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Cl	ick on	the o	question-mark	cons to	display	/ help	windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

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 private foundations)

OMB No 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

A For the 2016 calendary year, or tax year beginning .2018, and ending .2018, a	Inte	partment of the Treasury and Revenue Service Go to www.irs.gov/Form990EZ for instructions and the latest information.							
RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION 20-5850182 Numerouspy Institution Numerouspy Institution Numerouspy Institution Numerouspy	A	For the 2018 calendar year, or tax year beginning , 2018, and ending , 20							
Name Analyse Number and street of Pr.O. box, if mail is not delivered to street address) Room/Suite Follows in the province Po BOX 70 Po	В	Check If ap	oplicable.	D Employer identification number					
Positive numbers and the properties of the pr		Address c	change	20	-5550182				
First function minimated City or town, state or province, country, and ZiP or foreign postal code F Group Exemption Namber MeDicO, La 70079-0070 Namber Namber MeDicO, La 70079-0070		Name cha	inge	E Telephone number					
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Website: P Trax-exempt status (check only one)	=			NORCO, LA 70079-0070 () D Nur	mber ▶	7			
J Tax-exempt status (check only one) — 501(c)(3) 501(c) (G /	Account	ting Method:	☐ Cash	▶ ☐ if	the organization is not			
K Form of organization: Corporation Trust Association Other	1.1	Vebsite	:▶						
Radd fines 5h, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Fart II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Pair I	J T	ах-ехеп	npt status (che	eck only one) — ☐ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 (Form 9	3 90, 990	-EZ, or 990-PF).			
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) 2	K	Form of	organization:	✓ Corporation ☐ Trust ☐ Association ☐ Other					
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 10642I

Form **990-EZ** (2018)



m 990-EZ (Part II	Balance Sheets (see the instructio	ns for Part II)				Page
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LICA GO RECTOR JOREY TE RECTOR HONDA H RECTOR HISSA FI RECTOR DREY FAL RESIDENT	ts \$) If this amore program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Scheol (a) Name and title MEZ-WALKER, EMPLE, OTARD, COTARD, COTARD, COTARD, COTARD, COTARD,	count includes foreign gra 28a through 31a) I Key Employees (list each dule O to respond to a lob) Average hours per week devoted to position 2 2 2 2 2 2 8	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the i	322 instruction on 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ctions for Part IV
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LICA GO RECTOR JOREY TE RECTOR JONDA H RECTOR JOHN DIAS R	ts \$) If this amore program service expenses (add lines a List of Officers, Directors, Trustees, and Check if the organization used Scheol (e) Name and title MEZ-WALKER, EMPLE, OTARD, CHEUX, CHEUX, CHOCHARD, CHOC	count includes foreign gra 28a through 31a) I Key Employees (list each dule O to respond to a lob) Average hours per week devoted to position 2 2 2 2 2 2 8	ants, check here h one even if not com ny question in this (c) Reportable 27 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the inpensated—see the inpensated—see the inpensated—see the inpensated of the inpensated	32 instru yee (e) 0 0 0 0	ctions for Part IV
ELICA GO RECTOR JOREY TE RECTOR HONDA H RECTOR ELISSA FI RECTOR PRESIDENT CHELLE CE PRESI LY GALLA CRETAR	ts \$) If this amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Scheo (e) Name and title MEZ-WALKER, EMPLE, OTARD, CHEUX, TOUCHARD, IDENT AND	count includes foreign gra 28a through 31a) I Key Employees (list each dule O to respond to a lour per week devoted to position 2 2 2 2 2 2 2 2 2 2 2 2 2	ants, check here h one even if not com ny question in this (c) Reportable 27 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the inpensated—see the inpensated—see the inpensated—see the inpensated of the inpensated	32 instru on 0 0 0 0	ctions for Part IV
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LICA GO RECTOR R	It shis amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Scheol (e) Name and title MEZ-WALKER, EMPLE, OTARD, CHEUX, TOUCHARD, IDENT AND Y EMENT	count includes foreign grazes through 31a)	ants, check here h one even if not com ny question in this (c) Reportable 27 compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the interpretation of the part IV	32 instru yee (e) 0 0 0 0	ctions for Part IV
LICA GO RECTOR R	It shis amo program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Scheol (e) Name and title MEZ-WALKER, EMPLE, OTARD, CHEUX, TOUCHARD, IDENT AND Y EMENT	count includes foreign grazes through 31a)	ants, check here h one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the interpretation of the part IV	yee (e) 0 0 0 0 0	ctions for Part IV



	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			П	
		instructions for Part V.) Offects in the organization used Schedule O to respond to any question in this	s rait	Yes		
	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			
2	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		y	· 1
	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 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 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.	35b			
	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	35c		~	
	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	30			
	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		~	7
		If "Yes," complete Schedule L, Part II and enter the total amount involved	-			
	39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			.	
	b	Gross receipts, included on line 9, for public use of club facilities	1			
	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶				
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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]]	1720
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	405			a
	ŭ	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
	d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization				
	- е	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		7	,
	41	List the states with which a copy of this return is filed ▶				
	42a	The organization 5 books are in care of P	504-71 70084		4	
	b	Located at ► 218 ANNEX ST, RESERVE, LA ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	70084			
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO	
		If "Yes," enter the name of the foreign country ▶				
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	C	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		/	
	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		. 1	▶ □	
	44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No	
	44a	completed instead of Form 990-EZ	44a		<u> </u>	
	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		<u> </u>	
	С	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		<u> </u>	
	b	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			

nn 990)-EZ (20	0.0)						P	age 4
								Yes	No
6	Did th	he organization engage, directly or	indirectly, in political of	ampaign activities on	behalf of or	in oppositi	on		
		ndidates for public office? If "Yes,"		, Part I	· · · ·	<u> </u>	46		
art \		Section 501(c)(3) Organization							
		All section 501(c)(3) organization	ons must answer que	estions 47–49b and	52, and co	mplete the	tables f	or line	es
		50 and 51.							
		Check if the organization used S	chedule O to respond	to any question in t	his Part VI	<u> </u>			
							<u>,</u>	Yes	No
7	Did tl	he organization engage in lobbyin	g activities or have a	• •	n in effect o	during the t	ax		
	-	If "Yes," complete Schedule C, Pa					47		~
		organization a school as described	, , , , , , ,	•			48		~
9a	Did th	he organization make any transfers	to an exempt non-cha	aritable related organiz	zation?		49a		1
		es," was the related organization a					49b		
0	Comp	plete this table for the organization	's five highest compen	sated employees (oth	er than offic	ers, directo	rs, trustee	es, an	d key
	empl	oyees) who each received more the	an \$100,000 of compe	nsation from the orga	nization. If th	nere is none	, enter "N	lone."	
			(b) Average	(c) Reportable	(d) Health		(a) Fatimete		
	(a)	Name and title of each employee	hours per week	compensation (Forms W-2/1099-MISC)	contributions benefit plans,		(e) Estimate other corr		
			devoted to position	(Forms VV-2/1099-MISC)	comper	sation		•	
			7		į				
			†						
				1	1	i			
••••				ŀ	1				
				<u> </u>					
			-						
f	Total	number of other employees paid of		NONE					
		number of other employees paid o		. –		who each	received	more	than
1	Comp	plete this table for the organizatio	n's five highest comp	ensated independent		who each	received	more	than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio	n's five highest compaganization. If there is no	ensated independent	contractors		received Compensati		than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
J	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100,	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compaganization. If there is no	ensated independent one, enter "None."	contractors				than
1	Comp \$100, (a)	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compganization. If there is no ndent contractor	ensated independent one, enter "None." (b) Type of sen	contractors	(c) (Compensati		than
1 d	Comp \$100, (a)	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compganization. If there is not need to contractor	ensated independent one, enter "None." (b) Type of sen	contractors	(c) (Compensati		than
d d 22	Comp \$100, (a)	plete this table for the organizatio, 000 of compensation from the organization from the organization and business address of each independent continuation organization complete Scheen	n's five highest compganization. If there is not need to contractor	ensated independent one, enter "None." (b) Type of sen	contractors	NO ust attach	Compensation of the compen	on	
d 22	Comp \$100, (a)	plete this table for the organizatio, 000 of compensation from the organization from the	n's five highest compganization. If there is not need to contractor	ensated independent one, enter "None." (b) Type of sen	contractors	NO ust attach	Compensati	on	
d d	Comps \$100, (a)	plete this table for the organizatio, 000 of compensation from the organization from the organization from the organization state and business address of each independent continuation of other independent continuation complete Schedule A	n's five highest compganization. If there is no anization. If there is no anization anization. If there is no anization anization. If there is no anization anization anization anization anization anization. If there is no anization anizatio	over \$100,000	contractors	NO:	NE a Yes	on	40
d d	Comps \$100, (a)	plete this table for the organizatio, 000 of compensation from the organization from the organization from the organization and business address of each independent on the organization complete Schedule A	n's five highest compganization. If there is no anization. If there is no anization anization. If there is no anization anization. If there is no anization anization anization anization anization anization. If there is no anization anizatio	over \$100,000	contractors	NO:	NE a Yes	on	40
d 2	Comps \$100, (a)	number of other independent continue organization from the organization complete Schedule A of pergury I declare that I have examined the discomplete. Declaration of preparer (other the organization of preparer (other the other than	n's five highest compganization. If there is no anization. If there is no anization anization. If there is no anization anization. If there is no anization anization anization anization anization anization. If there is no anization anizatio	over \$100,000	contractors	NO:	NE a Yes	on	40
d 22	Comps \$100, (a) Total Did 1 comps analysis	number of other independent continue organization from the organization complete. Schedule A of penury, I declare that I have examined the decomplete. Declaration of preparer (other the organization of preparer (other the organization of officer than I have examined the decomplete.)	n's five highest compganization. If there is no anization. If there is not an anization is presented in the second in	over \$100,000	contractors	NO oust attach best of my knodge	NE a Yes	on	40
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d 2 der peed, com	Comp \$100, (a)	number of other independent continue organization from the organization from the organization from the organization from the organization of penury, I declare that I have examined the complete. Declaration of preparer (other the organization of preparer (other the organization).	n's five highest compganization. If there is no anization. If there is not an anization is presented in the second in	over \$100,000	nizations managements, and to the has any knowled	NO: ust attach best of my knodge	NE a Yes	on	40
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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.

Open to Public

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Department of the Treasury Internal Revenue Service Go to www.

Employer identification number 20-5550182

OMB No 1545-0047

2018

RIVE	RP	ARISHES COMMUNITY DEVELOP	MENT CORPORA	ATTON			20-55	50182
Pa	rt I	Reason for Public Char	ity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
The 1 2		anization is not a private founda A church, convention of church A school described in section	nes, or association 170(b)(1)(A)(ii).	on of churches descri (Attach Schedule E (F	ibed in s e orm 990	or 990-E	O(b)(1)(A)(i). Z).)	51
3 4		A hospital or a cooperative hos A medical research organizatio hospital's name, city, and state	n operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	
5		An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit described in
6 7		A federal, state, or local govern An organization that normally described in section 170(b)(1)	receives a subs	tantial part of its supp				n the general public
8		A community trust described in	section 170(b)	(1)(A)(vi). (Complete i	Part II.)			
9		An agricultural research organi or university or a non-land-grai university:	nt college of agri	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the college or
10		An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and uni	nctions—subject to co related business taxal	ertain exc ble incom	ceptions, ne (less si	and (2) no more that ection 511 tax) from	n 33¹/3% of its
11		An organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).	
12		An organization organized and of one or more publicly suppo Check the box in lines 12a thro	rted organization	ns described in secti	on 509(a)(1) or se	ection 509(a)(2). Se	e section 509(a)(3).
а		☐ Type I. A supporting organ the supported organization supporting organization. You	(s) the power to	regularly appoint or e	lect a ma	jority of t		
b	•	☐ Type II. A supporting organ control or management of to organization(s). You must of	he supporting o	rganization vested in	the same			
C		Type III functionally integrits supported organization(s						ally integrated with,
d	l	☐ Type III non-functionally in that is not functionally integred requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an	
e		Check this box if the organ functionally integrated, or T						e II, Type III
f		nter the number of supported o	•					
g		Provide the following information			r — —			· · · · · · · · · · · · · · · · · · ·
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you docur	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	131,346	100,000	106,000	124,807	123,240	585,393
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	131,346	100,000	106,000	124,807	123,240	585,393
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						585,393
Secti	on B. Total Support					·	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	131,346	100,000	106,000	124,807	123,240	585,393
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	306	402	487	582	503	2,280
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 VI.)						
11	Total support. Add lines 7 through 10						587,673
12	Gross receipts from related activities, etc.	•				12	
13	First five years. If the Form 990 is for the	-			-		
	organization, check this box and stop her				· · · ·	<u> </u>	▶ 🛮
	on C. Computation of Public Suppor			 			00.64
14	Public support percentage for 2018 (line 6		-			14	99.61 %
15	Public support percentage from 2017 Sch					15	99.68 %
16a	331/3% support test—2018. If the organi						
L	box and stop here. The organization qual 331/3% support test—2017. If the organization						
D	this box and stop here. The organization						
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17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch	neck this box a zation qualifies	and stop here.	Explain in supported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the	e "facts-and-c ts-and-circums	circumstances' stances" test.	'test, check The organizati	this box and so on qualifies as	stop here.
18	Private foundation. If the organization distructions	d not check a	box on line 13	, 16a, 16b, 17a	i, or 17b, chec	k this box and	

SCHEDULE O (Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Inspection

2018 Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization
RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION

Employer identification number 20-5550182

Form 990EZ Part 1, Line 8 Administrative F	ee Income \$10,824
Form 990EZ Part 1, Line 10 Grants:	
River Road Historical Society	\$5000
Brickman Nonprofit Solutions.	\$3000
Norco Civic Association	\$36,083
St. Charles School Board.	\$15,000
TOTAL GRANTS.	\$59,083
Form 990EZ Part 1, Line 16 Other Expense	
LA Secretary of State.	\$35
Directors and Officers Liability Insurance	\$1,340
Board Meeting Expenses	\$575
TOTAL OTHER EXPENSES	\$1,950
FORM 990EZ PART III PRIMARY PURPOSE	TO ENHANCE ECONOMIC DEVELOPMENT ACTIVITIES INCLUDING BUSINESS CREATION AND
GROWTH, JOB DEVELOPMENT AND QUAL	ITY OF LIFE IN NORCO LA AND THE RIVER PARISHES OF ST. CHARLES, ST. JAMES AND
St. JOHN THE BAPTIST.	
FORM 990EZ, PART III LINE 29 GRANTS	
RIVER ROAD HISTORICAL SOCIETY-DEST	REHAN PLANTATION. \$5,000
NORCO CIVIC ASSN PROMOTION THE REV	VITALIZATION FO DOWNTOWN NORCO, LA \$36,083
BRICKMAN NONPROFIT SLOUTIONS - COI	NDUCT COMMUNITY ASSESSMENT OF NORCO LA \$3,000
ST CHARLES PARISH SCHOOL BOARD - P	ROVIDE FUNDS FOR TECHNICAL TRAINING GRANT \$15,000
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