equipment: cost or other	Da 2,274,147		_	
	b	Less: accumulated depreciation 10	Db 1,877,350	358,783	10c	396,797
	11	Investments—publicly traded securities		4,829,199	11	5,330,984
	12	Investments—other securities. See Part IV, line 11	ト		12	
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11	🖿		15	
	16	Total assets. Add lines 1 through 15 (must equal		7,811,366	16	7,858,954
	17	Accounts payable and accrued expenses		55,577	17	66,763
	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	
Liabilities	22	Loans and other payables to any current or former employee, creator or founder, substantial contributo or family member of any of these persons	officer, director, trustee, key			
<u>.</u>					22	
	23	Secured mortgages and notes payable to unrelated	· · –		23	101.000
	24	Unsecured notes and loans payable to unrelated thi	· · –	0	24	101,933
	25	Other liabilities (including federal income tax, payal and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	bles to related third parties,	4,325	25	0
	26	Total liabilities. Add lines 17 through 25		59,902	26	168,696
Fund Balances	27	Organizations that follow FASB ASC 958, check complete lines 27, 28, 32, and 33. Net assets without donor restrictions	k here 🕨 🗹 and	6,447,487	27	6,297,378
Ba	28	Net assets with donor restrictions		1,303,977	28	1,392,880
믿				.,,		.,,
or Fur	29	Organizations that do not follow FASB ASC 95 complete lines 29 through 33. Capital stock or trust principal, or current funds	8, check here 🕨 └ and		29	
			mont fund		-	
set	30	Paid-in or capital surplus, or land, building or equip			30	
Assets	31	Retained earnings, endowment, accumulated incom	ie, or other funds	7 754 404	31	7 000 050
Net	32	Total net assets or fund balances	· · · · · · ·	7,751,464	32	7,690,258
z	33	Total liabilities and net assets/fund balances		7,811,366	33	7,858,954

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— Page 12 — Form 990 (2022) Page 12 Part XI **Reconcilliation of Net Assets** \Box Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 1 1,161,728 . . 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,564,660 . 3 -402,932 3 . https://projects.propublica.org/nonprofits/organizations/720760857/202431359349305098/full

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4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		7	,751,464
5	Net unrealized gains (losses) on investments	5			341,726
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		7	,690,258
Par	TXII 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: Cash Accrual 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?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:	on a			
	□ Separate basis □ Consolidated basis □ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			_
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Ur Guidance, 2 C.F.R. Part 200, Subpart F?	niform	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ired	Зb		
			F	orm 99	0 (2022)

Form 990 (2022)

Additional Data

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Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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or	n 990)		Сог		Charity Statu organization is a sect 4947(a)(1) nonexe	ion 501(c)(3)	organization or		OMB No. 1545-0047
	artment of the Treasury Attach to Form 990 or Form 990-EZ. nal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.				ormation.	Open to Public Inspection			
		he organiza	tion DF NEW ORLEA	NS IN				Employer identifi	
-			-					72-0760857	
	rt I organiz				e it is: (For lines 1 thro			See instructions.	
		A church, o	convention of	f churches, or a	ssociation of churches	described in se	ction 170(b)(1)	(A)(i).	
2		A school de	escribed in s	ection 170(b)	(1)(A)(ii). (Attach Sch	nedule E (Form	990).)		
3		A hospital	or a cooperat	tive hospital ser	vice organization desc	ribed in sectior	170(b)(1)(A)(iii).	
ŀ		A medical name, city		anization operat	ted in conjunction with	a hospital desc	ribed in section :	L70(b)(1)(A)(iii).	Enter the hospital's
5				ed for the benef omplete Part II.	it of a college or univer)	rsity owned or o	operated by a gov	ernmental unit descr	ibed in section
5		A federal,	state, or loca	l government o	r governmental unit de	scribed in sect	ion 170(b)(1)(A)(v).	
7	\checkmark			rmally receives (vi). (Complete	a substantial part of it e Part II.)	s support from	a governmental u	nit or from the gene	ral public described in
3					n 170(b)(1)(A)(vi).	(Complete Part	II.)		
•		An agricult	ural research	n organization d	escribed in 170(b)(1) See instructions. Enter	(A)(ix) operat	ed in conjunction	with a land-grant co	lege or university or a
)		An organiz from activi investment	ation that no ties related t : income and	rmally receives o its exempt fui unrelated busir	: (1) more than 331/3% nctions—subject to cer ness taxable income (le omplete Part III.)	of its support tain exceptions,	from contribution and (2) no more	s, membership fees, than 33 1/3% of its s	support from gross
L		An organiz	ation organiz	ed and operate	d exclusively to test fo	r public safety.	See section 509	(a)(4).	
2		more publi	cly supported	d organizations	d exclusively for the be described in section 5 is the type of supportin	09(a)(1) or se	ection 509(a)(2). See section 509(
a		organizatio	n(s) the pow	rganization oper ver to regularly c tions A and B	rated, supervised, or co appoint or elect a majo	ontrolled by its prity of the dired	supported organiz ctors or trustees o	zation(s), typically by of the supporting org	y giving the supported anization. You must
b		Type II. A manageme	supporting on the sup	organization sup	pervised or controlled i ation vested in the sar				
с		Type III f	unctionally	integrated. A	supporting organizatio tions). You must com				ated with, its
1		Type III I functionall	on-function	nally integrate The organization	ed. A supporting organization generally must satis	ization operated fy a distribution	l in connection wi requirement and	th its supported orga	
9		Check this	box if the or	ganization recei	rt IV, Sections A and ived a written determir integrated supporting	nation from the		pe I, Type II, Type II	I functionally
f								· · · · · · · · · <u>–</u>	
9		Vame of sup Vame of sup organizatio	ported	(ii) EIN	upported organization((iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the or	ganization listed ning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
				-					
ota	I								
r F	Paperv	work Reduc or 990-EZ.	tion Act No	tice, see the I	nstructions for	Cat. No. 1128	35F	Schedule	A (Form 990) 2022
					Pa	ge 2			
he	dule A	(Form 990)	2022						Page 2
Pa	rt II	(Compl	ete only if y	ou checked t	zations Described he box on line 5, 7,	or 8 of Part I	or if the organi	zation failed to qu	1)(A)(vi)
Se	ction	If the o A. Public		railed to qua	lify under the tests l	istea below, p	piease complete	Part III.)	
عاد	ndar	VAST		1	I s/720760857/20243135	1	I	I	I

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(or fiscal year	beginning in) 🕨	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants membership	s, contributions, and b fees received. (Do not "unusual grant.")	1,995,000	2,079,346	874,415	1,311,308	798,186	7,058,255
2 Tax revenue	es levied for the						
	's benefit and either paid ded on its behalf.						
3 The value of furnished by	f services or facilities a governmental unit to						
	ation without charge lines 1 through 3	1,995,000	2,079,346	874,415	1,311,308	798,186	7,058,255
each person government supported o line 1 that e	of total contributions by (other than a al unit or publicly rganization) included on exceeds 2% of the wn on line 11, column (f)						798,382
6 Public suppline 4.	port. Subtract line 5 from						6,259,873
	Total Support					l	L
Calendar year		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	beginning in) rom line 4.	1,995,000	2,079,346	874,415		798,186	7,058,255
dividends, securities l	me from interest, payments received on loans, rents, royalties and	53,862	68,192	98,693	211,349	199,408	631,504
9 Net income activities,	m similar sources e from unrelated business whether or not the s regularly carried on						
10 Other incom or loss from	me. Do not include gain m the sale of capital plain in Part VI.).		200,985	88,502	146,086	76,731	512,304
11 Total sup 10	port. Add lines 7 through						8,202,063
12 Gross recei	pts from related activities, e	etc. (see instructio	ons)			12	
13 First 5 yea	ITS. If the Form 990 is for th	ne organization's f	first, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	d stop here					▶□	
	Computation of Public			(6)			
	ort percentage for 2022 (lin ort percentage for 2021 Sch					14	76.320 %
	upport test—2022. If the					15	75.940 %
and stop h b 33 1/3% s box and st 17a 10%-facts and if the o	ere. The organization qualit support test-2021. If the top here. The organization s-and-circumstances test rganization meets the "fact	fies as a publicly s organization did qualifies as a pub — 2022. If the org s-and-circumstan	supported organiza not check a box o licly supported org ganization did not ces" test, check th	ation . n line 13 or 16a, a ganization . check a box on lir is box and stop h	nd line 15 is 33 1/ ne 13, 16a, or 16b ere. Explain in Pa	3% or more, check 	► k this ► % or more, anization
b 10%-fact	'facts-and-circumstances" to s-and-circumstances tes if the organization meets th	t—2021. If the o	rganization did no	t check a box on li	ne 13, 16a, 16b, (or 17a, and line 15	5 is 10% or
	"facts-and-circumstances" undation. If the organization						
instructions							► 🗌 Form 990) 2022
						Schedule A (I	Form 990) 2022
			Page 3				
			Page 3				
Schedule A (For	m 990) 2022						Page 3
Part III	Support Schedule fo					d to qualify used	
	(Complete only if you the organization fails the second se						ei Pail II. II
	Public Support				-		
Calendar year		(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total

Calendar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
(or fiscal year beginning in)						
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the						

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	to or expended on its behalf			1	1 1			
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
b	3 received from disqualified persons Amounts included on lines 2 and 3							
	received from other than disqualified							
	persons that exceed the greater of \$5,000 or 1% of the amount on line							
	13 for the year.							
	Add lines 7a and 7b.							
8	Public support. (Subtract line 7c from line 6.)							
Se	ection B. Total Support				11			
	endar year	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Tota	
-	fiscal year beginning in) 🕨	(a) 2010	(b) 2019	(c) 2020	(u) 2021	(e) 2022	(1) 10ta	
9 10a	Amounts from line 6 Gross income from interest,							
10a	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources.							
b	Unrelated business taxable income							
-	(less section 511 taxes) from							
	businesses acquired after June 30, 1975.							
с	Add lines 10a and 10b.							
11	Net income from unrelated business							
	activities not included on line 10b, whether or not the business is						1	
	regularly carried on.						_	
12	Other income. Do not include gain or loss from the sale of capital assets							
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.).							
14	First 5 years. If the Form 990 is for t	he organization's	first, second, thir	d, fourth, or fifth	tax year as a section	n 501(c)(3) org	anization,	check
	this box and stop here							\blacktriangleright
Se	ction C. Computation of Public	Support Perce	entage					
15	Public support percentage for 2022 (li					15		
16	Public support percentage from 2021	Schedule A, Part I	II, line 15			16		
-	ction D. Computation of Invest			1: 12 L (
17	Investment income percentage for 20	22 (line 10c, colu	mn (r) aividea by			17		
		021 Cohodulo A	Dart III line 17					
18	Investment income percentage from 2					18	o 17 io no	
18	33 1/3% support tests-2022. If the	organization did r	not check the box	on line 14, and li	ne 15 is more than 3	33 1/3%, and lir	_	:
18 19a	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and	organization did r I stop here. The	not check the box organization qual	on line 14, and li ifies as a publicly	ne 15 is more than supported organizat	33 1/3%, and lir	► 🗆	
18 19a	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	organization did r I stop here. The e organization did	not check the box organization qual not check a box	on line 14, and li ifies as a publicly on line 14 or line	ne 15 is more than 3 supported organizat 19a, and line 16 is r	33 1/3%, and lir tion more than 33 1/	► □ 3% and lin	
18 19a	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	organization did r d stop here. The e organization did a and stop here.	not check the box organization qual not check a box The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more than supported organizat 19a, and line 16 is r licly supported organ	33 1/3%, and lir tion more than 33 1/ nization	► □ 3% and lin ► □	
18 19a b	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the	organization did r d stop here. The e organization did a and stop here.	not check the box organization qual not check a box The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more than supported organizat 19a, and line 16 is r licly supported organ	33 1/3%, and lir tion more than 33 1/ nization	► □ 3% and lin ► □ ► □	e 18 is
18 19a b	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	organization did r d stop here. The e organization did a and stop here.	not check the box organization qual not check a box The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ	ne 15 is more than supported organizat 19a, and line 16 is r licly supported organ	tion more than 33 1/ nization	► □ 3% and lin ► □ ► □	e 18 is
18 19a b	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	organization did r d stop here. The e organization did a and stop here.	not check the box organization qual not check a box The organization	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, checl	ne 15 is more than supported organizat 19a, and line 16 is r licly supported organ	tion more than 33 1/ nization	► □ 3% and lin ► □ ► □	e 18 is
18 19a b	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box	organization did r d stop here. The e organization did a and stop here.	not check the box organization qual not check a box The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, checl	ne 15 is more than supported organizat 19a, and line 16 is r licly supported organ	tion more than 33 1/ nization	► □ 3% and lin ► □ ► □	e 18 is
18 19a b 20	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	organization did r d stop here. The e organization did a and stop here.	not check the box organization qual not check a box The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, checl	ne 15 is more than supported organizat 19a, and line 16 is r licly supported organ	tion more than 33 1/ nization	► □ 3% and lin ► □ ► □	e 18 is) 2022
18 19a b 20 Schee	33 1/3% support tests-2022. If the more than 33 1/3%, check this box and 33 1/3% support tests—2021. If the not more than 33 1/3%, check this box Private foundation. If the organization	organization did r d stop here. The e organization did and stop here. on did not check a	not check the box organization qual not check a box The organization a box on line 14,	on line 14, and li ifies as a publicly on line 14 or line qualifies as a publ 19a, or 19b, checl	ne 15 is more than supported organizat 19a, and line 16 is r licly supported organ	tion more than 33 1/ nization	► □ 3% and lin ► □ ► □	e 18 is
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c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?

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	If res, explain in Part VI what controls the organization put in place to ensure such use.	3c	1	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	_		
		4a		
b	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or			
	supervised by or in connection with its supported organizations.	4b		
с	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by	5a		
	amendment to the organizing document).	Ja		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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</i> " <i>Yes</i> ," <i>provide detail in</i> Part VI .			
		6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
		7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	_		
_		8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"			
	provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting			
	organization had an interest? If "Yes," provide detail in Part VI.	9b		
с	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets			
	in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.			
	answer line 100 below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether			
the organization had excess business holdings).				

Schedule A (Form 990) 2022

Page 5

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Schedule A (Form 990) 2022

Par	t IV Supporting Organizations (continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the						
	governing body of a supported organization?	11a					
b	A family member of a person described on 11a above?	11b					
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part 11c VI .							
Se	Section B. Type I Supporting Organizations						

			Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization(s) that operated, supervised or controlled the supporting organization(s) that operated, supervised or controlled the supporting organization.			

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of

https://projects.propublica.org/nonprofits/organizations/720760857/202431359349305098/full

Yes

No

1

Preservation Alliance Of New Orleans Incorporated - Full Filing- Nonprofit Explorer - ProPublica

each of the organization's supported organization(s)? If "No," describe in Part VI now control or management of the		1
supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

	Se	ection D. All Type III Supporting Organizations
•	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the
		Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing
		documents in effect on the date of notification, to the extent not previously provided?

2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the
	organization maintained a close and continuous working relationship with the supported organization(s).

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

Section E. Type III Functionally-Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- **a** The organization satisfied the Activities Test. Complete **line 2** below.
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)

2 Activities Test. Answer lines 2a and 2b below.

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

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI.** the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes

Yes

No

Page 6

1

2

3

No

Page 6

Schedule A (Form 990) 2022

Part 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 \Box instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d

e Discount claimed for blockage or other factors

11/19/24, 12:37 PM

Preservation Alliance Of New Orleans Incorporated - Full Filing- Nonprofit Explorer - ProPublica

	(explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
	Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-i instructions)	integrat	ted Type III supporting organization (see

Schedule A (Form 990) 2022

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Schedule A (Form 990) 2022

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1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022: a From 2017 b From 2018 c From 2019 d From 2020 e From 2021 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: \$ a a Applied to underdistributions of prior years	Part V Type III Non-Functionally Integrated	d 509(a)(3) Supporting	Organizations (co	ntinued)
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 10 10 Line 8 amount divided by Line 9 amount 10 10 Line 8 amount divided by Line 9 amount 10 9 Distribution Allocations (i) (ii) Distributions Pre-2022 10 Line 8 amount for 2022 from Section C, line 6 10 10 10 Lines 3 attrouctions) Inceres 10 Inceres 10 11 Excess Distributions arroy over, if any, for years prior to 2022, reasonable cause required - explai	Section D - Distributions				Current Year
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions 8 9 Distribution functions 10 (ii) 10 Line 8 amount divided by Line 9 amount 10 (iii) 10 Excess Distributions (iii) (iiii) (iiii) 10 Line 8 amount divided by Line 9 amount 10 (iii) (iiii) (iiii) 10 Line 8 amount for 2022 from Section C, line 6 10 Inderdistributions Distributable amount for 2022 from Section C, line	1 Amounts paid to supported organizations to accomplish	exempt purposes		1	
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dFrom 2020.Image: Constraint of the second se					
eFrom 2021.Image: Constraint of the second se	c From 2019 				
f Total of lines 3a through eImage: Second Seco	d From 2020				
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	a Applied to underdistributions of prior years				
\mathbf{D} ADDRED TO ZUZZ UISTUDUTADIE ATTOUT	b Applied to 2022 distributable amount			İ	

		Schedule A (Form 990) (2022)
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	Page 8	Page 8

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

Facts And Circumstances Test

Explanation

Return Reference

Schedule A (Form 990) 2022

Additional Data

Software ID: Software Version:

https://projects.propublica.org/nonprofits/organizations/720760857/202431359349305098/full

Return to Form

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Schedule B	Schedule of Contributors	Schedule of Contributors				
(Form 990) ► Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service ► Go to <u>www.irs.gov/Form990</u> for the latest information.						
Name of the organization PRESERVATION ALLIANC		Employer id	entification number			
		72-0760857				
Organization type (ch	eck one):					
Filers of:	Section:					
Form 990 or 990-EZ	□ 501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private found	lation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundatio	n				
	\Box 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 other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2022)
Page	2	

Schedule B (Form 990) (2022)

Employer identification number

Part I

FRESERVATION ALLIANCE OF NEW ORLEANS IN 12-0100001

Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	· · · · · · · · · · · · · · · · · · ·	\$ RESTRICTED	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	 Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

— Page 3 -

Schedule I	B (Form 990) (2022)		Page 3	
Name of or PRESERVAT	ganization ION ALLIANCE OF NEW ORLEANS IN	Employer identification number 72-0760857		
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) (See instructions)	(d) Date received	

11/19/24, 12:	37 PM Preservation A	Iliance Of New Orleans Incorporated	- Full Filing	g- Nonprofit Explor	er - ProPublica				
-				\$					
(a)				(C)					
No. from Part I	(b) Description of noncash	property given		or estimate)	(d) Date received				
-			\$						
(a)				(C)	<i>i</i> n				
No. from Part I	(b) Description of noncash	property given		or estimate) nstructions)	(d) Date received				
-				\$					
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received				
-				\$					
(a) No. from Part I	(b) Description of noncash	property given		(C) or estimate) nstructions)	(d) Date received				
				\$					
-				Ψ					
(a) No. from Part I	(b) Description of noncash	(b) Description of noncash property given							
-				\$					
					Schedule B (Form 990) (2022)				
		Page 4							
Schedule E	3 (Form 990) (2022)				Page 4				
	ganization ION ALLIANCE OF NEW ORLEANS IN			Employer iden	tification number				
				72-0760857					
	Exclusively religious, charitable, etc., con than \$1,000 for the year from any one con organizations completing Part III, enter the year. (Enter this information once. See ins Use duplicate copies of Part III if additional sp	tributor. Complete columns (a) the e total of <i>exclusively</i> religious, ch structions.)► \$	rough (e)	and the following	g line entry. For				
(a) No. from Part I	lo. from (b) Purpose of gift (c) Use of gift			(d) Descrip	otion of how gift is held				
_									
F	(e) Transfer of gift								
┝	Transferee's name, address, and	ZIP 4 R	elationshi	p of transferor to	transferee				
(a) No. from Part I	(b) Purpose of gift	c) Use of gift	(d) Description of how gift is						

(e) Transfer of gift

(a) No from (n) lles of nift (h) Purnnen of aift https://projects.propublica.org/nonprofits/organizations/720760857/202431359349305098/full

Transferee's name, address, and ZIP 4

Relationship of transferor to transferee

11/19/24, 12:37 PI	M Preservation Allia	ance Of New Orleans Incorporated - Full	Filing- Nonprofit Explorer - ProPublica
Part I	(8) - 6-6000 - 9-10	(0) 000 0i giit	(u) 2000 pilon or non girt io non
. =			
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZI	(e) Transfer of gift P 4 Relatio	onship of transferor to transferee
			Schedule B (Form 990) (2022)

Additional Data

Return to Form

Software ID: Software Version:

efi	le Public Visua	al Render	ObjectId: 2024313	59349305098 - Submission:	: 2024-05-1	.4	TIN: 72-0760857
SCI	HEDULE D		Supplemen	tal Financial Stateme	onte		OMB No. 1545-0047
(For	m 990)						2022
				ganization answered "Yes," on F L0, 11a, 11b, 11c, 11d, 11e, 11f,			ZUZZ
	ment of the Treasury	_		Attach to Form 990.			Open to Public
	al Revenue Service me of the organ	-	o to <u>www.irs.gov/Form</u>	1990 for instructions and the late			Inspection ification number
	SERVATION ALLIANCE		ANS IN				incation number
De	rt I Organi	nationa Mai	ntaining Danas Advi	sed Funds or Other Similar F		0760857	
Pd				s" on Form 990, Part IV, line 6.	unus of Ac	counts.	
	·			(a) Donor advised funds		(b) Funds a	nd other accounts
1	Total number at	end of year .					
2			ns to (during year)				
3	Aggregate value	-					
4		•	•••••			<u> </u>	
5				rs in writing that the assets held in clusive legal control?		funds are the	e 🗌 Yes 🗌 No
6	Did the organiza	ation inform al	grantees, donors, and do	onor advisors in writing that grant fu	nds can be us	ed only for	
•	charitable purpo	oses and not fo	or the benefit of the donor	or donor advisor, or for any other p	urpose conferi		sible
	•						🗌 Yes 🗌 No
Pa		vation Ease		s" on Form 990, Part IV, line 7.			
1				nization (check all that apply).			
	Preservation	on of land for p	oublic use (e.g., recreation	n or education) 🗹 Preservati	on of an histor	rically importa	ant land area
	Protection	of natural hab	itat	Preservati	on of a certifie	d historic str	ucture
	\square	on of open spa					
2				qualified conservation contribution i	n the form of a	a conservatio	n
	easement on th						he End of the Year
а	Total number of	conservation e	easements		2a		140
b	-						0.60
с				c structure included in (a)			138
d			ients included in (c) acqui National Register	ired after July 25, 2006, and not on	a 2d		2
3	Number of cons	ervation easer	nents modified, transferre	d, released, extinguished, or termin	ated by the or	ganization du	iring the
	tax year 🕨						
4	Number of state	es where prope	erty subject to conservation	n easement is located 🕨		1	
5				ne periodic monitoring, inspection, h	andling of viol	ations,	
	and enforcemen	it of the conse	rvation easements it holds	5?			Yes 🗌 No
6	Staff and volunt	eer hours dev 2100.00	oted to monitoring, inspec	ting, handling of violations, and enf	orcing conserv	ation easeme	ents during the year
7	Amount of expe	nses incurred 69,28		handling of violations, and enforcing	g conservation	easements d	uring the year
8				above satisfy the requirements of s		(4)(B)(i)	
	and section 170	(h)(4)(B)(ii)?			• •	~	Yes 🗌 No
9	balance sheet, a	and include, if		ervation easements in its revenue a footnote to the organization's finants.			es
Par				of Art, Historical Treasures,	or Other Si	milar Asse	ts.
1-				s" on Form 990, Part IV, line 8. C 958, not to report in its revenue s	statement and	halance shee	t works of art
1a	historical treasu Part XIII, the te	res, or other s xt of the footn	imilar assets held for pub ote to its financial statem	lic exhibition, education, or research ents that describes these items.	in furtherance	e of public se	rvice, provide, in
b		ires, or other s	imilar assets held for pub	SC 958, to report in its revenue state lic exhibition, education, or research			
((i) Revenue includ	led on Form 99	00, Part VIII, line 1			▶\$	
(i	ii)Assets included	in Form 990,	Part X			. ▶\$	
2				cal treasures, or other similar assets ASC 958 relating to these items:	for financial <u>c</u>	jain, provide	the
а	Revenue include	ed on Form 99), Part VIII, line 1			. ►\$	
b	Assets included	in Form 990, I	Part X			. ▶\$	
For I				ns for Form 990.			le D (Form 990) 2022

		F	Page 2							
Sche	dule D (Form 990) 2022									Page 2
Par	III Organizations Maintaining Co	llections of Art, I	listori	cal T	reasu	ires, o	r Other Similar A	Assets (conti	nued)	
3	Using the organization's acquisition, accession items (check all that apply):	on, and other records,	, check a	any of	the fo	llowing t	hat are a significant:	use of its coll	ection	
а	Public exhibition		d		Loan	or exch	ange programs			
b	Scholarly research		e		Othe	r				
с	Preservation for future generations									
4	Provide a description of the organization's co Part XIII.	llections and explain	how the	y furti	ner th	e organiz	zation's exempt purp	ose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than t							🗌 Yes		0
Par	t IV Escrow and Custodial Arrange Complete if the organization ans line 21.		m 990	, Part	IV, lii	ne 9, or	reported an amo	unt on Form	990,	Part X,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?							O		
								U Yes		0
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing	table:				Amount		_
с	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow	or cu	istodial a	account liability?	. 🗌 Yes		0
b	If "Yes," explain the arrangement in Part XII	I. Check here if the e	xplanati	on has	been	provide	d in Part XIII			
Ра	rt V Endowment Funds.					P	·····	• —		
	Complete if the organization ans									
•		(a) Current year	(b) P	rior yea	ar	(c) Two y	ears back (d) Three y	ears back (e)	Four yea	rs back
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses	-								
	Grants or scholarships									
	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, colu	mn (a)) held a	s:			
a	Board designated or quasi-endowment									
b	Permanent endowment									
С	Term endowment									
3a	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse		tion that	are h	eld an	d admin	istered for the			
	organization by:				cia ai	a aanni			Yes	No
	(i) Unrelated organizations			•				3a(i)		
	(ii) Related organizations			• •	•			3a(ii)		
b	If "Yes" on 3a(ii), are the related organizatio	•			?.	• •		. 3b		
4	Describe in Part XIII the intended uses of the	-	wment f	unds.						
Par	t VI Land, Buildings, and Equipme Complete if the organization ans		m 990	Part	TV li	ne 11a	See Form 990 Pa	art X line 10)	
	Description of property (a) Cost or of (investm	her basis (b) Cost	or other				umulated depreciation		ook value	2
1a	Land									
b	Buildings			1,9	12,023		1,625,996			286,027
с	Leasehold improvements									
d	Equipment			30	02,939		251,354			51,585
е	Other			!	59,185	T			-	59,185
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Part	X, colu	mn (B), line	10(c).)	🕨			396,797

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

Schedule D ((Form 990) 2022				Page 3
Part VII	Investments - Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV	line 11h See For	m 990 Part V	line 12
	(a) Description of security or category (including name of security)	(b) Book value	Cost	(c) Method of variation of variation of variation of the second s	aluation:
(1) Financia(2) Closely-(3)Other	I derivatives				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	٢			
Part VIII	···· · ·· · · · · · · · · · · · · · ·	D D /			
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV,	(b) Book value	(c) Met	hod of valuation:
(1)				Cost or end-	of-year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.)	•			
Part IX	Other Assets.				
	Complete if the organization answered 'Yes' on Form 990, P	Part IV, I	ine 11d. See For	m 990, Part X	
(1)	(a) Description				(b) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.)				

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. (a) Description of liability (b) Book value

(1) Federal income taxes https://projects.propublica.org/nonprofits/organizations/720760857/202431359349305098/full <u>\-/</u>

Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Page 4

Schedule D (Form 990) 2022

chedule D (Form	n 990) 2022					Page 4
	econciliation of Revenue per Auditect mplete if the organization answered 'Ye				eturn.	
L Total rever	ue, gains, and other support per audited fina	ncial statements	•		1	1,690,787
Amounts ir	ncluded on line 1 but not on Form 990, Part V	III, line 12:				
a Net unreal	zed gains (losses) on investments		2a	341,726		
b Donated se	ervices and use of facilities	[2b			
c Recoveries	of prior year grants	[2c			
d Other (Des	cribe in Part XIII.)	[2d	215,892		
e Add lines 2	!a through 2d				2e	557,618
Subtract li	ne 2e from line 1				3	1,133,169
Amounts ir	ncluded on Form 990, Part VIII, line 12, but n	ot on line 1 :				
a Investmen	t expenses not included on Form 990, Part VI	II, line 7b .	4a	28,559		
b Other (Des	cribe in Part XIII.)	[4b			
c Add lines 4	la and 4b				4c	28,559
Total rever	ue. Add lines 3 and 4c. (This must equal For	m 990, Part I, line 12.)			5	1,161,728
	conciliation of Expenses per Audite mplete if the organization answered 'Ye				Return.	
	nses and losses per audited financial statement				1	1,751,993
Amounts ir	ncluded on line 1 but not on Form 990, Part I	X, line 25:				
a Donated se	ervices and use of facilities		2a			
b Prior year	adjustments		2b			
c Other loss	es	[2c			
d Other (Des	cribe in Part XIII.)	[2d	215,892		
e Add lines 2	?a through 2d				2e	215,892
Subtract li	ne 2e from line 1				3	1,536,101
Amounts in	ncluded on Form 990, Part IX, line 25, but not	t on line 1:				
a Investmen	t expenses not included on Form 990, Part VI	II, line 7b 🔒 .	4a	28,559		
b Other (Des	cribe in Part XIII.)	[4b			
c Add lines 4	la and 4b				4c	28,559
Total expe	nses. Add lines 3 and 4c. (This must equal Fo	orm 990, Part I, line 18.)			5	1,564,660
Part XIII	Supplemental Information					
	criptions required for Part II, lines 3, 5, and 9 ; and Part XII, lines 2d and 4b. Also complete				V, line 4	; Part X, line 2; Part XI,
	Return Reference			Explanation		
ART II, LINE 5:	MON ANY WIT COM	NITORED ANNUALLY. THE VIOLATIONS OR MAINT H A COPY OF THE PROP IPLIANCE HE IS GIVEN A	E RES ENAN ERTY A PER	RVATION EASEMENTS: E JLTS ARE SENT IN WRITI CE ISSUES THAT WERE N OWNERS LEGAL AGREEM OD OF TIME TO ADDRES SUES ARE NOT MET TO O	NG WITH IOTED DU ENT. IF T S ANY AN	I PHOTOGRAPHS OUTLI JRING INSPECTION, AL HE OWNER IS NOT IN ND ALL REQUIREMENTS

PART II. LINE 9: CONSERVATION EASEMENT REVENUES ARE RECORDED AS FEES- SALES AND OTHER REVENUES

LEGAL ACTION.

11/19/24, 12:37 PM Prese	on Alliance Of New Orleans Incorporated - Full Filing- Nonprofit Explorer - ProPublica				
	AND RELATED EXPENSES ARE RECORDED AS PRESERVATION PROGRAM EXPENSES IN THE ORGANIZATION'S INCOME STATEMENT. CURRENTLY THERE IS NO NOTE TO THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES ITS ACCOUNTING FOR CONSERVATION EASEMENTS. IN THE FUTURE, CONSIDERATION WILL BE GIVEN TO INCLUDE AN EXPLANATION OF THE ACCOUNTING FOR SUCH EASEMENTS.				
PART X, LINE 2:	ACCOUNTING STANDARDS PROVIDE DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. IT REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL NOT BE SUSTAINED UPON EXAMINATION. AS OF JUNE 30, 2023, MANAGEMENT BELIEVES PRC HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PRC RECOGNIZES INTEREST AND PENALTIES, IF ANY, RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE. TAX YEARS ENDED JUNE 30, 2020 AND LATER REMAIN SUBJECT TO EXAMINATION BY THE TAXING AUTHORITIES.				
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 215,892.				
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES 215,892.				

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID: Software Version:

efile Public Visual Re	nder ObjectId	: 20243135	934930	5098 - Submission	: 2024-0	5-14	TIN: 72-0760857
SCHEDULE G	Sup	plement	al Info	ormation Rega	rdina		OMB No. 1545-0047
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or 19, or if the							2022
Department of the Treasury Internal Revenue Service		► Atta	ach to Form	n \$15,000 on Form 990-EZ, 990 or Form 990-EZ. instructions and the latest i			Open to Public Inspection
Name of the organization PRESERVATION ALLIANCE (OF NEW ORLEANS IN						entification number
Deut I. Fundaciaire						72-0760857	17
-	filers are not requi	-		answered "Yes" on F part.	orm 990,	, Part IV, line	17.
	•			ollowing activities. Check	all that a	pply.	
a 🗌 Mail solicitations			e	e 🗌 Solicitation of nor	n-governm	ient grants	
b 🗌 Internet and emai	l solicitations		f	Solicitation of gov	vernment g	grants	
c Phone solicitations	5		g	🛛 🗌 Special fundraisir	ig events		
d 🗌 In-person solicitat	ions						
				vidual (including officers			
				on with professional fund pursuant to agreements		U 1	res No Ser is
	least \$5,000 by the c		laraisersy				
(i) Name and address of in or entity (fundraiser		fundra cust	i) Did iser have cody or trol of	(iv) Gross receipts from activity	(or r fundra	nount paid to etained by) aiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			butions?				
		Tes	NO				
Total			•				
3 List all states in which t licensing.	he organization is regi	istered or licen	sed to soli	icit contributions or has	been notif	ied it is exempt	from registration or
For Paperwork Reduction Act	notice, see the Instru	CUONS TOP FORM			. 50083H	S	Schedule G (Form 990) 2022
Schedule G (Form 990) 202	2		—— Pa	ge 2			Page 2
Part II Fundraising than \$15,00	g Events. Complete 0 of fundraising eve	ent contribut		nswered "Yes" on For gross income on Forr			3, or reported more
gross receip	ts greater than \$5,0	000.					

11/19/	/24, 12:37 PM Pres	ervation Alliance Of New C	Prleans Incorporated - Full I	Filing- Nonprofit Explorer -	ProPublica
		(a) Event #1	(b) Event #2	(c)Other events	(d) Total events
		HOLIDAY HOME	JULIA JUMP	4	(add col. (a) through col. (c))
		TOUR (event type)	(event type)	(total number)	
		(event type)			
5					
Revenue					
eve					
Ä					
	1 Gross receipts	79,309	185,909	123,033	388,251
	2 Less: Contributions	43,250	84,900	38,710	166,860
	3 Gross income (line 1 minus line 2)	36,059	101,009	84,323	221,391
	4 Cash prizes . <td< td=""><td></td><td></td><td></td><td></td></td<>				
es					
ens	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
t	8 Entertainment				
Dire	9 Other direct expenses	71,353	37,282	155,672	264,307
	10 Direct expense summary. Add lines 4 t	hrough 9 in column (d)		►	264,307
	11 Net income summary. Subtract line 10	from line 3, column (d)		🕨	-42,916
Pai	t III Gaming. Complete if the orga		s" on Form 990, Part I	V, line 19, or reported	
	on Form 990-EZ, line 6a.			-	
ue		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.
Revenue		(4) 2	bingo/progressive bingo		(a) through col.(c))
Rey					
\$	1 Gross revenue				
JSei	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct E	4 Rent/facility costs				
Dir	5 Other direct expenses				
		☐ Yes %	☐ Yes %	☐ Yes%	
	6 Volunteer labor	□ No	□ No	□ No	
	7 Direct expense summary. Add lines 2 t	hrough 5 in column (d)		🕨	
	8 Net gaming income summary. Subtract	: line 7 from line 1, colum	n (d)		
_					
9 a	Enter the state(s) in which the organizati Is the organization licensed to conduct ga				

	Is the organization licensed to conduct gaming activities in each of these states?	Yes No
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:	
J		

Schedule G (Form 990) 2022

11/19/24, 12:37 PM

Sche	dule G (Form 990) 2022						I	Page 3				
11	Does the organization conduc	t gaming activities with nonmembers	s?			🗌 Yes						
12		beneficiary or trustee of a trust or a ole gaming?		ntity 		□ Yes	_					
13	Indicate the percentage of ga	ming activity conducted in:										
а	The organization's facility				13a			%				
b	An outside facility				13b			%				
14	Enter the name and address	of the person who prepares the orgar	nization's gaming/special events boo	ks and re	ecords:							
	Name 🕨 🛛											
15a	Does the organization have a	contract with a third party from who	m the organization receives gaming									
b	If "Yes," enter the amount of	gaming revenue received by the orgation \mathbb{R}^{2} s	anization 🕨 \$			U 163						
С	If "Yes," enter name and add	ress of the third party:										
	Name 🕨											
	Address 🕨											
16	Name 🕨											
	Description of services provided											
	Director/officer	Employee	Independent contract	or								
17 a	5	inder state law to make charitable dis	5 51	s to		🗌 Yes	🗆 No					
b	Enter the amount of distribut	ions required under state law distribu mpt activities during the tax year 🕨	ited to other exempt organizations o	r spent		∟ res						
Par		ormation. Provide the explanation, 15b, 15c, 16, and 17b, as appl						s.				
	Return Reference		Explanation									
				Sched	ule G (Fo	orm 990) 2	022					
Ac	ditional Data					Return	to Form	1				

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efil	e Public Visua	al Render Ob	jectId: 20	02431359349305098 -	Submission: 2024-0	5-14	TIN: 72-	0760	857		
-	IEDULE M		Ν	Ioncash Contri	hutions		OMB No. 1	.545-0	047		
(For	m 990)	► Complete if the ► Attach to Form	organizat	ions answered "Yes" on F		29 or 30.	20	22			
	Department of the Treasury Internal Revenue Service										
	e of the organizat	ion OF NEW ORLEANS IN				Employer iden	tification n	umbei	r		
PRESE		OF NEW ORLEANS IN				72-0760857					
Ра	rt I Types	of Property									
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determi contribution a		S		
2 3 4	Art—Works of ar Art—Historical tr Art—Fractional ir Books and public Clothing and hou goods Cars and other v	easures nterests cations usehold									
7 8	Boats and planes Intellectual prop										
	Securities—Publi	-	Х	2	7,78	6 NYSE					
10	Securities—Close Securities—Parti or trust interest	ely held stock . nership, LLC,									
	Securities—Misc Qualified conser contribution—H structures	vation istoric	X	1	100,00	0					
	Qualified conser- contribution—O	vation ther									
15 16	Real estate—Res Real estate—Cor										
17	Real estate—Oth										
	Collectibles .										
	Food inventory										
20 21	Drugs and medie Taxidermy .										
	Historical artifac										
	Scientific specim										
24	Archeological art										
25	Other ► (,									
26 27	Other ► (Other ► (
28	Other ► ()									
			he organiza	tion during the tax year for	contributions						
	for which the org	ganization completed	d Form 8283	3, Part IV, Donee Acknowled	gement	29					
								Yes	No		
30a	hold for at least	three years from th	e date of th	 contribution any property r ie initial contribution, and wh 	nich isn't required to be use	rough 28, that il ed for exempt	t must 30a		No		
b	If "Yes," describ	e the arrangement i	n Part II.				308		No		
31	Does the organi	ization have a gift a	cceptance p	olicy that requires the review	of any nonstandard contr	ibutions?	31		No		
32a	Does the organi contributions?	ization hire or use th	nird parties o	or related organizations to so	blicit, process, or sell nonca	ash • • • •	32a		No		
b 33	If "Yes," describ If the organizat describe in Part	ion didn't report an	amount in c	olumn (c) for a type of prop	erty for which column (a) i	s checked,					
For P	aperwork Reducti	on Act Notice, see the	e Instruction	is for Form 990.	Cat. No. 51227J	Sche	dule M (Form	990)	(2022)		
-				Page 2 -							

Schedule M (Form 990) (2022)

Page **2**

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
	Schedule M (Form 990) (2022)

Additional Data		

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Software ID:

Software Version:

efile Public	Visual	Render	Ob	jectId	: 2024	3135	93493	3050	098 -	- Sub	omiss	sion:	202	4-0 5	-14		-	TIN: 7	2-076	0857
SCHEDUL (Form 990) Department of the Trea Internal Revenue Serv	asury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.								OMB No. 1545-0047 2022 Open to Public Inspection									
Name of the org PRESERVATION AL			ANS IN												mploy 2-076(entifi	cation	numbe	r
Return Reference									Expl	anati	on									
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION WILL RECEIVE A COPY OF THE CURRENT FORM 990 AND IT WILL BE REVIEWED BY THE BOAF PRIOR TO ITS BEING FILED.									RD										
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION DOES MONITOR COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY AND ADDRESSES AND RESOLVES ISSUES THAT WOULD OCCUR, IF ANY.								AND											
FORM 990, PART VI, SECTION B, LINE 15	INVOLVED ANALYSIS OF COMPARABILITY DATA FOR SIMILAR POSITIONS IN THE AREA.																			
FORM 990, PART VI, SECTION C, LINE 19	POLICY AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.								ST											
For Paperwork Redu	ction Act N	otice, see the In	nstructi	ons for Fo	rm 990 or	990-EZ.			С	at. No	o. 510	56K						Schedul	e O (Form	990) 2022

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