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Form **990**

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)

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

B Check displacable Charter of organization River Partishes Community Development Corporation D Employment Corporation 20-5550182	A	For the 2	010 cale	ndar year, or tax year beginning , 2010, and endir	ng		, 20	
Name change Instal without Post Office Box 70	В	Check if ap	pplicable	C Name of organization River Parishes Community Development Corporation		D Employer identification number		
Interest when Post Office Box 70 City or from: state or country; and ZiP + 4 Dicty or from: state or country; a		Address cl	hange	Doing Business As			20-5550182	
Install return Post Office Box 70 Copy or lown, state occurry, and 2IP + 4 Nortex of the post	_		· ·	Number and street (or P.O. box if mail is not delivered to street address) Room/su	ııte	E Telepho	one number	
Tornwinded Annewlated return Annewlated				Post Office Box 70			(504)465-666	
Application pending Application Application pending Applica	_			City or town, state or country, and ZIP + 4	-		<u> </u>	
Application pending F Alme and address of principal officer: Lify Galland Most office Box 70, Norco, La 70079-0070 Hop And all affiliates included? Web Most all affiliates i	$\overline{}$					G Gross n	ecents \$ 31.050	
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Tax-exempt status	ப	Application	n pending	· · · · · · · · · · · · · · · · · · ·				
Website:		-		<u> </u>				
Form of cognization Corporation Trust Association Other L. Year of formation 2008 M. State of legal domicale LA				[v] 501(c)(3)				
Summary						` 		
Briefly describe the organization's mission or most significant activities: To promote job creation through micro business lending or commercial development projects for the citizens of the parishes of St. Charles, St. James, and St. John the Baptist. 2 Check this box ▶ ☐ 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). 4 Number of individuals employed in calendar year 2010 (Part VI, line 1b). 5 Total number of individuals employed in calendar year 2010 (Part VI, line 2a). 5 Total number of volunteers (estimate if necessary). 7a Total unrelated business revenue from Part VIII, column (C), line 12 8 Contributions and grants (Part VIII, line 1th). 9 Program service revenue (Part VIII, line 1th). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d). 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). 13 Grants and similar amounts pand (Part IX, column (A), lines 13—3). 14 Benefits paid to or for members (Part IX, column (A), lines 13—3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10). 16 Professional fundraising tesse (Part IX, column (A), lines 15—10). 10 Total expenses. Add lines 13—17 (must equal Part IX, column (A), lines 15—10). 10 Total expenses. Subtract line 18 from line 12. 10 Total expenses. Subtract line 18 from line 12. 11 Signature Block. 12 Total assets (Part X, line 16). 13 Grants and similar amounts pand (A), lines 15—10. 14 Total expenses. Part IX, column (A), lines 15—10. 15 Signature Block. 16 Proving proper's name. 17 Proper's sengiture of which preparer is sengiture. 18 Proving proper's name. 19 Proving proper's name. 19 Proving proper's name. 10 Pr					ation 2006	M State	of legal domicile LA	
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Net unrelated business revenue from Part VIII, column (A), line 34 8 Contributions and grants (Part VIII, line 1h)	Š	2 (Check th	is box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25%	of its net asset	s.	MADE MADE	
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Net unrelated business revenue from Part VIII, column (A), line 34 8 Contributions and grants (Part VIII, line 1h)	S O	4 1	Number	of independent voting members of the governing body (Part VI, line 1b)			6	
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8 Contributions and grants (Part VIII, line 1h)	•	7a T	Total unr	related business revenue from Part VIII, column (C), line 12		7a	ACCEL 15	
8 Contributions and grants (Part VIII, line 1h)		ЬΝ	let unre	lated business taxable income from Form 990-T, line 34		₹b	OODLIV, UIO	
9 Program service revenue (Part VIII, Inne 2g)					Prior Y	ear	Current Year	
Total revenue (Part VIII, column (A), lines 5, 60, 86, 96, 10c, and 11e) 1.	enu	8 (Contribu	tions and grants (Part VIII, line 1h)		559,422	25,000	
Total revenue (Part VIII, column (A), lines 5, 60, 86, 96, 10c, and 11e) 1.		9 F	Program	service revenue (Part VIII, line 2g)		0	0	
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Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising esees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Indider 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 support to the correct, and complete. Declaration of preparer (where then officer) is based on all information of which preparer has any knowledge. 25 Signature of officer 26 Paid 27 Professional fundraising fees (Part IX, column (A), lines 15) 28 Paid 29 Professional fundraising fees (Part IX, column (A), line 16) 20 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 20 Total expenses. Add lines 13a-17 (must equal Part IX, column (A), lines 15 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total assets (Part X, line 18 from line 12 23 Total assets (Part X, line 18 from line 12 24 Total assets (Part X, line 18 from line 12 25 Total assets (Part X, line 18 from line 12 26 Total assets (Part X, line 18 from line 12 27 Total assets (Part X, line 18 from line 12 28 End of Year 19 End of Ye								
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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 frue, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Type or print hame and title Print/Type preparer's name Preparer's signature Farol J. Clement Firm's name Firm's EIN Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Type of print/Type preparer has any knowledge and belief, it is firmly knowledge and belief, it is firmly knowledge and belief, it is firmly knowledge. Check □ if self-employed 434-62-2480 Firm's address ▶ Phone no					 	1,109,932	1,033,040	
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Paid Preparer Preparer Preparer Proparer Preparer Preparer's signature	пе ≃	re		sing is Galleria Trestuent				
Paid Preparer Use Only Firm's name ▶ Firm's address ▶ May the IRS discuss this return with the preparer shown above? (see instructions) Farol J. Clement #434-62-2480 #434-62-2480 #494-62-2480 #494-62-2480 #495/26/1/ #494-62-2480 #495/26/1/ #495/26/							Гртім	
Preparer Use Only Firm's name Firm's address Phone no	Pa	id	1 1]	
## Firm's name Firm's name			Farol J	Clement Jacker 4	15/2011	self-emp	oloyed 434-62-2480	
May the IRS discuss this return with the preparer shown above? (see instructions)				name ▶	Fin	m's EIN ▶		
	7		Tallin 5 c		Ph	one no		
For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2010)								
	For	Paperwo	ork Redu	ction Act Notice, see the separate instructions. Cat I	No 11282Y		Form 990 (2010)	

Part I	V 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)? If "Yes,"	ļ		
_	complete Schedule A	1	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	\	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	į	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
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? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	~
b	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? If "Yes," complete Schedule D, Part VII	11b	•	1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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? If "Yes," complete Schedule F, Parts I and IV	14b		1
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? If "Yes," complete Schedule F, Parts II and IV	15		1
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? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20h		

Form 99	30 (2010)		,	Page 4
Part	IV Checklist of Required Schedules (continued)			
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	21	Yes	No
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	_	1
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		1
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	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
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	26		1
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	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		1
31	conservation contributions? If "Yes," complete Schedule M	30		1
32	Part I	31		1
33	complete Schedule N, Part II	32		✓
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
	IV, and V, line 1	34		1
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		√
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		1
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,			

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

38

	0 (2010)		1	Page 5
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			. 🗆
_			Yes	No
1a				1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_	١.	
0-	reportable gaming (gambling) winnings to prize winners?	1c	/	ļ
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i		ł
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		ļ	1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	-	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2-	ł	,
_	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	 	✓
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	-	-
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	<u> </u>		1
_	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?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		Ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		l	
	and services provided to the payor?	7a		ļ .
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	l		
	· ·	7c		
d e	·			}
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	 	-
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		\vdash
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	L	
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	1		
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			1
40-	against amounts due or received from them.)	1		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a	 	\vdash
		-	-	1
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a	 	+-
а	Note. See the instructions for additional information the organization must report on Schedule O.	130	 	+-
b	Enter the amount of reserves the organization is required to maintain by the states in which			1
_	the organization is licensed to issue qualified health plans			-
c	Enter the amount of reserves on hand	1		1

Did the organization receive any payments for indoor tanning services during the tax year?
If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a 14b

Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es in	Sche	aule
	Check if Schedule O contains a response to any question in this Part VI			
Secti	on A. Governing Body and Management			
٠.	Entertain to the state of the s	<u> </u>	Yes	No
1a b	Enter the number of voting members of the governing body at the end of the tax year			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5 6	✓	✓
6 7a	Does the organization have members or stockholders?	0	→	
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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			,
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	9 C	nde)	<u> </u>
0001	on bit onoice (The econor B requests information about policies not required by the internal reven		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," does the organization have written policies and procedures governing the activities of such			
11a	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .	10b		
IIa	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	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	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		1
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
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	15a		
b	Other officers or key employees of the organization	15b		\vdash
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?	46-		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		1
•	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3 for public inspection. Indicate how you make these available. Check all that apply.)s only	y) ava	ulable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	of inte	rest p	olicy,
	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 organization: ► Farol J. Clement, 218 Annex St, Reserve, LA 70084-6526	of the)	

	•
raue	

Form	OOO	/201	n
COURT	990	12U I	U

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.

- 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.

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

Check this box if neither the organization nor (A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average	Position (check all that apply)						Reportable	Reportable	Estimated amount of
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Julia Remondet Director	2	1						0	0	0
(2) Felecia Gomez Director	2	1						0	0	0
(3) Ricky Bosco Director	2	1						0	0	0
(4) Audrey Temple Director	2	1						0	o	0
(5) Rhonda Hotard Director	2	√						0	0	0
(6) John Dias Director	2	1						0	o	0
(7) Elise Chauvin Director	2	1						0	0	0
(8) Lily Galland President	4	1		1				0	o	0
(9) Corey Faucheux Vice President	4	1		✓				o	0	0
(10) Claudette Rogers Treausrer	4	✓		✓				0	o	0
(11) Farol Clement Secretary	4	1		1				o	o	0
(12)										
(13)										
(14)										
(15)										
(16)										

Part		 	Emplo	уе			Highe	est	1,,	Employees (c	ontinu	ed)		
	(A) (B) Name and title Average		0	/-		C)			(D)	(E)		(F)		
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	Individual to or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fi related organizations (W-2/1099-MIS	other compensation			
(17)													· ·	
(18)														
(19)														
(20)									 					
(21)														
(22)											-			
(23)								<u> </u>						
(24)											-			
(25)												_		
(26)											-	-		
(27)								-			-			
(28)														
1b c	Sub-total	•		•	•	 	•	>	0		0			0
d	Total number of individuals (including but						above	<u>►</u> e) w	/ho received m	L	0 0,000 i	n		0
	reportable compensation from the organi	zation >												
3	Did the organization list any former of							mp	oloyee, or high	est compens	sated		Yes I	
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the	sum of re	portal	ble (con	per	nsatio					3		✓
	organization and related organizations individual	·			-							4		✓_
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	idual ·	5		✓
	on B. Independent Contractors	<u>.</u>									<u> </u>			
1	Complete this table for your five highest compensation from the organization.	compensat	ed ind	depe	end	ent	contr	acte	ors that receive	ed more than	\$100,	000 of		
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompensa	ation	
NOT A	APPLICABLE						-					- "-	<u> </u>	
								⊢						
2	Total number of independent contractor received more than \$100,000 in compens							th	nose listed ab	ove) who				
	received more than wroo,000 in compens	2001110111	110 OI	yaı	.ıza	1011	_			L				

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
र छ	1a	Federated campaigns 1a					
E 등	b	Membership dues 1b		•			
g E	С	Fundraising events 1c					
a F	d	Related organizations 1d					
8,8	е	Government grants (contributions) 1e					
io is	f	All other contributions, gifts, grants,					
돌		and similar amounts not included above 1f	25,000				
	g	Noncash contributions included in lines 1a-1f \$	0				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a–1f		25,000			
			ss Code	20,000		-	
e l	2a	<u> </u>					
ě	<u>-</u>					•	
S	c				-		<u> </u>
S	d		-				
S L	e						
Ĭ.	f	All other program service revenue .			 · · · · · = ==		
Program Service Revenue	g g	Total. Add lines 2a–2f		0	I		
	3	Investment income (including dividends, i		-			
	-	and other similar amounts)		50	50		
	4	Income from investment of tax-exempt bond prod					
	5	Royalties	>				
			ersonal				
	6a	Gross Rents 6,000			İ		· '
	b	Less: rental expenses 0					
	C	Rental income or (loss) 6,000					
	d	Net rental income or (loss)	. •	6,000	6,000		
	7a	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other	.,	-,		
		assets other than inventory					
	b	Less: cost or other basis		İ			
		and sales expenses .					
	С	Gain or (loss)					
	d	Net gain or (loss)	▶	o	0		
		,					
renue	8a	Gross income from fundraising					
/eu		events (not including \$					
Re		of contributions reported on line 1c).					
ē		See Part IV, line 18 a					
Other Re	b	Less: direct expenses b					
•		Net income or (loss) from fundraising events	. ▶				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less					
		returns and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue Busin	ess Code				
	11a						
	b						
	С						
	d	All other revenue	_				
		Total. Add lines 11a–11d		<u> </u>			
	12	Total revenue. See instructions	🕨	31,050,31,050			1

Statement of Functional Expenses Part IX

campaign and fundraising solicitation

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). (B) Program service expenses (A) Total expenses (D) Fundraising expenses (C) Management and Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. general expenses Grants and other assistance to governments and organizations in the U.S. See Part IV. line 21 . . . 60,297 60,297 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 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 7 Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) . . Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): 11 3,500 3,500 Management b Legal Accounting C Lobbying Professional fundraising services. See Part IV, line 17 e Investment management fees f Other 100 100 12 Advertising and promotion . 272 272 13 Office expenses . . . 14 Information technology . . . 15 Royalties 16 Occupancy 5,400 5,400 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 19 883 883 20 Payments to affiliates 21 31.547 22 31,547 Depreciation, depletion, and amortization . 23 4,298 4,298 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) 1,659 1,659 b C d All other expenses Total functional expenses. Add lines 1 through 24f 47,659 107,956 60,297 25 Joint costs. Check here ▶☐ If following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational

Balance Sheet Part X (A) (B) Beginning of year End of year 124,869 79,510 2 Savings and temporary cash investments 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets 7 7 8 8 Prepaid expenses and deferred charges . . . 9 9 Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 1,022,948 10b 953,536 b Less: accumulated depreciation 69,412 985.083 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 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,109,952 16 1,033,046 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Liabilities 22 Pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities. Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117, check here ▶ □ and complete Net Assets or Fund Balances lines 27 through 29, and lines 33 and 34. 1,109,952 27 1,033,046 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 1,109,952 1,033,046 33 33 Total liabilities and net assets/fund balances 1,033,046 1,109,952 34 Form 990 (2010)

orm 99	90 (2010)			Pag	ge 12
Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		31	1,050
2	Total expenses (must equal Part IX, column (A), line 25)	2		107	7,956
3	Revenue less expenses. Subtract line 2 from line 1	3		(76	,906)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,109	9,952
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		1,033	3,046
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII		- <u>.</u>		
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain in		Yes	No
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓
b	Were the organization's financial statements audited by an independent accountant?		2b		√
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o of the audit, review, or compilation of its financial statements and selection of an independent account		2c		
	If the organization changed either its oversight process or selection process during the tax year, exchedule O.	oplain in			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the yearsued on a separate basis, consolidated basis, or both:	ar were			

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

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

Form **990** (2010)

3a

3b

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

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION** 20-5550182 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III–Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of organization in col. (described on lines 1-9 in col. (i) listed in your the organization in support organization col. (ii) of your (i) organized in the U.S? above or IRC section governing document? support? (see instructions)) Yes Nο Yes No Yes No (A) (B) (C) (D) (E)

Total

Schedul	e A (Form 990 or 990-EZ) 2010						Page 2
Part	II Support Schedule for Organiza	tions Descri	bed in Secti	ons 170(b)(1)	(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	qualify under	the tests lis	ted below, ple	ease comple	te Part III.)	
<u>Secti</u>	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	130,000	835,846	559,422	25,000	1,550,268
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	0	130,000	835,846	559,422	25,000	1,550,268
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.		·			· ·	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	0	130,000	835,846	559,422	25,000	1,550,268
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	6,175	6,050	12,225
9	Net income from unrelated business activities, whether or not the business is regularly carned 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						1,562,493
12	Gross receipts from related activities, etc.]	12	
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth,	or fifth tax ye	ear as a section	ı 501(c)(3)
	organization, check this box and stop he			<u> </u>			> 🗸
<u>Secti</u>	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6		-			14	%
15 16a	Public support percentage from 2009 Sch 331/2% support test—2010. If the organization qual box and stop here. The organization qual	zation did not o	heck the box	on line 13, and	line 14 is 331		% neck this . ► □
b	331/3% support test—2009. If the organ check this box and stop here. The organic	nization did not	check a box	on line 13 or	16a, and line		
	10%-facts-and-circumstances test – 20 10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circui	ind-circumsta mstances" tes	nces" test, che t. The organiza	ck this box an ition qualifies a	d stop here. E as a publicly su 	ine 14 is xplaın in ipported . ► [
b	10%-facts-and-circumstances test 20	009. If the orga	nization did no	ot check a box	on line 13, 16	a. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

SCHEDULE D (Form 990)

Supplemental Financial Statements

2010

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

OMB No 1545-0047

Employer identification number **River Parishes Community Development Corporation** 20-5550182 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 1 2 Aggregate contributions to (during year) . 3 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? ☐ Yes ☐ No 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 ☐ Yes ☐ No 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). ☐ 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 Total number of conservation easements . . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 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) 8 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 XIV, the text of the footnote to its financial statements that describes these items. 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: 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

Page	2

Part	Organizations Maintaining Co	llections of	Art, Hist	orical	Treasures,	or Ot	her Similar A	ssets (d	contin	nued)
3	Using the organization's acquisition, according to the organization of the collection items (check all that apply):	ession, and ot	her recor	ds, che	ck any of the	e follow	ving that are a	signıfica	nt use	of its
а	Public exhibition				an or exchar		_			
b	Scholarly research		e	☐ Ot	her					
C	☐ Preservation for future generations									
4	Provide a description of the organization'	s collections a	and expla	in how	they further	the org	anization's exe	empt pur	pose i	in Part
_	XIV.									
5	During the year, did the organization soli									
	assets to be sold to raise funds rather tha									□ No
Part					ganization a	answei	red "Yes" to H	orm 99	u, Pa	πιν,
10	line 9, or reported an amount or Is the organization an agent, trustee, cur				for contribute		other coasts		_	
14	included on Form 990, Part X?								Vaa	□No
b	If "Yes," explain the arrangement in Part >							. П	165	
D	ii res, explain the arrangement in Part 7	div and compi	ete the 10	llowing	lable.		1	Amount		
С	Beginning balance					10				
d	Additions during the year					1d				
e	Distributions during the year					1e	+			
f	Ending balance					1f				
2a	Did the organization include an amount or							. П [,]	Yes	□No
	If "Yes," explain the arrangement in Part >									
	V Endowment Funds. Complete		ation an	swered	"Yes" to F	orm 9	90, Part IV, lir	ne 10.		
		a) Current year	(b) Pno		(c) Two years		(d) Three years ba		our year	s back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses				ļ					
9	End of year balance									
2	Provide the estimated percentage of the y			s:						
а	Board designated or quasi-endowment		%							
b		%								
c 3a	Term endowment ▶ % Are there endowment funds not in the po	seegeeign of th	o organi	zation th	at are hold	and ad	munictored for	tha		
Ja	organization by:)33C33IOI OI II	ie organiz	Zation ti	iat are neid	and ad	minstered for	uic	Vac	s No
	(i) unrelated organizations							. 3a(\rightarrow) 110
	(ii) related organizations							. 3a(+
b	If "Yes" to 3a(ii), are the related organizati				dule R?	• • •		. 3b		+-
4	Describe in Part XIV the intended uses of									
Part										
	Description of investment	(a) Cost or ot			or other basis	(c)	Accumulated	(d) B	Book val	ue
	• • • • •	(investm			(other)		epreciation			
1a	Land									
b	Buildings									
С	Leasehold improvements				865,215				8	865,215
d	Equipment				157,733		69,412			88,321
е	Other									
Total.	Add lines 1a through 1e. (Column (d) must	equal Form 9	90, Part >	(, colum	n (B), line 10)(c).)	▶		9	53,536

SCHEDULE (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.

Open to Public Inspection 2010

OMB No. 1545-0047

▶ Attach to Form 990.

Employer identification number

Schedule I (Form 990) (2010) **%**□ **OPERATION OF FOOD** (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II ✓ Yes 20-5550182 Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" INCUBATOR Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance 0 ACTUAL \$ VALUE NOT APPLICABLE (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance (d) Amount of cash grant 60,297 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance can be duplicated if additional space is needed. RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION 72-0546906 Enter total number of other organizations (B) 1 (a) Name and address of organization or government (1) GOODWILL INDUSTRIES OF SOUTHEASTERN IOUISIANA **NEW ORLEANS, Ia 70119** (2) 3400 TULANE AVE Name of the organization Part I Part II N **2** € ව 9 9 8 6 9

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION 20-5550182 FORM 990 PART VI, Section A, Line 6: The Articles of Incorportation, Section A states that persons who from time to time are selected as members will be members of the Board of Directors. Section B states there shall be no classes of membership oan no stock certificates issues. FORM 990 PART VI, Section VI, Line 7a, 7b Article VII, Section 3, (Election of Officers) of the Bylaws of the Corporation state that the officers of the corporation shall be elected by a majority vote of the directors at the annual meeting of the board. Article VI, Section A of the Articles of Incorporation states that each member of the corporation shall be entitled to one (1) vote on each issue to come before a meeting of the Board of Directors FORM 990 PART VI, Section B, Line 11: Form 990 is reviewed by the eintire board of directors in attendance during a board meeting. Form 990 including supporting schedules is presented to the directors and reviewed by the preparer. FORM 990 PART VI, Section C, Line 19-The governing documents, conflict of interest policy, and the financial statements are available to the general public upon written request.

Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

Attachment

OMB No 1545-0172

▶ See separate instructions. Sequence No. 67 ► Attach to your tax return. Business or activity to which this form relates Name(s) shown on return Identifying number RIVER PARISHES COMMUNITY DEVELOPMENT CORP | Business Creation & Growth, Job Development 20-5550182 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 ▶ Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2010 7,711 17 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction placed in (business/investment use period only-see instructions) 19a 3-year property b 5-vear property 23,836 157,733 S/L 5 yrs 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs h Residential rental 275 yrs. MM S/L property 275 yrs MM S/L i Nonresidential real 39 vrs ММ S/L property MM S/L Section C-Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System S/L 20a Class life b 12-year 12 yrs S/L c 40-year 40 yrs ММ S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 31,547

portion of the basis attributable to section 263A costs

23 For assets shown above and placed in service during the current year, enter the