Click on the question-mark icons to display help windows The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you.

# **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)

2019

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

16 Other expenses (describe in Schedule O) 16 2,242 17 Total expenses. Add lines 10 through 16	<u>A F</u>	or the	2019 calenda	ar year, or tax year beginning , 2019, and ending			, 20					
Number and attended (or P.O. box if mail is not delivered to street address)	B Check if applicable			C Name of organization 24	D Empl	oyer id	entification number	?;				
Treat return whether   P O BOX 70   For trewn, state or province, country, and ZIP or foreign postal code   Amended return	□.	Adidress d	hange	RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION	205550182							
Polity of town, state or province, country, and ZIP or foreign pestal code   Application perding   NORCO, LA 70078-0070   Application   Number	╚	Name char	nge	Number and street (or P.O. box if mail is not delivered to street address) 22 Room/suite	E Telep	hone n	umber	_				
Amendative team   Oky or town, state or province, country, and ZiP or foreign postal code   Oky or town, state or province, country, and ZiP or foreign postal code   Oky or Country   Oky or				P O BOX 70		50	14-710-4164					
Ropecontring Method:   Cash   Ø Accrual   Other (specify)	_			City or town, state or province, country, and ZIP or foreign postal code	F Grou	ир Ехе	mption					
G Accounting Method: □Cash □ Accrual Other (specify) ▶   H Check ▶ □ If the organization is not required to attach Schedule B □ If Nate exampt status (check only one) □ D 501(c)(3) □ 501(c)(1) ■ (insert no.) □ 4947(e)(1) or □ 527   Form 930, 930-EZ, or 990-FF).  K Form of organization: □ Corporation □ Trust □ Association □ Other □ Add lines 56, can d7 b to line 91 to determine gross recepts, it gross recepts are \$200,000 or more, or if total assets   Part I   Country (91) are \$500,000 or more, file Form 990 instead of Form 990-EZ. □ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	_			NORCO , LA 70079-0070		•	· <del>_</del>					
Websites   Take-exempt status (check only one)								<u>_</u>				
Tax-exempt status (check only one)			-			_						
K Form of organization:   Corporation					_							
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   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )   Revenue, Expenses in Changes												
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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642l

Form **990-EZ** (2019)



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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   Check if the organization was service accomplishments (see the instructions for Part III)   Check if the organization of Part III)   Check if the organization is primary exempt purpose?   SEE SCHEDULE O   SE	Net assets or fund balances (line 27 of column (B) must agree with line 21)   230,092   27	ses ection 01(c)(4)
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   Check if the organization's program service accomplishments for each of its three largest program services accomplishments for each of its three largest program services accomplishments for each of its three largest program services accomplishments for each of its three largest program services accomplishments for each of its three largest program services accomplishments for each of its three largest program services accomplishments for each of its three largest program services accomplishments for each program title.   28a   28	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  at is the organization's primary exempt purpose?  SEE SCHEDULE O Scribe the organization's program service accomplishments for each of its three largest program services, measured by expenses. In a clear and concise manner, describe the services provided, the number of sons benefited, and other relevant information for each program title.  (Grants \$ ) If this amount includes foreign grants, check here	ses ection 01(c)(4)
Check if the organization used Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule O to respond to any question in this Part III   General Schedule Compensation   General Schedule Co	Check if the organization used Schedule O to respond to any question in this Part III	ection 01 (c)(4)
The tries of	(Grants \$   ) If this amount includes foreign grants, check here   29a	ection 01 (c)(4)
rescribe the organization's program service accomplishments for each of its three largest program services, organization's program services, is measured by expenses. In a clear and concise manner, describe the services provided, the number of enterons benefited, and other relevant information for each program title.  28  (Grants \$ ) If this amount includes foreign grants, check here	scribe the organization's program service accomplishments for each of its three largest program services, measured by expenses. In a clear and concise manner, describe the services provided, the number of stoons benefited, and other relevant information for each program title.    Grants \$   If this amount includes foreign grants, check here   28a	
s measured by expenses. In a clear and concise manner, describe the services provided, the number of ersons benefited, and other relevant information for each program title.    Common	measured by expenses. In a clear and concise manner, describe the services provided, the number of sons benefited, and other relevant information for each program title.    Grants \$   If this amount includes foreign grants, check here   28a	орнона
Carants \$   If this amount includes foreign grants, check here   28a	Grants \$ ) If this amount includes foreign grants, check here	
Grants \$   If this amount includes foreign grants, check here   28a	Grants \$ ) If this amount includes foreign grants, check here   28a  Grants \$ ) If this amount includes foreign grants, check here   29a  Grants \$ ) If this amount includes foreign grants, check here   30a  Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here   31a  Total program service expenses (add lines 28a through 31a)   32  Total program service, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title   (b) Average hours per week devoted to position   (Forms W-2/1039-MISC) (if not paid, enter -0-) (d) Health benefits, other compensation deferred compensation of the compensation of the paid, enter -0-) (d) Health benefits, of the compensation of the paid, enter -0-) (d) Health benefits, of the compensation of the paid, enter -0-) (d) Health benefits, of the paid, enter -0-) (e) Health benefits, of the paid, enter -0-) (e) Health benefits, of the paid, enter -0-) (e) Health benefits, of the pai	
Grants \$ ) If this amount includes foreign grants, check here	Grants \$   If this amount includes foreign grants, check here   28a	
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Grants \$   If this amount includes foreign grants, check here   28a	Grants \$   If this amount includes foreign grants, check here   28a	
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Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	
Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here	
Grants \$   If this amount includes foreign grants, check here   31a	Carants   If this amount includes foreign grants, check here	
Total program service expenses (add lines 28a through 31a)	2 Total program service expenses (add lines 28a through 31a)	
List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title  (b) Average hours per week of hours per week hours per week of hours per week devoted to position  (c) Reportable (c) R	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Check if the organization used Schedule O to respond to any question in this Part IV	
Check if the organization used Schedule O to respond to any question in this Part IV	Check if the organization used Schedule O to respond to any question in this Part IV	D - 4 11
(e) Average hours per week devoted to position (Forms W-2/1099-MISC) (fir not paid, enter -0-)  KEN OERTLING  DIRECTOR  AUDREY TEMPLE  DIRECTOR  B  DIRECTOR  DIRECTOR  DIRECTOR  DIRECTOR  DIRECTOR  DIRECTOR  B  DIRECTOR  B  DIRECTOR  DIRECTOR  DIRECTOR  B  DIRECTOR  DIRECTOR  DIRECTOR  DIRECTOR  B  DIRECTOR  DIRECTOR  DIRECTOR  B  DIRECTOR  DIRECTOR  DIRECTOR  DIRECTOR  B  DIRECTOR  DIRECTOR	(b) Average hours per week devoted to position  (c) Reportable 2: compensation (Forms W-2/1099-MISC) (Final paid, enter -0-)  (d) Health benefits, contributions to employee benefit plans, and deferred compensation  (e) Reportable 2: compensation (Forms W-2/1099-MISC) (Final paid, enter -0-)  (final paid, enter -0-)  (DIRECTOR  (DIRECTOR  2  (DIRECTOR  4  (DIRECTOR	Part IV
(a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (ff not paid, enter -0-) benefit plans, and deferred compensation other compensation (e) Estimated amo other compensation (ff not paid, enter -0-) benefit plans, and deferred compensation deferred compensation other compensation (e) Estimated amo other compensation (e) Estimated (e) Estimated	(a) Name and title  (b) Average hours per week devoted to position  (contributions to employee benefit plans, and deferred compensation  (contributions to employee benefit plans, and deferred compensation  (deferred compensation  (DIRECTOR  (DIRECTOR  (DIRECTOR  2  (DIRECTOR  (DIRECT	<u> </u>
devoted to position (fir not paid, enter -0-) deferred compensation deferred compensatio	devoted to position (Forms W-2 1095-MISC) (if not paid, enter -0-) deferred compensation	
DIRECTOR   2	N OERTLING   2	oensatio
DIRECTOR   2	DIRECTOR 2 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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DIRECTOR 0 0 1 0 1 14 1 14 1 14 1 1 1 1 1 1 1 1	Y GALLAND	
DIRECTOR 0 0	ROL CLEMENT	
	DIRECTOR 0	
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• • :

P	art V	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.) Check if the organization used Schedule C to respond to any question within		Yes	No	
33		the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a ailed description of each activity in Schedule O	33		~	
34	cop	re any significant changes made to the organizing or governing documents? If "Yes," attach a conformed y of the amended documents if they reflect a change to the organization's name. Otherwise, explain the nge on Schedule O. See instructions	34		<b>V</b>	?;
3	5a Did	the organization have unrelated business gross income of \$1,000 or more during the year from business vities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~	
	b If "Y	es" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b			
	repo	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, orting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		~	
3(	duri	the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets ng the year? If "Yes," complete applicable parts of Schedule N	36		/	.?:
37		er amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			لب	
21		the organization file <b>Form 1120-POL</b> for this year?	37b		<u> ,                                   </u>	
•	any	such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<u>ー</u>	?1
		es," complete Schedule L, Part II, and enter the total amount involved   38b	-		1	_
39		tion 501(c)(7) organizations. Enter:				
		ation fees and capital contributions included on line 9				
		ss receipts, included on line 9, for public use of club facilities	<b>∤</b>		1	
40	sect	tion 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  ; section 4912 ►; section 4955 ►				
	exc	ess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		l	,?1
		tion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100		Ī	
	on c	organization managers or disqualified persons during the year under sections 4912, 5, and 4958				
	40c	etion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line erembursed by the organization				
		organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter isaction? If "Yes," complete Form 8886-T	40e		~	
4		the states with which a copy of this return is filed ▶				
42		organization o books atom our our profile and one of profile and one o	504-71	0-4164	1	
		ated at ▶ 218 ANNEX ST, RESERVE, LA 70084-6526 ZIP + 4 ▶  iny time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No	•
	a fin	nancial account in a foreign country (such as a bank account, secunties account, or other financial account)?	42b	1.03	~	•
		res," enter the name of the foreign country ▶				
		the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and ancial Accounts (FBAR).				
		ny time during the calendar year, did the organization maintain an office outside the United States?	42c		<b>V</b>	•
4		tion 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. 1	<b></b>	
	and	enter the amount of tax-exempt interest received or accrued during the tax year		157		•
	an Did	the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No	i
*		npleted instead of Form 990-EZ	44a		~	ļ
		the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	445			
		npleted instead of Form 990-EZ	44b 44c		7	
		Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770			İ
		lanation in Schedule O	44d			I
4	•	the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	•
	<b>b</b> Did	the organization receive any payment from or engage in any transaction with a controlled entity within the				
		aning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of m 990-EZ. See instructions	45b	<u></u>	~	

Form 990	D-EZ (20	(2019)						Pa		
		ne organization engage, directly or in- ndidates for public office? If "Yes," co					46	Yes	No	
Part \	/1	Section 501(c)(3) Organizations All section 501(c)(3) organizations 50 and 51. Check if the organization used Sch	Only s must answer que	stions 47-49b an	d 52, and c	omplete the ta	ables f		 es	
48 49a b 50	year? Is the Did th If "Ye Comp	ne organization engage in lobbying a If "Yes," complete Schedule C, Part organization a school as described in the organization make any transfers to s," was the related organization a sepolete this table for the organization's oyees) who each received more than	II	i)? If "Yes," complet ritable related orga on? sated employees (c	e Schedule Enization?	icers, directors,	47 48 49a 49b truste	Yes es, an	No ✓ ✓ d key	
	<del></del>	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Heal contribution benefit plan	th benefits, s to employee (e)	Estimate	ed amo	unt of	
								· .		
f Total number of other employees paid over \$100,000  51 Complete this table for the organization's five highest com \$100,000 of compensation from the organization. If there is  (a) Name and business address of each independent contractor				pensated independent contractors who each reconne, enter "None."			ceived more than			
					····					
d 52	Did t	number of other independent contra the organization complete Schedu eleted Schedule A			.▶ganizations		· ✓ Yes	• 🗆 1	 No	
Under pe	enaltres rect, an	of penjury, I declare that I have examined this rid complete Declaration of preparer (other than	eturn, including accompan officer) is based on all info	ying schedules and state ormation of which prepar	ements, and to t er has any know	he best of my knowl ledge.	edge an	d belief,	rt ıs	
Sign Here	?1	Signature of officer  Corey Faucheux, President  Type or print name and title						20		
Paid Prepa Use (		Print/Type preparer's name  Firm's name ▶	Preparer's signature		Date F	Check ☐ if self-employed	PTIN			
		Firm's address ▶ discuss this return with the preparer	shown above? See	instructions	P	hone no.	☐ Ye	s 🗆	No	

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Employer identification number Name of the organization 20-5550182 RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . . . Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (ii) EIN (iv) Is the organization (i) Name of supported organization (iii) Type of organization (described on lines 1-10 listed in your governing support (see other support (see document? instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

**Total** 

18

Schedu	e A (Form 990 or 990-EZ) 2019						Page 2
Part							
	(Complete only if you checked th						lify under
	Part III. If the organization fails to	qualify under	the tests list	ted below, pl	ease complet	te Part III.)	
	on A. Public Support				•		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		1				
_	include any "unusual grants.")	100,000	106,000	124,807	123,240	100,400	554,447
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	}		ļ			
4	Total. Add lines 1 through 3	100,000	106,000	124,807	123,240	100,400	554,447
	-	100,000	100,000	124,007	120,240	100,100	
5	The portion of total contributions by		ł				
	each person (other than a governmental unit or publicly		1				
	supported organization) included on		į				
	line 1 that exceeds 2% of the amount		1				
	shown on line 11, column (f)		1				
6	Public support. Subtract line 5 from line 4						554,447
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	100,000	106,000	124,807	123,240	100,400	554,447
8	Gross income from interest, dividends,			Ì			
	payments received on securities loans,			ļ			
	rents, royalties, and income from			Ī			
	similar sources	402	487	582	503	536	2,510
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)		Ì				
11	Total support. Add lines 7 through 10						556,957
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	300,001
13	First five years. If the Form 990 is for the	•	•	d. third. fourth.			501(c)(3)
	organization, check this box and stop he	_					
Secti	on C. Computation of Public Suppor				· · · · · ·	·-	
14	Public support percentage for 2019 (line 6			1, column (f))		14	99.55 %
15	Public support percentage from 2018 Sch	nedule A, Part II	, line 14 .		[	15	99.61 %
16a	331/3% support test-2019. If the organi						
	box and stop here. The organization qual	•		-			
b	331/3% support test - 2018. If the organia						
	this box and <b>stop here.</b> The organization	qualifies as a p	ublicly suppor	ted organizati	on		▶ 🗆
17a	10%-facts-and-circumstances test - 20	<b>019.</b> If the orga	nization did ne	ot check a box	on line 13, 16	Sa, or 16b, and	line 14 is
	10% or more, and if the organization me	ets the "facts-	and-circumsta	ınces" test, ch	eck this box a	nd stop here.	Explain in
	Part VI how the organization meets the "					as a publicly	supported
	organization						· · ► 📙
b	10%-facts-and-circumstances test – 20						
	15 is 10% or more, and if the organization in Part VI how the organization in						

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

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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

2019

Employer identification number

Open to Public Inspection

20-5550182 RIVER PARISHES COMMUNITY DEVELOPMENT CORPORATION Form 990EZ Part 1, Line 8 Administrative Fee Income \$5,540 Form 990EZ Part 1, Line 10 Grants **River Road Historical Society** \$ 5,000 St James Parish School Board \$ 15,000 **Norco Civic Association** \$ 94,736 \$ 15,000 St. Charles School Board Arc of St. Charles, inc \$ 5,000 \$134,736 **TOTAL GRANTS** Form 990EZ Part 1, line 16 other Expense \$ 95 LA Secretary of State \$ 1,366 **Directors & Officers Liability Insurance Board Meeting Exxpense** \$ 538 \$ 243 Office Expense **TOTAL OTHER EXPENSES** \$ 2,242 FORM 990EZ PART III PRIMARY 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 990EZ, PART III LINE 29 GRANTS RIVER ROAD HISTORICAL SOCIETY DESTREHAN PLANTATION \$5,000 NORCO CIVIC ASSN PROMOTION-THE REVITALIZATION OF DOWN TOWN NORCO, LA \$94,736 ST. CHARLES PARISH SCHOOL BOARD-PROVIDE FUNDS FOR TECHNICAL TRAINING GRANT \$15,000 ST. JAMES PARISH SCHOOL BOARD- PROVIDE FUNDS FOR WILDCAT PRODUCTIONS LABRATORY \$15,000 ARC OF ST. CHARLES, INC-PROVIDE FUNDS FOR COMMUNITY RESOURCES LAB \$5,000.