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

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

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

C Name of organization
RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
POST OFFICE BOX 70

City or town, state or country, and ZIP + 4
NORCO, LA 70079-0070

D Employer identification number
20-5550182

E Telephone number
(985)536-3263

F Group Exemption Number ▶

G Accounting Method: ☐ Cash ☑ Accrual Other (specify) ▶

I Website: ▶

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ 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 or a section 527 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 ▶ $ 48,430

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 ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	144,200
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	26
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	144,226
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1,127,493
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	220
	16	Other expenses (describe in Schedule O)		16	320
	17	**Total expenses.** Add lines 10 through 16 ▶		17	1,128,033
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(983,807)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	1,033,046
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	(819)
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	48,420

RECEIVED
MAY 09 2012
OGDEN, UT
IRS-OSC

SCANNED MAY 11 2012

For Paperwork Reduction Act Notice, see the separate instructions. Cat No. 10642I Form **990-EZ** (2011)

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☑

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	79,510	22	39,220
23	Land and buildings	865,215	23	0
24	Other assets (describe in Schedule O)	88,321	24	9,200
25	**Total assets**	1,033,046	25	48,420
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)	1,033,046	27	48,420

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
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? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 **Goodwill Industries - assist in the development of a food incubator to promote small business enterprises. Services available to residents of all 3 parishes. Current services 20-30 clients**

(Grants $ 50,576) If this amount includes foreign grants, check here . . . . ▶ ☐ 28a

29 **Cajun Comfort - support purchase of property for development of 3 unit commercial property to spur economic development in Norco, LA, St. Charles Parish**

(Grants $ 115,000) If this amount includes foreign grants, check here . . . . ▶ ☐ 29a

30 **Serenity Hair Salon - support improvement to make salon more accessible to customers with disabilities and improvement to parking lot for business retention in Norco, LA**

(Grants $ 9,200) If this amount includes foreign grants, check here . . . . ▶ ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32

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) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Julia Remondet	Director-2 hrs	0	0	0
Felicia Gomez	Director-2hrs	0	0	0
Ricky Bosco	Director-2hrs	0	0	0
Audrey Temple	Director-2 hrs	0	0	0
Rhonda Hotard	Director-2 hrs	0	0	0
John Dias	Director-2 hrs	0	0	0
Elise Chauvin	Director-2 hrs	0	0	0
Lily Galland	President-4 hrs	0	0	0
Corey Faucheux	Vice President-4 hrs	0	0	0
Claudette Rogers	Treasurer-4 hrs	0	0	0
Farol Clement	Secretary-4 hrs	0	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
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. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		✓
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
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	36	✓	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
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?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	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	40b		✓
c	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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	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.	40e		✓
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ▶ **Farol J. Clement** Telephone no. ▶ **(985)536-3263**			
	Located at ▶ **218 Annex St, Reserve, LA** ZIP + 4 ▶ **70084-6526**			
b	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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
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 ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
45b	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 may need to be completed instead of Form 990-EZ (see instructions)	45b		✓

			Yes	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	46		✓

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, and complete the tables for lines 50 and 51.

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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	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."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NOT APPLICABLE				

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."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NOT APPLICABLE		

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: Lily A. Galland

Date: 04/26/2012

Lily A. Galland, President

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2011

Open to Public Inspection

Name of the organization	Employer identification number
RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION	20-5550182

Part I 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.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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: _____

5 ☐ 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.)

6 ☐ 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.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33⅓% 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 33⅓% 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.

a ☐ Type I **b** ☐ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

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) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	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)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col. (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .	130,000	835,846	559,422	25,000	144,200	1,694,468
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	130,000	835,846	559,422	25,000	144,200	1,694,468
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.						1,694,468

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	130,000	835,846	559,422	25,000	144,200	1,694,468
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	6,175	6,050	26	12,251
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						1,706,719

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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.28 %
15	Public support percentage from 2010 Schedule A, Part II, line 14	15	99.21 %

16a **33 1/3% support test—2011.** 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 . . . . . ▶ ☑

b **33 1/3% support test—2010.** 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 . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2011.** 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 . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2010.** 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 . . . . . ▶ ☐

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 . . . . . ▶ ☐

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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

20-5550182

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.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to 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 can be duplicated if additional space is needed . . . . ▶ ☐

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
(1) GOODWILL INDUSTRIES 3400 TULANE,NEW ORLEANS 70119	72-0546906		50,576	0	NA		FOOD INCUBATOR OPRNS
(2) CAJUN COMFORT, INC 15711 HWY 61, NORCO, LA 70079	72-1411310		115,000	0	NA		PURCHASE PROPERTY
(3) SERENITY HAIR SALON 15048 RIVER RD, NORCO, LA 70079	20-5494658		9,200	0	NA		PARKING LOT IMPROVEM
(4) ST CHARLES PARISH GOVT 15048 RIVERD, HAHNVILLE, LA 700	72-6001208			952,717	BOOK	DONATION OF FIXED ASS	FOOD INCUBATOR ASSET
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . ▶ 3

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

AT THE END OF THE GRANT PERIOD, GRANTEE MUST SUBMIT A COMPLETE NARRATIVE REPORT FOR THE GRANT PERIOD AND FINANCIAL REPORT DETAILING HOW THE FUNDS WERE SPENT INCLUDING COPIES OF RECEIPTS AND SUPPORTING DOCUMENTS.

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

► **Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.**
► **Attach certified copies of any articles of dissolution, resolutions, or plans.**
► **Attach to Form 990 or 990-EZ.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION

Employer identification number

20-5550182

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	2a		
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		
c	Become a direct or indirect owner of a successor or transferee organization?	2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ►			

Part I Liquidation, Termination, or Dissolution *(continued)*

Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

			Yes	No
3	Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3		
4a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a		
b	If "Yes," did the organization provide such notice?	4b		
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	5		
6a	Did the organization have any tax-exempt bonds outstanding during the year?	6a		
b	Did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b		
c	If "Yes" to line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III.			

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
917 THIRD ST, NORCO, LA 70079						
LEASEHOLD IMPROVEMENTS	03/21/2011	865,216	CONTRACT PRICE OF IMPROVEMENTS	72-6001208	ST CHARLES PARISH GOVT. PO BOX 302,HAHNVILLE, LA 70057	GOVERNMENT ENTIT
OFFICE EQUIPMENT	03/21/2011	11,075	BOOK VALUE			
KITCHEN EQUIPMENT	03/21/.2011	76,426				

			Yes	No
2	Did or will any officer, director, trustee, or key employee of the organization:			
a	Become a director or trustee of a successor or transferee organization?	2a		✓
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		✓
c	Become a direct or indirect owner of a successor or transferee organization?	2c		✓
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d		✓
e	If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶			

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 990-EZ or to provide any additional information.

▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION

Employer identification number
20-5550182

FORM 990EZ, LINE 10 GRANTS AND SIMILAR AMOUNTS PAID			$1,127,493
GOODWILL INDUSTRIES OF SOUTHEASTERN LOUISIANA, INC	$ 50,576		
CAJUN COMFORT, INC	115,000		
SERINITY HAIR SALON	9,200		
TOTAL GRANTS PAID		$174,776	
DONATION TO ST CHARLES PARISH GOVERNMENT 03/21/2011			
LEASEHOLD IMPROVEMENTS 917 THIRD ST, NORCO, LA	$865,216		
OFFICE EQUIPMENT (NET BOOK VALUE)	11,075		
KITCHEN EQUIPMENT-FOOD INCUBATOR (BOOK VALUE	76,426		
TOTAL DONATION		$952,717	
TOTAL FORM 990EZ, LINE 10			$1,127,493
COPY OF ACT OF DONATION ATTACHED			
FORM 990EZ, LINE 16			
LOUISIANA SECRETARY OF STATE	$275		
IRS EXEMPT ORGANIZATIONS SEMINAR	45		
TOTAL FORM 990EZ, LINE16	$320		
FORM 990EZ, LINE 20			
LOSS ON DISPOSITION OF ASSETS	$819		
FORM 990EZ PART II, LINE 24 OTHER ASSETS PRIOR YEAR			
OFFICE EQUIPMENT	$13,806		
KITCHEN EQUIPMENT	74,515		
TOTAL OTHER ASSETS-PRIOR YEAR	$88,321		
OTHER ASSETS-CURRENT YEAR- GRANT RECEIVABLE	$9,200		

Name of the organization	Employer identification number
RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION	20-5550182

FORM 990EZ, PART III-PRIMARY EXEMPT PURPOSE

TO ENHANCE ECONOMIC DEVELOPMENT ACTIVITIES INCLUDING BUSINESS CREATION AND GROWTH, JOB DEVELOPMENT AND QUALITY OF LIFE IN NORCO, LA AND THE RIVER PARISHES OF ST. CHARLES, ST. JAMES AND ST. JOHN THE BAPTIST

FORM 990 SCHEDULE I AMOUNT OF NON CASH GRANT-ST CHARLES GOVERNMENT			$952,717
LEASEHOLD IMPROVEMENTS-917 THIRD ST	CATCO GEN. CONTRACTOR(FIRM CONTRACT)	$802,814	
	MURRAY ARCHITECTS (FIRM CONTRACT)	60,000	
	PATRICIA DANFLOUS	2,402	
TOTAL LEASEHOLD IMPROVEMENTS			$865,216
OFFICE EQUIP., COPIERS, COMPUTERS (UNDEPRECIATED VALUE)		11,075	
KITCHEN EQUIPMENT-FOOD INCUBATOR (UNDEPRECIATED VALUE)		76,426	
TOTALOFFICE EQUIP AND KITCHEN EQUIP			87,501
TOTAL NON CASH GRANT			$952,717

ST. CHARLES PARISH

OFFICE OF THE COUNCIL

P.O. BOX 302 • HAHNVILLE, LA 70057
(985) 783-5000 • FAX (985) 783-2067
http://www.stcharlesparish-la.gov • bjacob@stcharlesgov.net

COUNCIL OFFICE MEMORANDUM

DATE: MARCH 29, 2011

TO: MR. COREY FAUCHEUX
ECONOMIC DEVELOPMENT AND TOURISM DIRECTOR

FROM: BARBARA JACOB-TUCKER, LCMC, CAA, CMA, CPC
COUNCIL SECRETARY

RE: ACT OF DONATION
MOVABLE PROPERTY LOCATED 917 THIRD ST., NORCO

On March 21, 2011, the St. Charles Parish Council adopted Ordinance No. 11-3-5 approving and authorizing the execution of an Act of Donation by the River Parishes Community Development Corporation for certain movable property located at 917 Third Street in Norco.

A copy of the ordinance along with four (4) partially executed original Donations are enclosed. Please return four (4) fully executed originals to our office. A recorded copy of the ordinance along with the Donation will be forwarded at a later date.

BJT/sm

enclosures

cc: Parish Council
Mr. Grant Dussom w/enclosure
Mr. Timothy J. Vial w/enclosure
River Parishes Community Development Corporation w/enclosure

2011-0082

INTRODUCED BY: V.J. ST. PIERRE, JR., PARISH PRESIDENT (DEPARTMENT OF ECONOMIC DEVELOPMENT & TOURISM)

ORDINANCE NO. 11-3-5

An ordinance to approve and authorize the execution of an Act of Donation by the River Parishes Community Development Corporation for certain movable property located at 917 Third Street in Norco.

WHEREAS, the River Parishes Community Development Corporation acquired certain movable property for the Edible Enterprises Food Technology Center at 917 Third Street in Norco; and,

WHEREAS, it is the desire of the River Parishes Community Development Corporation to donate said movable property to St. Charles Parish for its continued use at said Center.

THE ST. CHARLES PARISH COUNCIL HEREBY ORDAINS:

SECTION I. That the Act of Donation by the River Parishes Community Development Corporation for certain movable property located at 917 Third Street in Norco is hereby approved.

SECTION II. That the Parish President is hereby authorized to execute said Act of Donation on behalf of St. Charles Parish.

The foregoing ordinance having been submitted to a vote, the vote thereon was as follows:

YEAS: SCHEXNAYDRE, AUTHEMENT, RAYMOND, TASTET, BENEDETTO, HOGAN, COCHRAN, LAMBERT, NUSS
NAYS: NONE
ABSENT: NONE

And the ordinance was declared adopted this 21st day of March, 2011, to become effective five (5) days after publication in the Official Journal.

CHAIRMAN: [signature]
SECRETARY: [signature]
DLVD/PARISH PRESIDENT: March 22, 2011
APPROVED: ✓ DISAPPROVED:

PARISH PRESIDENT: [signature]
RETD/SECRETARY: March 28, 2011
AT: 11:30 AM RECD BY: [signature]

ACT OF DONATION **UNITED STATES OF AMERICA**

BY: RIVER PARISHES COMMUNITY DEVELOPMENT CORP. **STATE OF LOUISIANA**

TO: ST. CHARLES PARISH **PARISH OF ST. CHARLES**

BE IT KNOWN, that on the dates set forth below in the year of Our Lord two thousand eleven (2011).

BEFORE THE UNDERSIGNED NOTARIES PUBLIC, duly commissioned and qualified, in and for their respective Parishes and State therein residing, and in the presence of the witnesses hereinafter named and undersigned·

PERSONALLY CAME AND APPEARED:

RIVER PARISHES COMMUNITY DEVELOPMENT CORP. (TIN#20-5550182), a Louisiana corporation whose mailing address is P.O. Box 70, Norco, Louisiana 70079, represented herein by Lily Galland, its President, and as authorized by its Board of Directors on January 27, 2011;

hereinafter referred to as DONOR, which declared that, it does by these presents donate, give, grant, bargain, convey, transfer, assign, set over, abandon and deliver, without any warranties whatsoever, but with full substitution and subrogation in and to all the rights and actions of warranty which it has or may have against all preceding owners and vendors, unto.

ST. CHARLES PARISH, a political subdivision of the State of Louisiana, herein represented by V. J St. Pierre, Jr., Parish President, 15045 River Road, Hahnville and whose mailing address is P. O. Box 302, Hahnville, Louisiana, 70057; and pursuant to Ordinance No. 11-3-5 adopted by the St. Charles Parish Council on March 21, 2011, a copy of which is attached hereto and made a part hereof;

hereinafter referred to as DONEE, here present accepting for itself, its successors and assigns, and acknowledging due delivery and possession thereof, all and singular the property listed in **Attachment A**, a copy of which is attached hereto and made a part hereof;

TO HAVE AND TO HOLD the above described property unto the said Donee, its successors and assigns forever. Donee accepts this donation, with gratitude, of the above described property and acknowledge delivery and possession thereof.

As the context herein may require, the singular shall be deemed to include the plural and the masculine form shall be deemed to include the feminine and neuter.

THUS DONE AND PASSED in St. Charles Parish, State of Louisiana, on the 6th day of APRIL, 2011, in the presence of the undersigned competent witnesses, who hereunto sign their names with the said appearers, and me, Notary, after reading of the whole.

WITNESSES:

Printed Name Shirlyn B. Fahrig

Printed Name MICHELE F LAPINE

DONOR

RIVER PARISHES COMMUNITY DEVELOPMENT CORP.

NOTARY PUBLIC

Printed Name: LEON C. VIAL III

NOTARY ID# NOTARY PUBLIC, BAR NO: 13061

THUS DONE AND PASSED in St. Charles Parish, State of Louisiana, on the 6th day of APRIL, 2011, in the presence of the undersigned competent witnesses, who hereunto sign their names with the said appearers, and me, Notary, after reading of the whole

WITNESSES:

Printed Name Barbara Jacob Tucker

Printed Name Valarie Berthelot

ACCEPTANCE BY DONEE:
ST. CHARLES PARISH

BY: V. J. ST. PIERRE, JR.
PARISH PRESIDENT

NOTARY PUBLIC

Printed Name: Leon C. Vial III

NOTARY ID# 53825

Attachment A

Description	Brand	Quantity
Kitchen Equipment		
Step In Cooler	American	1
Step in Freezer		1
Reach In Freezer	Traulsen Model No. G22010	1
Reach In Refrigerator	Traulsen Model No. G20010	1
Kettle, gas-40 gallon	Cleveland Model No. KGL-40	1
Vertical Cutter/Mixer	Hobart Model NO. HCM450+Buildup	1
Freezer Merchandiser	True Food Servive Model No GDM-12F	1
Prep Sink	ADV-VSS-308	1
Pot Pan Sink	Regaline ADV-9-23-60-18R	1
Range 6-Burner	USR-PS-24G62656	1
Work Table	ADV-KMS-305	1
Soiled Dishtable	AdV-DTS-S70-48R	1
Dishwasher Door Type	HOB - AM14-255	1
Convection Oven, gas	Vulcan Hart Model No. SG44D	1
Braising Pan-25 gallon, gas	Cleveland	1
Mixer-20 quart-countertop	Univex Model No. SRM20	1
Oven Microwave	Amana Model No. RCS10MPA	1
Mixer-20 quart	Kitchen Aid Model No. KM25GOXW11	1
Slicer, Food	Global Model No. 3800	1
Fryer, gas	Dean Industries Model No. SR42G	2
Ice Maker, cube style	Ice-o-Matic Model No. ICE0400HA	1
Vacuum Packaging Machine	Berkel Model No. 250	1
Bun Pan Rack	Advance Tabco Model No PR20-3K	6
Refrigerated Counter	Beverage Air Model No. SP48-10	1
Receiving Scale	DET-854F50P	1
Food Processor, electric	Robot Coupe Model No. RZN	1
Electric Can Opener	Edlund Model No. 266/115V	1
Sink, 3 Compartment	Advanced Tabco Model No 9-23-60-18RL	1
Heater/Proofer Cabinet, Mobile	Serial # C5M00532	1
Worktable	ADV-SAG 306	3
Office Equipment		
Copier/Printer	Panasonic	1
Digital Phone W/Voicemail	CIX40	1
Projector with Case	Infocus	1
Various miscellaneous items under $1,000 purchase value		

RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION
FIXED ASSETS AND ACCUMULATED DEPRECIATION
AS OF JANUARY 1, 2011

DESCRIPTION	VALUE	METHOD	DATE IN SERVICE	PRIOR DEPR	CURRENT DEPR	ACCUM DEPR
Kitchen Equipment	$ 21,627.37	SL 5 yrs	1/1/2009	$ 4,325.47	$ 4,325.47	$ 8,650.94
Kitchen Equipment	$ 39,094.44	SL 5 yrs	1/1/2009	$ 7,818.89	$ 7,818.89	$ 15,637.78
Kitchen Equipment	$ 30,297.89	SL 5 yrs	3/20/2009	$ 4,544.68	$ 6,059.58	$ 10,604.26
Kitchen Equipment	$ 3,060.72	SL 5 yrs	5/7/2009	$ 357.08	$ 612.14	$ 969.22
Kitchen Equipment	$ 22,674.31	SL 5 yrs	5/7/2009	$ 2,645.34	$ 4,534.86	$ 7,180.20
Kitchen Equipment	$ 1,146.44	SL 5 yrs	6/16/2009	$ 114.64	$ 229.29	$ 343.93
Office Equipment	$ 1,277.24	SL 5 yrs	6/16/2009	$ 127.72	$ 255.45	$ 383.17
Copiers and Equipmnt	$ 19,152.39	SL 5 yrs	6/15/2007	$ 9,895.41	$ 3,830.48	$ 13,725.89
Computers	$ 16,671.17	SL 5 yrs	6/18/2007	$ 6,670.74	$ 3,334.46	$ 10,005.20
Leasehold Improvmnt	$ 865,215.47					
TOTALS	$ 1,020,217.44			$ 36,499.97	$ 31,000.62	$ 67,500.59

RECAP: DONATION TO ST. CHARLES PARISH GOVERNMENT

LEASEHOLD IMPROVEMENTS	$ 865,215.47
KITCHEN EQUIPMENT	$ 117,901.17
OFFICE EQUIPMENT (COPIERS AND COMPUTERS	$ 37,100.80
TOTAL	$ 1,020,217.44
LESS: ACCUMULATED DEPRECIATION	$ 67,500.59
NET ASSET VALUE	$ 952,716.85