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Form 990-EZ

Short Form

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)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: RED RIVER VALLEY ASSOCIATION. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 709. City or town, state or country, and ZIP + 4: SHREVEPORT, LA 711620709

D Employer identification number: 72-0360834. E Telephone number: (318) 221-5233. F Group Exemption Number

G Accounting method: [X] Cash [] Accrual Other (specify)
I Website: N/A
J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 158,416

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	34,066	22	45,810
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	797	24	267
25 Total assets	34,863	25	46,077
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,863	27	46,077

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TO PROMOTE, ENCOURAGE, AND ASSIST IN THE CONSERVATION, NAVIGATION, AND DEVELOPMENT OF THE RED RIVER VALLEY AND ITS TRIBUTARY STREAMS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 TO PROMOTE, ENCOURAGE, AND ASSIST IN THE CONSERVATION, NAVIGATION, AND DEVELOPMENT OF THE RED RIVER VALLEY AND ITS TRIBUTARY STREAMS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	105,078
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	105,078

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of RED RIVER VALLEY ASSOCIATION Telephone no (318) 221-5233
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Yes, No. Row 45: 45, No

45a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Yes, No. Row 45a: 45a, No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Table with 2 columns: Question ID, Yes, No. Row 46: 46, No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

Table with 2 columns: Question ID, Yes, No. Row 47: 47

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

Table with 2 columns: Question ID, Yes, No. Row 48: 48

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 2 columns: Question ID, Yes, No. Row 49a: 49a

b If 'Yes,' was the related organization a section 527 organization?

Table with 2 columns: Question ID, Yes, No. Row 49b: 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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 (*****), Date (2011-05-24), Type or print name and title (RICHARD BRONTOLI EXECUTIVE DIRECTOR)

Paid Preparer's Use Only: Preparer's signature (GERALD W HEDGCOCK JR), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (or yours if self-employed), address, and ZIP + 4 (HEARD MCELROY & VESTAL LLP, 333 TEXAS STREET, SHREVEPORT, LA 71101), EIN, Phone no (318) 429-1525

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
RED RIVER VALLEY ASSOCIATION

Employer identification number

72-0360834

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST INCOME 38 TOTAL TO FORM 990-EZ, LINE 14 4,130

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION OTHER INCOME AMOUNT 28 DESCRIPTION NAVIGATION CHARTS AMOUNT 100 TOTAL TO FORM 990-EZ, LINE 8 128

Identifier	Return Reference	Explanation
OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 530 DESCRIPTION OTHER EXPENSES AMOUNT 3,600

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONVENTION EXPENSES AMOUNT 25,613 DESCRIPTION CONFERENCE FEES AMOUNT 1,328 DESCRIPTION DUES AMOUNT 1,200 DESCRIPTION INSURANCE AMOUNT 1,627 DESCRIPTION MEALS/BOARD DINNERS AMOUNT 4,955 DESCRIPTION NAVIGATION CHARTS AMOUNT 220 DESCRIPTION OFFICE EXPENSES AMOUNT 1,159 DESCRIPTION PAYROLL TAXES AMOUNT 6,338 DESCRIPTION TELEPHONE AMOUNT 1,370 DESCRIPTION TRAVEL AMOUNT 7,108 DESCRIPTION AUTO MILEAGE REIMBURSEMENT AMOUNT 8,133 TOTAL TO FORM 990-EZ, LINE 16 59,051

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 797 END OF YEAR AMOUNT 267

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: RED RIVER VALLEY ASSOCIATION

EIN: 72-0360834

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Additional Data

Software ID:
Software Version:
EIN: 72-0360834
Name: RED RIVER VALLEY ASSOCIATION

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
RICHARD BRONTOLI P O BOX 709 SHREVEPORT, LA 71162	EXECUTIVE DIRECTOR 40 00	74,376	0	0
PHIL ALFORD P O BOX 709 SHREVEPORT, LA 71162	VICE PRESIDENT 1 00	0	0	0
CHARLES BLACK P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0
RANDY BOBO P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0
GAYTHER CRANK P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0
WAYNE DOWD P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0
DWAYNE RAPER P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0
DAN YORK P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0
WARREN PLYLER P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0
JERRY BOUGHTON P O BOX 709 SHREVEPORT, LA 71162	VICE PRESIDENT 1 00	0	0	0
A K ABE BUSADA P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0
MARC DUPUY P O BOX 709 SHREVEPORT, LA 71162	DIRECTOR 1 00	0	0	0