

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

➤ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2012 Open to Public

	nai Revenue Serv							mapecaon
<u>A_</u>	For the 2012	calendar year, or tax year beginning 10	0/01/12	, and ending	12/31/	<u> 12</u>		
В	Check if applicable	C Name of organization New Orlean	s Recrea	tion Devel	Lopment		D Employ	er identification number
	Address change	Foundation	<u> </u>					
	Name change	Doing Business As						4513946
$\exists$	Initial return	Number and street (or P O box if mail is not delivere	d to street address	s)		Room/suite		one number
吕		P.O. Box 791509	<u>.</u>				504	-919-6059
$\sqcup$	Terminated	City, town or post office, state, and ZIP code						
	Amended return	New Orleans	LA 70	179		.,	G Gross rece	ipts\$ 1,611,210
П	Application pendin	F Name and address of principal officer				H(a) Is this a qu	roup return for a	ffiliates? Yes X No
		John W. Sibal				_	·	<b>a</b> . <b>a</b> .
		P.O. Box 791509				H(b) Are all af		
		New Orleans	<u>LA</u>	70179		If "No	o," attach a list	(see instructions)
1	Tax-exempt statu		(insert no )	4947(a)(1) or	527	_		
J	Website: ▶	N/A				H(c) Group ex		
K	Form of organizati	on X Corporation Trust Association	Other -		L	Year of formation 2	010	M State of legal domicile LA
_ F		Summary						
	1 Briefly	describe the organization's mission or most s	significant act	ıvıtıes				
•	See	e Schedule O						
ပို								
펼	1							
ᇤ	}							
Š	2 Check	this box   if the organization discontinue	ed its operatio	ns or disposed o	f more than 2	5% of its net as:	sets	
ত	3 Number	er of voting members of the governing body (	Part VI, line 1	a)			3	12
Se		er of independent voting members of the gove		•			4	12
Activities & Governance	1	number of individuals employed in calendar ye					5	2
cţi		number of volunteers (estimate if necessary)					6	12
⋖		unrelated business revenue from Part VIII, col	lump-(G)-line	CEIVED	1		7a	0
	ł.	related business taxable income from Form 9	1 6				7b	0
	b Net un	Telated business taxable income from Forms	m SEP	1 9 2013	<del>                                      </del>	Prior Ye		Current Year
	8 Contril	outions and grants (Part VIII, line 1h)	1 021	1 2 2013	808		3,776	1,607,322
iue	9 Progra	im service revenue (Part VIII, line 2g)			<u>č</u>			0
Revenue	10 Invest	ment income (Part VIII, column (A), lines 3, 4	and 7d)	がター			2,315	1,333
æ	10 investi			1110\	- `			2,555
	1	revenue (Part VIII, column (A), lines 5, 6d, 8d				1 31	6,091	1,611,210
	<del> </del>	evenue – add lines 8 through 11 (must equal					3,515	942,255
	1	s and similar amounts paid (Part IX, column (				21	3,313	942,233
	1	ts paid to or for members (Part IX, column (A		(4) 1		12	0,468	75,205
es	15 Salane	es, other compensation, employee benefits (F		n (A), lines 5–10)	٠.	12	0,400	
Expenses	16a Profes	sional fundraising fees (Part IX, column (A), I			•			0
ă	<b>b</b> Total f	undraising expenses (Part IX, column (D), lin	e 25) ▶		0		1 006	10 500
ш	17 Other	expenses (Part IX, column (A), lines 11a–11c					1,806	12,532
	18 Total e	expenses Add lines 13–17 (must equal Part I	X, column (A)	), line 25)			5,789	1,029,992
	19 Reven	ue less expenses Subtract line 18 from line	12				0,302	581,218
20.5	2					Beginning of Cu		End of Year
Net Assets or	20 Total a	assets (Part X, line 16)					0,560	2,319,280
Ž,	21 Total I	iabilities (Part X, line 26)					4,999	42,501
Z		sets or fund balances Subtract line 21 from I	line 20			1,69	<u>5,561</u>	2,276,779
E	Part II	Signature Block						
4	nder penalties	of perjury, I declare that I have examined this return	m, including ac	companying schedu	ules and statem	ents, and to the b	est of my kn	owledge and belief, it is
Į.	ие, correct, and	d complete Declaration of preparer (other than offi	icer) is based o	n all information of	which preparer	has any knowled	ge	
C		The Volubal					7	18/3
Si	ein /	Signature of officer		<u> </u>		<del></del>	Date	
Sig He	) I I	John W. Sibal			Chair	man		
		Type or print name and title				· <del>-</del>		
	9 Print/	Type preparer's name	Preparer's signa	ature		Date	Check	X if PTIN
Pai	_			-			3/13 self-em	— I
Š	⊃r	de J. Tervalon, Jr.	ON TTD	CDAG			· · · · · ·	72-0877929
	e Only		ON LLP				Firm's EIN ▶	12 0011323
US	e Offiny	4298 Elysian F						E01_201_0722
_			A 7012				Phone no	504-284-8733
		cuss this return with the preparer shown above		ictions)				X Yes No
For		eduction Act Notice, see the separate instruction	ons.					Form <b>990</b> (2012),
								6 1 ' 1 '

		reation Development	27-4513946		Page 2
		ervice Accomplishments	a della Danie III		X
	neck if Schedule O contained the organization's mission	ains a response to any question i	n this Part III		<u>.                                    </u>
Sèe Sch					
2 Did the orga	Roization undertake any signific	ant program services during the year wh	ich were not listed on the		
_	990 or 990-EZ?	an program convices caring the year this			Yes X No
If "Yes," des	scribe these new services on S	chedule O.		<u>-</u>	
_	anization cease conducting, or	make significant changes in how it condu	ucts, any program	_	
services?		into O		Ĺ	Yes X No
	scribe these changes on Sched	e accomplishments for each of its three	largest program services	as measured by	
	_	organizations are required to report the	-		
		each program service reported	·		
		040,055	040.055	· <del></del>	
4a (Code	) (Expenses \$	942,255 including grants of \$ n Orleans Parish red	942,255		)   TRACE OF
		ality recreational o			rpose or
Orleani			, pp = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
	·····				
4b (Code	) (Expenses \$	including grants of \$		) (Revenue \$	)
4c (Code	) (Expenses \$	including grants of \$		) (Revenue \$	)
		•			
4d Other progra	am services (Describe in Sche	dule O)			
(Expenses	•	including grants of \$	) (Revenue \$		
4e Total progr	am service expenses 🕨	942,255			···

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

	1 990 (2012) New Orleans Recreation Development 27-4513946		P	age 4
_ <u>Pa</u>	art IV Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		res	NO
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
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			1
	through 24d and complete Schedule K If "No," go to line 25	24a		X
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	İ		
	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?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?		ļ	
	If "Yes," complete Schedule L, Part I	25b	ļ	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			l
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	İ		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34	X	<del> </del>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<b></b>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	ļ	<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļ	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	1

Form **990** (2012)

19? Note. All Form 990 filers are required to complete Schedule O

Enser the number reported in Box 3 of Form 1086 Enter -0- if not applicable   1e   0   1e   1e   0   1e   1e   0   1e   1e		Check if Schedule O contains a response to any question in this Part V							
be Eiter the number of Forms W.2G included in line 1a. Enter -0-1 not applicable De Del the organization comply with backup withholding rules for reportable payments to vendors and reportable garring (parmbing) winnings to prize winners?  Sitternents, filed for the calendar year ending with or within the year covered by this return.  Sitternents, filed for the calendar year ending with or within the year covered by this return.  Sitternents, filed for the calendar year ending with or within the year covered by this return.  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-flie (see instructions)  10 If all least one is reported on her 26, did the organization file and the organization for a stream of the organization for all required federal employment tax returners?  10 If "Yes," return de calendar year, did the organization for Sheptisms on Schedule O  11 If "Yes," where the name of the foreign country (such as a bank account, securities account, or other financial account in programments for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts  11 If "Yes," where the name of the foreign country, Inc.  12 If "Yes," where the name of the foreign country (such as a bank account, securities account, or other financial accountry of the programments for Form TD F 90-22.1. Report of Foreign Bank and Financial Accounts  12 If "Yes," where is a fine of 5th, did the organization that It was or it is party to a prohibited tax shelter transaction?  13 If "Yes," where is a 15th, 35th be organization that It was or it is party to a prohibited tax shelter transaction?  14 If "Yes," and the organization name of the organization that were not as deductable or organization social any contributions that were not from 888-7?  15 If "Yes," ordinary to the search of the payment in excess of 375 made party as a contribution or and organization shall may receive deductible contributions under section 170(c).  15 If "Yes," indicate the number of Foreign 8282 filed during the year payment							Yes	No	_
c Dit the organization comply with backup withholding rules for reportable payments to wendors and reportable gamining (pambling) without payments or provided payments to wendors and reportable gamining (pambling) without payments of the control of the control of the payments of the control	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			_			
reportable gaming (gambing) winnings to prize winners?  2 Eiffer the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, flied for the calendary year ending with or within the year covered by this return  3 Statements, flied for the calendary year ending with or within the year covered by this return  4 Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-flied (see instructions)  5 Duff the originatation have unrelated business gross income of \$1,000 or more during the level?  5 Duff the originatation have unrelated business gross income of \$1,000 or more during the year?  5 A larry time during the calendary year, did the originatation have an inferest in, or a signature or other authority  5 ows, a financial account in a foreign country, levicar as a bank account, securities account, or other financial  5 security in the calendary year, did the origination have an inferest in, or a signature or other authority  5 ows, a financial account in a foreign country, levic as a bank account, securities account, or other financial  5 securities.  6 Was the origination are a foreign country is called the origination of the foreign Bank and Financial Accounts  6 se enstructions for fling requirements for Form TD F 30-22.1, Report of Foreign Bank and Financial Accounts  6 se enstructions for fling requirements for Form TD F 30-22.1, Report of Foreign Bank and Financial Accounts  6 se enstructions for fling requirements as short with the self-self-self-self-self-self-self-self-	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0	_			
2a Eller the number of employees reported on Form W-3, Transmittal of Wage and Tax Sistements, life for the calendar year ending with or within the year covered by this return  5 Istements, life for the calendar year ending with or within the year covered by this returns?  6 If I least one is reported on line 2a, did the organization of leaf irequired federal employment tax returns?  7 Note, if the sum of lines 1 and 2a is greater than 250, you may be required to defice entiructions)  8 If I was, 1 has it field a Form 890-T for this year? If 'Mo,' provide an explanation in Schedule O  8 All my with the organization from 90-T for this year? If 'Mo,' provide an explanation in Schedule O  8 All my with the organization and organization have an interest in, or a significant or other financial account;  9 If 'Yes,' and the new name of the foreign country. In the secondary is a provided tax sheller transaction at any time during the tax year?  9 If 'Yes,' and the new name of the foreign country. In the secondary is a prohibited tax sheller transaction at any time during the tax year?  9 If yes, a life the new name of the foreign country. In the secondary is a prohibited tax sheller transaction at any time during the tax year?  9 If yes, a life the new name of the foreign country. In the secondary is a prohibited tax sheller transaction?  9 If yes, a life the organization and gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that the year organization that were not tax deductable as sharitable contributions or gifted were not tax deductable?  9 If 'Yes,' and the organization include with very solicitation are express statement that such contributions or gifted were not tax deductable?  10 If we organization states were than a secondary state of the promote of the organization state organization states and the organization sta	С	Did the organization comply with backup withholding rules for reportable payments to vendors and							
Sistements, filed for the calendar year ending with or within the year covered by this return    ■ 1 at least one irreported on the 2a, did the organization file all required federal employment tax returns?  Note, if the sum of Innes 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 b		reportable gaming (gambling) winnings to prize winners?	_	_		1c	ļ	ļ	_
b If a least one is reported on hine 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to effe (see instructions)  Jud the organization have unrelated business gross income of \$1,000 or more during the system?  Jud Horse, 'nas if filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O  At any time during the calendary part, did the organization have an interest in, or a signature or other authority over, a financial account, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts  See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements fo	2a				•				
Note, if the sum of ines 1a and 2a is greater than 250, you may be required to e-flie (see instructions)  3				<u>_</u>	2	_			
3 a	b					2b	X		_
b If "Yes," has it flied a Form 990-T for this year / If "No.", provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or, a significant or other authority over, a financial account in a foreign country (such as a bank account, secunties account, or other financial account in a foreign country, lower as a bank account, secunties account, or other financial account in a foreign country. ►  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  1 "Yes," and the organization had be organization file de organization file and expression of sample organization for See Accounts  1 "Yes," and the organization had be organization file and expression and services statement that such contributions or distributions and accounts and partity for goods  2 and services provided to the payor?  3 b If "Yes," and the organization network devices of tangible personal property for which it was required to file Form 8282?  4 c X  4 b If "Yes," indicate the number of Forms 8282 filed during the year  5 b Ob the organization received a contribu	_		s)						
All 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 accountry).  If 'Yes,' enter the name of the foreign country.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions of part to a prohibited tax shelter transaction?  See Day Was the organization aparty to a prohibited tax shelter transaction?  See instructions on part to a prohibited tax shelter transaction?  See instruction aparty to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction in the apart to a prohibited tax shelter transaction?  See instruction that the apart to a prohibited tax shelter transaction?  See instruction that the apart to a prohibited transaction in the apart to a prohibited tax shelter transaction?  See in the apart to a prohibited transaction in the apart to a prohibited transaction in the apart to a pr								X	_
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account)?  b If "Yes," enter the name of the foreign country. ▶  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction?  5b X  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  5c Does the organization shelt enter into the was transplanted in the organization shelt any contributions that were not tax deductible as charitable contributions?  6a X  6a	4a			-					
b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization life Form 8886-77  5c Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization have annual gross receipts that are normally greater than \$100.000, and did the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If "Yes," did the organization inclide with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and senoces prowded to the payor?  7 Organizations start was received to the payor?  7 Did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282.  8 If "Yes," indicate the number of Forms 8282 filled during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 Did the organization cereved a contribution of cars, boats, anyther security, on a personal benefit contract?  7 Did the organization under a contribution of cars, boats, anyther security, on a personal benefit contract?  8 Sponsoring organizations, but directly or indirectly, to pay premiums on a personal benefit contract?  9 Sponsoring organizations benefit and contributions under section 509(a)(3) supporting organizations. Did th			ianciai	l		4-		v	
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			e O				+		_

State the name, physical address, and telephone number of the person who possesses the books and records of the

504-919-6059

301 St. Charles Avenue 4th Floor

LA 70170

New Orleans

organization > Anne K. LaRock

Earm 000 (2012)	Now	Orleans	Pecreation	Development	27-4513946
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Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than one s both an r/trustee)	١ ١	(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Cornor	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)R Justin Garon	1.00									
Director	0.00	x						0	0	0
(2) Roderick K West	0.00	<u></u>					7			
(2,200 200 200 200 200 200 200 200 200 20	1.00									
Secretary	0.00	X		X				0	0	0
(3) Roy A Glapion	-									
	1.00								_	
Treasurer	1.00	X		X		<u> </u>	_	0	0	0
(4) Robert S Boh										
	1.00	٠,						0	0	О
Director	0.00	X					-	<u> </u>		0
(5) Dell Demps	1.00				-					
Director	0.00	X					ı	0	0	Ö
(6) Steve Hemperley	0.00	<del></del>	$\vdash$	<del> </del>						
(0,000000000000000000000000000000000000	1.00				ŀ					
Director	0.00	X					ı	0	0	0
(7) William Hines							T			
	1.00						ı			
Director	0.00	X						0	0	0
(8) Scott P Howard										•
	1.00				-				_	_
Director	0.00	X		_		<u> </u>	4	0	0	0
(9) Louis Lauricella										
	1.00								^	_
Vice Chair	0.00	X	_	X	-	$\vdash$	$\dashv$	0	0	0
(10) Norma Jane Sabis	1.00									
Director	0.00	x						0	0	o
(11) John W Sibal	0.00	<del>  ^</del>	<del>                                     </del>				ᅥ			
(, John H Dibar	2.00									
Chairman	0.00	$\mathbf{x}$		x				0	0	o
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Form 990 (2012)

Pa	rt VII Section A. Officers	, Directors, Tr	uste	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	bo	ox, uni	Pos check ess po nd a o	erson	than o	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	col	(F) Estimated amount of other mpensation the	of ION	
		related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2.033 ***********************************	or a	ganization di relate	on ed	
	Warner Williams	1.00												_
	rector Anne K. LaRock	0.00	X	-	<del> </del>	├-			0	0				0
•		40.00							105 000					_
(14)	ecutive Director	0.00	+	-	┢╌	-	X		125,000	0	<del> </del>			0
(17)														
(15)						-								
(16)	.,,													
(17)					-									
(18)														<del></del>
(19)					ļ	<del> </del>								
1b	Sub-total	<u> </u>			<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<b>&gt;</b>	125,000					
q	Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sec	tion .	Α			<b>&gt;</b>	125,000					
2	Total number of individuals (ir reportable compensation from	ncluding but not	limit	ed to	tho	se lis	sted a	abov		<del></del>	•			
													Yes	No
3	Did the organization list any fe employee on line 1a? If "Yes,"								oloyee, or highest compensa	ated	Ĺ	3		x
4	For any individual listed on lin organization and related organization	e 1a, is the sun	n of r er tha	eport	table	con	npen: If "Ye	satio	on and other compensation complete Schedule J for su	from the				
5	individual  Did any person listed on line	-									-	4		X
	for services rendered to the o									- Harvidaai		5		X
Sect 1	tion B. Independent Contractor  Complete this table for your fi		nens	ated	ınde	nen	dent :	conf	tractors that received more	than \$100,000 of				
<u>.</u>	compensation from the organ	ization Report	comp	ensa	ation	for t	he c	alen	ndar year ending with or with	nin the organization's tax y	<u>rear</u>		(C)	
	Name and	(A) d business address						<del> </del>	Descrip	(B) otion of services	$\longrightarrow$	Com	(C) pensati	ion
		<del></del>						-						
			<del>-</del> -											
2	Total number of independent	contractors (inc	ludin	g bu	t not	limit	ted to	the	ose listed above) who	n				

Total Add Insection (Cost)  To	ra	rt V	<ul><li>Statement of Reve</li><li>Check if Schedule</li></ul>		ains a response to	any question in t	his Part VIII.		П
Bean Code						(A)	(B) Related or exempt function	Unrelated business	Revenue excluded from tax under sections
Buan Code   Date   Da	<u>s</u> <u>s</u>	1a	Federated campaigns	1a					· · · · · · · · · · · · · · · · · · ·
Buan Code   Date   Da	퉏딃		· · ·	$\vdash$					
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3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royaltes  (i) Real (ii) Personal  6a Gross rents b Less rental exps c Rental arc or (loss) d Net rental income or (loss) b Less cots other base & sales exps other than eventory b Less cots other base & sales exps d Net gain or (loss) d Net gain or (loss) b Less cots other base & sales exps c Gain or (loss) d Net gain or (loss) b Less direct expenses b c Net income or (loss) from fundraising events pa Gross income from fundraising events p Less: direct expenses b c Net income or (loss) from gaining activities c Net income or (loss) from gaini	اچ	-							
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3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royaltes  (i) Real (ii) Personal  6a Gross rents b Less rental exps c Rental arc or (loss) d Net rental income or (loss) b Less cots other base & sales exps other than eventory b Less cots other base & sales exps d Net gain or (loss) d Net gain or (loss) b Less cots other base & sales exps c Gain or (loss) d Net gain or (loss) b Less direct expenses b c Net income or (loss) from fundraising events pa Gross income from fundraising events p Less: direct expenses b c Net income or (loss) from gaining activities c Net income or (loss) from gaini	Ja		All other property						
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 5 Royaltes  (i) Real (ii) Personal  6a Gross rents b Less rental exps c Rental arc or (loss) d Net rental income or (loss) b Less cots other base & sales exps other than eventory b Less cots other base & sales exps d Net gain or (loss) d Net gain or (loss) b Less cots other base & sales exps c Gain or (loss) d Net gain or (loss) b Less direct expenses b c Net income or (loss) from fundraising events pa Gross income from fundraising events p Less: direct expenses b c Net income or (loss) from gaining activities c Net income or (loss) from gaini	ĕ		, ,	enue					<del></del>
and other similar amounts)  I Income from investment of fax-exempt bond proceeds  Royalties  (i) Reat (ii) Personal  (ii) Personal  (iii) Reat (iii) Personal  (iv) Persona	_			d., ., d = = d					
Income from investment of tax-exempt bond proceeds		3		aividend		1 222			1 333
For Royalties    Comparison   C			•			1,333			1,333
(i)   Personal   (ii)   Personal   (iii)   Personal				x-exemp	t bona proceeds				
Box   Less rental a proper		5							
b Less rental exps c Rental inc or (loss) d Net rental incrome or (loss) Fas Gross amount from (i) Secunties (ii) Other other than mentory b Less cost or other than mentory d Net gain or (loss)  4 Net gain or (loss) 6 Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events c Net income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Macellaneous Revenue  11a Other Income b c d All other revenue e Total. Add lines 11a–11d		_	<del></del>		(II) Personal				
C Rental into or (loss)		6a							
d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory  b Less cost or other basis & sales exps  c Gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)  See Part IV, line 18 a a b Less direct expenses b c Net income or (loss) from fundraising events > 9 Gross income from gaming activities  See Part IV, line 19 a a b Less: direct expenses b c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Maccellaneous Revenue Busin. Code 11 a Other Income 2,555 c d All other revenue e Total. Add lines 11a–11d		b	Less rental exps						
Ta   Cross amount from   (ii) Secunties   (iii) Other		С							
sales of assets of other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss)  Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18			Cross amount from						······································
other than inventory b Less cost or other bases & sales exps c Gain or (loss) d Net gain or (loss) for including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin. Code  11a Other Income c All other revenue e Total. Add lines 11a-11d		ı a	i iii Securiue	s	(ii) Other				
basis & sales exps  c Gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  c Net income or (loss) from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin. Code  11a Other Income c d All other revenue e Total. Add lines 11a–11d			other than inventory						
c Gain or (loss) d Net gain or (loss)  Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		b	Less cost or other						
d Net gain or (loss)  8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a Other Income  11a Other Income  2 , 555  c d All other revenue e Total. Add lines 11a–11d			basis & sales exps						
Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busin. Code  11a Other Income  C d All other revenue e Total. Add lines 11a–11d		С	Gain or (loss)						
In continuity (not including \$ of contributions reported on line 1c)   See Part IV, line 18		d	Net gain or (loss)	_	<u> </u>				<del></del>
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Other Income  2,555  4  All other revenue e Total. Add lines 11a—11d	9	8a	Gross income from fundraising ev	ents					
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Other Income  2,555  4  All other revenue e Total. Add lines 11a—11d	Z.		(not including \$						
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Other Income  2,555  4  All other revenue e Total. Add lines 11a—11d	ě		of contributions reported on line 1	c)					
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Other Income  2,555  4  All other revenue e Total. Add lines 11a—11d	<u>بر</u>		See Part IV, line 18	a					
c Net income or (loss) from fundraising events  9a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a Other Income  2 , 555  4 All other revenue e Total. Add lines 11a—11d  2 , 555	£	b	Less direct expenses	b					
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a Other Income b c d All other revenue e Total. Add lines 11a–11d	0	С	Net income or (loss) from fun	draising	events				
b Less: direct expenses b c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Other Income c d All other revenue e Total. Add lines 11a–11d  b 2,555		9a	Gross income from gaming activit	es					
c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Other Income c d All other revenue e Total. Add lines 11a–11d  2,555			See Part IV, line 19	a					
10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a Other Income c d All other revenue e Total. Add lines 11a–11d  2,555		b	Less: direct expenses	b					
10a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory  Miscellaneous Revenue  11a Other Income c d All other revenue e Total. Add lines 11a–11d  2,555		С	Net income or (loss) from gai	ning acti	vities				
returns and allowances  b Less cost of goods sold  c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  11a Other Income  c All other revenue  e Total. Add lines 11a–11d  2,555									
b Less cost of goods sold b c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  2,555  2,555  d All other Income c Total. Add lines 11a–11d			<del>-</del>						
C Net income or (loss) from sales of inventory  Miscellaneous Revenue  Busn. Code  2,555  2,555  b  C  d All other revenue  e Total. Add lines 11a–11d  2,555		ь							
Miscellaneous Revenue   Busn. Code					entory			<u> </u>	
b c d All other revenue e Total. Add lines 11a–11d  2,555									
b c d All other revenue e Total. Add lines 11a–11d  2,555		112	Other Income			2,555	2,555		
c d All other revenue e Total. Add lines 11a–11d  2,555	-		Julia Lilions			<u>-,;=</u>			
d All other revenue e Total. Add lines 11a–11d  2,555									-
e Total. Add lines 11a–11d			All other revenue						
1 214 212		_			•	2.555			
112 Loral revenue. See instructions P   1,011,210  2,000  0  1,000	i	12	Total revenue. See instruction	ons	•	1,611,210	2,555	0	1,333

Part IX Statement of Functional Expenses

Section 501(cV3) and 501(cV4) organizations must complete all columns. All other organizations must complete column (A)

Seci	Check if Schedule O contains a resp			inplete column (A)									
	o not include amounts reported on lines 6b (A) (B) (C) (D)												
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses								
	Grants and other assistance to governments and		expenses	general expenses	САРСПЗЕЗ								
•	organizations in the U.S. See Part IV, line 21	942,255	942,255										
2	Grants and other assistance to individuals in	312,233	312/233										
-	the U.S See Part IV, line 22												
3	Grants and other assistance to governments,												
•	organizations, and individuals outside the												
	U.S See Part IV, lines 15 and 16												
4	Benefits paid to or for members												
5	Compensation of current officers, directors,												
	trustees, and key employees												
6	Compensation not included above, to disqualified												
	persons (as defined under section 4958(f)(1)) and												
	persons described in section 4958(c)(3)(B)												
7	Other salaries and wages	59,400		59,400									
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)	10,271		10,271									
9	Other employee benefits	3,174		3,174									
10	Payroll taxes	2,360		2,360									
11	Fees for services (non-employees)		;										
а	Management												
b	Legal	2,475		2,475									
С	Accounting	1,200		1,200									
d	Lobbying				· <del>···</del>								
e	Professional fundraising services See Part IV, line 17												
f	Investment management fees				<del></del>								
g	Other (If line 11g amount exceeds 10% of line 25, column	F 40		5.40									
	(A) amount, list line 11g expenses on Schedule O)	542		542	<del></del>								
12		707		707	<del></del>								
13	Office expenses	797		797									
14	Information technology												
15	Royalties												
16	Occupancy	2,304		2,304									
17 18	Travel			2,304									
10	Payments of travel or entertainment expenses for any federal, state, or local public officials												
19	Conferences, conventions, and meetings												
20	Interest			<del>.</del>									
21	Payments to affiliates	-		-	<del></del>								
22	Depreciation, depletion, and amortization												
23	Insurance	158		158									
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)												
а	Communication	2,861		2,861									
b	Subscriptions	1,203		1,203									
С	Other	711		711									
d	Cultivation	256		256									
e	All other expenses	25		25									
25	Total functional expenses. Add lines 1 through 24e	1,029,992	942,255	87,737	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 F if												
	following SOP 98-2 (ASC 958-720)												

_ P	art )	<del>-</del>	avestion in this Bast V			
		Check if Schedule O contains a response to any	question in this Part X	(A)		(B)
	•		į	Beginning of year		End of year
	1	Cash—non-interest bearing		994,267	1	1,371,280
	2	Savings and temporary cash investments	i	241,293	2	250,000
	3	Pledges and grants receivable, net		505,000	3	575,000
	4	Accounts receivable, net	İ	•	4	
	5	Loans and other receivables from current and former of	ficers, directors,			
		trustees, key employees, and highest compensated em				
	ĺ	Complete Part II of Schedule L	. ,	]	5	
	6	Loans and other receivables from other disqualified per	sons (as defined under section			······································
		4958(f)(1)), persons described in section 4958(c)(3)(B),	i			
		sponsonng organizations of section 501(c)(9) voluntary	- · · · · · · · · · · · · · · · · · · ·			
s		organizations (see instructions) Complete Part II of Sci	·		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	123,000
	1	Land, buildings, and equipment cost or	1 1			
		other basis Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11	ļ		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)	1,740,560	16	2,319,280
	17	Accounts payable and accrued expenses	•	44,999	17	42,501
	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	
S	22	Loans and other payables to current and former officers	s, directors,			
≝		trustees, key employees, highest compensated employ	ees, and			
Liabilities		disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated third p	parties		24	
	25	Other liabilities (including federal income tax, payables	to related third			
	İ	parties, and other liabilities not included on lines 17-24)	Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		44,999	26	42,501
		Organizations that follow SFAS 117 (ASC 958), chec	ck here ▶ X and			
ces		complete lines 27 through 29, and lines 33 and 34.				
<u>la</u>	27	Unrestricted net assets		647,210		674,445
Fund Balances	28	Temporarily restricted net assets		1,048,351	28	1,602,334
밑	29	Permanently restricted net assets	,,		29	
Ę		Organizations that do not follow SFAS 117 (ASC 95	8), check here ▶ 🔛 and			
s or		complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipmen			31	,
Net	32	Retained earnings, endowment, accumulated income, o	or other funds	1 605 561	32	0 000 000
	33	Total net assets or fund balances	ļ	1,695,561	33	2,276,779
	34	Total liabilities and net assets/fund balances		1,740,560	34	2,319,280

Form **990** (2012)

Part XI Reconcilitation of Net Assets Check if Schedule O contains a response to any questron in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 \$581,218 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 \$1,695,561 5 Net unrealized gams (losses) on investments 5 6 Donated services and use of facilities 7 Investment expenses 8 Prior peniod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Ver the changes in net assets or fund balances (explain in Schedule O) 9 Ver the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990	Form	990 (2012) New Orleans Recreation Development 27-4513946			Page <b>12</b>
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 1,029,992 3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 1,695,561 5 Net unrealized gains (losses) on investments 5 Conated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Ver changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990 Cash X Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis  c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," the ck a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis  c If "Yes," the line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its	Pa	rt XI Reconciliation of Net Assets			_
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 581,218 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any questron in this Part XII  1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response to any question in this Part XI			
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1		
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  A let unrealized gams (losses) on investments  Donated services and use of facilities  Prior penod adjustments  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII  Accounting method used to prepare the Form 990 Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  Were the organization changed its method basis, or both Schedule O  Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis, or both Schedule O  Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis or both Schedule O  Were the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  As a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	2	Total expenses (must equal Part IX, column (A), line 25)	2		
5 Net unrealized gams (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990 Cash Accual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3	Revenue less expenses Subtract line 2 from line 1	3		
6 Donated services and use of facilities 7 Investment expenses 8 Prior peniod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,69	<u> 5,561</u>
7 Investment expenses 8 Pnor penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 It Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 99	5	Net unrealized gains (losses) on investments	5		
8 Pnor period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33.culumn (B)) 10 2,276,779  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any questron in this Part XII  1 Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both X Separate basis, consolidated basis, or both X Separate basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis c if "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compliation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization of undergo the	6	Donated services and use of facilities	6		
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990	7	Investment expenses	7		
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990  Cash X Accrual Other  Yes No If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis  Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis  Both consolidated and separate basis  c If "Yes," to line 2 ar or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	8	Prior period adjustments	8		
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any questron in this Part XII  1 Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)	9		
Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII    Accounting method used to prepare the Form 990	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
Check if Schedule O contains a response to any question in this Part XII  1 Accounting method used to prepare the Form 990		33, column (B))	10	2,27	76 <u>,</u> 779
Yes No  Accounting method used to prepare the Form 990	Pa	rt XII Financial Statements and Reporting			_
1 Accounting method used to prepare the Form 990		Check if Schedule O contains a response to any question in this Part XII			
If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					Yes No
Schedule O  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both    X   Separate basis   Consolidated basis   Both consolidated and separate basis		Schedule O			
reviewed on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
b Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		reviewed on a separate basis, consolidated basis, or both			
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		X Separate basis Consolidated basis Both consolidated and separate basis			
separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	b	Were the organization's financial statements audited by an independent accountant?		2b	x
separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
Example Separate basis   Consolidated basis   Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		separate basis, consolidated basis, or both			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	С				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X
Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3a			[ ]	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		·		3a	X
	b				
	_			3ь	

SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

New Orleans Recreation Development

Employer identification number 27-4513946

			Foundation							<u> </u>	<del>3340</del>		
P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	rt.) Se	e insti	ruction	าร.		
Γhe	orga	nization is not	a private foundation becaus	e it is: (For lines 1 through 11, o	heck only	one box.	.)						
1	Ň			ociation of churches described i									
2		A school des	cnbed in section 170(b)(1)(	A)(ii). (Attach Schedule E)									
3	H			ce organization described in sec	ction 170	(b)(1)(A)(i	iii).						
4		•		d in conjunction with a hospital of				)(1)(A)(i	ii). Ente	r the ho	ospital's name	<b>.</b>	
•	<u> </u>	city, and state						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			-,	
5		-		of a college or university owned	or operate	ed by a or	ovemme	ntal uni	descri	ned in			
5	Ш				or operati	sa by a go	JVCIIIIII	andi diii	desciii	bea iii			
			b)(1)(A)(iv). (Complete Part	-	47	O/6\/4\/A							
6	32			overnmental unit described in s				41					
7	X	=		substantial part of its support fro	om a gove	emmentai	unit or i	rom the	genera	public			
_	_		section 170(b)(1)(A)(vi). (C	· ·									
8	$\square$			170(b)(1)(A)(vi). (Complete Part					_				
9		-		1) more than 33 1/3% of its supp							oss		
				npt functions—subject to certain									
			_	nd unrelated business taxable in				() from b	usiness	ses			
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	te Part III	.)						
10		•	•	exclusively to test for public safe	-								
11				exclusively for the benefit of, to									
				ed organizations described in se						section	1		
		509(a)(3). Ch	neck the box that describes t	he type of supporting organizati	on and co	mplete lu	nes 11e <sub>.</sub>	through	11h				
		a Type	t b ∐ Type ll	c Type III–Functions	ally integr	ated	d	Тур	e III–No	n-funct	ionally integra	ated	
е		By checking	this box, I certify that the org	janization is not controlled direc	tly or indir	ectly by c	ne or m	ore disq	ualified	person	ıs		
		other than for	undation managers and othe	er than one or more publicly sup	ported or	ganızatıor	ns descr	ibed in s	ection :	509(a)(1	1)		
		or section 50	9(a)(2)										
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II, o	or Type	ili suppo	orting				
		organization,	check this box										
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne						
Ť		following per	rsons?										
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (	ıı) and				Yes	No
			w, the governing body of the								11g(i)		
		• •	member of a person descri	• •							11g(ii)		
		• •	•	described in (i) or (ii) above?							11g(iii		
h			· ·	he supported organization(s)								ш	<del></del>
		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) Amount	of monet	arv
		janization	(,	(described on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	ion in col	sup		,
				above or IRC section	governing	document?		of your cort?		zed in the S ?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
(A)									1	1.10			
Α)													
- N				-	1			<del> </del>					
B)												•	
C)													
(D)		•	-		+				<del>                                     </del>				
ر <i>ی</i>													
(E)					1								
					<u> </u>								
_	_			•	,	T .		3					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	fion A. Public Support						
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")			801,375	1,312,332	1,607,322	3,721,029
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			801,375	1,312,332	1,607,322	3,721,029
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						3,721,029
Sec	tion B. Total Support			_			
Caler	dar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	( <b>d</b> ) 2011	(e) 2012	(f) Total
7	Amounts from line 4			801,375	1,312,332	1,607,322	3,721,029
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			1,327	2,056	1,333	4,716
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10			<u> </u>			3,725,745
12	Gross receipts from related activities, etc.					12	2,555
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	urth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her			. <u>.</u> <u>.</u>			▶ X
Sec	tion C. Computation of Public Su	ipport Percen	tage				
14	Public support percentage for 2012 (line 6	, column (f) dıvıde	d by line 11, colum	nn (f))		14	
15	Public support percentage from 2011 Scho					15	
16a	33 1/3% support test—2012. If the organ				3 1/3% or more, c	heck this	. $\Box$
	box and stop here. The organization quali						▶ ∐
b	33 1/3% support test—2011. If the organ				5 is 33 1/3% or mo	ore,	
	check this box and stop here. The organiz	· · · · · · · · · · · · · · · · · · ·					▶ ∐
17a	10%-facts-and-circumstances test—201						
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa	icts-and-circumsta	inces" test. The or	ganization qualifies	as a publicly supp	oorted .	▶ □
	organization				401 47		
Ь	10%-facts-and-circumstances test—201						
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization me	eets the "tacts-and	i-circumstances" te	est The organization	n qualines as a pu	ibliciy	▶ □
46	supported organization	da _b _b _ b	on line 40, 40 - 40	Sh 47a 475			
18	Private foundation. If the organization did	not check a box	on line 13, 16a, 16	ob, 1/a, or 1/b, che	CK this dox and se	ee	▶ □
	instructions	· · · · · · · · · · · · · · · · · · ·					

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

<u></u>	if the organization falls to	quality under tr	ie lesis listeu l	below, please c	ompiete Part II	·· <i>)</i>		
	tion A. Public Support  ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2006	(b) 2009	(c) 2010	(u) 2011	(e) 2012		(I) Total
2	grants *)  Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				-			
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities fumished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5					<u> </u>		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b		ļ				_	
8	Public support (Subtract line 7c from line 6)							<del></del>
	tion B. Total Support			· · · · · · · · · · · · · · · · · · ·				<del></del>
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012		(f) Total
9	Amounts from line 6			ļ		<del> </del>	$\dashv$	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b					ļ	_	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the		t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		- t
	organization, check this box and stop her							
	tion C. Computation of Public Su			(0)		·····	45 T	
15	Public support percentage for 2012 (line 8			nn (f))		-	15 16	<u>%</u> %
16 Soc	Public support percentage from 2011 Scherican D. Computation of Investme						16	76
	Investment income percentage for 2012 (I			R column (fl)			17	%
17 18	Investment income percentage for 2012 (iii  Investment income percentage from 2011			, ωιαιτιτ (1 <i>))</i>		-	18	
10 19a	33 1/3% support tests—2012. If the orga			e 14. and line 15 is	more than 33 1/3	L 3%. and line		
	17 is not more than 33 1/3%, check this be							▶ □
b	33 1/3% support tests—2011. If the orga						nd	دے
	line 18 is not more than 33 1/3%, check th							. ▶ 🗌
20	Private foundation. If the organization did							▶ □

Schedule A (Form 990 or 990-EZ) 2012 New Orleans Recreation Development 27-4513946

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

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

2012 Open to Public

Inspection Name of the organization Employer identification number New Orleans Recreation Development 27-4513946 Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

<u>Sche</u>	dule D (Form 990) 2012 New Orle						2139			age Z
Pa	rt lli Organizations Maintainin								(continued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	s, check any	of the follo	owing that ai	e a signifi	cant use	of its		
a'	Public exhibition	d ∏	Loan or excl	hange proc	grams					
b	Scholarly research		Other	0	•					
c	Preservation for future generations									
4	Provide a description of the organization's of	collections and explain	n how they fu	urther the c	roanization's	s exempt i	ouroose i	n Part		
•	XIII.	onconorio aria orginari				o onompt ,	p			
5	During the year, did the organization solicit	or receive donations (	of art. histori	cal treasur	es or other	sımılar				
•	assets to be sold to raise funds rather than								☐ Yes ☐	No
Pa	rt IV Escrow and Custodial Ar						'Yes" to	Form 99		
. •	line 9, or reported an amou								-,	
12	Is the organization an agent, trustee, custoo				r other asset	s not				
14	included on Form 990, Part X?	Mair of Other lintermed	ilary for cont	iiballoiis o	Other asset	.5 1100			☐ Yes ☐	No
h	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowna table							
D	ii res, explain the arrangement in Fart An	r and complete the to	nowing table	•			Γ		Amount	
	Pograping holongo						ł	1c		
	Beginning balance						F	1d		
	Additions during the year						F	1e		
e	Distributions during the year						ŀ	1f		
1	Ending balance	C 000 D-+ V l	040				Ĺ		Yes	No
	Did the organization include an amount on i				ouded in De	<b>→ ∨</b> 111			res _	100
	if "Yes," explain the arrangement in Part XII  THE TOTAL THE TRANSPORT OF						Dart IV	line 10	<u>-</u>	
<u>ra</u>	ert V Endowment Funds. Com		T -	or year	(c) Two yea			ee years back	(e) Four years	hack
4-	<b>P</b>	(a) Current year	(0) (1)	or year	(c) Iwo yea	IIS DUCK	(0) 1711	ce years back	(e) Four years	Dack
	Beginning of year balance		-						<del> </del>	
b	Contributions								<del> </del>	
С	Net investment earnings, gains, and									
	losses								<u> </u>	
d	Grants or scholarships								1	
е	Other expenditures for facilities and									
_	programs	····								
f	Administrative expenses	<del> </del>								
g	End of year balance					<del></del>				
2	Provide the estimated percentage of the cu		e (line 1g, co	olumn (a))	neid as					
a	Board designated or quasi-endowment	%								
þ	Permanent endowment ► %	٥,								
С	Temporarily restricted endowment ▶	%								
_	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the poss	ession of the organiza	ation that are	e neid and	administere	o for the			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	T N =
	organization by								Yes	No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	+
b	If "Yes" to 3a(II), are the related organization								3b	<u> </u>
4	Describe in Part XIII the intended uses of the				- 40					
<u> </u>	ert VI Land, Buildings, and Equ								(4) D	
	Description of property	(a) Cost or other		(b) Cost or o			Accumulated epreciation		(d) Book value	
		(investment)		(Othe	əi j					
	Land									
	Buildings									
	Leasehold improvements							<del></del>		
	Equipment	<u> </u>				•			<del></del>	
	Other	1,5 55 5		<b>(D)</b> : : :		1		<del></del>	<del></del>	
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Par	τ X, column	(B), line 10	J(C) )			<b>P</b>		

DAA

Schedule D (Fe	orm 990) 2012 New Orleans Recreation	on Development	27-4513946	Page 3
Part VII	Investments—Other Securities. See Form 990			
	(a) Description of security or category	(b) Book value	(c) Method of valua	tion
	(including name of security)		Cost or end-of-year mark	
(1) Financial d	lenvatives			
	Id equity interests		<del></del>	
	id equity interests	· · · · · · · · · · · · · · · · · · ·		
(3) Other		<del></del>	<del></del>	
(A)		-		
(B)				
(C)		<del></del>		
(D)				
(E)				
(F)				
(G)				
(H)				
(I)				
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII	Investments—Program Related. See Form 99	90, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valua	ation
	,, ,		Cost or end-of-year man	ket value
(1)				
(2)			<del></del>	
(3)		-		
(4)	<del></del>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(5)				
(6)		<del></del>		
_(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
_(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)		<b>b</b>	
Part X	Other Liabilities. See Form 990, Part X, line 25	5		
		(b) Book value		······································
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)	<u></u>		`	
_(3)				
_(4)	· · · · · · · · · · · · · · · · · · ·			
(5)	<u></u>			
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)	,		
	C 740) Footnote. In Part XIII, provide the text of the footnote	to the organization's financia	al statements that reports the org	anızatıon's
	ertain tax positions under FIN 48 (ASC 740) Check here if the			
IOI UITO	or the position of the first field from the first field in the			

Part XIII

<u>Sc</u> he	dule D (Form 990) 2012 New Orleans Recreation Develo	pmen	C 2/-451394	. <b>D</b>	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	1,611,210
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d		]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,611,210
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u></u>		
ь	Other (Describe in Part XIII.)	4b		]	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,611,210
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents W	ith Expenses per l	Retur	<u>n</u>
1	Total expenses and losses per audited financial statements			1	1,029,992
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a		1 1	
b	Prior year adjustments	2b		1	
С	Other losses	2c		1	
d	Other (Describe in Part XIII.)	2d		4	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,029,992
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b		<b>↓</b>	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1,029,992

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

Schedule D (Form 990) 2012 New Orleans Recreation Development 27-4513946

Part XIII Supplemental Information (continued)

Page 5

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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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OMB No 1545-0047

**≗** □ Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Support, Promote (h) Purpose of grant or assistance **Employer Identification number** X Yes 27-4513946 non-cash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 942,255 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table New Orleans Recreation Development (c) IRC section if applicable 900 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? LA 70112 (a) Name and address of organization Foundation or government 1300 Perdido Street (1) NORD Commission New Orleans Name of the organization Part II Part I 9 3 8 6 2 <u>@</u> 3 (2)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2012)

Page 2

•	n 990, Part IV, line 22.	
	uals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	
Schedule I (Form 990) (2012) New Orleans Recreation Development 27-4513946	. Complete if the organiza	is needed.
n Developmen	the United States	e is needed.
s Recreatio	e to Individuals in	Iditional space is ne
New Orlean	Grants and Other Assistance to Individu	Part III can be duplicated if additional space
I (Form 990) (2012)	Grants and	Part III can
Schedule	Part II	

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book,   (f) Description of non-cash assistance FMV, appraisal, other)
-						
6						
1 (						
2						-
4						
5						
ထ						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional	plete this part to provi	de the information r	equired in Part I, line	2, Part III, column (b), and	any other additional
	information.					

Schedule I (Form 990) (2012)

### SCHEDULE M (Form 990)

**Noncash Contributions** 

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

Attach to Form 990.

OMB No 1545-0047

2012

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

New Orleans Recreation Development Foundation

Employer identification number 27-4513946

Pa	rt I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of determining			
		applicable	items contributed	Form 990, Part VIII, line 1g	noncash contribution amounts	_		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic	Ì						
	structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies		W	<u> </u>				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			500 000				
25	Other ► ( <b>Field Turf</b> )	X	1	500,000	Fair Value			
26	Other ►(							
27	Other ►(							
<u>28</u>	Other ►(	Ļ						
29	Number of Forms 8283 received by	_						
	which the organization completed Fo	orm 8283,	Part IV, Donee Acknowl	edgement	29	Tv.		N.
						Y	es	No
30a	During the year, did the organization							
	it must hold for at least three years f			ion, and which is not requir	The state of the s	200	ŀ	x
	used for exempt purposes for the en		д репод?		F	30a	-	
	If "Yes," describe the arrangement in		1					
31	Does the organization have a gift ac	ceptance	policy that requires the r	eview of any non-standard				x
00	contributions?			to calcut process or sell =	F	31	$\dashv$	
32a	, and the second	iro parties	or related organizations	to solicit, process, or sell n		,,,		x
	contributions?				·  -	32a	$\dashv$	
	If "Yes," describe in Part II	amount :-	column (c) for a type of	property for which column (	a) is checked			
33	If the organization did not report an a	arriount in	column (c) for a type of	property for which column (	a) is criecked,			
	describe in Part II			<del></del>				

Schedule M (Form 990) (2012) New Orleans Recreation Development 27-4513946

Page 2

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

New Orleans Recreation Development Foundation

Employer identification number 27-4513946

Form 990 - Organization's Mission or Most Significant Activities

The mission of the NORD Foundation is to support, promote, stimulate public interest in, and raise and distribute funds to benefit the construction, creation, preservation, and maintenance of public parks and playgrounds, recreational facilities, and recreational and other leisure programs and activities in Orleans Parish.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

The 990 is reviewed by the Finance Committee and recommended to the Board of Trustees for approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

The interested party may make a presentation at the governing board or

committee meeting; the chairperson of the governing board or committee may

appoint a disinterested person/committee to investigate; governing

board/committee shall vote on whatever arrangement/transaction is agreed

upon.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Performance evaluation and Board budget approval.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request.

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (e)
Public charity status
(if section 501(c)(3)) **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section ▶ See separate instructions. (c)
Legal domicite (state
or foreign country) (c) Legal domicile (state or foreign country) F (b) Primary activity Recreation Primary activity ▶ Attach to Form 990. New Orleans Recreation Development (a)Name, address, and EIN (if applicable) of disregarded entity (a)
Name, address, and EIN of related organization LA 70112 Foundation (1) NORD Commission 1300 Perdido New Orleans Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part II Part 4 (1) 2 <u>@</u> <u>(2</u> 8 3 ල (2)

Section 512(b)(13)
controlled entity?
Yes No

(f)
Direct controlling
entity

×

N/A

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

Schedule R (Form 990) 2012

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Employer identification number

27-4513946

(f) Direct controlling

(e) End-of-year assets

entity

OMB No 1545-0047

2012

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.) 27-4513946 Schedule R (Form 990) 2012 New Orleans Recreation Development Part V

Page 3

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Yes

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- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity Gift, grant, or capital contribution to related organization(s)
    - c Gift, grant, or capital contribution from related organization(s)
      - d Loans or loan guarantees to or for related organization(s)
        - e Loans or loan guarantees by related organization(s)
- - Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s) Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
  - m Performance of services or membership or fundraising solicitations by related organization(s)
    - Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

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- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	NORD Commission	q	942,255	
(2)				
(3)				
(4)				
(5)				
(9)				

Schedule R (Form 990) 2012

NORDF 07/18/2013 7 33 AM

Schedule R (Form 990) 2012 New Orleans Recreation Development 27-4513946

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Page 4

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

rship			1										2012
(k) Percentage ownership													Schedule R (Form 990) 2012
(l) General or managing partner?	S N S			ļ								<u></u>	(Form
	Yes				 	<u> </u>							dule R
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)													Sche
(I) Code V—UBI Imount in box 2 of Schedule K-1 (Form 1065)													
	T.					<u> </u>		!					_
(h) Disproportionate allocations?	Yes No			-			 						
Disp	>												
(g) Share of end-of-year assets													
										•			
													1
(f) Share of total income													
tota													
artners ion (3)	ę												
(e) Are all partners section 501(c)(3)	Yes No												]
inant elated, excluded	2-514)												
(d) Predominant income (related, unrelated, excluded from tax under	section 512-514)												
	country) s								 				$\frac{1}{2}$
	noo											<u> </u>	-
(b) Primary activity													
Рпта													
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ulty													
EIN of ent													
(a) ss, and l													
(a) Name, address, and EIN of entity													
Nam													
			l 										
		(1)	(2)	(3)	<u></u>	(2)	(9)	<u>E</u>	8)	(6)	(10)	(11)	
•		•	•	•	1	1	1	•	•	r	. —	. —	•

Schedule R (Form 990) 2012 New Orleans Recreation Development 27-4513946

Page 5

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

NORDF New Orleans Recreation Development
27-4513946 Federal Statements

7/18/2013 7:32 AM

FYE: 12/31/2012

**Taxable Interest on Investments** 

Descript						
	_	Amount	Unrelated Business Code		Acquired after 6/30/75	US Obs (\$ or %)
Interest Income	\$	1,333		14		
Total	\$	1,333				

7/18/2013 7:32 AM Fund Raising Fund Raising Management & General 25 542 542 Management & 25 General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) Form 990, Part IX, Line 24e - All Other Expenses Program Service Program Service **Federal Statements** 542 542 Expenses Expenses Total Total ‹ን NORDF New Orleans Recreation Development Description Description Payroll Processing Licensing & Fees FYE: 12/31/2012 27-4513946 Total Total