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Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning****, and ending****B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions.

C Name of organization RAPIDES FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1101 FOURTH STREET

Room/suite

300

City or town, state or country, and ZIP + 4

ALEXANDRIA

LA

71301

D Employer identification number

72-0423603

E Telephone number

318-443-3394

G Gross receipts \$

91,688,774

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status** ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ WWW.RAPIDESFOUNDATION.ORG**K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation** 1924**M State of legal domicile** LA**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL LOUISIANA. TRF IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM, LLC WHICH OWNED AND OPERATED FIVE ACUTE-CARE HOSPITALS IN LOUISIANA DURING 2009. THE SYSTEM INCLUDED RAPIDES REGIONAL MEDICAL CENTER, A 314-BED HOSPITAL IN ALEXANDRIA, LA. (CONTINUED ON SCH O)	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of employees (Part V, line 2a)	5	32
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,067,664	86,640,816
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-42,815,727	5,083,187
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,681,685	91,688,774
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,279,528	4,606,614
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,478,542	1,756,301
	16a	Professional fundraising fees (Part IX, column (A), line 11)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24b)	84,255,283	65,459,853
	18	Total expenses—Add lines 13-17 (must equal Part IX, column (A), line 25)	92,013,353	71,822,768
19	Revenue less expenses—Subtract line 18 from line 12	-55,331,668	19,866,006	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	190,890,186	208,426,321
	22	Net assets or fund balances—Subtract line 21 from line 20	10,625,519	8,808,518
			180,264,667	199,617,803

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

JOE ROSIER, CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

MARVIN H. EASLEY, MA, CPA, CFF, CFP

Date

8/12/2010

Check if self-employed ☐

Preparer's identifying number (see instructions)

P00293042

Firm's name (or yours if self-employed), address, and ZIP + 4

M H EASLEY & ASSOCIATES, LLC

1006 CALAIS CIRCLE, ALEXANDRIA, LA 71303

EIN ▶ 01-0704790

Phone no ▶ (318) 767-1455

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

(HTA)

G17

SCANNED SEP 2 2010

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission.
 THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL LOUISIANA. TRF IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC, WHICH OWNED AND OPERATED FIVE ACUTE CARE HOSPITALS IN LOUISIANA DURING 2009. THE SYSTEM INCLUDED RAPIDES REGIONAL MEDICAL CENTER, A 314-BED HOSPITAL IN ALEXANDRIA, LA AND FOUR SMALLER RURAL HOSPITAL FACILITIES (CONTINUED ON SCH O)
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 62,991,750 including grants of \$ 44,108) (Revenue \$ 86,640,816)
 ACUTE-CARE HOSPITAL SERVICES - THE RAPIDES FOUNDATION IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC (RHS), WHICH OWNED AND OPERATED FIVE ACUTE-CARE HOSPITALS IN LOUISIANA DURING 2009. THE SYSTEM INCLUDED RAPIDES REGIONAL MEDICAL CENTER, A 314-BED HOSPITAL IN ALEXANDRIA, LA AND FOUR SMALLER RURAL HOSPITAL FACILITIES. THREE OF THE RURAL FACILITIES WERE SOLD IN MARCH 2009, AND THE FOURTH RURAL FACILITY WAS SOLD IN DECEMBER 2009. AS AN OWNER OF RHS, TRF SEEKS TO PROVIDE THE HIGHEST STANDARD OF PATIENT CARE THAT IS SAFE, EFFECTIVE, EFFICIENT, TIMELY, PATIENT-CENTERED AND EQUITABLE. WITH A 2009 RISK-ADJUSTED MORTALITY INDEX OF 0.85 AND AN OVERALL RISK-ADJUSTED COMPLICATIONS INDEX OF 0.63, RHS PROVIDED TOP-LEVEL PATIENT-CARE OUTCOMES. IN 2009, FOR THE THIRD YEAR IN A ROW, RAPIDES REGIONAL MEDICAL CENTER RECEIVED THE PLATINUM LEVEL LOUISIANA HOSPITAL QUALITY AWARD FROM LOUISIANA HEALTHCARE REVIEW. THE HOSPITAL WAS ALSO NAMED ONE OF THE NATION'S 100 TOP HOSPITALS FOR CARDIOVASCULAR CARE BY THOMSON REUTERS. IN 2009, THE HOSPITAL ACHIEVED (CONTINUED ON SCH O)

4b (Code) (Expenses \$ 3,826,076 including grants of \$ 2,034,407) (Revenue \$ 0)
 EDUCATION - AS PART OF THE RAPIDES FOUNDATION'S (TRF) FIVE-YEAR \$10-MILLION SYSTEMIC INITIATIVE IN EDUCATION IN 2009 MORE THAN 230 EDUCATORS FROM NINE PARISHES (COUNTIES) AND 139 SCHOOLS RECEIVED HANDS-ON REAL LIFE TEACHING INSTRUCTION AIMED AT INCREASING WRITING AND MATHEMATICAL SKILLS OF STUDENTS AND TRAINING ON FOSTERING LEADERSHIP CAPACITY IN THE SCHOOLS' TEACHERS, SUPPORT STAFF AND STUDENTS. IN 2009, A MAJOR PUSH IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH, AND CAREER AND TECHNICAL EDUCATION BEGAN WITH \$1.7 MILLION IN PLANNING GRANTS TO NINE CENTRAL LOUISIANA SCHOOL DISTRICTS. THE SCHOOL DISTRICTS DESIGNED PROGRAMS BASED ON WHAT RESEARCH SHOWS IS WORKING IN SCHOOLS ACROSS THE UNITED STATES SO CENTRAL LOUISIANA STUDENTS WILL BE EQUIPPED TO COMPETE GLOBALLY AS THE JOB MARKET SHIFTS TO THESE SKILLS. TRF HAS SET THE FOLLOWING LONG-TERM GOALS FOR ITS EDUCATION INITIATIVE (CONTINUED ON SCH O)

4c (Code) (Expenses \$ 2,754,755 including grants of \$ 1,528,795) (Revenue \$ 0)
 HEALTHY COMMUNITIES - CENLA ADVANTAGE PARTNERSHIP (CAP), A GRANTEE UNDER TRF'S ECONOMIC DEVELOPMENT INITIATIVE HELD TWO RESOURCE FAIRS FOR LOCAL ENTREPRENEURS AND LAUNCHED ITS NEW WEB SITE WWW.CENLA.ORG IN 2009. THE SITE FEATURES INFORMATION AND LINKS ON ENTREPRENEURSHIP, WORKFORCE DEVELOPMENT, INFRASTRUCTURE AND MANY OTHER SUBJECTS. FOR THE PAST THREE YEARS, TRF HAS MADE SMALL BUSINESS DEVELOPMENT A PRIORITY THROUGH GRANTS TO CAP'S ENTREPRENEURIAL LEAGUE SYSTEM OF CENTRAL LOUISIANA. USING COACHING METHODOLOGY, ELS GIVES BUSINESS PEOPLE SKILLS THEY NEED TO BROADEN THEIR ENTREPRENEURIAL TALENT. TEAMS MEET ON A REGULAR BASIS WITH THEIR COACH. IN 2009, TRF AWARDED A THREE-YEAR GRANT TOTALING \$450,000 TO ACCION LOUISIANA TO PROVIDE LOANS TO MICRO AND SMALL BUSINESSES IN CENTRAL LOUISIANA. NEW AND GROWING BUSINESSES HELP STABILIZE FAMILY INCOME, EVENTUALLY LEADING TO BETTER EDUCATION, GREATER CIVIC INVOLVEMENT AND ULTIMATELY BETTER HEALTH. TWENTY CENTRAL LOUISIANA PROFESSIONALS GRADUATED FROM (CONTINUED ON SCH O)

4d Other program services (Describe in Schedule O)
 (Expenses \$ 1,226,901 including grants of \$ 999,304) (Revenue \$ 0)

4e Total program service expenses 70,799,482

Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.
- 2** Is the organization required to complete Schedule B, Schedule of Contributors?
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.
- 4 Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.
- 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.
- 6** Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.
- 8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.
- 9** Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.
- 10** Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.
- 11** Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.
- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
 - Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
 - Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
 - Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
 - Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
 - Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.
- 12** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.
- 12A** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.
- 13** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.
- 14a** Did the organization maintain an office, employees, or agents outside of the United States?
- b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I.
- 15** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.
- 16** Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.
- 17** Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.
- 18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.
- 19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.
- 20** Did the organization operate one or more hospitals? If "Yes," complete Schedule H.

	Yes	No
1	X	
2		X
3		X
4	X	
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
12A	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 53		
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 32		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a 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)?	4a		X
b 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			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	1a	1b	16	15	Yes	No
1a Enter the number of voting members of the governing body						
b Enter the number of voting members that are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?						X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?						X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?						X
5 Did the organization become aware during the year of a material diversion of the organization's assets?						X
6 Does the organization have members or stockholders?					X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?					X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?						X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
a The governing body?					X	
b Each committee with authority to act on behalf of the governing body?					X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O						X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

	10a	10b	11	11A	12a	12b	12c	13	14	15a	15b	16a	16b
10a Does the organization have local chapters, branches, or affiliates?													X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?													
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			X										
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990													
12a Does the organization have a written conflict of interest policy? If "No," go to line 13					X								
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						X							
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done							X						
13 Does the organization have a written whistleblower policy?							X						
14 Does the organization have a written document retention and destruction policy?							X						
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?													
a The organization's CEO, Executive Director, or top management official										X			
b Other officers or key employees of the organization										X			
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)													
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?												X	
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?													X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►
 organization ► JOE ROSIER 318-443-3394
 1101 FOURTH STREET, ALEXANDRIA, LA 71301

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES R. BAKER, JR. TRUSTEE	0.5	X						0	0	0
BRUCE BARTON, M.D. TRUSTEE	0.5	X		X				0	0	0
JOAN BRUNSON, M.D. TRUSTEE	0.5	X						0	0	0
LAURA DAUZAT TRUSTEE	0.5	X						0	0	0
KELVIN FREEMAN TRUSTEE	0.5	X						0	0	0
DAVID R. GILCHRIST TRUSTEE	0.5	X						0	0	0
ERNEST KELLY, M.D. TRUSTEE	0.5	X						0	0	0
DONALD KRAMER TRUSTEE	0.5	X		X				0	0	0
ALBIN M. LEMOINE, JR. TRUSTEE	1	X		X				0	0	0
DONALD R. MALLET TRUSTEE	0.5	X						0	0	0
NANCY MCCABE TRUSTEE	0.5	X						0	0	0
MIKE NEWTON TRUSTEE	0.5	X						0	0	0
MAXINE PICKENS TRUSTEE	0.5	X		X				0	0	0
TAMMI SALAZAR TRUSTEE	0.5	X						0	0	0
HOWARD WOLD, M.D. TRUSTEE	0.5	X						0	0	0
JOSEPH R. ROSIER, JR. PRESIDENT & CEO	40	X		X				245,122	0	46,388

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN F. NOLEN DIRECTOR ADM/EVAL	40					X	X	134,816	0	30,000
ANNETTE BEUCHLER DIRECTOR PROG/COM	40					X		115,885	0	11,600
								0	0	0
1b Total								495,823	0	87,988

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **3**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
REGIONAL TECH SVCS 205 LLOYD ST, CARRBORO, NC 27510	CONSULTING	273,113
EMORY UNIVERSITY 1599 CLIFTON RD NE, ATLANTA, GA 30322	CONSULTING	153,219
RTI INTERNATIONAL P O BOX 900002, RALEIGH, NC 27675-9000	CONSULTING	124,904
STERLING CAP MGT 2 MORROCROFT, CHARLOTTE, NC 28211	INVESTMENT SVCS	110,387
KALB-TV P O BOX 951, ALEXANDRIA, LA 71309	OUTREACH	103,000
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 6		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0			
	b	Membership dues	1b	0			
	c	Fundraising events	1c	0			
	d	Related organizations	1d	0			
	e	Government grants (contributions)	1e	0			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	0			
	g	Noncash contributions included in lines 1a-1f \$		0			
	h	Total. Add lines 1a-1f		0			
Program Service Revenue	2a	HOSPITAL OPERATIONS	Business Code	621990	86,640,816		
	b				0		
	c				0		
	d				0		
	e				0		
	f	All other program service revenue			0		
	g	Total. Add lines 2a-2f			86,640,816		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			5,083,187	
4		Income from investment of tax-exempt bond proceeds			0		
5		Royalties			0		
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)	-35,229	0			
d		Net rental income or (loss)			-35,229		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses	0	0			
c		Gain or (loss)	0	0			
d		Net gain or (loss)			0		
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18					
a					0		
b		Less direct expenses			0		
c		Net income or (loss) from fundraising events			0		
9a		Gross income from gaming activities See Part IV, line 19					
a					0		
b		Less direct expenses			0		
c		Net income or (loss) from gaming activities			0		
10a		Gross sales of inventory, less returns and allowances					
a				0			
b	Less cost of goods sold			0			
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue		Business Code					
11a				0			
b				0			
c				0			
d	All other revenue			0			
e	Total. Add lines 11a-11d			0			
12	Total revenue. See instructions			91,688,774	0	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	4,606,614	4,606,614		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	1,306,053	757,946	548,108	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	128,037	73,980	54,057	
9 Other employee benefits	236,480	204,825	31,655	
10 Payroll taxes	85,731	50,179	35,552	
11 Fees for services (non-employees)				
a Management	0			
b Legal	123,261	95,825	27,435	
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	1,780,406	1,780,406		
12 Advertising and promotion	601,549	555,907	45,641	
13 Office expenses	15,013,789	14,959,538	54,251	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	3,069,570	3,042,862	26,707	
17 Travel	45,774	44,331	1,443	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	62,340	62,340		
20 Interest	21,260	11,441	9,818	
21 Payments to affiliates	36,699,512	36,699,512		
22 Depreciation, depletion, and amortization	3,989,183	3,951,392	37,791	0
23 Insurance	1,331,135	1,308,839	22,297	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a TELEPHONE	1,399,878	1,383,983	15,895	
b COMPUTER EQUIPMENT AND SOFTWARE	68,594	43,733	24,861	
c STAFF DEVELOPMENT	230,636	152,405	78,231	
d TAXES AND LICENSES	610,248	610,248		
e	0			
f All other expenses	412,718	403,176	9,544	
25 Total functional expenses. Add lines 1 through 24f	71,822,768	70,799,482	1,023,286	0
26 Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-295,473	1	-228,706
	2 Savings and temporary cash investments	4,973,952	2	4,265,872
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	14,200,550	4	10,603,346
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,849,147	8	1,431,742
	9 Prepaid expenses and deferred charges	707,951	9	95,858
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 67,992,199		
	b Less accumulated depreciation	10b -40,019,692		
	11 Investments—publicly traded securities	33,288,287	10c	27,902,507
	12 Investments—other securities. See Part IV, line 11	127,222,064	11	155,632,161
	13 Investments—program-related. See Part IV, line 11	443,999	12	443,999
	14 Intangible assets	0	13	0
	15 Other assets. See Part IV, line 11	8,499,709	14	8,076,860
16 Total assets. Add lines 1 through 15 (must equal line 34)	0	15	202,682	
Liabilities	17 Accounts payable and accrued expenses	190,890,186	16	208,426,321
	18 Grants payable	6,509,970	17	3,668,883
	19 Deferred revenue	3,686,689	18	3,674,480
	20 Tax-exempt bond liabilities	0	19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	21	
	23 Secured mortgages and notes payable to unrelated third parties	428,860	22	
	24 Unsecured notes and loans payable to unrelated third parties	0	23	1,465,155
	25 Other liabilities. Complete Part X of Schedule D	0	24	0
	26 Total liabilities. Add lines 17 through 25	0	25	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	180,264,667	26	8,808,518
	28 Temporarily restricted net assets		27	199,107,227
	29 Permanently restricted net assets		28	510,576
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	180,264,667	32	
	34 Total liabilities and net assets/fund balances	180,264,667	33	199,617,803
	190,890,186	34	208,426,321	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

2009

**Open to Public
Inspection**

Name of the organization

RAPIDES FOUNDATION

Employer identification number

72-0423603

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 33 1/3 % 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 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- 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?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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	
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0				0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0				0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
11 Total support. Add lines 7 through 10						0
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 2009 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2009. 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—2008. 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—2009. 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—2008. 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 ▶ ☐		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0				0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 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

15 Public support percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.00%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

Political Campaign and Lobbying Activities

OMB No 1545-0047

2009

**Open to Public
Inspection**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization RAPIDES FOUNDATION	Employer identification number 72-0423603
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
			0	0
			0	0
			0	0
			0	0
			0	0
			0	0

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group.

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	29,170	0												
c	Total lobbying expenditures (add lines 1a and 1b)	29,170	0												
d	Other exempt purpose expenditures	71,793,598	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	71,822,768	0												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☒ No													

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount	0	0		0	0
b Lobbying ceiling amount (150% of line 2a, column (e))					0
c Total lobbying expenditures	0	0		0	0
d Grassroots nontaxable amount	0	0		0	0
e Grassroots ceiling amount (150% of line 2d, column (e))					0
f Grassroots lobbying expenditures	0	0		0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

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.....

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Part IV Supplemental Information *(continued)*

Area for supplemental information with horizontal dashed lines.

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

RAPIDES FOUNDATION

Employer identification number

72-0423603

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e.g., recreation or pleasure)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	0
1d	
1e	
1f	0

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶%

b Permanent endowment ▶%

c Term endowment ▶%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	1,917,899		1,917,899
b Buildings	0	22,630,032	22,630,032	15,238,313
c Leasehold improvements	0	0	0	0
d Equipment	0	28,135,935	17,389,660	10,746,295
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				27,902,507

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives	0	
Closely-held equity interests	443,999	EQUITY METHOD
Other PUBLIC MARKETS	155,632,161	FAIR MARKET VALUE
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total (Column (b) must equal Form 990, Part X, col (B) line 12.) ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0	

Part IX **Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
MISC PROGRAM RELATED HOSPITAL ASSETS	202,682
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

Part X **Other Liabilities.** See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Amount
	Federal income taxes	0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
		0
	Total (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	91,688,774
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	71,822,768
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	19,866,006
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	19,866,006

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	91,688,774
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	91,688,774
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	91,688,774

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	70,139,378
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	-1,683,390
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	-1,683,390
3	Subtract line 2e from line 1	3	71,822,768
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	71,822,768

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

PART X, LINE 2 "THE FOUNDATION IS A NONPROFIT ORGANIZATION AND EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE FINANCIAL STATEMENTS, BUT THE FOUNDATION IS REQUIRED TO FILE AN ANNUAL INFORMATION TAX RETURN. THE FOUNDATION IS ALSO REQUIRED TO REVIEW VARIOUS TAX POSITIONS IT HAS TAKEN WITH RESPECT TO ITS EXEMPT STATUS AND DETERMINE WHETHER IN FACT IT IS A TAX EXEMPT ENTITY. THE FOUNDATION MUST ALSO CONSIDER WHETHER IT HAS NEXUS IN JURISDICTIONS IN WHICH IT HAS INCOME AND WHETHER A TAX RETURN IS REQUIRED IN THOSE JURISDICTIONS. IN ADDITION, AS A TAX EXEMPT ENTITY, THE FOUNDATION MUST ASSESS WHETHER IT HAS ANY TAX POSITIONS ASSOCIATED WITH UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX. THE FOUNDATION DOES NOT EXPECT ITS POSITIONS TO CHANGE SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS. ANY PENALTIES RELATED TO LATE FILING OR OTHER REQUIREMENTS WOULD BE RECOGNIZED AS EXPENSE IN THE FOUNDATION'S ACCOUNTING RECORDS. THE FOUNDATION FILES U.S. FEDERAL FORM 990 FOR INFORMATION PURPOSES. THE FOUNDATION'S FEDERAL INCOME TAX RETURNS FOR THE TAX YEARS 2006 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE."

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **See separate instructions.**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization
RAPIDES FOUNDATION

Employer identification number
72-0423603

Part I Charity Care and Certain Other Community Benefits at Cost

- 1a** Does the organization have a charity care policy? If "No," skip to question 6a
- b** If "Yes," is it a written policy?
- 2** If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals.
- ☒ **Applied uniformly to all hospitals** ☐ **Applied uniformly to most hospitals**
☐ **Generally tailored to individual hospitals**
- 3** Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.
- a** Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care.
- ☐ **100%** ☐ **150%** ☒ **200%** ☐ **Other _____%**
- b** Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care
- ☐ **200%** ☐ **250%** ☐ **300%** ☐ **350%** ☐ **400%** ☐ **Other _____%**
- c** If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.
- 4** Does the organization's policy provide free or discounted care to the "medically indigent"?
- 5a** Does the organization budget amounts for free or discounted care provided under its charity care policy?
- b** If "Yes," did the organization's charity care expenses exceed the budgeted amount?
- c** If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
- 6a** Does the organization prepare an annual community benefit report?
- b** If "Yes," does the organization make it available to the public?
- Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
1a	X	
1b	X	
2		
3a	X	
3b		X
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

7 Charity Care and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)		991	1,022,211	154,561	867,650	1 34%
b Unreimbursed Medicaid (from Worksheet 3, column a)		15,014	15,056,864	11,562,671	3,494,193	5 42%
c Unreimbursed costs – other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 00%
d Total Charity Care and Means-Tested Government Programs	0	16,005	16,079,075	11,717,232	4,361,843	6 76%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			76,753	0	76,753	0 12%
f Health professions education (from Worksheet 5)			934,459	88,935	845,524	1 31%
g Subsidized health services (from Worksheet 6)			0	0	0	0 00%
h Research (from Worksheet 7)			0	0	0	0 00%
i Cash and in-kind contributions to community groups (from Worksheet 8)			168,506	0	168,506	0 26%
j Total. Other Benefits	0	0	1,179,718	88,935	1,090,783	1 69%
k Total. Add lines 7d and 7j	0	16,005	17,258,793	11,806,167	5,452,626	8 45%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00%
2 Economic development					0	0.00%
3 Community support					0	0.00%
4 Environmental improvements					0	0.00%
5 Leadership development and training for community members					0	0.00%
6 Coalition building					0	0.00%
7 Community health improvement advocacy					0	0.00%
8 Workforce development					0	0.00%
9 Other					0	0.00%
10 Total	0	0	0	0	0	0.00%

Part III Bad Debt, Medicare, & Collection Practices**Section A. Bad Debt Expense**

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2 Enter the amount of the organization's bad debt expense (at cost).

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy.

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

	Yes	No
1		X
2		
3		
4		
5		
6		
7		
8		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)

6 Enter Medicare allowable costs of care relating to payments on line 5.

7 Subtract line 6 from line 5. This is the surplus or (shortfall)

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system ☐ Cost to charge ratio ☒ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy?

b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI

9a	X	
9b	X	

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NONE		0.00%	0.00%	0.00%
2		0.00%	0.00%	0.00%
3		0.00%	0.00%	0.00%
4		0.00%	0.00%	0.00%
5		0.00%	0.00%	0.00%
6		0.00%	0.00%	0.00%
7		0.00%	0.00%	0.00%
8		0.00%	0.00%	0.00%
9		0.00%	0.00%	0.00%
10		0.00%	0.00%	0.00%
11		0.00%	0.00%	0.00%
12		0.00%	0.00%	0.00%
13		0.00%	0.00%	0.00%
14		0.00%	0.00%	0.00%

Schedule H (Form 990) 2009

Part VI Supplemental Information

Complete this part to provide the following information

- 1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V. See Instructions.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6** Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H
(Form 990)

HOSPITALS

2009

Complete if the organization answered "yes" to Form 990, part IV, question 20

Attach to Form 990

>See separate instructions

Open to Public
Inspection

Name of Organization

Employer Identification Number

Rapides Foundation

72-0423603

Part IV, Supplemental Information

Part I, Line 7.

The Cost for Charity Care was derived using a cost-to-charge ratio from Worksheet 2 applied in Worksheet 1. Patient revenue is based on GAAP, and bad debt is not included in this calculation. No extraordinary items are included in this calculation. Persons served are the total Charity inpatient admissions plus total Charity outpatient visits.

Unreimbursed Medicaid Costs were derived using a cost-to-charge ratio from Worksheet 2 applied in Worksheet 3. Patient revenue is based on GAAP, and bad debt is not included in this calculation. No extraordinary items are included in this calculation. Persons served are the total Charity inpatient admissions plus total Charity outpatient visits.

Part III, Line 4.

Collection of outstanding receivables from third-party payers (Medicare, managed-care payers, etc.) is Rapides Healthcare System (RHS) hospitals' primary source of cash and is critical to its ability to fund operations. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. The provision for doubtful accounts and the allowance for doubtful accounts relate primarily to amounts due directly from patients. An estimated allowance for doubtful accounts is recorded for all uninsured accounts, regardless of the aging of those accounts. This allowance is based upon historic experience of collections and charity approvals. No allowance is made for amounts attributable to patients who would likely qualify for charity care if documentation had been available. Accounts are written off when all reasonable internal and external collections efforts have been performed. RHS collection policies include a review of all accounts against certain standard collection criteria, upon completion of internal collection efforts. Accounts determined to possess positive collectability attributes are forwarded to a secondary external collections agency, and the other accounts are written off. The accounts that are not collected by the secondary external collection agency are written off when they are returned by the collection agency (usually within 12 months). Write-offs are based upon specific identification, and the write-off process requires a write-off adjustment entry to the patient accounting system.

The methodology to determine the bad debt expense reported at cost on Part III, Line 2 is to take the ratio of patient care costs to gross patient charges and multiply this resulting ratio by the gross charges for bad debt accounts.

RHS does not pursue collection of amounts related to patients that meet its guidelines to qualify for charity care. Therefore, no bad debt expense is attributable to patients eligible under the RHS charity care policy.

There was no footnote text describing provision for doubtful accounts or bad debt included in the organization's 2009 audited financial statements.

SCHEDULE H
(Form 990)

HOSPITALS

2009

Complete if the organization answered "yes" to Form 990, part IV, question 20

Attach to Form 990

>See separate instructions

Open to Public
Inspection

Name of Organization

Employer Identification Number

Rapides Foundation

72-0423603

Part IV, Supplemental Information

Part III, Line 8.

Even though the amount reported for Medicare activity in Section B reflects a surplus for the year, it should be noted that the amount of patient care costs do not include Medicare non-allowable expenses. The amounts reported on Part III, Lines 5-7, have been determined by aggregating the information from the individual facility cost report(s) for each of the hospitals operated by RHS. The hospitals operated by RHS may have cost report year ends other than December 31, 2009. Accordingly, for a facility with a non-calendar year end, the cost report that was filed for the cost report year end that ended during 2009 was utilized.

Part III, Line 9b.

The Rapides Healthcare System "Discount Charity Policy for Patients" clearly describes in detail the process that is followed in determining whether a patient is qualified for charity non-elective care. Until it is determined whether a patient account qualifies for charity care, the account is held in a "pending" state, and the account is not submitted for collection. Once charity care for an account is approved by an authorized manager, the appropriate code is posted to the account in the billing system. **RHS does not pursue collection of amounts related to patients that meet its guidelines to qualify for charity care.**

Part VI, Line 2. Needs assessment.

The Rapides Foundation (TRF) engages a national expert firm to perform a Community Health Assessment approximately every three years. The assessment is a systematic, data-driven approach to identifying the health status, behaviors and needs of the members of the community within the nine-parish (county) TRF service area. Sample data is compiled through random telephone interviews within the service area and benchmarked against data from the Centers for Disease Control and Prevention, the U.S. Department of Health & Human Services, and the PRC National Health Survey. Secondary data are gathered from the Centers for Disease Control & Prevention, the ESRI BIS Demographic Portfolio, Louisiana Commission on Law Enforcement, Louisiana Department of Health & Hospitals and the National Center for Health Statistics.

The assessment results are reviewed by TRF management and its Board and inform the organization's philanthropic efforts. The assessment is also used by Rapides Healthcare System management and its Board's Community Benefit Committee for its hospitals' community benefit planning. Lastly results are made available to others in the community to assist them in planning their community-directed efforts. The Community Health Assessment results are available on TRF website at www.rapidesfoundation.org.

TRF engaged the firm, Professional Research Consultants, in second quarter 2010 to complete a community health assessment during 2010.

SCHEDULE H
(Form 990)

HOSPITALS

2009

Complete if the organization answered "yes" to Form 990, part IV, question 20

Attach to Form 990

>See separate instructions

Open to Public
Inspection

Name of Organization

Employer Identification Number

Rapides Foundation

72-0423603

Part IV, Supplemental Information

Part VI, Line 3. Patient education of eligibility for assistance.

A "Notice to Patients" is posted at inpatient and emergency department admitting locations. The notice contains the following language: "An uninsured discount policy is available to patients without insurance coverage for medically necessary services. A charity care discount policy is available for certain qualifying patients." Charity care and discount policies are available on the organization's website in both English and Spanish. As soon as possible after admission, all uninsured patients are screened by an on-site third-party firm hired specifically to determine if patients meet government program eligibility criteria. The firm's personnel are specifically trained in Medicaid, Medicare and other government program eligibility criteria and application procedures. If the patient meets program eligibility criteria, then assistance is provided to the patient for enrollment. If the patient does not meet program qualifications, the patient is given a financial assistance application and letter. Hospital staff explains the hospital's financial assistance policy, what the qualifications are for assistance, and what documentation is required in order for patients to receive assistance. Hospital registrar staff is trained in financial assistance policies and procedures. The patient is then asked to complete and return the documentation. A patient qualifies for charity care if household income is at or below 200% of the Federal Poverty level.

Part VI, Line 4. Community information.

The Rapides Foundation (TRF) serves a largely rural nine-parish (county) area of central Louisiana. These parishes include Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn. Eight of the nine parishes in the service area are federally designated as medically underserved in terms of primary care access. In 2006 the per capita income of the region was approximately \$26,500, compared to a national average of \$36,700. The region contained 104,456 single family homes, and 68.6% of its residents had high school degrees. Approximately 21.3% of the service area's population was living below the federal poverty level in 2000, compared to 12.4% of the nation's population. In 2000 the population of the region was 69% white, 27% African/American and 4% other races, compared to a national average of 75% white, 12% African/American and 13% other. Persons with disabilities numbered 24.5% in 2000, compared to 19.3% nationally. Challenges in the region include infant mortality of 9.6% in 2000 (6.9% nationally), births to unwed mothers of 41.1% (33.6% nationally) and births to teenagers under age 20 of 18.2% (11.3% nationally). In 2005, 23.8% of adults aged 18 to 64 in TRF service area had no health insurance coverage, compared to 20.0% nationally. Over one-third of the patients at Rapides Regional Medical Center were either uninsured or were Medicaid recipients in 2009.

Part VI, Line 5. Community building activities. N/A

SCHEDULE H
(Form 990)

HOSPITALS

2009

Complete if the organization answered "yes" to Form 990, part IV, question 20

Attach to Form 990

>See separate instructions

Open to Public
Inspection

Name of Organization

Employer Identification Number

Rapides Foundation

72-0423603

Part IV, Supplemental Information

Part VI, Line 6.

The hospitals maintain open medical staffs; medical staff credentialing is strictly based upon education, certification and other generally accepted objective professional requirements. The hospitals maintain open emergency rooms, treating all patients regardless of their ability to pay. All of the hospitals accept Medicare, Medicaid and other Government-insured patients, despite the fact that payments from these programs do not normally reimburse the hospital fully for the costs of services rendered to patients. The Board of Directors of the Rapides Healthcare System includes members of the local community, who are focused on the quality of healthcare and availability of medical services in their community. The Board has a standing Community Benefit Committee.

The hospitals' boards and management teams are heavily focused on quality and safety, and the hospitals invest in services and technology necessary to provide the best care possible for patients. With a 2009 overall risk-adjusted mortality index of 0.85 and an overall risk-adjusted complications index of 0.63, RHS provided top-level patient-care outcomes. In 2009, for the third year in a row, Rapides Regional Medical Center received the Platinum Level Louisiana Hospital Quality Award from Louisiana Health Care Review. The hospital was also named one of the nation's 100 Top Hospitals for cardiovascular care by Thomson Reuters. In 2009 the Hospital achieved certification as an Advanced Primary Stroke Center.

With an annual payroll of \$112 million, RHS is a significant employer in its communities and paid \$2.3 million in property taxes during 2009 that supported such efforts as schools, roads and other infrastructure projects.

In addition to the community benefit provided by Rapides Healthcare System, The Rapides Foundation's 2009 philanthropic activities provided an additional \$7.8 million in community benefit to the nine-parish service area. This included grants of \$4.6 million and direct charitable activities of \$3.2 million in three primary areas of focus: Healthy People, Education, and Healthy Communities.

Part VI, Line 8

The Rapides Foundation (TRF) operates only within the state of Louisiana, which does not require the filing of a community benefit report. The Rapides Healthcare System's Community Benefit Report is posted on the TRF website at www.rapidesfoundation.org.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

72-0423603

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. Use Part IV and Schedule I-1 (Form 990) 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
ACCION TEXAS INC. 2014 S...	74-2712770	501(C)(3)	18,250	0			HEALTHY COMM (a)
HB SAN ANTONIO, TX 78210							
ALLEN PARISH SB PO BOX C...	72-6000020	GOV	800,000	0			EDUCATION
OBERLIN, LA 70655							
ALLEN PARISH SB PO BOX C...	72-6000020	GOV	30,000	0			HEALTHY COMM (a)
OBERLIN, LA 70655							
ALLEN PARISH SB PO BOX C...	72-6000020	GOV	100,000	0			HEALTHY PEOPLE
OBERLIN, LA 70655							
ARTS COUNCIL CT LA 1101	72-0881060	501(C)(3)	50,000	0			HEALTHY COMM (a)
4TH ST ALEX, LA 71301							
AVOUELLES PARISH SB 221	72-6000115	GOV	54,600	0			HEALTHY PEOPLE
TUNICA DR M'SVILLE, LA 71351							
BOYS AND GIRLS CLUB PO BX	72-1166548	501(C)(3)	15,300	0			HEALTHY PEOPLE
2063 NATCHITOCHES, LA 71457							
CATAHOULA PARISH SB PO BX	72-6000268	GOV	21,600	0			EDUCATION
290 HARRISONBURG, LA 71340							
CATAHOULA PARISH SB PO BX	72-6000268	GOV	17,400	0			HEALTHY COMM (a)
290 HARRISONBURG, LA 71340							
CATAHOULA PARISH SB PO BX	72-6000268	GOV	173,700	0			HEALTHY PEOPLE
290 HARRISONBURG, LA 71340							
CENLA ADVANTAGE PART 1101	65-1267691	501(C)(3)	167,400	0			HEALTHY COMM (a)
4TH ST ALEXANDRIA, LA 71301							
CENLA AHEC 2225 N BOLTON	72-1204210	501(C)(3)	15,647	0			HEALTHY PEOPLE
AV ALEXANDRIA, LA 71303							
2 Enter total number of section 501(c)(3) and government organizations			25				
3 Enter total number of other organizations			0				

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

(HTA)

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

RAPIDES FOUNDATION

72-0423603

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(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
FOOD BANK OF CENLA 3223							
BALDWIN AV ALEX, LA 71302	23-7125857	501(C)(3)	30,105	0			HEALTHY COMM (a)
GRANT PARISH SB							
PO BOX 208 COLFAX, LA 71417	72-6000494	GOV	5,679	0			EDUCATION
GRANT PARISH SB							
PO BOX 208 COLFAX, LA 71417	72-6000494	GOV	50,000	0			HEALTHY COMM (a)
GRANT PARISH SB							
PO BOX 208 COLFAX, LA 71317	72-6000494	GOV	78,384	0			HEALTHY PEOPLE
HOPE HOUSE OF CENLA							
PO BOX 7477 ALEX, LA 71306	72-1479693	501(C)(3)	26,000	0			HEALTHY COMM (a)
INNER-CITY REVITALIZ.							
PO BOX 908 ALEX, LA 71309	72-1402559	501(C)(3)	51,500	0			HEALTHY COMM (a)
LA COMM & TECH COLL 265 S							
FOSTER DR BR, LA 70806	20-5432053	501(C)(3)	45,500	0			HEALTHY COMM (a)
LASALLE PARISH SB							
PO DRAWER 90 JENA, LA 71342	72-6000656	GOV	140,000	0			EDUCATION
LASALLE PARISH SB							
PO DRAWER 90 JENA, LA 71342	72-6000656	GOV	36,000	0			HEALTHY COMM (a)
LASALLE PARISH SB							
PO DRAWER 90 JENA, LA 71342	72-6000656	GOV	236,500	0			HEALTHY PEOPLE
NATCHITOCHES PARI SB							
PO BOX 16 NATCH, LA 71458	72-0629556	GOV	28,000	0			EDUCATION
NATCHITOCHES PAR SB							
PO BOX 16 NATCH, LA 71458	72-0629556	GOV	25,000	0			HEALTHY COMM (a)
NATCHITOCHES PAR SB							
PO BOX 16 NATCH, LA 71458	72-0629556	GOV	143,000	0			HEALTHY PEOPLE
NATCHITOCHES, CITY OF							
PO BOX 37 NATCH, LA 71458	72-6000931	GOV	59,500	0			HEALTHY PEOPLE
NORTHWESTERN STATE							
UNIVERSITY NATCH, LA 71497	72-6000783	GOV	42,500	0			HEALTHY COMM (a)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Employer identification number

72-0423603

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part I.)

(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
RAPIDES FOUNDATION							
OBERLIN, TOWN OF							
PO BOX 370 OBERLIN, LA 70658	72-6001763	GOV	85,000	0			HEALTHY PEOPLE
RAPIDES PARISH SB PO BOX							
1230 ALEXANDRIA, LA 71309	72-6001133	GOV	212,500	0			EDUCATION
RAPIDES PARISH SB PO BOX							
1230 ALEXANDRIA, LA 71309	72-6001133	GOV	136,000	0			HEALTHY COMM (a)
RAPIDES PARISH SB PO BOX							
1230 ALEXANDRIA, LA 71309	72-6001133	GOV	155,558	0			HEALTHY PEOPLE
SOUTHWEST LA AHEC 103							
INDEPEN LAFAYETTE, LA 70506	72-1191867	501(C)(3)	50,000	0			HEALTHY PEOPLE
HEALTH ENRICHMENT NET							
PO BOX 566 OAKD, LA 71463	72-1454434	501(C)(3)	50,000	0			HEALTHY PEOPLE
ORCHARD FOUNDATION 1101							
4TH STREET ALEX, LA 71301	87-0730768	501(C)(3)	273,890	0			EDUCATION
UNITED WAY OF CENLA 1101							
4TH STREET ALEX, LA 71301	72-0462338	501(C)(3)	71,145	0			HEALTHY PEOPLE
VERNON PARISH SB 201							
BELVIEW RD LEESV, LA 71448	72-6001443	GOV	100,440	0			EDUCATION
VERNON PARISH SB 201							
BELVIEW RD LEESV, LA 71448	72-6001443	GOV	80,910	0			HEALTHY COMM (a)
VERNON PARISH SB 201							
BELV RD LEESVILLE, LA 71448	72-6001443	GOV	594,270	0			HEALTHY PEOPLE
WINN PARISH SB PO BOX							
430 WINNFELD, LA 71446	72-6001620	GOV	213,435	0			EDUCATION
WINN PARISH SB PO BOX							
430 WINNFELD, LA 71446	72-6001620	GOV	80,910	0			HEALTHY COMM (a)
WINN PARISH SB PO BOX							
430 WINNFELD, LA 71446	72-6001620	GOV	740,000	0			HEALTHY PEOPLE
OPERATING EXPENSE-NON							
PROFIT FRYE DEVELOP CTR		501(C)(3)	133,326	0			HEALTHY COMM (a)

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

► **Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

Department of the Treasury Internal Revenue Service	Name of the organization

Employer Identification number

72-0423603

RAPIDES FOUNDATION

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

RAPIDES FOUNDATION

Employer identification number

72-0423603

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| ☒ Compensation committee | ☒ Written employment contract |
| ☒ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

1000

the

5002 (06990)

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990.
▶ See separate instructions.

Part I

[illegible]

Part II
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Dired controlling entity
CMAP EXPRESS 02-0751416 1101 FOURTH STREET, ALEXANDRIA, LA 71301	HEALTHCARE	LA	501(C)(3)	11	TRF (a)
THE ORCHARD FOUNDATION 87-0730768 1101 FOURTH STREET, ALEXANDRIA, LA 71301	EDUCATION	LA	501(C)(3)	11	TRF (a)
NOTE (a) TRF THE RAPIDES FOUNDATION,					

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
RAPIDES HEALTHCARE SYSTEM, LLC, 61-1267229 211 FOURTH STREET, BOX 30101 ALEXANDRIA, LA 71301	HOSPITAL	LA	N/A	Related	-745,350	44,976,112		X	0	X
-----	-----	-----	-----	-----	0	0			0	
-----	-----	-----	-----	-----	0	0			0	
-----	-----	-----	-----	-----	0	0			0	
-----	-----	-----	-----	-----	0	0			0	
-----	-----	-----	-----	-----	0	0			0	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
-----	-----	-----	-----	-----	0	0	%
-----	-----	-----	-----	-----	0	0	%
-----	-----	-----	-----	-----	0	0	%
-----	-----	-----	-----	-----	0	0	%
-----	-----	-----	-----	-----	0	0	%
-----	-----	-----	-----	-----	0	0	%
-----	-----	-----	-----	-----	0	0	%
-----	-----	-----	-----	-----	0	0	%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1		Yes	No
a During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b	Gift, grant, or capital contribution to other organization(s)	X	
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)	X	
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	X	
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		X

2		(b) Transaction type (a-r)	(c) Amount involved
(1)	THE ORCHARD FOUNDATION	b	770,000
(2)	THE ORCHARD FOUNDATION	i	129,749
(3)	CMAP EXPRESS	i	524,427
(4)	CMAP EXPRESS	i	162,750
(5)	RAPIDES HEALTHCARE SYSTEM	r	6,794,758
(6)			0

SCHEDULE O
(Form 990)

SUPPLEMENTAL INFORMATION TO FORM 990

2009

Complete to provide information for responses to questions on
Form 990 or to provide an additional information.
>Attach to form 990

Open to Public
Inspection

Name of Organization

Employer Identification Number

Rapides Foundation

72-0423603

Form 990, Part I, Line 1. Briefly describe the organization's mission or most significant activities.

...and four smaller rural hospital facilities. Three of the rural facilities were sold in March 2009, and the fourth rural facility was sold in December 2009. Additionally, TRF provides funding for projects which effectively address the following philanthropic objectives:

- Healthy People – To promote healthy behaviors and improve access to healthcare.
- Education – To increase the level of educational attainment and achievement as the primary path to improved economic, social and health status.
- Healthy Communities – To improve economic opportunity and family income; and enhanced civic and community opportunities for more effective leaders and organizations.

Form 990, Part III, Line 1. Briefly describe the organization's mission.

...Three of the rural facilities were sold in March 2009, and the fourth rural facility was sold in December 2009. Additionally, TRF provides funding for projects which effectively address the following philanthropic objectives:

- Healthy People – To promote healthy behaviors and improve access to healthcare.
- Education – To increase the level of educational attainment and achievement as the primary path to improved economic, social and health status.
- Healthy Communities – To improve economic opportunity and family income; and enhanced civic and community opportunities for more effective leaders and organizations.

Core Form 990, Part III, Line 4. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

4a. certification as an advanced primary Stroke center. TRF also seeks to assert, develop and support access to non-urgent care for the uninsured and underserved populations. In 2009, RHS provided charity care and other community benefits totaling \$21.0 million, as outlined on Schedule H, Part I, Line 7k attached hereto. This included \$16.8 million of unreimbursed patient care costs, \$0.9 million in community education, community programs and community donations; and \$3.3 million in support of the LSU Family Practice Residency Program.

4b. By 2012:

- iLEAP (Louisiana's standardized achievement test) test results national percentiles will increase to 55% from 52.3%.
- 75% of students will attain "Approaching Basic" or above language arts, math and science on the iLEAP test.

SCHEDULE O
(Form 990)

SUPPLEMENTAL INFORMATION TO FORM 990

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- 25% of students will achieve "Advanced/Mastery" level on the iLEAP test.
- The drop-out rate will decrease from 5.9% to 3.8%.
- The demographically adjusted performance score will increase from 1.10% to 3.5%.

4c.Cenla Boardbuilders in 2009, a TRF Community Development Works (CDW) program that trains emerging leaders to become active in their communities as members of nonprofit boards of directors. The professionals went through a series of sessions in 2009 to learn the roles and responsibilities of being effective board members. After completing the training, they were each matched with a nonprofit organization and will now serve on their boards.

Through its free training classes, CDW trained local nonprofit organizations and individuals in issues that they deal with every day, including grant writing, financial management, fundraising and marketing. More than 250 individuals took these free courses in 2009.

Under its new Nonprofit Works program, CDW awarded up to \$50,000 to five local organizations: Food Bank of Central Louisiana, Arts Council of Central Louisiana, Association for Preservation of Historic Natchitoches, Inner-City Revitalization Corporation and Hope House of Central Louisiana. Nonprofit Works is designed to expand the governance, organizational development and leadership capacities of local nonprofits through personalized technical assistance and training.

Selected long-term goals (2012) for the Healthy Communities Initiative include:

- Grow the real median household income to \$34,000. (5-yr growth rate of 1.2%)
- Increase the importance of citizen-led efforts in the community to 85%.
- Increase the number of residents who volunteer frequently to 25%.
- Increase the number of residents who engage frequently in fundraising for community efforts to 72%.
- Increase the number of leaders who regularly partner with other organizations to accomplish their missions to 58%.
- Increase the number of community groups achieving excellence in best practices for nonprofit management to 58%.

Form 990, Part III, Line 4d. Other Program Services:

The Rapides Foundation's other program services primarily consist of its Healthy People Initiative.

TRF provides chronic care prescription medications for people who cannot afford them through grants to its supporting organization, Cenla Medication Access Program (CMAP). CMAP's goal is to ensure appropriate medication access and education and also promote other preventive health practices among residents with limited incomes. In 2009 CMAP extended its reach to all 64 Louisiana parishes through a partnership with the Bureau of Primary Care and Rural Health under the Louisiana Department of Health and Hospitals. In 2009, more than 1,500 people in Central Louisiana received prescription medications they needed to maintain their health. Another 500 were served throughout the rest of the state.

SCHEDULE O
(Form 990)

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CMAF's new Cancer Screening Project gave free mammograms, Pap smears, pelvic exams and colorectal cancer tests to uninsured patients who couldn't afford these critical screenings. Its cancer screening van brought these tests to rural areas. The van, which is a partnership between TRF, the Feist-Weiller Cancer Center at LSU-Shreveport and the LSU Family Medicine Residency in Alexandria program, made its first stop in August 2009 and helped more than 130 women. Also, more than 160 women and men received take-home colorectal cancer screening tests.

TRF awarded nearly \$200,000 in grants during 2009 to five communities in Rapides, Natchitoches and Allen parishes as part of TRF's Diet and Physical Activity Initiative. These funds were used to increase healthy eating and physical activity opportunities for adults and youth. Additionally, TRF awarded \$455,000 in planning grants to nine school districts (93 schools with grades K-8) to improve healthy eating and physical activity opportunities. The school districts used these funds to strengthen their wellness policies. A second round of grants totaling nearly \$800,000 was used to fund classroom programs and other proven methods, such as Turnoff Week, to keep kids healthy.

In 2009, as part of TRF's Tobacco Prevention and Control Initiative, TRF produced a new advertising campaign that told the story of "the lucky one" who quit using tobacco after seeking the help of his doctor and using a free counseling quitline such as 1-800-QUIT-NOW. The ad campaign ran alongside the new healthcare provider program, which encouraged Central Louisiana doctors to give resources to their patients who use tobacco.

Selected long-term goals (2012) for the Healthy People Initiative include:

- Decrease current smoking among youth from 23% in 2003 to 16%.
- Decrease current smoking in adults from 24.9% in 2005 to 20%.
- Decrease the percentage of overweight adults from 68% to 67%.
- Decrease the percentage of adolescents who are overweight from 15% to 13%.
- Increase percentage of adults participating in moderate physical activity for at least 30 minutes per day 5 days per week from 24% to 35%.
- Increase the percentage of adolescents engaging in moderate physical activity for 30 minutes 5 days per week from 20% to 30%.
- Increase the percentage of adults who eat 5 servings of fruits and vegetables per day to 30%.
- Increase the percentage of adolescents who eat 5 servings of fruits and vegetables per day from 20% to 25%.
- Increase the percentage of adults with a specific source of ongoing primary care from 72% in 2005 to 85%.

Form 990, Part VI, Line 11A.

A final copy of the Form 990 is furnished to the Audit Committee of The Rapides Foundation Board (TRF) for review and approval, and a meeting is held to discuss the Form 990 in detail. The meeting is attended by staff that assisted in compiling the form, as well as, representatives of

SCHEDULE O
(Form 990)

SUPPLEMENTAL INFORMATION TO FORM 990
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2009

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Inspection

Name of Organization

Employer Identification Number

Rapides Foundation

72-0423603

the external accounting firm who compiled the form. The Audit Committee then provides the draft Form 990 to the TRF Board for review and approval prior to filing.

Form 990, Part VI, Line 12c.

The Rapides Foundation has both a "Staff Code of Ethics and Conduct" and a "Trustee Code of Ethics and Conduct," both of which define and describe actions to be taken in the event of conflicts of interest. The "Staff Code of Ethics and Conduct" is monitored and enforced through organizational procedures, controls and daily supervision of employees by the next level of management. The "Trustee Code of Ethics and Conduct" is monitored at each trustee board and committee meeting, because the first agenda item is one in which trustees are asked to disclose any potential conflicts with listed agenda items. A trustee that has a potential conflict of interest with a matter that comes before the board or committee is required to leave the room before the matter is discussed, and a majority vote of the remaining disinterested board trustees determine whether a conflict actually exists. If a conflict is determined to exist, then the conflicted trustee is not allowed to be present during board discussion and vote on the issue creating the conflict. Each year, trustees and key employees are required to complete a conflict of interest questionnaire to disclose business and personal relationships that could be potential conflicts of interests.

Form 990, Part VI, Line 15a&b.

The Rapides Foundation Board Compensation Committee, which is composed of the independent members of its Executive Committee, engages a third-party compensation consultant to provide market information concerning pay and benefits and make compensation structure recommendations for all organization positions. The consultant is provided with job descriptions for all job positions. The consultant then compares those jobs with similar positions at similar types and sizes of organizations. The consultant meets with the Compensation Committee and provides the comparison data, along with their recommendations for pay ranges for each position (minimum, midpoint, maximum). Recommendations are based upon market averages of similar types and sizes of organizations.

The CEO and two staff directors of the organization are considered key employees. The CEO recommends the pay for the two staff directors and a salary budget for the remaining employees to the Compensation Committee for approval. The consultant meets with the Compensation Committee independently to discuss recommendations for CEO pay.

Form 990, Part VI, Line 19.

The Rapides Foundation Mission, Philanthropic Objectives, Guiding Organizational Objectives, Staff Code of Ethics and Conduct, Trustee Code of Ethics and Conduct, and Annual Report (including financial statements) are all available on the organization's website at www.rapidesfoundation.org.

THE RAPIDES FOUNDATION

FORM 990

SUMMARY OF DEPRECIATION SCHEDULES

	Rapides Foundation	Rapides Healthcare System 26.00%	Total	Tax Adjustments	Per Form 990
Land	294,900	1,622,999	1,917,899	0	
Building	2,934,019	35,889,606	38,823,625	0	
Furniture & Equipment	671,561	26,509,114	27,180,675	0	
	3,605,580	62,398,720	66,004,300	0	
Total Assets	3,900,480	64,021,719	67,922,199	0	67,992,199
Accumulated Depreciation	(1,079,534)	(38,940,158)	(40,019,692)	0	(40,019,692)
Book Value	2,526,046	23,458,562	25,984,608	0	(40,019,692)
Depreciation Expense	81,828	3,715,030	3,796,858	192,325	3,989,183

Facility Name: Rapides Healthcare System, LLC

Description	Balance at 1/1/2009	CY Additions 1/1/09-12/31/09	Write-offs, Retirements, or Sales	Reclass between acct's on same COID	CIP Transfers From Corporate Office	Transfers from/(to) Other COIDs	Other Increases/ (Decreases)	Balance at 12/31/2009
Buildings and Improvements:								
Land Improvements Building	(6,529,836)	-	(615,087)	-	-	-	9,294,196	2,149,273
Building Improvements	142,718,969	76,778	(10,083,994)	19,951,989	-	-	(18,300,947)	134,362,795
Building Writedowns	9,190,929	3,887	(9,083,043)	-	-	-	(111,773)	-
Leasehold Improvements	(317,052)	-	-	-	-	-	317,052	-
Capitalized Interest	26,254	-	(7,242)	-	-	-	-	19,012
	-							-
Total Buildings & Improvements (F/S 15-200)	145,089,264	80,665	(19,789,366)	19,951,989	-	-	(8,801,472)	136,531,080
Equipment.								
Fixed Equipment (F/S 15-300)	10,068,080	39,854	(4,061,916)	13,939,702	-	-	(1,842,267)	18,143,453
Major Moveable (F/S 15-400 less any Equip \$1k-\$10k)	91,447,025	636,713	(16,391,711)	2,275,427	855,483	(47,918)	(11,793,936)	66,981,083
Minor Moveable (F/S 15-500 less any Equip \$1k-\$10k)	13,375,691	160,758	(5,719,290)	6,526,259	932,940	(1,722)	(680,724)	14,593,912
Leased Equipment (F/S 15-600)	-	-	-	-	-	-	-	-
Equipment (\$1,000 - \$10,000)	1,429,883	158,853	(217,400)	972,990	-	-	(104,642)	2,239,684
Total Equipment	116,320,679	996,178	(26,390,317)	23,714,378	1,788,423	(49,640)	(14,421,569)	101,958,132
Subtotal Bldg & Equipment	261,409,943	1,076,843	(46,179,683)	43,666,367	1,788,423	(49,640)	(23,223,041)	238,489,212
Land (F/S 15-100)	7,441,739	-	(709,554)	-	-	-	(489,882)	6,242,303
Subtotal of PP&E	268,851,682	1,076,843	(46,889,237)	43,666,367	1,788,423	(49,640)	(23,712,923)	244,731,515
Construction in Progress (F/S 15-650)	42,401,315	2,633,148	-	(43,738,643)	210,047	-	-	1,505,867
Grand Total	311,252,997	3,709,991	(46,889,237)	(72,276)	1,998,470	(49,640)	(23,712,923)	246,237,382

**Depreciation Expense Reconciliation
2009**

		The Rapides Foundation	
		Accumulated	
		Depr	Net Book Value
Beginning 12/31/08		1,008,897	2,932,272
Adjustments to schedule		(2,220)	2,220
Adjustments due to formula error		(36,692)	36,692
Adjusted beginning 01/01/09		969,985	2,971,184
Additions			51,057
Equipment Depreciation	83,554.64		
Building Depreciation			
1101 Fourth Street	81,231.41		
1751 Jackson Street	8,906.67		
Long-term Improvements	14,637.12		
Depreciation per FAS		188,329.84	(188,329.84)
Disposals		(78,781)	(12,965)
Net			
Ending 12/31/09		1,079,534	2,820,946
		1,079,534	2,820,946

Rapides Foundation
Depreciation Expense Report
As of December 31, 2009

Book = Internal

FYE Month = December

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
G/L Asset Acct No = 190949													
300001	02/02/02	59,900.17	R	NoDep	00 00	0.00	59,900.17	11/30/09	0.00	0.00	0.00	0.00	
300002	10/01/05	235,000.00	R	NoDep	00 00	0.00	235,000.00	11/30/09	0.00	0.00	0.00	0.00	
G/L Asset Acct No = 190949		294,900.17				0.00	294,900.17		0.00	0.00	0.00	0.00	
Less disposals and transfers		0.00				0.00	0.00		0.00			0.00	
Count = 0													
Net Subtotal		294,900.17				0.00	294,900.17		0.00	0.00	0.00	0.00	
Count = 2													

G/L Asset Acct No = 190950

300008	01/01/03	917.86	Q	SLMM	07 00	0.00	917.86	11/30/09	635.47	10.93	131.12	766.59	d
300009	03/06/95	966.60	P	SLMM	07 00	0.00	966.60	11/30/09	966.60	0.00	0.00	966.60	
300010	03/06/95	208.14	P	SLMM	07 00	0.00	208.14	11/30/09	208.14	0.00	0.00	208.14	
300011	03/30/95	969.84	P	SLMM	07 00	0.00	969.84	11/30/09	969.84	0.00	0.00	969.84	
300012	09/01/03	4,778.81	P	SLMM	07 00	0.00	4,778.81	11/30/09	4,356.52	0.00	422.29	4,778.81	
300013	07/07/95	1,649.28	P	SLMM	07 00	0.00	1,649.28	11/30/09	1,649.28	0.00	0.00	1,649.28	
300014	10/01/03	1,040.04	P	SLMM	07 00	0.00	1,040.04	11/30/09	934.05	0.00	105.99	1,040.04	
300015	09/01/03	752.65	P	SLMM	10 00	0.00	752.65	11/30/09	676.35	6.27	75.27	751.62	
300016	10/01/03	407.47	P	SLMM	10 00	0.00	407.47	11/30/09	365.70	3.40	40.75	406.45	
300017	03/26/96	13,000.00	P	SLMM	07 00	0.00	13,000.00	11/30/09	13,000.00	0.00	0.00	13,000.00	
300018	06/01/04	1,483.28	P	SLMM	07 00	0.00	1,483.28	11/30/09	1,195.58	17.66	211.90	1,407.48	
300019	06/01/04	2,347.92	P	SLMM	10 00	0.00	2,347.92	11/30/09	1,881.18	19.57	234.79	2,115.97	
300020	07/01/04	1,284.12	P	SLMM	07 00	0.00	1,284.12	11/30/09	1,015.39	15.29	183.45	1,198.84	
300021	03/02/98	1,850.58	P	SLMM	07 00	0.00	1,850.58	11/30/09	1,850.58	0.00	0.00	1,850.58	d
300022	04/22/99	3,000.00	P	SLMM	07 00	0.00	3,000.00	11/30/09	3,000.00	0.00	0.00	3,000.00	d
300023	06/01/03	1,010.88	P	SLMM	07 00	0.00	1,010.88	11/30/09	959.81	0.00	51.07	1,010.88	
300024	06/01/03	3,495.96	P	SLMM	07 00	0.00	3,495.96	11/30/09	3,294.47	0.00	201.49	3,495.96	
300025	12/01/05	1,057.32	P	SLMM	07 00	0.00	1,057.32	11/30/09	625.59	12.59	151.05	776.64	
300026	07/01/03	424.72	P	SLMM	07 00	0.00	424.72	11/30/09	353.23	5.06	60.68	413.91	d
300027	08/07/00	1,405.00	P	SLMM	07 00	0.00	1,405.00	11/30/09	1,405.00	0.00	0.00	1,405.00	
300028	03/01/06	2,476.44	P	SLMM	07 00	0.00	2,476.44	11/30/09	1,375.23	29.48	353.78	1,729.01	
300029	10/16/03	974.52	P	SLMM	07 00	0.00	974.52	11/30/09	943.68	0.00	30.84	974.52	d
300030	03/01/06	7,183.08	P	SLMM	07 00	0.00	7,183.08	11/30/09	3,951.46	85.51	1,026.16	4,977.62	
300031	03/31/02	1,398.72	P	SLMM	07 00	0.00	1,398.72	11/30/09	1,398.72	0.00	0.00	1,398.72	
300032	09/01/03	17,075.30	P	SLMM	07 00	0.00	17,075.30	11/30/09	10,674.88	203.28	2,439.33	13,114.21	
300033	06/01/03	35,260.16	P	SLMM	07 00	0.00	35,260.16	11/30/09	28,279.58	419.76	5,037.17	33,316.75	
300034	04/01/05	2,018.10	P	SLMM	07 00	0.00	2,018.10	11/30/09	1,094.00	24.02	288.28	1,382.28	
300035	05/01/05	5,739.66	P	SLMM	07 00	0.00	5,739.66	11/30/09	3,109.00	68.33	819.95	3,928.95	
300036	01/31/03	5,060.64	P	SLMM	03 00	0.00	5,060.64	11/30/09	5,060.64	0.00	0.00	5,060.64	d
300037	09/18/03	5,369.52	P	SLMM	03 00	0.00	5,369.52	11/30/09	5,369.52	0.00	0.00	5,369.52	d
300038	03/11/03	1,909.06	P	SLMM	03 00	0.00	1,909.06	11/30/09	1,909.06	0.00	0.00	1,909.06	d
300039	03/11/03	1,806.57	P	SLMM	07 00	0.00	1,806.57	11/30/09	1,806.57	0.00	0.00	1,806.57	d
300040	03/01/03	15,032.96	P	SLMM	07 00	0.00	15,032.96	11/30/09	8,893.00	178.96	2,147.57	11,040.57	d
300041	09/30/03	1,959.77	P	SLMM	07 00	0.00	1,959.77	11/30/09	1,959.77	0.00	0.00	1,959.77	
300042	02/28/03	1,592.50	P	SLMM	07 00	0.00	1,592.50	11/30/09	1,592.50	0.00	0.00	1,592.50	d
300043	04/15/03	2,737.36	P	SLMM	03 00	0.00	2,737.36	11/30/09	2,737.36	0.00	0.00	2,737.36	d
300044	04/01/03	27,351.13	P	SLMM	10 00	0.00	27,351.13	11/30/09	16,182.00	227.93	2,735.11	18,917.11	d
300045	04/01/03	758.41	P	SLMM	10 00	0.00	758.41	11/30/09	437.00	6.32	75.84	512.84	
300046	04/01/03	89,336.76	P	SLMM	10 00	0.00	89,336.76	11/30/09	51,548.00	744.47	8,933.68	60,481.68	
300047	01/15/03	537.07	P	SLMM	03 00	0.00	537.07	11/30/09	537.07	0.00	0.00	537.07	d
300048	04/21/03	3,092.25	P	SLMM	05 00	0.00	3,092.25	11/30/09	3,092.25	0.00	0.00	3,092.25	

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Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
G/L Asset Acct No = 190950													
300049	04/22/03	1,951.68	P	SLMM	03 00	0.00	1,951.68	11/30/09	1,951.68	0.00	0.00	1,951.68	d
300050	04/22/03	2,377.54	P	SLMM	03 00	0.00	2,377.54	11/30/09	2,377.54	0.00	0.00	2,377.54	
300051	04/25/03	2,149.22	P	SLMM	03 00	0.00	2,149.22	11/30/09	2,149.22	0.00	0.00	2,149.22	d
300052	04/30/03	2,325.36	P	SLMM	03 00	0.00	2,325.36	11/30/09	2,325.36	0.00	0.00	2,325.36	d
300053	05/05/03	1,493.72	P	SLMM	03 00	0.00	1,493.72	11/30/09	1,493.72	0.00	0.00	1,493.72	d
300054	08/01/03	33,849.05	P	SLMM	10 00	0.00	33,849.05	11/30/09	18,409.00	282.08	3,384.91	21,793.91	
300055	08/01/03	13,264.26	P	SLMM	10 00	0.00	13,264.26	11/30/09	7,293.00	110.54	1,326.43	8,619.43	
300056	07/01/03	3,987.39	P	SLMM	15 00	0.00	3,987.39	11/30/09	1,463.00	22.15	265.83	1,728.83	
300057	05/20/03	845.40	P	SLMM	03 00	0.00	845.40	11/30/09	845.40	0.00	0.00	845.40	d
300058	05/20/03	1,104.45	P	SLMM	15 00	0.00	1,104.45	11/30/09	608.00	6.14	73.63	681.63	
300059	05/30/03	1,826.29	P	SLMM	03 00	0.00	1,826.29	11/30/09	1,826.29	0.00	0.00	1,826.29	
300060	08/01/03	2,671.26	P	SLMM	10 00	0.00	2,671.26	11/30/09	1,469.00	22.26	267.13	1,736.13	
300061	08/01/03	3,749.76	P	SLMM	10 00	0.00	3,749.76	11/30/09	2,062.00	31.25	374.98	2,436.98	
300062	07/22/03	810.51	P	SLMM	05 00	0.00	810.51	11/30/09	810.51	0.00	0.00	810.51	d
300063	10/01/03	11,731.56	P	SLMM	10 00	0.00	11,731.56	11/30/09	6,256.00	97.76	1,173.16	7,429.16	
300064	09/01/03	4,481.91	P	SLMM	10 00	0.00	4,481.91	11/30/09	2,427.00	37.35	448.19	2,875.19	
300065	08/20/03	748.65	P	SLMM	05 00	0.00	748.65	11/30/09	748.65	0.00	0.00	748.65	
300066	09/18/03	1,950.00	P	SLMM	05 00	0.00	1,950.00	11/30/09	1,950.00	0.00	0.00	1,950.00	
300067	09/18/03	3,373.76	P	SLMM	05 00	0.00	3,373.76	11/30/09	3,373.76	0.00	0.00	3,373.76	d
300068	10/01/03	635.81	P	SLMM	10 00	0.00	635.81	11/30/09	336.00	5.30	63.58	399.58	
300069	12/01/03	2,032.50	P	SLMM	15 00	0.00	2,032.50	11/30/09	691.00	11.29	135.50	826.50	
300070	12/03/03	2,760.26	P	SLMM	05 00	0.00	2,760.26	11/30/09	2,760.26	0.00	0.00	2,760.26	
300071	12/03/03	9,600.00	P	SLMM	10 00	0.00	9,600.00	11/30/09	4,880.00	80.00	960.00	5,840.00	
300072	12/04/03	1,342.38	P	SLMM	05 00	0.00	1,342.38	11/30/09	1,342.38	0.00	0.00	1,342.38	d
300073	01/01/04	1,051.37	P	SLMM	05 00	0.00	1,051.37	11/30/09	1,050.00	0.00	0.00	1,050.00	
300074	12/30/03	2,226.64	P	SLMM	10 00	0.00	2,226.64	11/30/09	1,115.00	18.55	222.64	1,337.64	
300075	01/01/05	2,881.80	P	SLMM	05 00	0.00	2,881.80	11/30/09	2,784.00	0.00	97.80	2,881.80	d
300076	02/25/04	2,828.61	P	SLMM	05 00	0.00	2,828.61	11/30/09	2,735.00	0.00	93.61	2,828.61	
300077	01/01/05	1,636.18	P	SLMM	05 00	0.00	1,636.18	11/30/09	1,581.00	0.00	55.18	1,636.18	d
300078	03/10/04	476.31	P	SLMM	05 00	0.00	476.31	11/30/09	459.00	0.00	15.88	474.88	
300079	03/19/04	735.63	P	SLMM	05 00	0.00	735.63	11/30/09	698.00	0.00	37.63	735.63	
300080	05/01/04	211.58	P	SLMM	10 00	0.00	211.58	11/30/09	100.00	1.76	21.16	121.16	
300081	05/01/04	904.87	P	SLMM	10 00	0.00	904.87	11/30/09	428.00	7.54	90.49	518.49	
300082	05/01/04	20,192.59	P	SLMM	10 00	0.00	20,192.59	11/30/09	9,422.00	168.27	2,019.26	11,441.26	
300083	05/01/04	18,031.61	P	SLMM	10 00	0.00	18,031.61	11/30/09	8,414.00	150.26	1,803.16	10,217.16	
300084	06/01/04	406.19	P	SLMM	05 00	0.00	406.19	11/30/09	371.00	0.00	33.85	404.85	
300085	06/15/04	2,350.00	P	SLMM	05 00	0.00	2,350.00	11/30/09	2,154.00	0.00	196.00	2,350.00	
300086	06/29/04	1,905.70	P	SLMM	05 00	0.00	1,905.70	11/30/09	1,715.00	0.00	190.70	1,905.70	
300087	06/29/04	8,184.46	P	SLMM	05 00	0.00	8,184.46	11/30/09	7,366.00	0.00	818.46	8,184.46	
300088	07/01/04	7,608.80	P	SLMM	10 00	0.00	7,608.80	11/30/09	3,424.00	63.41	760.88	4,184.88	
300089	07/01/04	6,824.23	P	SLMM	10 00	0.00	6,824.23	11/30/09	3,272.00	56.87	682.42	3,954.42	
300090	07/01/04	4,130.69	P	SLMM	05 00	0.00	4,130.69	11/30/09	3,648.00	0.00	413.07	4,061.07	
300091	08/01/04	3,380.00	P	SLMM	10 00	0.00	3,380.00	11/30/09	1,493.00	28.17	338.00	1,831.00	
300092	07/29/04	2,394.23	P	SLMM	05 00	0.00	2,394.23	11/30/09	2,116.00	0.00	278.23	2,394.23	
300093	08/11/04	2,159.15	P	SLMM	05 00	0.00	2,159.15	11/30/09	1,908.00	0.00	251.15	2,159.15	
300094	08/27/04	1,462.58	P	SLMM	05 00	0.00	1,462.58	11/30/09	1,270.00	0.00	192.58	1,462.58	d
300095	09/01/04	96,927.36	R	SLMM	10 00	0.00	96,927.36	11/30/09	42,003.00	807.73	9,692.74	51,695.74	
300096	10/01/04	699.83	P	SLMM	10 00	0.00	699.83	11/30/09	303.00	5.83	69.95	372.95	
300097	10/01/04	425.32	P	SLMM	10 00	0.00	425.32	11/30/09	186.00	3.54	42.53	228.53	
300098	09/17/04	4,043.81	P	SLMM	05 00	0.00	4,043.81	11/30/09	3,438.00	0.00	605.81	4,043.81	
300099	10/22/04	759.49	P	SLMM	05 00	0.00	759.49	11/30/09	633.00	0.00	126.49	759.49	d
300100	11/01/04	3,827.62	P	SLMM	10 00	0.00	3,827.62	11/30/09	1,596.00	31.90	382.76	1,978.76	

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G/L Asset Acct No = 190950												
300101	12/15/04	2,764.23	P SLMM	05 00	0.00	2,764.23	11/30/09	2,258.00	0.00	506.23	2,764.23	
300102	04/01/08	4,028.62	P SLMM	05 00	0.00	4,028.62	11/30/09	671.00	67.14	805.72	1,476.72	
300103	03/01/05	573.35	P SLMM	05 00	0.00	573.35	11/30/09	441.00	9.56	114.67	555.67	
300104	04/01/05	1,616.98	P SLMM	05 00	0.00	1,616.98	11/30/09	1,238.00	26.95	323.40	1,561.40	
300105	04/01/05	3,098.76	P SLMM	10 00	0.00	3,098.76	11/30/09	1,188.00	25.82	309.88	1,497.88	
300106	03/01/05	335.27	P SLMM	10 00	0.00	335.27	11/30/09	130.00	2.79	33.53	163.53	
300107	02/28/05	712.32	P SLMM	05 00	0.00	712.32	11/30/09	545.00	11.87	142.46	687.46	d
300108	03/01/05	1,712.97	P SLMM	05 00	0.00	1,712.97	11/30/09	1,314.00	28.55	342.59	1,656.59	
300109	04/01/05	479.57	P SLMM	10 00	0.00	479.57	11/30/09	180.00	4.00	47.96	227.96	
300110	04/01/05	9,925.45	P SLMM	10 00	0.00	9,925.45	11/30/09	3,720.00	82.71	992.55	4,712.55	
300111	05/01/05	2,822.92	Z SLMM	05 00	0.00	2,822.92	11/30/09	2,071.00	47.05	564.58	2,635.58	
300112	04/26/05	351.54	P SLMM	10 00	0.00	351.54	11/30/09	128.00	2.93	35.15	163.15	d
300113	09/01/05	1,166.20	P SLMM	05 00	0.00	1,166.20	11/30/09	796.00	19.44	233.24	1,029.24	
300114	09/01/05	741.20	P SLMM	05 00	0.00	741.20	11/30/09	506.00	12.35	148.24	654.24	
300115	10/01/05	9,209.33	P SLMM	10 00	0.00	9,209.33	11/30/09	3,070.00	76.74	920.91	3,990.91	
300116	09/01/05	3,183.04	P SLMM	05 00	0.00	3,183.04	11/30/09	2,123.00	53.05	636.61	2,759.61	
300117	08/18/05	1,084.92	P SLMM	05 00	0.00	1,084.92	11/30/09	705.00	18.09	216.98	921.98	d
300118	10/01/02	2,132.08	R SLMM	10 00	0.00	2,132.08	11/30/09	1,349.00	17.77	213.21	1,562.21	
300119	12/01/05	12,310.00	P SLMM	10 00	0.00	12,310.00	11/30/09	3,796.00	102.58	1,231.00	5,027.00	
300120	12/01/05	652.91	P SLMM	05 00	0.00	652.91	11/30/09	398.00	10.88	130.58	528.58	
300121	03/01/06	1,271.47	P SLMM	05 00	0.00	1,271.47	11/30/09	741.00	21.19	254.29	995.29	
300122	02/01/06	872.60	P SLMM	05 00	0.00	872.60	11/30/09	510.00	14.54	174.52	684.52	
300123	09/01/06	1,575.05	P SLMM	05 00	0.00	1,575.05	11/30/09	761.00	26.25	315.01	1,076.01	
300124	09/01/06	1,094.38	P SLMM	05 00	0.00	1,094.38	11/30/09	511.00	18.24	218.88	729.88	
300125	11/01/06	629.51	P SLMM	05 00	0.00	629.51	11/30/09	273.00	10.49	125.90	398.90	
300126	12/01/06	4,814.00	P SLMM	05 00	0.00	4,814.00	11/30/09	2,006.00	80.23	962.78	2,968.78	
300127	12/01/06	742.92	P SLMM	05 00	0.00	742.92	11/30/09	298.00	12.38	148.58	446.58	
300128	01/01/07	14,456.41	P SLMM	05 00	0.00	14,456.41	11/30/09	5,782.00	240.94	2,891.28	8,673.28	
300129	01/01/07	2,865.69	P SLMM	05 00	0.00	2,865.69	11/30/09	1,146.00	47.76	573.14	1,719.14	
300130	01/01/07	2,191.17	P SLMM	05 00	0.00	2,191.17	11/30/09	876.00	36.52	438.23	1,314.23	
300131	03/01/07	2,321.94	P SLMM	05 00	0.00	2,321.94	11/30/09	890.00	38.70	464.39	1,354.39	
300132	06/01/07	4,201.91	P SLMM	05 00	0.00	4,201.91	11/30/09	1,400.00	70.03	840.38	2,240.38	
300133	07/01/07	3,435.00	P SLMM	05 00	0.00	3,435.00	11/30/09	1,031.00	57.25	687.00	1,718.00	
300134	09/01/07	3,175.42	R SLMM	10 00	0.00	3,175.42	11/30/09	450.00	26.46	317.51	767.51	
300135	11/01/07	3,206.27	P SLMM	05 00	0.00	3,206.27	11/30/09	801.00	53.44	641.25	1,442.25	
300136	12/01/07	1,307.11	P SLMM	05 00	0.00	1,307.11	11/30/09	283.00	21.78	261.40	544.40	
300137	03/01/08	1,201.37	P SLMM	05 00	0.00	1,201.37	11/30/09	220.00	20.02	240.27	460.27	
300138	01/01/08	1,895.48	P SLMM	05 00	0.00	1,895.48	11/30/09	348.00	31.59	379.10	727.10	
300139	05/01/08	829.03	P SLMM	05 00	0.00	829.03	11/30/09	111.00	13.82	165.81	276.81	
300140	05/01/08	762.99	P SLMM	05 00	0.00	762.99	11/30/09	102.00	12.72	152.60	254.60	
300141	08/01/08	1,507.46	P SLMM	05 00	0.00	1,507.46	11/30/09	126.00	25.12	301.49	427.49	
300142	10/01/08	1,547.95	P SLMM	05 00	0.00	1,547.95	11/30/09	103.00	25.80	309.59	412.59	
300143	10/01/08	2,855.80	P SLMM	05 00	0.00	2,855.80	11/30/09	190.00	47.60	571.16	761.16	
300144	12/01/08	1,802.27	P SLMM	05 00	0.00	1,802.27	11/30/09	90.00	30.04	360.45	450.45	
300145	12/01/08	2,697.75	P SLMM	05 00	0.00	2,697.75	11/30/09	45.00	44.96	539.53	584.53	
300146	12/18/08	989.83	P SLMM	05 00	0.00	989.83	11/30/09	0.00	16.50	197.97	197.97	
300147	12/31/08	2,208.00	P SLMM	05 00	0.00	2,208.00	11/30/09	0.00	36.80	441.60	441.60	
300148	07/22/98	1,098.36	P SLMM	05 00	0.00	1,098.36	11/30/09	1,098.36	0.00	0.00	1,098.36	
300149	08/28/98	1,055.10	P SLMM	05 00	0.00	1,055.10	11/30/09	1,055.10	0.00	0.00	1,055.10	
300150	11/01/05	5,787.00	S SLMM	15 00	0.00	5,787.00	11/30/09	1,222.00	32.15	385.80	1,607.80	
300151	02/01/09	919.49	P SLMM	05 00	0.00	919.49	11/30/09	0.00	15.32	168.57	168.57	
300152	02/01/09	919.49	P SLMM	05 00	0.00	919.49	11/30/09	0.00	15.32	168.57	168.57	

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G/L Asset Acct No = 190950													
300153	02/01/09	919.50	P	SLMM	05 00	0.00	919.50	11/30/09	0.00	15.33	168.58	168.58	
300154	02/01/09	919.50	P	SLMM	05 00	0.00	919.50	11/30/09	0.00	15.33	168.58	168.58	
300155	02/01/09	2,204.25	P	SLMM	05 00	0.00	2,204.25	11/30/09	0.00	36.74	404.11	404.11	
300156	02/01/09	2,206.25	P	SLMM	05 00	0.00	2,206.25	11/30/09	0.00	36.77	404.46	404.46	
300157	02/01/09	2,206.25	P	SLMM	05 00	0.00	2,206.25	11/30/09	0.00	36.77	404.46	404.46	
300158	02/01/09	3,061.00	P	SLMM	05 00	0.00	3,061.00	11/30/09	0.00	51.02	561.18	561.18	
300159	03/01/09	36,200.48	P	SLMM	05 00	0.00	36,200.48	11/30/09	0.00	603.34	6,033.40	6,033.40	
G/L Asset Acct No = 190950		763,306.93				0.00	763,306.93		415,921.30	6,688.31	83,554.64	499,475.94	
Less disposals and transfers		(91,745.35)				0.00	(91,745.35)		(72,808.71)			(78,780.67)	
Count = 29													
Net Subtotal		671,561.58				0.00	671,561.58		343,112.59	6,688.31	83,554.64	420,695.27	
Count = 123													
G/L Asset Acct No = 190960													
300003	10/01/05	267,200.00	R	SLMM	30 00	0.00	267,200.00	11/30/09	28,205.00	742.22	8,906.67	37,111.67	
300004	03/01/03	2,436,942.28	R	SLMM	30 00	0.00	2,436,942.28	11/30/09	463,315.99	6,769.28	81,231.41	544,547.40	
300005	03/01/04	20,625.00	P	SLMM	07 00	0.00	20,625.00	11/30/09	19,938.00	0.00	687.00	20,625.00	
300006	04/01/04	2,219.00	R	SLMM	15 00	0.00	2,219.00	11/30/09	740.00	12.33	147.93	887.93	
300007	04/01/06	207,032.90	R	SLMM	15 00	0.00	207,032.90	11/30/09	41,865.00	1,150.18	13,802.19	55,667.19	
G/L Asset Acct No = 190960		2,934,019.18				0.00	2,934,019.18		554,063.99	8,674.01	104,775.20	658,839.19	
Less disposals and transfers		0.00				0.00	0.00		0.00			0.00	
Count = 0													
Net Subtotal		2,934,019.18				0.00	2,934,019.18		554,063.99	8,674.01	104,775.20	658,839.19	
Count = 5													
Grand Total		3,992,226.28				0.00	3,992,226.28		969,985.29	15,362.32	188,329.84	1,158,315.13	
Less disposals and transfers		(91,745.35)				0.00	(91,745.35)		(72,808.71)			(78,780.67)	
Count = 29													
Net Grand Total		3,900,480.93				0.00	3,900,480.93		897,176.58	15,362.32	188,329.84	1,079,534.46	
Count = 130													

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----- Report Assumptions -----

Report Name: Depreciation Expense

Source Report: <Standard Report>

Calculation Assumptions:

Short Year: none

Include Sec 168(k) Allowance & Sec 179: No

Adjustment Convention: None

Key Codes:

- a: A depreciation adjustment amount is included in the reporting period.
- b: The asset's business-use percentage is less than 100%.
- d: The asset has been disposed.
- f: The asset has switched from a MACRS table calculation to the MACRS formula calculation.
- t: The asset's depreciation has been limited by luxury auto rules.
- m: The asset's depreciation was calculated using the mid-quarter convention.
- r: The asset's acquired value was reduced to arrive at the depreciable basis.
- s: The asset has switched from declining-balance to a straight-line.
- v: The asset has switched to remaining value over remaining life due to ACE.

Group/Sorting Criteria:

Group = All FAS Assets

Include Assets that meet the following conditions:

All FAS Assets

Sorted by: G/L Asset Acct No (with subtotals), System No