

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization LOUISIANA DISASTER RECOVERY FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4354 S. SHERWOOD FOREST BLVD. 200 City or town, state or country, and ZIP + 4 BATON ROUGE, LA 70816-4476 F Name and address of principal officer: FLOZELL DANIELS, JR SAME AS C ABOVE	D Employer identification number 20-3399944 E Telephone number 225-383-1672 G Gross receipts \$ 3,142,341. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.LOUISIANAHELP.ORG	
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶		L Year of formation: 2005 M State of legal domicile: LA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF LOUISIANA DISASTER RECOVERY FOUNDATION IS TO TRANSFORM THE DISASTER CAUSED BY 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of employees (Part V, line 2a) 5 16 6 Total number of volunteers (estimate if necessary) 6 10 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 3,789,895. 2,961,251. 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 410,236. 181,090. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,200,131. 3,142,341.	Prior Year Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,186,372. 5,245,454. 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,091,753. 998,053. 16a Professional fundraising fees (Part IX, column (A), line 11e) 90,021. 111,827. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 111,827. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,524,578. 845,436. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,892,724. 7,200,770. 19 Revenue less expenses. Subtract line 18 from line 12 -5,692,593. -4,058,429.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 16,480,039. 13,117,772. 21 Total liabilities (Part X, line 26) 438,953. 685,115. 22 Net assets or fund balances. Subtract line 21 from line 20 16,041,086. 12,432,657.	Beginning of Current Year End of Year

Part II Signature Block

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

Sign Here	Signature of officer: <i>Flozell Daniels, Jr.</i> FLOZELL DANIELS, JR., CEO Type or print name and title	Date: 1/20/11
Paid Preparer's Use Only	Preparer's signature: <i>Jamance Holmes</i> Date: JAN 11 2011 Firm's name (or yours if self-employed), address, and ZIP + 4: BOURGEOIS BENNETT, L.L.C. 111 VETERANS BLVD. 17TH FLOOR METAIRIE, LA 70005	Check if self-employed: <input type="checkbox"/> Preparer's identifying number (see instructions): EIN: _____ Phone no.: 504.831.4949

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION TO TRANSFORM THE DISASTER CAUSED BY HURRICANES KATRINA AND RITA INTO AN UNPRECEDENTED OPPORTUNITY FOR A NEW LOUISIANA - PROVIDING RESOURCES FOR THE RELIEF, RECOVERY, AND BETTERMENT OF ALL ITS PEOPLE BY ENSURING ACCESS AND OPPORTUNITY IN REBUILDING THEIR COMMUNITIES AND

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,864,075. including grants of \$ 5,245,455.) (Revenue \$ 3,142,341.) HURRICANE RELIEF ASSISTANCE TO VICTIMS OF HURRICANS KATRINA AND RITA PROVIDED THROUGH LOCAL NON-PROFIT AGENCIES

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 5,864,075.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> ...		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>		
		Yes	No
12A			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	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		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	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 through 24d and complete Schedule K. If "No," go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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? If "Yes," complete Schedule L, Part I		X
25b			X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
26			X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
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		X
28a			X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b			X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
29			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31			X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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		X
33			X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
34			X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
35			X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36			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		X
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	
38		X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No columns. Rows include questions 1a through 12b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1a		11
b Enter the number of voting members that are independent		
1b		11
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
3		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
4		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
5		X
6 Does the organization have members or stockholders?		X
6		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7a		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
8a	X	
b Each committee with authority to act on behalf of the governing body?	X	
8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X
9		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
10a		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
11		X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
12c		X
13 Does the organization have a written whistleblower policy?		X
13		X
14 Does the organization have a written document retention and destruction policy?		X
14		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
15a	X	
b Other officers or key employees of the organization	X	
15b	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **LA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MATT NUNEZ, DIRECTOR OF FINANCE - 225-383-1672**
4354 S. SHERWOOD FOREST BLVD., SUITE 200, BATON ROUGE, LA 70816

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
AMBASSADOR JAMES JOSEPH CHAIRMAN	0.50	X		X				0.	0.	0.
C. BERWICK DUVAL, II, J. VICE-CHAIRMAN	0.30	X		X				0.	0.	0.
JOHN R. REDD III, CPA SECRETARY/TREASURER	0.30	X		X				0.	0.	0.
BRENDA BIRKETT, PH.D., C DIRECTOR	0.30	X						0.	0.	0.
RENAE CONLEY, MBA DIRECTOR	0.30	X						0.	0.	0.
JULIO GALAN DIRECTOR	0.30	X						0.	0.	0.
LINETTA GILBERT DIRECTOR	0.30	X						0.	0.	0.
ROBERT MANN DIRECTOR	0.30	X						0.	0.	0.
KING MILLING DIRECTOR	0.30	X						0.	0.	0.
LT GENERAL RUSSEL HONORE DIRECTOR	0.30	X						0.	0.	0.
KIT CONROY DIRECTOR	0.30	X						0.	0.	0.
FLOZELL DANIELS, JR PRESIDENT AND CEO	40.00			X				154,663.	0.	3,150.

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2961251.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		2961251.				
	Program Service Revenue	Business Code					
2 a							
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		181,090.			181,090.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	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						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions.			3142341.	0.	0.	181,090.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5,245,454.	5,245,454.		
2 Grants and other assistance to individuals in 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	162,225.	54,075.	108,150.	
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	686,238.	312,993.	373,245.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	103,358.	44,582.	58,776.	
10 Payroll taxes	46,232.	19,638.	26,594.	
11 Fees for services (non-employees):				
a Management				
b Legal	8,010.		8,010.	
c Accounting	18,327.		18,327.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	111,827.			111,827.
f Investment management fees	13,735.		13,735.	
g Other				
12 Advertising and promotion	42,455.		42,455.	
13 Office expenses	115,075.	957.	114,118.	
14 Information technology				
15 Royalties				
16 Occupancy	53,376.		53,376.	
17 Travel	68,635.	5,598.	63,037.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,531.	32,077.	10,454.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,695.		15,695.	
23 Insurance	23,154.		23,154.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CONSULTING FEES	322,429.	135,214.	187,215.	
b DATA PROCESSING	72,185.	7,660.	64,525.	
c MEETINGS & MEALS	36,491.	5,827.	30,664.	
d DUES & SUBSCRIPTIONS	12,533.		12,533.	
e SECURITY	733.		733.	
f All other expenses	72.		72.	
25 Total functional expenses. Add lines 1 through 24f	7,200,770.	5,864,075.	1,224,868.	111,827.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	341,511.	1	6,418,037.
	2 Savings and temporary cash investments	11,119,526.	2	31,441.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	1,425,000.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 96,807.		
	b Less: accumulated depreciation	10b 59,582.	45,714.	10c 37,225.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,973,288.	12	5,206,069.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		16	13,117,772.	
17 Accounts payable and accrued expenses	217.	17	34.	
18 Grants payable		18		
19 Deferred revenue		19		
20 Tax-exempt bond liabilities		20		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
23 Secured mortgages and notes payable to unrelated third parties		23		
24 Unsecured notes and loans payable to unrelated third parties		24		
25 Other liabilities. Complete Part X of Schedule D	438,736.	25	685,081.	
26 Total liabilities. Add lines 17 through 25	438,953.	26	685,115.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,751,086.	27	10,412,796.
	28 Temporarily restricted net assets	290,000.	28	2,019,861.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	16,041,086.	33	12,432,657.	
34 Total liabilities and net assets/fund balances	16,480,039.	34	13,117,772.	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
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?	2c	X
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	

Form 990 (2009)

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26,195,724.	16,833,573.	2,963,991.	3,789,894.	2,961,251.	52,744,433.
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	26,195,724.	16,833,573.	2,963,991.	3,789,894.	2,961,251.	52,744,433.
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.						52,744,433.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	26,195,724.	16,833,573.	2,963,991.	3,789,894.	2,961,251.	52,744,433.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	262,969.	1,269,339.	1,013,376.	410,236.	181,090.	3,137,010.
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						55,881,443.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.39 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.40 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

LOUISIANA DISASTER RECOVERY FOUNDATION

Employer identification number

20-3399944

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

LOUISIANA DISASTER RECOVERY FOUNDATION

20-3399944

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	W.K. KELLOGG FOUNDATION ONE MICHIGAN AVE. EAST BATTLE CREEK, MI 49017	\$ 1,010,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BILL AND MELINDA GATES FOUNDATION P.O. BOX 23350 SEATTLE, WA 98102	\$ 753,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	FOUNDATION FOR THE MID SOUTH 134 E. AMITE STREET JACKSON, MS 39201	\$ 595,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MARY REYNOLDS BABCOCK FOUNDATION 2920 REYNOLDS RD. WINSTON SALEM, NC 27106	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	F.B. HERON FOUNDATION 100 BROADWAY 7TH FLOOR NEW YORK, NY 10005	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization LOUISIANA DISASTER RECOVERY FOUNDATION	Employer identification number 20-3399944
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Part II Noncash Property (see instructions)

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

Name of organization LOUISIANA DISASTER RECOVERY FOUNDATION	Employer identification number 20-3399944
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

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

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

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

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

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

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

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

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, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **LOUISIANA DISASTER RECOVERY FOUNDATION** Employer identification number **20-3399944**

Part I 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
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

- Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- 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 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)(i) and section 170(h)(4)(B)(ii)?
- In Part XIV, 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.

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116, 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		96,807.	59,582.	37,225.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 37,225.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,142,341.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,200,770.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-4,058,429.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	450,000.
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	450,000.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-3,608,429.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,142,341.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,142,341.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,142,341.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,200,770.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,200,770.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,200,770.

Part XIV 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: PART X, LINE 2: EFFECTIVE JULY 1, 2009, THE FOUNDATION

ADOPTED FASB ASC 740-10, ACCOUNTING FOR UNCERTAIN TAX POSITIONS. THIS ACCOUNTING STANDARD PROVIDES DETAILED GUIDANCE FOR FINANCIAL STATEMENT RECOGNITION, MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS. IT REQUIRES AN ENTITY TO RECOGNIZE THE FINANCIAL STATEMENT IMPACT OF A TAX POSITION WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION. THE ADOPTION OF THIS STANDARD HAD NO MATERIAL EFFECT ON THE FOUNDATION'S NET

Part XIV Supplemental Information *(continued)*

ASSETS, CHANGES IN NET ASSETS OR CASH FLOWS FOR THE YEAR ENDED JUNE 30,
2010. TAX YEARS ENDED JUNE 30, 2007 AND LATER REMAIN SUBJECT TO
EXAMINATION BY THE TAXING AUTHORITIES.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less: Charitable contributions			
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			()
	11	Net income summary. Combine line 3, column (d), and line 10			()

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column (d), and line 7			()

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .			
c If "Yes," enter name and address of the third party:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

LOUISIANA DISASTER RECOVERY FOUNDATION

Employer identification number
20-3399944

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACORN INSTITUTE, INC 1024 ELYSIAN FIELDS AVE. NEW ORLEANS, LA 70117	72-1488419	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT
ADVOCATES FOR ENVIRONMENTAL HUMAN RIGHTS - 650 POYDRAS ST. SUITE 2523 - NEW ORLEANS, LA 70130	68-0589886	501(C)(3)	8,000.	0.			CIVIC ENGAGEMENT
ALLIANCE INSTITUTE 200 S. BROAD STREET, SUITE 5 NEW ORLEANS, LA 70119	80-0532025	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT
BAYOU GRACE COMMUNITY SERVICES P.O. BOX 238 CHAUVIN, LA 70344	20-8026024	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT
BAYOU INTERFAITH SHARED COMMUNITY ORGANIZING - 1922 BAYOU ROAD - THIBODEAUX, LA 70301	72-1260542	501(C)(3)	105,500.	0.			CIVIC ENGAGEMENT
BROAD COMMUNITY CONNECTIONS P.O. BOX 19770 NEW ORLEANS, LA 70179	26-3184397	501(C)(3)	20,000.	0.			CIVIC ENGAGEMENT

2 Enter total number of section 501(c)(3) and government organizations **63.**

3 Enter total number of other organizations **63.**

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

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

ALL GRANTEES MUST FILE PROGRESS REPORTS WITH THE FOUNDATION. IN ADDITION, NUMEROUS VISITS ARE MADE.

Name of the organization

Employer identification number
20-3399944

LOUISIANA DISASTER RECOVERY FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL ACCESS PROJECT - CED 2714 CANAL STREET, SUITE 300 NEW ORLEANS, LA 70119	72-1511893	501(C)(3)	348,750.	0.			SMALL BUSINESS
CATHOLIC CHARITIES DIOCESE OF BATON ROUGE - 1900 S. ACADIAN THRUWAY - BATON ROUGE, LA 70821	72-0590685	501(C)(3)	25,000.	0.			DISASTER RELIEF
CENTER FOR LAW AND SOCIAL POLICY 1015 15TH STREET, NW; SUITE 400 WASHINGTON, DC 20005	23-7000150	501(C)(3)	100,000.	0.			CIVIC ENGAGEMENT
CENTRAL CITY RENAISSANCE ALLIANCE 1809 ORETHA CASTLE HALEY BLVD. NEW ORLEANS, LA 70113	26-1556360	501(C)(3)	24,000.	0.			CIVIC ENGAGEMENT
CHURCHES SUPPORTING CHURCHES 17100 CONTI STREET NEW ORLEANS, LA 70112	74-3214394	501(C)(3)	185,190.	0.			HOUSING
COLUMBIA UNIVERSITY MAILMAN SCHOOL OF PUBLIC HEALTH - 215 W. 125TH ST., SUITE 302 - NEW YORK, NY 10027	13-5598093	501(C)(3)	50,000.	0.			CIVIC ENGAGEMENT
COMMITTEE FOR A BETTER NEW ORLEANS 3023 PONCE DE LEONE NEW ORLEANS, LA 70119	72-0955566	501(C)(3)	45,000.	0.			CIVIC ENGAGEMENT
COMMUNITY INVESTMENT NETWORK 2205 UP ABOVE LANE RALEIGH, NC 27614	26-0238263	501(C)(3)	75,000.	0.			CIVIC ENGAGEMENT

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

Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number
20-3399944

LOUISIANA DISASTER RECOVERY FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DILLARD UNIVERSITY 2601 GENTILLY BLVD NEW ORLEANS, LA 70122	72-0408929	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT
EQUITY AND INCLUSION CAMPAIGN 1610 ORETHA CASTLE HALEY BLVD., STE NEW ORLEANS, LA 70113	26-4145201	501(C)(3)	193,140.	0.			CIVIC ENGAGEMENT
ENTERPRISE CORPORATION FOR THE DELTA - 4 OLD RIVER PLAVE, STE. A - JACKSON, MS 39202	64-0851798	501(C)(3)	7,340.	0.			HOUSING
FAMILY AND YOUTH COUNSELING AGENCY 220 LOUISE STREET LAKE CHARLES, LA 70601	72-0688561	501(C)(3)	150,000.	0.			CIVIC ENGAGEMENT
FIRST UNITED METHODIST CHURCH OF BATON ROUGE - 930 NORTH BLVD - BATON ROUGE, LA 70803	72-0445325	501(C)(3)	25,000.	0.			HOUSING
GLOBAL GREEN USA 841 CARONDELET STREET NEW ORLEANS, LA 70130	77-0387124	501(C)(3)	55,000.	0.			HOUSING / RELIEF
GOOD WORK NETWORK - CED 1824 ORETHA CASTLE HALEY BLVD NEW ORLEANS, LA 70113	72-1499442	501(C)(3)	323,750.	0.			SMALL BUSINESS
GREATER NEW ORLEANS EDUCATION FOUNDATION - 1515 POYDRAS ST., SUITE 1880 - NEW ORLEANS, LA 70112	72-1414109	501(C)(3)	45,000.	0.			CIVIC ENGAGEMENT

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

Schedule I-1 (Form 990) 2009

Name of the organization		Employer identification number 20-3399944						
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
LOUISIANA DISASTER RECOVERY FOUNDATION								
GREATER NEW ORLEANS FAIR HOUSING ACTION CENTER - 228 ST. CHARLES AVE., SUITE 1035 - NEW ORLEANS, LA 70130	72-1306717	501(C)(3)	112,500.	0.			HOUSING	
GREEN LIGHT NEW ORLEANS 8203 JEANETTE STREET NEW ORLEANS, LA 70118	20-8151937	501(C)(3)	20,000.	0.			SMALL BUSINESS	
INTERFAITH WORKER JUSTICE CENTER OF NEW ORLEANS - 3500 CANAL STREET - NEW ORLEANS, LA 70119	36-4063982	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT	
KIDS RETHINKING NEW ORLEANS' SCHOOLS - P.O. BOX 553 - POPLARVILLE, MS 39470	33-1203055	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT	
LOUISIANA BUCKET BRIGADE 4226 CANAL STREET NEW ORLEANS, LA 70119	72-1488935	501(C)(3)	50,000.	0.			CIVIC ENGAGEMENT	
LOUISIANA HOUSING ALLIANCE 406 N. 11TH STREET BAYON ROUGE, LA 70821	72-1306717	501(C)(3)	100,000.	0.			CIVIC ENGAGEMENT	
LOUISIANA JUSTIVE INSTITUTE 1631 ELYSIAN FIELDS AVENUE NEW ORLEANS, LA 70117	41-2237661	501(C)(3)	40,641.	0.			CIVIC ENGAGEMENT	
MAKE IT RIGHT FOUNDATION 1055 ST. CHARLES AVE., SUITE 500 NEW ORLEANS, LA 70130	26-0723027	501(C)(3)	75,000.	0.			HOUSING	

Name of the organization

LOUISIANA DISASTER RECOVERY FOUNDATION

Employer identification number
20-3399944

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILANO THE NEW SCHOOL FOR MANAGEMENT & URBAN POLICY - 72 FIFTH AVENUE - NEW YORK, NY 10011	13-3297197	501(C)(3)	50,000.	0.			CIVIC ENGAGEMENT
NEIGHBORHOOD DEVELOPMENT FOUNDATION - 4000 BIENVILLE STREET, SUITE A - NEW ORLEANS, LA 70119	58-1681468	501(C)(3)	150,000.	0.			HOUSING
NEW CORP BUSINESS ASSISTANCE CENTER - CED - 2900 ST. BERNARD AVENUE - NEW ORLEANS, LA 70119	72-1297875	501(C)(3)	323,750.	0.			SMALL BUSINESS
NEXT LEVEL INSTITUTE 2714 CANAL STREET, SUITE 407 NEW ORLEANS, LA 70119	41-2233180	501(C)(3)	25,000.	0.			SMALL BUSINESS
NFUNGOTAH, INC 7013 FIG STREET NEW ORLEANS, LA 70125	27-0275370	501(C)(3)	25,000.	0.			SMALL BUSINESS
NORTHERN LA INTERFAITH SPONSORING COMMITTEE - 3740 RUE DENISE - NEW ORLEANS, LA 70131	72-1438482	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT
OPERATION REACH, INC. 1 DREXEL DRIVE NEW ORLEANS, LA 70125	72-1451613	501(C)(3)	50,000.	0.			CIVIC ENGAGEMENT
ORLEANS RECOVERY FOUNDATION 1300 PERDIDO ST. NEW ORLEANS, LA 70112	20-8463085	501(C)(3)	113,568.	0.			CIVIC ENGAGEMENT

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

Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number
20-3399944

LOUISIANA DISASTER RECOVERY FOUNDATION

Part I: Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FICO LOUISIANA 4550 NORTH BLVD. SUITE 207 BATON ROUGE, LA 70806	94-2206497	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT
POLICYLINK 101 BROADWAY OAKLAND, CA 94607	94-3297479	501(C)(3)	93,000.	0.			CIVIC ENGAGEMENT
POLITICAL AND ECONOMIC RESEARCH COUNCIL - 100 EUROPA DRIVE, SUITE 400 - CHAPEL HILL, NC 27517	20-5179792	501(C)(3)	50,000.	0.			CIVIC ENGAGEMENT
PUNTES NEW ORLEANS 1050 SOUTH JEFF DAVIS PARKWAY, SUITE NEW ORLEANS, LA 70125	20-8846196	501(C)(3)	50,000.	0.			CIVIC ENGAGEMENT
SAVE OUR SCHOOLS NEW ORLEANS 826 IDA PLACE, STE. B NEW ORLEANS, LA 70119	20-4052122	501(C)(3)	5,000.	0.			CIVIC ENGAGEMENT
SECOND HARVEST FOOD BANK 1201 SAMS AVENUE NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	25,000.	0.			DISASTER RELIEF
SHALOM ZONE COMMUNITY, INC. 2309 DRYADES STREET NEW ORLEANS, LA 70113	72-1474651	501(C)(3)	69,000.	0.			HOUSING
SOUTHERN MUTUAL HELP ASSOCIATION 3602 OLD JEANERETTE RD NEW IBERIA, LA 70563	72-0696092	501(C)(3)	15,000.	0.			DISASTER RELIEF

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

Schedule I-1 (Form 990) 2009

Name of the organization

Employer identification number
20-3399944

LOUISIANA DISASTER RECOVERY FOUNDATION

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN UNIVERSITY A&M P.O. BOX 9723 BATON ROUGE, LA 70813	23-7052911	501(C)(3)	225,000.	0.			CIVIC ENGAGEMENT
ST. GABRIEL THE ARCHANGEL 4700 PINNED CHURCH NEW ORLEANS, LA 70126	31-0757800	501(C)(3)	25,000.	0.			HOUSING
TERREBONNE READINESS AND ASSISTANCE COALITION - 1220 AYCOCK STREET - HOUMA, LA 70360	58-1717976	501(C)(3)	10,000.	0.			DISASTER RELIEF
TEKREMA CENTER FOR ART AND CULTURE 5640 BURGANDY STREET NEW ORLEANS, LA 70115	72-1500232	501(C)(3)	20,000.	0.			SMALL BUSINESS
THE GREATER NEW ORLEANS DISASTER RECOVERY PARTNERSHIP - 1717 TCHOUPITOU LAS STREET - NEW ORLEANS, LA 70130	26-1087804	501(C)(3)	100,000.	0.			HOUSING
THE IDEA VILLAGE 638 CAMP STREET NEW ORLEANS, LA 70130	45-0470675	501(C)(3)	40,000.	0.			SMALL BUSINESS
THE IDEA VILLAGE - CED 638 CAMP STREET NEW ORLEANS, LA 70130	45-0740675	501(C)(3)	329,750.	0.			SMALL BUSINESS
THE JEREMIAH GROUP 2028 PAXTON GROUP, SUITE A NEW ORLEANS, LA 70058	72-1319907	501(C)(3)	100,000.	0.			CIVIC ENGAGEMENT

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

Name of the organization

LOUISIANA DISASTER RECOVERY FOUNDATION

Employer identification number
20-339944

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PEOPLE'S INSTITUTE FOR SURVIVAL - P.O. BOX 70175 - NEW ORLEANS, LA 70117	72-1160700	501(C)(3)	77,500.	0.			HOUSING
TULANE INSTITUTE ON WATER RESOURCES LAW & POLICY - 6329 FRERET STREET, SUITE 359C - NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	50,000.	0.			CIVIC ENGAGEMENT
UNITED HOUMA NATION, INC. 20986 HWY. 1 GOLDEN MEADOW, LA 70357	72-0742264	501(C)(3)	75,000.	0.			HOUSING
UNITY OF GREATER NEW ORLEANS 2475 CANAL STREET, SUITE 300 NEW ORLEANS, LA 70119	72-1222911	501(C)(3)	200,000.	0.			CIVIC ENGAGEMENT
UNIVERSITY OF NEW ORLEANS 2000 LAKESHORE DRIVE NEW ORLEANS, LA 70148	72-1051326	501(C)(3)	12,500.	0.			CIVIC ENGAGEMENT
URBAN LEAGUE OF GREATER NEW ORLEANS - 2322 CANAL STREET - NEW ORLEANS, LA 70119	72-0423627	501(C)(3)	25,000.	0.			CIVIC ENGAGEMENT
WAY MAKERS MINISTRIES P.O. BOX 74053 NEW ORLEANS, LA 70174	72-1240077	501(C)(3)	15,000.	0.			HOUSING
WHITE BOOT BRIGADE 7214 ST. CHARLES AVE, BOX 907 NEW ORLEANS, LA 70118	26-2477706	501(C)(3)	15,000.	0.			DISASTER RELIEF

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

Schedule I-1 (Form 990) 2009

Name of the organization

LOUISIANA DISASTER RECOVERY FOUNDATION

Employer identification number
20-339944

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILDFLOWER COMMUNITY DEVELOPMENT CORPORATION - 800 BRASHER AVE - MORGAN CITY, LA 70380	86-1155699	501(C)(3)	36,562.	0.			SMALL BUSINESS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **LOUISIANA DISASTER RECOVERY FOUNDATION** Employer identification number **20-3399944**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.
 For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) FLOZELL DANIELS, JR	154,663.	0.	0.	3,150.	0.	157,813.	0.
(ii)	0.	0.	0.	0.	0.	0.	0.
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
(ix)							
(x)							
(xi)							
(xii)							
(xiii)							
(xiv)							
(xv)							
(xvi)							
(xvii)							
(xviii)							
(xix)							
(xx)							
(xxi)							
(xxii)							
(xxiii)							
(xxiv)							
(xxv)							
(xxvi)							
(xxvii)							
(xxviii)							
(xxix)							
(xxx)							

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

LOUISIANA DISASTER RECOVERY FOUNDATION

Employer identification number

20-3399944

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HURRICANES KATRINA AND RITA INTO AN UNPRECEDENTED OPPORTUNITY FOR A NEW
LOUISIANA - PROVIDING RESOURCES FOR THE RELIEF, RECOVERY AND BETTERMENT
OF ALL ITS PEOPLE BY ENSURING ACCESS AND OPPORTUNITY IN REBUILDING
THEIR COMMUNITIES AND CULTURE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CULTURE.

FORM 990, PART VI, SECTION B, LINE 11: AFTER COMPLETION AND FILING OF THE
990 IT IS REVIEWED BY FLOZELL DANIELS, JR., CEO. AT THE NEXT BOARD MEETING
FOLLOWING THE FILING OF THE 990, A COPY IS REVIEWED BY THE BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS FOR DETERMINING THE
COMPENSATION OF FLOZELL DANIELS, JR., CEO, IS DECIDED BY THE BOARD OF
DIRECTORS. THE BOARD RESEARCHES THE COMPENSATION OF SIMILAR COMPANIES IN
THE NONPROFIT INDUSTRY IN ORDER TO COMPARE A COMPETITIVE AND REASONABLE
SALARY.

KEY EMPLOYEES RECEIVE RAISES FROM THE CEO. THE CEO CHECKS WITH SIMILAR
ORGANIZATION TO DETERMINE WHAT COMPETITIVE REASONABLE SALARIES ARE IN THE
INDUSTRY. THE CEO MAY CONSULT WITH THE BOARD OF DIRECTORS AT THEIR
DECISION.

FORM 990, PART VI, SECTION C, LINE 19: LDRF MAKES THEIR GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE
TO THE PUBLIC UPON REQUEST OF THIS INFORMATION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

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Name of the organization

LOUISIANA DISASTER RECOVERY FOUNDATION

Employer identification number

20-3399944

FROM 990, PART XI, LINE 2C

THE BOARD OF DIRECTORS OVERSEES THE SELECTION OF AN INDEPENDENT
AUDITOR.

SCHEDULE G, PART I, LINE 2B, COLUMN (V): FUNDRAISING CONSULTANT

Application for Extension of Time To File an Exempt Organization Return

48637
 LH
 2/15/11
 OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box ▶
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. MAILED CERTIFIED

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

NOV 09 2009

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization LOUISIANA DISASTER RECOVERY FOUNDATION	Employer identification number 20-3399944
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4354 S. SHERWOOD FOREST BLVD., NO. 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BATON ROUGE, LA 70816-4476	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MATT NUNEZ, DIRECTOR OF FINANCE - 4354 S. SHERWOOD

- The books are in the care of ▶ **FOREST BLVD., SUITE 200 - BATON ROUGE, LA 70816**
 Telephone No. ▶ **225-383-1672** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.