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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

**2011**

**Open to Public Inspection**

**A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011**

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

**C** Name of organization
THE RAPIDES FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1101 FOURTH STREET 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 $ 55,022,021

**F** Name and address of principal officer
JOE ROSIER CEO
1101 4TH STREET
ALEXANDRIA,LA 71301

**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) ☐ 501(c) ( ) ◀ (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

**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 owns and operates Rapides Regional Medical Center, a 320-bed hospital in Alexandria Additionally, TRF provides funding for projects see Schedule O

**2** Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

| | | | |
|---|---|---|---|
| **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 individuals employed in calendar year 2011 (Part V, line 2a) | **5** | 33 |
| **6** | Total number of volunteers (estimate if necessary) | **6** | |
| **7a** | Total 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** | |

| | | Prior Year | Current Year |
|---|---|---|---|
| Revenue **8** | Contributions and grants (Part VIII, line 1h) | -7,280 | 0 |
| **9** | Program service revenue (Part VIII, line 2g) | 51,065,672 | 54,051,377 |
| **10** | Investment income (Part VIII, column (A), lines 3, 4, and 7d ) | 22,893,264 | 970,644 |
| **11** | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0 |
| **12** | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 73,951,656 | 55,022,021 |
| Expenses **13** | Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) | 4,460,044 | 5,362,337 |
| **14** | Benefits paid to or for members (Part IX, column (A), line 4) | | 0 |
| **15** | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 1,315,441 | 1,642,078 |
| **16a** | Professional fundraising fees (Part IX, column (A), line 11e) | | 0 |
| **b** | Total fundraising expenses (Part IX, column (D), line 25) ▶0 | | |
| **17** | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 54,878,326 | 57,226,392 |
| **18** | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 60,653,811 | 64,230,807 |
| **19** | Revenue less expenses Subtract line 18 from line 12 | 13,297,845 | -9,208,786 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| Net Assets or Fund Balances **20** | Total assets (Part X, line 16) | 220,129,389 | 215,889,564 |
| **21** | Total liabilities (Part X, line 26) | 6,126,093 | 6,982,203 |
| **22** | Net assets or fund balances Subtract line 21 from line 20 | 214,003,296 | 208,907,361 |

## 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**

****** | 2012-11-14
Signature of officer | Date

JOE ROSIER PRESIDENT CEO
Type or print name and title

**Paid Preparer's Use Only**

| | | | |
|---|---|---|---|
| Preparer's signature ▶ Marvin H Easley MA CPA CFP | Date 2012-11-14 | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) |
| Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ M H Easley Consulting LLC<br>1006 Calais Circle<br>Alexandria, LA 71303 | | | EIN ▶<br>Phone no ▶ (318) 767-1455 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

**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 owns and operates Rapides Regional Medical Center, a 320-bed hospital in Alexandria, La Additionally, TRF provides funding for projects see Schedule 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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 53,970,578 including grants of $ ) (Revenue $ )

Acute-care Hospital Services - The Rapides Foundation is a member of Rapides Healthcare System LLC RHS, which owns and operates Rapides Regional Medical Center RRMC, a 320-bed hospital in Alexandria, LA 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 2011 overall risk-adjusted complications index of 84, RHS provided top-level patient-care outcomes In 2011, for the fifth year in a row, RRMC received the states highest level healthcare quality award from eQHealth Solutions - the Capstone Quality Award, one of only 24 Louisiana hospitals to receive the award Additionally, the hospital was one of only 405 U S hospitals and critical access hospitals named a Top Performer on Key Quality Measures for excellence in accountability measure performance by The Joint Commission in 2011 U S News and World Reports 2011-12 rankings of Best Hospitals recognized RRMC as No 3 in Louisiana In 2009 the Hospital achieved certification as an see Schedule O

**4b** (Code ) (Expenses $ 3,349,219 including grants of $ 1,562,074 ) (Revenue $ )

Healthy People Initiative - TRF provides chronic care prescription medications for people who cannot afford them through 550,000 in grants to its supporting organization, Cenla Medication Access Program CMAP CMAPs goal is to ensure appropriate medication access and education and also promote other preventive health practices among residents with limited incomes In 2011, approximately 1,234 people in Central Louisiana received 5 2 million in prescription medications they needed to maintain their health Another 1,786 people throughout the rest of the state received 4 million worth of medications through a partnership with the Bureau of Primary Care and Rural Health under the Louisiana Department of Health and Hospitals Additionally, CMAP provided 125,000 in funding to support the Huey P Long Hospital outpatient Pharmacy in Alexandria, LA The Outpatient Center is a program of Huey P Long Hospital, a Louisiana public hospital, which provides medical care for lower-income citizens of Central Louisiana The pharmacy plays a see Schedule O

**4c** (Code ) (Expenses $ 2,573,038 including grants of $ 1,864,214 ) (Revenue $ )

Education Initiative -- During 2011 the nine parish school districts in TRFs area continued to work under their strategic plan focused on science, technology, engineering and math, and career and technical education TRF awarded a total of 1 3 million in grants to the school districts to support professional development to enhance classroom instruction and administrative leadership The grants also supported the purchase of instructional materials and technology to be used in math and science classes The Orchard Foundation, TRFs supporting organization, continued its work during 2011 hosting instructional institutes for high school and elementary science and math teachers The Orchard Foundation offered AIMS science and math workshops for elementary, middle and high school teachers Students are eager to experiment, investigate, explore and inquire In the workshops teachers learn to restructure their lessons to capture this student enthusiasm and to help students use tools to better understand the world that surrounds them AIMS workshops incorporate exciting, see Schedule O

**4d** Other program services (Describe in Schedule O )

(Expenses $ 2,369,992 including grants of $ 1,540,866 ) (Revenue $ )

**4e** **Total program service expenses** ▶ $ 62,262,827

## Part IV Checklist of Required Schedules

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A* | 1 | Yes | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | | No |
| 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* | 3 | | No |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II* | 4 | Yes | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III* | 5 | | No |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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* | 6 | | No |
| 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* | 7 | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | No |
| 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* | 9 | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | No |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.* | 11a | Yes | |
| b | 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.* | 11b | | No |
| c | 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.* | 11c | | No |
| d | 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.* | 11d | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | 11e | | No |
| f | 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 (ASC 740)? *If "Yes," complete Schedule D, Part X.* | 11f | Yes | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII* | 12a | Yes | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | No |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I* | 14b | | No |
| 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 U S ? *If "Yes," complete Schedule F, Part II and IV* | 15 | | No |
| 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 U S ? *If "Yes," complete Schedule F, Part III and IV* | 16 | | No |
| 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* | 17 | | No |
| 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* | 18 | | No |
| 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* | 19 | | No |
| 20a | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20a | Yes | |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements | 20b | Yes | |

**Part IV Checklist of Required Schedules** *(continued)*

| | | | | |
|---|---|---|---|---|
| **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? *If "Yes," complete Schedule I, Parts I and II* | **21** | Yes | |
| **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? *If "Yes," complete Schedule I, Parts I and III* | **22** | | No |
| **23** | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J* | **23** | Yes | |
| **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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25* | **24a** | | No |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | **24b** | | |
| **c** | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | **24c** | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | **24d** | | |
| **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? *If "Yes," complete Schedule L, Part I* | **25a** | | No |
| **b** | 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? *If "Yes," complete Schedule L, Part I* | **25b** | | No |
| **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? *If "Yes," complete Schedule L, Part II* | **26** | | No |
| **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? *If "Yes," complete Schedule L, Part III* | **27** | | No |
| **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) | | | |
| **a** | A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28a** | | No |
| **b** | A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV* | **28b** | | No |
| **c** | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV* | **28c** | | No |
| **29** | Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M* | **29** | | No |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | **30** | | No |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | **31** | | No |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | **32** | | No |
| **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? *If "Yes," complete Schedule R, Part I* | **33** | | No |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1* | **34** | Yes | |
| **35a** | Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)? | **35a** | | No |
| **b** | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* | **35b** | | No |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | **36** | | No |
| **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? *If "Yes," complete Schedule R, Part VI* | **37** | | No |
| **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 | **38** | Yes | |

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . .

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . . | **1a** | 49 | | |
| **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** | Yes | |
| **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** | 33 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | **2b** | Yes | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | | | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? . . . . . | | | **3a** | | No |
| **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 or securities account)? . . . . . | | | **4a** | | No |
| **b** | If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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** | | No |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | **5b** | | No |
| **c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . . | | | **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** | | No |
| **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** | | No |
| **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** | | No |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year . . . . | **7d** | | | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . | | | **7e** | | No |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . | | | **7f** | | No |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . | | | **7g** | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . | | | **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** | | | | |
| **13** | **Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** | Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state | | | **13a** | | |
| **b** | Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | **13b** | | | | |
| **c** | Enter the aggregate amount of reserves on hand | **13c** | | | | |
| **14a** | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . | | | **14a** | | No |
| **b** | If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . . | | | **14b** | | |

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

## Section A. Governing Body and Management

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . . | 1a | 16 | | |
| b | Enter the number of voting members included in line 1a, above, who are independent . . . . . | 1b | 15 | | |
| 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? . . . . . | | 2 | | No |
| 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? . | | 3 | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | 4 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | | 5 | | No |
| 6 | Did the organization have members or stockholders? . . . . . | | 6 | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . | | 7a | Yes | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . | | 7b | | No |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | | |
| a | The governing body? . . . . . | | 8a | Yes | |
| b | Each committee with authority to act on behalf of the governing body? . . . . . | | 8b | Yes | |
| 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 . . . . . | | 9 | | No |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Did the organization have local chapters, branches, or affiliates? . . . . . | 10a | | No |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes | |
| b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . . | | | |
| 12a | Did the organization have a written conflict of interest policy? *If "No," go to line 13* . . . . . | 12a | Yes | |
| b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . | 12b | Yes | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . | 12c | Yes | |
| 13 | Did the organization have a written whistleblower policy? . . . . . | 13 | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? . . . . . | 14 | Yes | |
| 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 . . . . . | 15a | Yes | |
| b | Other officers or key employees of the organization . . . . . | 15b | Yes | |
| | 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? . . . . . | 16a | Yes | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . | 16b | Yes | |

## 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

JOE ROSIER PRESIDENT CEO
1101 FOURTH STREET
ALEXANDRIA,LA 71301
(318)443-3394

**Part VII** **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

## 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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any 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, or 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| (1) JAMES R BAKER JR TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (2) BRUCE BARTON MD TRUSTEE | 1 00 | X | | X | | | | 0 | 0 | 0 |
| (3) JOAN BRUNSON MD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (4) LAURA DAUZAT TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (5) ROSA FIELDS TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (6) DAVID R GILCHRIST TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (7) CYNTHIA A GILLESPIE PhD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (8) ERNEST KELLY MD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (9) DONALD KRAMER TRUSTEE | 50 | X | | X | | | | 0 | 0 | 0 |
| (10) DONALD R MALLET TRUSTEE | 50 | X | | X | | | | 0 | 0 | 0 |
| (11) NANCY McCABE TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (12) MIKE NEWTON TRUSTEE | 50 | X | | X | | | | 0 | 0 | 0 |
| (13) FRANKIE ROSENTHAL TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (14) TAMMI SALAZAR TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (15) HOWARD WOLD MD TRUSTEE | 50 | X | | | | | | 0 | 0 | 0 |
| (16) JOSEPH R ROSIER JR PRESIDENT CEO | 40 00 | X | | X | | | | 281,896 | 0 | 34,653 |
| (17) KATHLEEN F NOLEN DIR ADMIN | 40 00 | | | | X | | | 169,950 | 0 | 20,576 |

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

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (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 | | | |
| (18) ANNETTE BEUCHLER DIR PROG COMM | 40 00 | | | | | X | | 138,600 | 0 | 20,882 |
| (19) KEVIN BROWN PHARMACIST | 32 00 | | | | | X | | 0 | 102,644 | 17,069 |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b** **Sub-Total** . . . . . ▶ | | | | | | | | | | |
| **c** **Total from continuation sheets to Part VII, Section A** . . . . ▶ | | | | | | | | | | |
| **d** **Total (add lines 1b and 1c)** . . . . . ▶ | | | | | | | | 590,446 | 102,644 | 93,180 |

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

| | | | Yes | No |
|---|---|---|---|---|
| **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* . . . . . | **3** | | No |
| **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* . . . . . | **4** | Yes | |
| **5** | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* . . . . . | **5** | | No |

## 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 Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| KALB TV<br>PO BOX 951<br>ALEXANDRIA, LA 71309 | OUTREACH SERVICES | 180,870 |
| RTI INTERNATIONAL<br>BOX 900002<br>RALEIGH, NC 276759000 | CONSULTING | 167,321 |
| BLUE CROSSSHIELD LA<br>PO BOX 65007<br>DALLAS, TX 75265 | HEALTH INSURANCE | 131,834 |
| | | |
| | | |

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

**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 | | | | |
| | b | Membership dues . . . . 1b | | | | |
| | c | Fundraising events . . . . 1c | | | | |
| | d | Related organizations . . . 1d | | | | |
| | e | Government grants (contributions) 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | | | | |
| | g | Noncash contributions included in lines 1a-1f $ | | | | |
| | h | **Total.** Add lines 1a-1f . . . . . ▶ | | | | |
| Program Service Revenue | | Business Code | | | | |
| | 2a | Hospital Revenues 623990 | 54,051,377 | 54,051,377 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | **Total.** Add lines 2a–2f . . . . . ▶ | 54,051,377 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) . . . . . ▶ | 970,644 | | | 970,644 |
| | 4 | Income from investment of tax-exempt bond proceeds . . ▶ | | | | |
| | 5 | Royalties . . . . . ▶ | | | | |
| | | (i) Real / (ii) Personal | | | | |
| | 6a | Gross rents | | | | |
| | b | Less rental expenses | | | | |
| | c | Rental income or (loss) | | | | |
| | d | Net rental income or (loss) . . . . . ▶ | | | | |
| | | (i) Securities / (ii) Other | | | | |
| | 7a | Gross amount from sales of assets other than inventory | | | | |
| | b | Less cost or other basis and sales expenses | | | | |
| | c | Gain or (loss) | | | | |
| | d | Net gain or (loss) . . . . . ▶ | | | | |
| | 8a | Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from fundraising events . . ▶ | | | | |
| | 9a | Gross income from gaming activities See Part IV, line 19 . . . a | | | | |
| | b | Less direct expenses . . . b | | | | |
| | c | Net income or (loss) from gaming activities . . . ▶ | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . a | | | | |
| | b | Less cost of goods sold . . b | | | | |
| | c | Net income or (loss) from sales of inventory . . ▶ | | | | |
| | | Miscellaneous Revenue / Business Code | | | | |
| | 11a | | | | | |
| | b | | | | | |
| | c | | | | | |
| | d | All other revenue . . . . | | | | |
| | e | **Total.** Add lines 11a–11d . . . . . ▶ | | | | |
| | 12 | **Total revenue.** See Instructions . . . ▶ | 55,022,021 | 54,051,377 | | 970,644 |

## 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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (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 United States See Part IV, line 21 | 5,362,337 | 5,362,337 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States 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 . . . . | 449,102 | 300,200 | 148,902 | |
| 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 | 882,496 | 435,426 | 447,070 | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . | 129,957 | 71,930 | 58,027 | |
| 9 | Other employee benefits . . . . . | 96,961 | 54,401 | 42,560 | |
| 10 | Payroll taxes . . . . . | 83,562 | 46,973 | 36,589 | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management . . . . . | 1,337,145 | 1,337,145 | | |
| b | Legal . . . . . | 13,798 | 7,034 | 6,764 | |
| c | Accounting . . . . . | 353,726 | 324,634 | 29,092 | |
| d | Lobbying . . . . . | 0 | | | |
| e | Professional fundraising *See Part IV, line 17* . . | | | | |
| f | Investment management fees . . . . . | 842,841 | | 842,841 | |
| g | Other . . . . . | 6,487,909 | 6,466,083 | 21,826 | |
| 12 | Advertising and promotion . . . . | 713,103 | 630,948 | 82,155 | |
| 13 | Office expenses . . . . . | 265,177 | 221,539 | 43,638 | |
| 14 | Information technology . . . . . | 83,200 | 49,987 | 33,213 | |
| 15 | Royalties . . | 0 | | | |
| 16 | Occupancy . . . . . | 1,684,678 | 1,642,649 | 42,029 | |
| 17 | Travel . . . . . | 35,510 | 34,229 | 1,281 | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . | 0 | | | |
| 19 | Conferences, conventions, and meetings . . . . | 174,582 | 108,258 | 66,324 | |
| 20 | Interest . . . . . | 21,196 | 13,564 | 7,632 | |
| 21 | Payments to affiliates . . . . . | 0 | | | |
| 22 | Depreciation, depletion, and amortization . . . . . | 3,149,151 | 3,114,284 | 34,867 | |
| 23 | Insurance . . . . . | 1,056,958 | 1,036,695 | 20,263 | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O ) | | | | |
| a | HOSPITAL TAXES AND LICENSES | 792,216 | 792,216 | | |
| b | HOSPITAL REIMBURSEMENT TO LLC MEMBER | 25,210,206 | 25,210,206 | | |
| c | HOSPITAL SUPPLIES | 11,763,081 | 11,763,081 | | |
| d | | | | | |
| e | | | | | |
| f | All other expenses | 3,241,915 | 3,239,008 | 2,907 | |
| 25 | **Total functional expenses.** Add lines 1 through 24f | 64,230,807 | 62,262,827 | 1,967,980 | 0 |
| 26 | **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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 | | -50,049 | 1 | 5,164,674 |
| | 2 | Savings and temporary cash investments | | 2,323,418 | 2 | 2,912,715 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | 10,561,457 | 4 | 11,346,330 |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | | 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 | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 1,726,583 | 8 | 1,801,382 |
| | 9 | Prepaid expenses and deferred charges | | 126,602 | 9 | 529,186 |
| | 10a | Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* | 10a 65,527,515 | | | |
| | b | Less accumulated depreciation | 10b 41,630,789 | 25,802,561 | 10c | 23,886,506 |
| | 11 | Investments—publicly traded securities | | 170,710,410 | 11 | 161,588,198 |
| | 12 | Investments—other securities See Part IV, line 11 | | 524,791 | 12 | 444,946 |
| | 13 | Investments—program-related See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | 8,076,591 | 14 | 8,076,323 |
| | 15 | Other assets See Part IV, line 11 | | 327,025 | 15 | 139,304 |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | | 220,129,389 | 16 | 215,889,564 |
| Liabilities | 17 | Accounts payable and accrued expenses | | 1,801,441 | 17 | 4,969,476 |
| | 18 | Grants payable | | 2,008,716 | 18 | 2,012,727 |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| | 21 | Escrow or custodial account liability *Complete Part IV of Schedule D* | | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L* | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 2,315,936 | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 6,126,093 | 26 | 6,982,203 |
| 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 | | 214,003,296 | 27 | 208,907,361 |
| | 28 | Temporarily restricted net assets | | | 28 | |
| | 29 | Permanently restricted net assets | | | 29 | |
| | | **Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.** | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 214,003,296 | 33 | 208,907,361 |
| | 34 | Total liabilities and net assets/fund balances | | 220,129,389 | 34 | 215,889,564 |

## Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) . . . | 1 | 55,022,021 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) . . . . . | 2 | 64,230,807 |
| 3 | Revenue less expenses Subtract line 2 from line 1 . . . . | 3 | -9,208,786 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . | 4 | 214,003,296 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) . . . . | 5 | 4,112,851 |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . . | 6 | 208,907,361 |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

| | | | Yes | No |
|---|---|---|---|---|
| 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? . . | 2a | | No |
| b | Were the organization's financial statements audited by an independent accountant? . . . . . | 2b | Yes | |
| c | If "Yes," to 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 . . . . . | 2c | Yes | |
| 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 separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated 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? . . . . . | 3a | | No |
| 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 . . | 3b | | |

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319026522

# SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

## Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
THE 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 **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?

| | Yes | No |
|---|---|---|
| **(i)** a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)** | | |
| **(ii)** a family member of a person described in (i) above? **11g(ii)** | | |
| **(iii)** a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)** | | |

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | | | | | | |
| 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 | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 **Total support** (Add lines 7 through 10) | | | | | | |

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 501(c)(3) organization, check this box and **stop here** ▶

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | **14** | 0 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | **15** | |

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2011.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

**Part III** **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") | | | | | | |
| 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public Support** (Subtract line 7c from line 6 ) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11 and 12 ) | | | | | | |

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

## Section C. Computation of Public Support Percentage

| | | | |
|---|---|---|---|
| 15 | Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | 0 % |
| 16 | Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

## Section D. Computation of Investment Income Percentage

| | | | |
|---|---|---|---|
| 17 | Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f)) | 17 | 0 % |
| 18 | Investment income percentage from **2010** Schedule A, Part III, line 17 | 18 | |

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |
| --- |
| |

**Explanation**

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# SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**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.**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, line 35c (Proxy Tax), then**

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

| Name of the organization | Employer identification number |
|---|---|
| THE RAPIDES FOUNDATION | 72-0423603 |

## 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 on behalf of or in opposition to candidates for public office 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 funtion 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 the filing organization made payments 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- |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | 20,733 | |
| c Total lobbying expenditures (add lines 1a and 1b) | 20,733 | |
| d Other exempt purpose expenditures | 64,230,807 | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | 64,251,540 | |
| f Lobbying nontaxable amount Enter the amount from the following table in both columns | 1,000,000 | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | 250,000 | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | |

| 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 |

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) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) Total |
|---|---|---|---|---|---|
| 2a Lobbying non-taxable amount | 1,000,000 | 1,000,000 | 1,000,000 | 1,000,000 | 4,000,000 |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | 6,000,000 |
| c Total lobbying expenditures | 31,497 | 29,170 | 28,784 | 20,733 | 110,184 |
| d Grassroots non-taxable amount | 250,000 | 250,000 | 250,000 | 250,000 | 1,000,000 |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000 |
| f Grassroots lobbying expenditures | | | | | |

## 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) Yes | (a) No | (b) 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 lines 1c through 1i | | | |
| 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) non-deductible 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 | |
| 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 | |

## 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 1i. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|

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**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
THE 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 may 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

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 | | | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

| | | Yes | No |
|---|---|---|---|
| (i) unrelated organizations | 3a(i) | | |
| (ii) related organizations | 3a(ii) | | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 59,900 | | 59,900 |
| b Buildings | | 2,934,019 | 862,562 | 2,071,457 |
| c Leasehold improvements | | | | |
| d Equipment | | 502,620 | 567,694 | -65,074 |
| e Other | | 62,030,976 | 40,210,753 | 21,820,223 |
| **Total.** Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 23,886,506 |

**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 |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 12 )* ▶ | | |

**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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 13 )* ▶ | | |

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

| (a) Description | (b) Book value |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶ | |

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

| 1 (a) Description of Liability | (b) Amount |
|---|---|
| Federal Income Taxes | |
| OTHER LIABILITIES | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) should equal Form 990, Part X, col (B) line 25 )* ▶ | |

**2.** Fin 48 (ASC 740) 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 (ASC740)

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 55,022,021 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 64,230,807 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | -9,208,786 |
| 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 | 4,112,848 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 4,112,848 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | -5,095,938 |

## 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 | 58,057,024 |
| 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 | 3,035,003 | | |
| e | Add lines **2a** through **2d** | | | 2e | 3,035,003 |
| 3 | Subtract line **2e** from line **1** | | | 3 | 55,022,021 |
| 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 | |
| 5 | Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12 ) | | | 5 | 55,022,021 |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 63,152,962 |
| 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 | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 63,152,962 |
| 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 | 1,077,845 | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,077,845 |
| 5 | Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18 ) | | | 5 | 64,230,807 |

## 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, 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

| Identifier | Return Reference | Explanation |
|---|---|---|
| X | 2 | The Foundation is a nonprofit organization and exempt from federal income taxes under Section 501c3 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 |
| X | 2 | 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 Foundations accounting records |
| X | 2 | The Foundation files U S federal Form 990 for informational purposes The Foundations federal income tax returns for the tax years 2008 and beyond remain subject to examination by the Internal Revenue Service Since its initial incorporation in 1924, the Foundation has been exempt from federal and state income tax under Section 501c3 of the Internal Revenue Code as a public charity operating a hospital Due to its contribution of its hospital operations to the Partnership and its new grant making activities, it requested a private letter ruling from the Internal Revenue Service to confirm the continuation of its public charity status |
| X | 2 | The Service declined to issue such a ruling due to the number of similar transactions and issued a Revenue Ruling Rev Rul 98-15 defining the requirements for whole hospital joint ventures such as Rapides Health Services, LLC The Service declined the Foundations request to examine its operations and enter into a closing agreement |
| X | 2 | After Rev Rul 98-15, two court cases focused on the control issue identified by the ruling as determinative of whether the joint venture jeopardized the exempt status of the exempt organization One of these, St Davids Health Care System, Inc v United States, involved facts very similar to those present in the Foundations ownership of the LLC, and was a victory for the exempt organization whose status had been challenged Counsel for the Foundation has been at all relevant times and remains of the opinion that any challenge to the Foundations exempt status would be similarly decided This opinion is bolstered by Rev Rul 2004-51, which, while addressing ancillary activity joint ventures, represents an acknowledgment by the Service that sufficient control may be maintained by the exempt partner in such a venture even though ownership and governance were shared 50-50 with the for-profit venturer |
| X | 2 | It should be noted that even if the Foundations public charity status should not continue, the Foundation believes that it would continue to be exempt from income tax under Section 501c3 of the Code as a private foundation |
| X | 2 | Private foundations are subject to more restrictions under the Code than are public charities These restrictions include statutory prohibitions against self-dealing, excess business holdings, jeopardy investments, and taxable expenditures In addition, private foundations are subject to an excise tax on their net investment income and are required to make annual distributions of five percent of the average market value of their non-charitable-use assets for charitable, educational, scientific, and similar purposes Non-charitable-use assets are assets that are not used or held for use directly in carrying on the organizations exempt purpose they include assets held for investment and the production of investment income Private foundations are required to publish a notice that their annual reports are available for inspection |
| X | 2 | These financial statements do not consider the effects of a possible retroactive determination by the Internal Revenue Service that the Foundation is not exempt from taxation or that it is a nonprofit private foundation Such effects could include income taxes on its earnings, a requirement that it divest itself of a portion of the LLC, excise taxes on net investment income and various penalties |
| X | 2 | The Contribution Agreement requires that the Partnership, and the Operating Agreement of the LLC requires that the LLC, operate in a fashion so as not to adversely affect the Foundations tax-exempt status, and support community, civic, charitable and cultural activities at a level at least equal to that of the Rapides Regional Medical Center in the year ended June 30, 1994 It also calls for it to provide 2 8 million of uncompensated care annually to the Alexandria, Louisiana community, as well as continue historic levels in the other communities where it has hospitals |

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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

2011

Open to Public Inspection

**Name of the organization**
THE RAPIDES FOUNDATION

**Employer identification number**
72-0423603

## Part I Charity Care and Certain Other Community Benefits at Cost

| | | | Yes | No |
|---|---|---|---|---|
| 1a | Did the organization have a charity care policy? If "No," skip to question 6a | 1a | Yes | |
| b | If "Yes," is it a written policy? | 1b | Yes | |
| 2 | If the organization had multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals<br>☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals<br>☐ 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 during the tax year | | | |
| a | Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care<br>☐ 100% ☐ 150% ☑ 200% ☐ Other _____ % | 3a | Yes | |
| b | Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care<br>☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ % | 3b | | No |
| c | If the organization did 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 | Did the organization's policy provide free or discounted care to the "medically indigent"? | 4 | Yes | |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a | Yes | |
| b | If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b | | No |
| 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 eligibile for free or discounted care? | 5c | | |
| 6a | Did the organization prepare a community benefit reportduring the tax year? | 6a | Yes | |
| 6b | If "Yes," did the organization make it available to the public? | 6b | Yes | |
| | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | | |

**7** Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Government Programs | (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 |
|---|---|---|---|---|---|---|
| a Charity care at cost (from Worksheet 1) | | 606 | 915,155 | 208,791 | 706,364 | 1 100 % |
| b Medicaid (from Worksheet 3, column a) | | 11,812 | 13,633,856 | 9,101,051 | 4,532,805 | 7 060 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d **Total** Charity Care and Means-Tested Government Programs | | 12,418 | 14,549,011 | 9,309,842 | 5,239,169 | 8 160 % |
| **Other Benefits** | | | | | | |
| e Community health improvement services and community benefit operations (from (Worksheet 4) | | | 3,391,254 | | 3,391,254 | 5 280 % |
| f Health professions education (from Worksheet 5) | | | 946,857 | 89,496 | 857,361 | 1 330 % |
| g Subsidized health services (from Worksheet 6) | | | | | | |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 5,125,425 | | 5,125,425 | 7 980 % |
| j **Total** Other Benefits | | | 9,463,536 | 89,496 | 9,374,040 | 14 590 % |
| k **Total.** Add lines 7d and 7j | | 12,418 | 24,012,547 | 9,399,338 | 14,613,209 | 22 750 % |

**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 | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 **Total** | | | | | | |

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1 | Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15? | | 1 | | No |
| 2 | Enter the amount of the organization's bad debt expense | 2 | 1,121,000 | | |
| 3 | Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy | 3 | | | |
| 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 a portion of bad debt amounts as community benefit | | | | |

**Section B. Medicare**

| | | | | | |
|---|---|---|---|---|---|
| 5 | Enter total revenue received from Medicare (including DSH and IME) | 5 | 20,833,011 | | |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 17,454,143 | | |
| 7 | Subtract line 6 from line 5 This is the surplus or (shortfall) | 7 | 3,378,868 | | |
| 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 | Did the organization have a written debt collection policy during the tax year? | | 9a | Yes | |
| b | If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | | 9b | Yes | |

**Part IV Management Companies and Joint Ventures** (see instructions)

| | (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 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |

## Part V Facility Information

### Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

| | Name and address | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | RAPIDES REGIONAL MEDICAL CTR<br>211 FOURTH STREET<br>ALEXANDRIA,LA 71301 | X | X | | X | | | X | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |

## Part V Facility Information *(continued)*

### Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

**Name of Hospital Facility:** _____

**Line Number of Hospital Facility (from Schedule H, Part V, Section A):** _____

| | | Yes | No |
|---|---|---|---|
| **Community Health Needs Assessment** (Lines 1 through 7 are optional for 2011) | | | |
| **1** During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 . . . . . | 1 | | |
| If "Yes," indicate what the Needs Assessment describes (check all that apply) | | | |
| **a** ☐ A definition of the community served by the hospital facility | | | |
| **b** ☐ Demographics of the community | | | |
| **c** ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | | |
| **d** ☐ How data was obtained | | | |
| **e** ☐ The health needs of the community | | | |
| **f** ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | | |
| **g** ☐ The process for identifying and prioritizing community health needs and services to meet those needs | | | |
| **h** ☐ The process for consulting with persons representing the community's interests | | | |
| **i** ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs | | | |
| **j** ☐ Other (describe in Part VI) | | | |
| **2** Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___ | | | |
| **3** In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 3 | | |
| **4** Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI . . . . . | 4 | | |
| **5** Did the hospital facility make its Needs Assessment widely available to the public? . . . . . | 5 | | |
| If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) | | | |
| **a** ☐ Hospital facility's website | | | |
| **b** ☐ Available upon request from the hospital facility | | | |
| **c** ☐ Other (describe in Part VI) | | | |
| **6** If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) | | | |
| **a** ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community | | | |
| **b** ☐ Execution of the implementation strategy | | | |
| **c** ☐ Development of a community-wide community benefit plan for the facility | | | |
| **d** ☐ Participation in community-wide community benefit plan | | | |
| **e** ☐ Inclusion of a community benefit section in operational plans | | | |
| **f** ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA | | | |
| **g** ☐ Prioritization of health needs in the community | | | |
| **h** ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community | | | |
| **i** ☐ Other (describe in Part VI) | | | |
| **7** Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs | 7 | | |
| **Financial Assistance Policy** | | | |
| Did the hospital facility have in place during the tax year a written financial assistance policy that | | | |
| **8** Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? | 8 | | |
| **9** Used federal poverty guidelines (FPG) to determine eligibility for providing free care? . . . . . | 9 | | |
| If "Yes," indicate the FPG family income limit for eligibility for free care __% | | | |

## Part V Facility Information *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 10 | Used FPG to determine eligibility for providing discounted care? | 10 | | |
| | If "Yes," indicate the FPG family income limit for eligibility for discounted care __% | | | |
| | If "No," explain in Part VI the criteria the hospital facility used | | | |
| 11 | Explained the basis for calculating amounts charged to patients? | 11 | | |
| | If "Yes," indicate the factors used in determining such amounts (check all that apply) | | | |
| | **a** ☐ Income level | | | |
| | **b** ☐ Asset level | | | |
| | **c** ☐ Medical indigency | | | |
| | **d** ☐ Insurance status | | | |
| | **e** ☐ Uninsured discount | | | |
| | **f** ☐ Medicaid/Medicare | | | |
| | **g** ☐ State regulation | | | |
| | **h** ☐ Other (describe in Part VI) | | | |
| 12 | Explained the method for applying for financial assistance? | 12 | | |
| 13 | Included measures to publicize the policy within the community served by the hospital facility? | 13 | | |
| | If "Yes," indicate how the hospital facility publicized the policy (check all that apply) | | | |
| | **a** ☐ The policy was posted at all times on the hospital facility's web site | | | |
| | **b** ☐ The policy was attached to all billing invoices | | | |
| | **c** ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms | | | |
| | **d** ☐ The policy was posted in the hospital facility's admissions offices | | | |
| | **e** ☐ The policy was provided, in writing, to patients upon admission to the hospital facility | | | |
| | **f** ☐ The policy was available upon request | | | |
| | **g** ☐ Other (describe in Part VI) | | | |
| **Billing and Collections** | | | | |
| 14 | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? | 14 | | |
| 15 | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP | | | |
| | **a** ☐ Reporting to credit agency | | | |
| | **b** ☐ Lawsuits | | | |
| | **c** ☐ Liens on residences | | | |
| | **d** ☐ Body attachments or arrests | | | |
| | **e** ☐ Other similar actions (describe in Part VI) | | | |
| 16 | DDid the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? | 16 | | |
| | If "Yes," check all actions in which the hospital facility or a third party engaged | | | |
| | **a** ☐ Reporting to credit agency | | | |
| | **b** ☐ Lawsuits | | | |
| | **c** ☐ Liens on residences | | | |
| | **d** ☐ Body attachments | | | |
| | **e** ☐ Other similar actions (describe in Part VI) | | | |
| 17 | Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) | | | |
| | **a** ☐ Notified patients of the financial assistance policy upon admission | | | |
| | **b** ☐ Notified patients of the financial assistance policy prior to discharge | | | |
| | **c** ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills | | | |
| | **d** ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy | | | |
| | **e** ☐ Other (describe in Part VI) | | | |

## Part V Facility Information *(continued)*

### Policy Relating to Emergency Medical Care

| | | Yes | No |
|---|---|---|---|
| **18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . | **18** | | |
| If "No," indicate why | | | |
| **a** ☐ The hospital facility did not provide care for any emergency medical conditions | | | |
| **b** ☐ The hospital facility's policy was not in writing | | | |
| **c** ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI) | | | |
| **d** ☐ Other (describe in Part VI) | | | |

### Individuals Eligible for Financial Assistance

| | | | |
|---|---|---|---|
| **19** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care | | | |
| **a** ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| **b** ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | | |
| **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| **d** ☐ Other (describe in Part VI) | | | |
| **20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? . . . . . | **20** | | |
| If "Yes," explain in Part VI | | | |
| **21** Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? . . . . . | **21** | | |
| If "Yes," explain in Part VI | | | |

**Part V Facility Information** *(continued)*

**Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? _____

| | Name and address | Type of Facility (Describe) |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

## Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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 financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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 )

6 **Affiliated health care system.** 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

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part I line 7 | | a-The Cost for Charity Care was derived using a cost-to-charge ratio from Schedule H, 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 B-Unreimbursed Medicaid Costs were derived using a cost-to-charge ratio from Schedule H 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 Medicaid inpatient admissions plus total Medicaid outpatient visits |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part III line 4 | | Excerpt from 2011 Notes to Audited Financial Statements of Rapides Healthcare System-The Company does not pursue collection of amounts related to patients who meet the guidelines to qualify as charity care, therefore, they are not reported in revenues Patients treated at the Companys hospitals for non-elective care, who have income at or below 200 per cent of the federal poverty level, are eligible for charity care The deferral poverty level is established by the federal government and is based on income and family size The Company provides discounts to uninsured patients who do not qualify for Medicaid or charity care These discounts are similar to those provided too many local managed care plans After the discounts are applied, if the Company is still unable to collect a significant portion of uninsured patients accounts, the Company will record significant provisions for doubtful accounts based upon the Companys historical collection experience related to uninsured patients in the period the services are provided |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part III line 4 | | The revenue deductions related to uninsured accounts charity care and uninsured discounts generally have the inverse effect on the provision for doubtful accounts To quantify the total impact of and trends related to uninsured accounts, the Company believes it is beneficial to view these revenue deductions and provision for doubtful accounts in combination, as well as separately The provision for doubtful accounts, as a percentage of net patient service revenues, increased from 5 5 for 2010 to 10 for 2011 The sum of the provision for doubtful accounts, uninsured discounts and charity care, as a percentage of the sum of net patient service revenues, uninsured discounts and charity care increased from 15 8 for 2010 to 21 9 for 2011 |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part III line 4 | | 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 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 |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| 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 from the individual facility cost report for the hospital operated by RHS |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part III line 9b | | Collection of outstanding receivables from third-party payers Medicare, managed-care payers, etc is Rapides Healthcare Systems RHSs 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 |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part III line 9b | | 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 |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part III line 9b | | RHS does not pursue collection of accounts while it attempts to determine whether uninsured or underinsured patients meet its guidelines to qualify for free charity care under its financial assistance policy FAP 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 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 |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part III line 9b | | Once an account is approved as FAP-eligible by an authorized manager, the appropriate code is posted to the account in the billing system, the account is written off, and no bill is sent to the patient |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part V | | Line 10 The Rapides Healthcare System RHS does not utilize FPG as criteria for discounted care Any individual at income of 200 or less of FPG qualifies for the RHS financial assistance policies FAP and receives a 100 discount on their bill, or free care There is no provision for partial discounts on patient bills under the FAP All uninsured patients who do not qualify under the FAP receive an uninsured discount on their bills |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part V | | Line 11 Uninsured patients may qualify for 100 discount on their bill under extenuating circumstances after manager review and approval, in cases such as if the patient is not able to complete the financial assistance application or provide supporting documentation, where medical indigence is determined by medical debt outweighing 25 of the patients annual income, patients identified as undocumented residents or homeless, or patients that expire without an estate |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part V | | Line19 The Rapides Healthcare System RHS does offer discounted care under its financial assistance policies Any individual at income of 200 or less of FPG qualifies for the RHS FAP and receives a 100 discount on their bill, or free care Thus, FAP-eligible individuals are not charged for care There is no provision for partial discounts on patient bills under the FAP All uninsured patients who do not qualify under the FAP receive an uninsured discount on their bills |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 2 | | The Rapides Foundation TRF engages a national expert firm to perform a Community Health Assessment 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 and 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 organizations philanthropic efforts The assessment is used by Rapides Healthcare System management and its Boards Community Benefit Committee for its hospitals community benefit planning |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 2 | | 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 the TRF website TRF completed its last assessment in 2010 In accordance with new requirements for Community Health Needs Assessments CHNA for Exempt Hospital Facilities effective for tax years beginning after March 24, 2012, Rapides Regional Medical Center is partnering with another exempt community hospital in 2012 to begin the process of conducting a CHNA to be completed in 2013 |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 3 | | 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 organizations 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 firms 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 hospitals 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 per cent of the Federal Poverty level |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 3 | | Hospital staff explain 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 per cent of the Federal Poverty level |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 4 | | 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 According to 2010 census figures, the median household income level in the nine-parish region ranged between 31,325 in Catahoula Parish to 43,752 in Vernon Parish, all below the US median household income of 50,046 An estimated 34 3 per cent of all households in the TRF service area have annual incomes below 25,000, compared to 23 6 per cent nationally The population of the region was 67 8 per cent white, 29 1 per cent black and 3 1 per cent other In 2010, at the time of TRFs latest Community Health Assessment, 22 0 per cent of adults aged 18 to 64 in the TRF service area self reported that they had no health insurance coverage |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 4 | | Another 18 6 per cent reported coverage by Medicaid and Medicare Challenges in the region include infant mortality of 10 1 per cent in 2004-2006, compared to 6 9 per cent nationally, births to unwed mothers of 45 3 per cent 33 5 per cent nationally and births to teenagers under age 20 of 15 3 per cent 10 3 per cent nationally |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 5 | | Rapides Regional Medical Center maintains an open medical staff medical staff credentialing is strictly based upon education, certification and other generally accepted objective professional requirements The hospital maintains an open emergency room, treating all patients regardless of their ability to pay The hospital accepts 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 RHS and the Board of Trustees of Rapides Regional Medical Center both include members of the local community, who are focused on the quality of healthcare and availability of medical services in their community The RHS Board has a standing Community Benefit Committee |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 5 | | Both boards of directors and the hospital management team are heavily focused on quality and safety, and the hospital invests in services and technology necessary to provide the best care possible for patients With a 2011 overall risk-adjusted complications index of 0 84, RHS provided top-level patient-care outcomes In 2011, for the fifth year in a row, RRMC received the states highest level healthcare quality award from eQ Health Solutions - the Capstone Quality Award, one of only 24 Louisiana hospitals to receive the award |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 5 | | Additionally, the hospital was one of only 405 U S hospitals and critical access hospitals named a Top Performer on Key Quality Measures for excellence in accountability measure performance by The Joint Commission in 2011 U S News and World Reports 2011-12 rankings of Best Hospitals recognized RRMC as No 3 in Louisiana In 2009 the Hospital achieved certification as an Advanced Primary Stroke Center, and in 2010 it became an Accredited Cycle III Chest Pain Center - the only one in Central Louisiana In 2011, the Hospital was certified as Louisianas only Level II Trauma Center, which will benefit Central Louisiana by providing access to trauma care during the critical first 60 minutes following a traumatic injury, thereby reducing mortality rates from such injuries in the region |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 5 | | In 2011, RRMC implemented an initiative to reduce elective deliveries between 37 and 39 weeks gestation through education of expectant mothers concerning fetal development and premature birth complications In fourth quarter 2010, elective deliveries between 37 and 39 weeks were 47 2 per cent of all deliveries, but by fourth quarter 2011, elective deliveries prior to 39 weeks had fallen to 4 8 per cent During the first two quarters of 2012, there were no such elective deliveries at RRMC |

| Identifier | ReturnReference | Explanation |
|---|---|---|
| Part VI Line 5 | | With an annual payroll of 20 million Rapides Foundation ownership percentage share, RHS is a significant employer in its communities and paid 0 5 million Rapides Foundation share in property taxes during 2011 that supported such efforts as schools, roads and other infrastructure projects In addition to the community benefit provided by Rapides Healthcare System, The Rapides Foundations 2011 philanthropic activities provided an additional 8 3 million in community benefit to the nine-parish service area This included grants of 5 0 million and direct charitable activities of 3 3 million in three primary areas of focus Healthy People, Healthy Communities, and Education |

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**Schedule I (Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
THE RAPIDES FOUNDATION

**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 . . . ▶ ☐

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code 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 |
|---|---|---|---|---|---|---|---|
| See Additional Data Table | | | | | | | |
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2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 43

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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---|---|---|---|---|
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**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|---|---|---|
| I | 2 | Prior to funding, grantees develop and submit for approval a work plan and budget for use of the grant funds awarded On a quarterly or semi-annual basis, the Rapides Foundation TRF requires that grantees submit narrative reports and budget expenditure reports, which compare actual activities completed to approved work plans and actual expenditures to approved budgets At the end of the grant term, the grantees are required to submit similar cumulative reports detailing the interventions completed, evaluating their effectiveness and itemizing expenses compared to the approved budgets Unspent funds must be repaid to the Foundation in accordance with written grant agreements Grantees may submit requests to approve budget line item changes As a practice TRF does not approve work plan or budget changes which diverge from the original grant purpose and intent |
| I | 2 | TRF, at its expense and option, performs random, periodic reviews of the grantees internal records to verify the accuracy of reporting If appropriate, repayment of inappropriate expenditures is requested Failure to report expenditures or to repay unspent or inappropriately spent funds will result in 1-withholding of additional payments on existing grants or 2- prevent consideration of future grant requests Large grant initiatives are evaluated by TRF utilizing third-party evaluation firms The evaluations measure the effectiveness of the chosen intervention in achieving the initiative intended outcomes as well as the effectiveness of the initiative implementation Evaluations serve to provide TRF feedback which can be utilized to improve program implementation |

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**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, question 23.**

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
THE RAPIDES FOUNDATION

**Employer identification number**
72-0423603

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **1a** | Check the appropiate 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<br>☐ First-class or charter travel ☐ Housing allowance or residence for personal use<br>☐ Travel for companions ☐ Payments for business use of personal residence<br>☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees<br>☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef) | | | |
| **b** | If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain | **1b** | | |
| **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? | **2** | | |
| **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<br>☑ Compensation committee ☑ Written employment contract<br>☑ Independent compensation consultant ☑ Compensation survey or study<br>☐ 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? | **4a** | | No |
| **b** | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | **4b** | | No |
| **c** | Participate in, or receive payment from, an equity-based compensation arrangement? | **4c** | | No |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III | | | |
| | **Only 501(c)(3) and 501(c)(4) organizations only 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? | **5a** | | No |
| **b** | Any related organization? | **5b** | | No |
| | 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? | **6a** | | No |
| **b** | Any related organization? | **6b** | | No |
| | 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 | **7** | | No |
| **8** | Were any amounts reported in Form 990, Part VII, paid or accured 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 | **8** | | No |
| **9** | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)? | **9** | | |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|---|---|---|---|---|---|---|---|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) JOSEPH R ROSIER JR | (i)<br>(ii) | 281,896 | | 1,109 | 24,500 | 9,044 | 316,549 | |
| (2) KATHLEEN F NOLEN | (i)<br>(ii) | 169,950 | | 373 | 16,995 | 3,208 | 190,526 | |
| (3) ANNETTE BEUCHLER | (i)<br>(ii) | 138,600 | | 187 | 13,860 | 6,835 | 159,482 | |
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## 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

| Identifier | Return Reference | Explanation |
|---|---|---|

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

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization
THE RAPIDES FOUNDATION

**Employer identification number**
72-0423603

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part I | 1 | 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 1 | 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4a | Advanced Primary Stroke Center, and in 2010 it became an Accredited Cycle III Chest Pain Center - the only one in Central Louisiana In 2011, the Hospital was certified as Louisianas only Level II Trauma Center, which will benefit Central Louisiana by providing access to trauma care during the critical first 60 minutes following a traumatic injury, thereby reducing mortality rates from such injuries in the region In 2011, RRMC implemented an initiative to reduce elective deliveries between 37 and 39 weeks gestation through education of expectant mothers concerning fetal development and premature birth complications In fourth quarter 2010, elective deliveries between 37 and 39 weeks were 47 2 of all deliveries, but by fourth quarter 2011, elective deliveries prior to 39 weeks had fallen to 4 8 During the first two quarters of 2012, there were no such elective deliveries at RRMC |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4a | TRF also seeks to assert, develop and support access to non-urgent care for the uninsured and underserved populations In 2011, RHS provided charity care and other community benefits totaling 6 3 million, as included on Schedule H, Part I, Line 7k attached hereto This included 5 2 million of unreimbursed patient care costs, 0 2 million in community education, community programs and community donations and 0 9 million in support of the LSU Family Practice Residency Program |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4b | critical role by enabling patients access to chronic care medications prescribed by physicians in the Outpatient Center In 2011, Huey P Long enrolled or re-enrolled 956 patients and filled 39,975 prescriptions, for a cost savings of 3 8 million TRF provided 175,000 in funding to CMAPs Cancer Screening Project, which provided free mammograms, Pap smears, pelvic exams and colorectal cancer tests to uninsured patients who couldnt afford these critical screenings |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4b | Its cancer screening van, through a partnership with Louisiana State University, brought these tests to rural areas In 2011, 386 patients were seen, 139 Pap smears done, 182 pelvic exams completed, 343 mammograms done, 144 clinical breast exams completed, and 200 take-home colorectal cancer tests distributed More than 275,000 in grants was awarded to Louisiana State University at Alexandria, Northwestern State University and Central Louisiana Community and Technical College to support their nursing education programs and build healthcare access in the Central Louisiana region In 2011 TRF contracted with The American Cancer Society to implement and manage a Community Health Advisor network to help educate individuals in the benefits of screening as well as assist in access screening for breast, cervical, and colorectal cancers |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4b | TRF awarded over 550,000 in grants during 2011 to 24 communities in nine parishes as part of TRFs Diet and Physical Activity Initiative These funds were used to increase healthy eating and physical activity opportunities for adults and youth through implementation of walking trails, playgrounds, farmers markets and community gardens Additionally, eight school districts continued to work with the 840,000 in two-year funding awarded in 2010 to improve healthy eating and physical activity opportunities The school districts used these funds to implement innovative school health model programs such as CATCH, SPARK and SMART and Healthy Lifestyles |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4b | TRF invested 250,000 in an innovative high school program held in spring 2011, The Get Healthy Cenla Video Challenge, which involved 39 high schools, whose student teams produced videos promoting healthy eating and exercise TRF posted the resulting videos on its website, resulting in 44,599 website hits and over 20,000 votes for the winning videos The top ten videos were viewed and recognized at a Hollywood-style award ceremony The grand prize winner was professionally produced, with the original student team involved, and used in TRFs 2011 outreach campaigns Also in 2011, TRF began its Healthy Lifestyles Program, which has both a workplace education component as well as a physician referral one-on-one exercise and healthy eating consultation program |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4b | In 2011, as part of TRFs Tobacco Prevention and Control Initiative, TRF ran hard-hitting campaigns such as Cigarettes Are Eating You Alive, Reverse the Damage - Heart Attack, and Reverse the Damage - Lung Cancer TRFs cessation intervention program features elements of provider education, provider reminder/referral tools, and patient education Physicians and other healthcare providers are encouraged to refer patients directly to the states Quitline through use of informational cards and other collaterals displaying the Quitline number Community and school grants totaling 219,000 supported programs such as Tar Wars and Kick Butts Day events in the schools, workplace outreach and Great American Smokeout activities TRF facilitated a Youth Summit on Tobacco and Prevention and Control, attended by 110 youth, representing 18 area schools |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4b | Selected long-term goals 2012 for the Healthy People Initiative include Decrease current smoking among youth from 24 6 in 2007 to 17 1 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 32 to 27 7 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 from 32 to 43 5 Increase the percentage of adolescents who eat 5 servings of fruits and vegetables per day from 14 to 17 5 Increase the percentage of adults with a specific source of ongoing primary care from 72 in 2005 to 85 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4c | hands-on activities that develop students deeper understanding of the content This approach also helps ensure that students acquire the necessary skills to succeed and be productive in the 21st century During 2011, 210 teachers participated in AIMS training Also during 2011, the Orchard Foundation sponsored Kagan instructional institutes for high school, middle and elementary school educators The institutes featured hands-on curriculum and materials that were engaging, rigorous and motivating for students and that could immediately be brought back into the classroom and implemented in a cooperative learning model A total of 312 teachers attended the institutes TRF awarded 200,000 in grants to the Orchard Foundation to support its instructional institutes |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4c | In 2010 Louisiana State University received an 8 million, five-year grant from the U S Department of Education to retrain Central Louisiana professionals holding a bachelors degree in a math- or science-related field to teach high school advanced placement math and science classes The Central Louisiana Academic Residency for Teachers CART grant is a collaborative effort between TRF, The Orchard Foundation, nine Central Louisiana parish school districts, LSUA and LSU During 2011, the programs first cohort of 12 residents completed their co-teaching year, earned their masters degrees, and began teaching in Central Louisiana schools The second cohort of 12 students began their co-teaching year and masters program study In addition to ongoing in-kind support, in 2011 TRF provided 220,000 in cash matching funds to support the CART program |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4c | TRF has set the following long-term goals for its Education Initiative By 2012 iLEAP Louisianas standardized achievement test test results will increase to 55 from 52 3 75 of students will attain Approaching Basic or above in language arts, math and science on the iLEAP test 25 of students will achieve Advanced/Mastery level on the iLEAP test The demographically adjusted performance score will increase from 0 63 to 1 98 The Graduation Cohort Rate will increase to 77 from 68 4 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4d | The Rapides Foundations TRFs other program services primarily consists of its Healthy Communities Initiative -- In 2011 TRF provided 400,000 in funding to the Business Accelerator System BAS, a program of the Alexandria/Pineville Chamber of Commerce and the Central Louisiana Economic Development Authority BAS partnered with Louisiana State University at Alexandria and the Central Louisiana Business Incubator to offer entrepreneurship classes for early-stage entrepreneurs, such as finance, marketing, operations, and opportunity engineering BAS also offers coaching services to entrepreneurs As of December 21, 2011, BAS was providing services to 46 entrepreneurs in the emerging level and 13 in the advanced level In 2011 TRF provided 646,000 in matching funds to Cenla Advantage Partnership, a Central Louisiana business coalition dedicated to economic development in the region |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4d | In 2011 TRF provided 300,000 to support the Orchard Foundations Cenla Work Ready Network, a system designed to link education with workforce development efforts and align them with regional economic needs During 2011, Orchard enabled all high schools in its service area to access Career Ready 101, a career training course that prepares students for certification with WorkKeys assessments WorkKeys is a job skills assessment system measuring real world skills that employers believe are critical to job success WorkKeys assessment scores in three core areas applied mathematics, reading for information, and locating information, determine a students National Career Readiness Certificate NCRC level, an objective documentation of an employees skills that can be accepted nationwide During 2011 2,318 students participated in Career Ready 101 training, and 90 students achieved NCRC certification |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4d | A portion of TRFs 2011 funding to the Orchard Foundation supported a Workforce Summit, which provided an opportunity for employers, educators and economic development professionals to collaborate and share the benefits of using the National Career Readiness Certificate NCRC to build a work-ready region in Central Louisiana The summit brought nationally recognized best practices in manufacturing, healthcare, career and technical education to Central Louisiana 209 educators and business leaders attended the summit Also during 2011, grants totaling 300,000 were made to nine Central Louisiana parish school districts to support career and technical training in the schools Thirteen Central Louisiana professionals graduated from Cenla Boardbuilders in 2010, 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 2011 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4d | 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 In 2011 CDW began offering some of its classes online 254 individuals took these free courses in 2011 Under its Nonprofit Works program, CDW awarded grants totaling 190,000 to five local organizations The grants will be used to expand the governance, organizational development and leadership capacities of the organizations through personalized technical assistance and training over a two-year period Also during 2011, four organizations who received grants during 2010 completed their development work under the two-year program |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part III | 4d | 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part VI | 11b | 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 the external accounting firm who compiled the form All TRF Board members receive the final Form 990 copy when it is sent to the Audit Committee, and all Board members are invited to attend the Audit Committee meeting to review the Form in detail if they so choose |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part VI | 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 the meeting chairman asks trustees to disclose any potential conflicts with listed agenda items |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part VI | 12c | 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 nor 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part VI | 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 process is conducted every three years In interim years, the consultant recommends inflationary adjustments to pay ranges |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part VI | 15a/b | The CEO and two directors of the organization are considered key employees The CEO recommends the pay for the two 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 |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 Part VI | 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 organizations website at www rapidesfoundation org |

| Identifier | Return Reference | Explanation |
|---|---|---|
| Form 990 | 8 | The Rapides Foundation operates only within the state of Louisiana, which does not require the filing of a community benefit report The Rapides Regional Medical Center Community Benefit Report is posted on its website at www rapidesregional com |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | Form 990 Part I Section 1 Line 1 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 Section 1 Line 1 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 Section 1 Line 4a Advanced Primary Stroke Center, and in 2010 it became an Accredited Cycle III Chest Pain Center - the only one in Central Louisiana In 2011, the Hospital was certified as Louisianas only Level II Trauma Center, which will benefit Central Louisiana by providing access to trauma care during the critical first 60 minutes following a traumatic injury, thereby reducing mortality rates from such injuries in the region In 2011, RRMC implemented an initiative to reduce elective deliveries between 37 and 39 weeks gestation through education of expectant mothers concerning fetal development and premature birth complications In fourth quarter 2010, elective deliveries between 37 and 39 weeks were 47 2 of all deliveries, but by fourth quarter 2011, elective deliveries prior to 39 weeks had fallen to 4 8 During the first two quarters of 2012, there were no such elective deliveries at RRMC Form 990 Part III Section 1 Line 4a TRF also seeks to assert, develop and support access to non-urgent care for the uninsured and underserved populations In 2011, RHS provided charity care and other community benefits totaling 6 3 million, as included on Schedule H, Part I, Line 7k attached hereto This included 5 2 million of unreimbursed patient care costs, 0 2 million in community education, community programs and community donations and 0 9 million in support of the LSU Family Practice Residency Program Form 990 Part III Section 1 Line 4b critical role by enabling patients access to chronic care medications prescribed by physicians in the Outpatient Center In 2011, Huey P Long enrolled or re-enrolled 956 patients and filled 39,975 prescriptions, for a cost savings of 3 8 million TRF provided 175,000 in funding to CMAPs Cancer Screening Project, which provided free mammograms, Pap smears, pelvic exams and colorectal cancer tests to uninsured patients who couldnt afford these critical screenings Form 990 Part III Section 1 Line 4b Its cancer screening van, through a partnership with Louisiana State University, brought these tests to rural areas In 2011, 386 patients were seen, 139 Pap smears done, 182 pelvic exams completed, 343 mammograms done, 144 clinical breast exams completed, and 200 take-home colorectal cancer tests distributed More than 275,000 in grants was awarded to Louisiana State University at Alexandria, Northwestern State University and Central Louisiana Community and Technical College to support their nursing education programs and build healthcare access in the Central Louisiana region In 2011 TRF contracted with The American Cancer Society to implement and manage a Community Health Advisor network to help educate individuals in the benefits of screening as well as assist in access screening for breast, cervical, and colorectal cancers Form 990 Part III Section 1 Line 4b TRF awarded over 550,000 in grants during 2011 to 24 communities in nine parishes as part of TRFs Diet and Physical Activity Initiative These funds were used to increase healthy eating and physical activity opportunities for adults and youth through implementation of walking trails, playgrounds, farmers markets and community gardens Additionally, eight school districts continued to work with the 840,000 in two-year funding awarded in 2010 to improve healthy eating and physical activity opportunities The school districts used these funds to implement innovative school health model programs such as CATCH, SPARK and SMART and Healthy Lifestyles Form 990 Part III Section 1 Line 4b TRF invested 250,000 in an innovative high school program held in spring 2011, The Get Healthy Cenla Video Challenge, which involved 39 high schools, whose student teams produced videos promoting healthy eating and exercise TRF posted the resulting videos on its website, resulting in 44,599 website hits and over 20,000 votes for the winning videos The top ten videos were viewed and recognized at a Hollywood-style award ceremony The grand prize winner was professionall |

| Identifier | Return Reference | Explanation |
|---|---|---|
| | | y produced, with the original student team involved, and used in TRFs 2011 outreach campaigns Also in 2011, TRF began its Healthy Lifestyles Program, which has both a workplace education component as well as a physician referral one-on-one exercise and healthy eating consultation program Form 990 Part III Section 1 Line 4b In 2011, as part of TRFs Tobacco Prevention and Control Initiative, TRF ran hard-hitting campaigns such as Cigarettes Are Eating You Alive, Reverse the Damage - Heart Attack, and Reverse the Damage - Lung Cancer TRFs cessation intervention program features elements of provider education, provider reminder/referral tools, and patient education Physicians and other healthcare providers are encouraged to refer patients directly to the states Quitline through use of informational cards and other collaterals displaying the Quitline number Community and school grants to taling 219,000 supported programs such as Tar Wars and Kick Butts Day events in the schools, workplace outreach and Great American Smokeout activities TRF facilitated a Youth Summit on Tobacco and Prevention and Control, attended by 110 youth, representing 18 area schools Form 990 Part III Section 1 Line 4b Selected long-term goals 2012 for the Healthy People Initiative include Decrease current smoking among youth from 24 6 in 2007 to 17 1 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 32 to 27 7 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 from 32 to 43 5 Increase the percentage of adolescents who eat 5 servings of fruits and vegetables per day from 14 to 17 5 Increase the percentage of adults with a specific source of ongoing primary care from 72 in 2005 to 85 Form 990 Part III Section 1 Line 4c hands-on activities that develop students deeper understanding of the content This approach also helps ensure that students acquire the necessary skills to succeed and be productive in the 21st century During 2011, 210 teachers participated in AIMS training Also during 2011, the Orchard Foundation sponsored Kagan instructional institutes for high school, middle and elementary school educators The institutes featured hands-on curriculum and materials that were engaging, rigorous and motivating for students and that could immediately be brought back into the classroom and implemented in a cooperative learning model A total of 312 teachers attended the institutes TRF awarded 200,000 in grants to the Orchard Foundation to support its instructional institutes Form 990 Part III Section 1 Line 4c In 2010 Louisiana State University received an 8 million, five-year grant from the U S Department of Education to retrain Central Louisiana professionals holding a bachelors degree in a math- or science-related field to teach high school advanced placement math and science classes The Central Louisiana Academic Residency for Teachers CART grant is a collaborative effort between TRF, The Orchard Foundation, nine Central Louisiana parish school districts, LSUA and LSU During 2011, the programs first cohort of 12 residents completed their co-teaching year, earned their masters degrees, and began teaching in Central Louisiana schools The second cohort of 12 students began their co-teaching year and masters program study In addition to ongoing in-kind support, in 2011 TRF provided 220,000 in cash matching funds to support the CART program Form 990 Part III Section 1 Line 4c TRF has set the following long-term goals for its Education Initiative By 2012 iLEAP Louisianas standardized achievement test test results will increase to 55 |

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# SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization**
THE RAPIDES FOUNDATION

**Employer identification number**
72-0423603

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|---|---|---|---|---|---|
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**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on 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) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|---|---|---|---|---|---|---|---|
| | | | | | | Yes | No |
| **(1)** CMAP EXPRESS<br>1101 FOURTH STREET<br>ALEXANDRIA, LA 71301<br>02-0751416 | HEALTH ACCESS | LA | 501c3 | 11, TYPE 1 | RAPIDES FOUN | Yes | |
| **(2)** THE ORCHARD FOUNDATION<br>1101 FOURTH STREET<br>ALEXANDRIA, LA 71301<br>87-0730768 | EDUCATION | LA | 501c3 | 11, TYPE 1 | RAPIDES FOUN | Yes | |
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**Part III** **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on 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? Yes | (h) No | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **(1)** RAPIDES HEALTH-<br>CARE SYSTEM LLC<br>ALEXANDRIA, LA 71301 | | LA | NA | | | | | No | | | No | |
| **(2)** 211 4TH STREET<br>ALEXANDRIA LA<br>ALEXANDRIA, LA 71301 | | LA | NA | | | | | No | | | No | |
| **(3)** 71301<br>61-1267229<br>ALEXANDRIA, LA 71301 | HOSPITAL | LA | NA | Related | 26 | 43,426,687 | | No | | | No | 26 000 % |
| | | | | | | | | | | | | |
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**Part IV** **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on 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 |
|---|---|---|---|---|---|---|---|
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## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III or IV

| | | Yes | No |
|---|---|---|---|
| **1** During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity | 1a | | No |
| **b** Gift, grant, or capital contribution to related organization(s) | 1b | Yes | |
| **c** Gift, grant, or capital contribution from related organization(s) | 1c | | No |
| **d** Loans or loan guarantees to or for related organization(s) | 1d | | No |
| **e** Loans or loan guarantees by related organization(s) | 1e | | No |
| **f** Sale of assets to related organization(s) | 1f | | No |
| **g** Purchase of assets from related organization(s) | 1g | | No |
| **h** Exchange of assets with related organization(s) | 1h | | No |
| **i** Lease of facilities, equipment, or other assets to related organization(s) | 1i | Yes | |
| **j** Lease of facilities, equipment, or other assets from related organization(s) | 1j | | No |
| **k** Performance of services or membership or fundraising solicitations for related organization(s) | 1k | | No |
| **l** Performance of services or membership or fundraising solicitations by related organization(s) | 1l | Yes | |
| **m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1m | | No |
| **n** Sharing of paid employees with related organization(s) | 1n | | No |
| **o** Reimbursement paid to related organization(s) for expenses | 1o | | No |
| **p** Reimbursement paid by related organization(s) for expenses | 1p | | No |
| **q** Other transfer of cash or property to related organization(s) | 1q | | No |
| **r** Other transfer of cash or property from related organization(s) | 1r | Yes | |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|---|---|---|---|
| **(1)** THE ORCHARD FOUNDATION | b | 836,247 | GRANT AGREEMENT |
| **(2)** THE ORCHARD FOUNDATION | i | 304,925 | COST ACCOUNTING |
| **(3)** CMAP EXPRESS | i | 673,544 | COST ACCOUNTING |
| **(4)** CMAP EXPRESS | l | 812,500 | WRITTEN CONTRACT |
| **(5)** RAPIDES HEALTHCARE SYSTEM | r | 5,057,818 | LETTER AGREEMENT |
| **(6)** | | | |

## Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproprtionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Yes | No | | | Yes | No | | Yes | No | |
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Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

| Identifier | Return Reference | Explanation | |
|---|---|---|---|

## Additional Data

**Software ID:** 11000218
**Software Version:** 2011.0.0
**EIN:** 72-0423603
**Name:** THE RAPIDES FOUNDATION

**Form 990, Special Condition Description:**

| Special Condition Description |
| --- |

**Additional Data**

Return to Form

**Software ID:** 11000218
**Software Version:** 2011.0.0
**EIN:** 72-0423603
**Name:** THE RAPIDES FOUNDATION

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| AL HAYWARD SR CDCPO BOX 1331 BUNKIE,LA 71322 | 22-3891941 | 501c3 | 24,550 | | Book | | HEALTHY PEOPLE |
| ALEXANDRIA MUSEUM-ARTLLC 933 MAIN STREET ALEXANDRIA,LA 71301 | 27-3943710 | GOV | 40,000 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| ALLEN PARISH SCHOOL BOARD PO DRAWER C OBERLIN,LA 70655 | 72-6000020 | GOV | 101,250 | | Book | | EDUCATION |
| ALLEN PARISH SCHOOL BOARD PO DRAWER C OBERLIN,LA 70655 | 72-6000020 | GOV | 24,300 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| AMERICAN RED CROS425 BOLTON AVENUE ALEXANDRIA,LA 71301 | 52-9000039 | 501c3 | 40,000 | | Book | | H COMMUNITIES |
| AVOYELLES 4-H FOUNDATION8592 HWY 1 MANSURA,LA 71350 | 72-0981119 | 501c3 | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| AVOYELLES PARISH SCHOOL BD221 TUNICA DRIVE WEST MARKSVILLE,LA 71351 | 72-6000115 | GOV | 125,000 | | Book | | EDUCATION |
| AVOYELLES PARISH SCHOOL BD221 TUNICA DRIVE WEST MARKSVILLE,LA 71351 | 72-6000115 | GOV | 30,000 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| CANE RIVER NAT HERITAGEPO BOX 1201 NATCHITOCHES,LA 71358 | 27-2052059 | 501c3 | 25,000 | | Book | | HEALTHY PEOPLE |
| CASA OF WEST CENLA INCPO BOX 146 DERIDDER,LA 70634 | 82-0554504 | 501c3 | 35,000 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| CATAHOULA PARISH SCHOOL BDPO BOX 290 HARRISONBURG,LA 71340 | 72-6000268 | GOV | 75,000 | | Book | | EDUCATION |
| CATAHOULA PARISH SCHOOL BDPO BOX 290 HARRISONBURG,LA 71340 | 72-6000268 | GOV | 18,000 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| CENLA ADVANTAGE PARTNERPO BOX 465 ALEXANDRIA,LA 71309 | 65-1267691 | 501c3 | 646,000 | | Book | | H COMMUNITIES |
| CENTRAL LOUISIANA AHEC 2225 NORTH BOLTON AVENUE ALEXANDRIA,LA 71303 | 72-1204210 | 501c3 | 150,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| CENTRAL LA COM FOUNDATIONPO BOX 66 ALEXANDRIA,LA 71309 | 72-1446378 | 501c3 | 25,000 | | Book | | HEALTHY PEOIPLE |
| CITY OF NATCHITOCHES PARKS660 MLK DRIVE NATCHITOCHES,LA 71457 | 72-6000931 | GOV | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| CLOUTIERVILLE SCHOOL155 SCHOOL HOUSE ROAD CLOUTIERVILLE,LA 71416 | 72-0629556 | GOV | 17,500 | | Book | | HEALTHY PEOPLE |
| CMAP EXPRESS1101 FOURTH STREET 101A ALEXANDRIA,LA 71301 | 02-0751416 | 501c3 | 787,500 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| FRIENDS OF ALEXANDRIA ZOO PO BOX 6015 ALEXANDRIA,LA 713076015 | 58-1647938 | 501c3 | 40,000 | | Book | | H COMMUNITIES |
| GRANT PARISH SCHOOL BOARDPO BOX 208 COLFAX,LA 71417 | 72-6000494 | GOV | 90,000 | | Book | | EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| GRANT PARISH SCHOOL BAORDPO BOX 208 COLFAX,LA 71417 | 72-6000494 | GOV | 21,600 | | Book | | H COMMUNITIES |
| ALEXANDRIA ECONOMIC DEV ATH201 JOHNSTON STREET 601 ALEXANDRIA,LA 71301 | 43-2039628 | 501c3 | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| LA COMMUNITY-TECH COLLEGE265 SOUTH FOSTER DRIVE BATON ROUGE,LA 70806 | 20-5432053 | GOV | 93,024 | | Book | | HEALTHY PEOPLE |
| LASALLE PARISH SCHOOL BDPO DRAWER 90 JENA,LA 71342 | 72-6000656 | GOV | 81,900 | | Book | | EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| LASALLE PARISH SCHOOL BDPO DRAWER 90 JENA,LA 71342 | 72-6000656 | GOV | 15,750 | | Book | | H COMMUNITIES |
| LASALLE RECREATION DIST #10PO BOX 1852 JENA,LA 71342 | 72-1232963 | GOV | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| LA STATE UNIVERSITY AT ALEX8100 HWY 71 SOUTH ALEXANDRIA,LA 713029121 | 72-6000848 | GOV | 109,200 | | Book | | HEALTHY PEOPLE |
| LSU AGRICULTURAL CENTERPO BOX 25071 BATON ROUGE,LA 70894 | 72-6000848 | GOV | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| MANNA HOUSEPO BOX 6011 ALEXANDRIA,LA 71307 | 72-0491102 | 501c3 | 25,000 | | Book | | HEALTHY PEOPLE |
| MONTESSORI EDU CENTER INC4209 NORTH BOLTON AVENUE ALEXANDRIA,LA 713034706 | 72-1142136 | 501c3 | 35,000 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| NATCHITOCHES PARISH SCH BDPO BOX 16 NATCHITOCHES,LA 71458 | 72-0629556 | GOV | 137,500 | | Book | | EDUCATION |
| NATCHITOCHES PARISH SCH BDPO BOX 16 NATCHITOCHES,LA 71458 | 72-0629556 | GOV | 33,000 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| NATCHITOCHES PARISH SCH BDPO BOX 16 NATCHITOCHES,LA 71458 | 72-0629556 | GOV | 18,500 | | Book | | HEALTHY PEOPLE |
| NEW PROSPECT BAPTIST CHURCH111 PROSPECT CHURCH RD DRY PRONG,LA 71423 | 72-0984304 | 501c3 | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| NORTHWESTERN STATE UNIVOFFICE OF THE PRESIDENT NATCHITOCHES,LA 71497 | 72-6000783 | GOV | 100,500 | | Book | | HEALTHY PEOPLE |
| PHOENIX MAGNET ELEM SCH4500 LINCOLN ROAD ALEXANDRIA,LA 71302 | 72-6001133 | GOV | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 PARISH SCHOOL BDPO BOX 1230 ALEXANDRIA,LA 71309 | 72-6001133 | GOV | 375,000 | | Book | | EDUCATION |
| RAPIDES PARISH SCHOOL BDPO BOX 1230 ALEXANDRIA,LA 71309 | 72-6001133 | GOV | 90,000 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 PARIISH SCHOOL BDPO BOX 1230 ALEXANDRIA,LA 71309 | 72-6001133 | GOV | 8,000 | | Book | | HEALTHY PEOPLE |
| RAPIDES SENIOR CITIZENS CTR209 E SHAMROCK PINEVILLE,LA 71360 | 23-7348908 | 501c3 | 24,900 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD LAFAYETTE,LA 70506 | 72-1191867 | 501C3 | 29,000 | | Book | | HEALTHY PEOPLE |
| ST MARY'S RESIDENTIAL SCH PO DRAWER 7768 ALEXANDRIA,LA 71306 | 72-1108412 | GOV | 12,500 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| HEALTH ENRICHMENT NETWORKPO BOX 566 OAKDALE,LA 71463 | 72-1454434 | 501c3 | 25,000 | | Book | | HEALTHY PEOPLE |
| THE ORCHARD FOUNDATION1101 FOURTH STREET 101C ALEXANDRIA,LA 71301 | 87-0830768 | 501c3 | 670,000 | | Book | | EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| THE ORCHARD FOUNDATION1101 FOURTH STREET 101C ALEXANDRIA,LA 71301 | 87-0830768 | 501c3 | 400,000 | | Book | | H COMMUNITIES |
| TOWN OF JENAPO BOX 26 JENA,LA 71342 | 72-6000598 | GOV | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| TOWN OF OLLA<br>PO BOX 223<br>OLLA,LA 71465 | 72-6001034 | GOV | 25,000 | | Book | | HEALTHY PEOPLE |
| TOWN OF URANIA<br>PO BOX 339<br>URANIA,LA 71480 | 72-0687727 | GOV | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446 | 72-6001443 | GOV | 195,000 | | Book | | EDUCATION |
| VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446 | 72-6001443 | GOV | 37,500 | | Book | | H COMMUNITIES |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

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|---|---|---|---|---|---|---|---|
| VILLAGEE OF HESSMERPO BOX 125 HESSMER,LA 71341 | 72-6012044 | GOV | 20,000 | | Book | | HEALTHY PEOPLE |
| VILLAGE OF NATCHEZPO BOX 229 NATCHEZ,LA 71456 | 72-1074207 | GOV | 25,000 | | Book | | HEALTHY PEOPLE |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| WINN COMMUNITY HEALTH CTR431 WEST LAFAYETTE STREET WINNFIELD,LA 71483 | 20-5823527 | 501c3 | 25,000 | | Book | | HEALTHY PEOPLE |
| WINN PARISH SCHOOL BOARD PO BOX 430 WINNFIELD,LA 71483 | 72-6001620 | GOV | 80,000 | | Book | | EDUCATION |

**Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

| **(a)** Name and address of organization or government | **(b)** EIN | **(c)** IRC Code 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 |
|---|---|---|---|---|---|---|---|
| WINN PARISH SCHOOL BOARD PO BOX 430 WINNFIELD,LA 71483 | 72-6001620 | GOV | 19,200 | | Book | | H COMMUNITIES |

# THE RAPIDES FOUNDATION

# AND SUBSIDIARIES

# ALEXANDRIA, LOUISIANA

# DECEMBER 31, 2011 AND 2010

THE RAPIDES FOUNDATION AND SUBSIDIARIES

ALEXANDRIA, LOUISIANA

TABLE OF CONTENTS

## AUDITED FINANCIAL STATEMENTS



## SUPPLEMENTARY INFORMATION

# AUDITED FINANCIAL STATEMENTS

HEARD, MCELROY, & VESTAL
LLC
CERTIFIED PUBLIC ACCOUNTANTS
333 TEXAS STREET, SUITE 1525
SHREVEPORT, LOUISIANA 71101
318-429-1525 PHONE 318-429-2070 FAX

May 25, 2012

The Board of Directors
The Rapides Foundation
Alexandria, Louisiana

**Independent Auditor's Report**

We have audited the accompanying consolidated statements of financial position of The Rapides Foundation and Subsidiaries as of December 31, 2011 and 2010 and the related consolidated statements of activities and cash flows for the years then ended. These consolidated financial statements are the responsibility of The Rapides Foundation's management Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall consolidated financial statement presentation We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Rapides Foundation and Subsidiaries as of December 31, 2011 and 2010, and the consolidated changes in its net assets and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United State of America.

Heard, McElroy & Vestal, LLC

THE RAPIDES FOUNDATION AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2011 AND 2010

| **ASSETS** | 2011 | 2010 |
|---|---|---|
| Cash and cash equivalents-Note 4 | 7,461,445 | 4,921,703 |
| Marketable securities-Note 5 | 163,085,636 | 168,390,015 |
| Investments at cost plus equity in undistributed earnings-Note 6 | 39,623,730 | 40,487,898 |
| Accounts receivable | - | 1,800 |
| Grants receivable | 49,765 | 249,120 |
| Prepaid expenses | 49,345 | 51,667 |
| Property and equipment, net-Note 8 | 2,084,507 | 2,703,280 |
| Assets whose use is limited-Note 9 | 139,304 | 327,025 |
| **Total assets** | 212,493,732 | 217,132,508 |
| **LIABILITIES AND NET ASSETS** | | |
| **Liabilities:** | | |
| Accounts payable | 482,032 | 311,006 |
| Payroll taxes and benefits | 144,888 | 134,982 |
| Grants payable-Note 10 | 1,477,727 | 1,340,280 |
| Annuity obligations payable-Note 11 | 139,304 | 171,017 |
| Total liabilities | 2,243,951 | 1,957,285 |
| **Net assets:** | | |
| Unrestricted | 209,566,276 | 214,843,116 |
| Temporarily restricted-Note 3 | 683,505 | 332,107 |
| Total net assets | 210,249,781 | 215,175,223 |
| **Total liabilities and net assets** | 212,493,732 | 217,132,508 |

The accompanying notes are an integral part of the financial statements.

| 2010 | | |
|---|---|---|
| Unrestricted | Temporarily Restricted | Total |
| 22,893,355 | - | 22,893,355 |
| 260,217 | 565,348 | 825,565 |
| 23,153,572 | 565,348 | 23,718,920 |
| 771,644 | (771,644) | - |
| 23,925,216 | (206,296) | 23,718,920 |
| 4,636,610 | - | 4,636,610 |
| 3,899,031 | - | 3,899,031 |
| 558,991 | - | 558,991 |
| 9,094,632 | - | 9,094,632 |
| 1,426,069 | - | 1,426,069 |
| 13,404,515 | (206,296) | 13,198,219 |
| 201,466,248 | 510,756 | 201,977,004 |
| (27,647) | 27,647 | - |
| 201,438,601 | 538,403 | 201,977,004 |
| 214,843,116 | 332,107 | 215,175,223 |

THE RAPIDES FOUNDATION AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

| | 2011 | 2010 |
|---|---|---|
| **Cash flows from operating activities:** | | |
| Change in net assets | (4,925,442) | 13,198,219 |
| Adjustments to reconcile change in net assets to net cash (used) by operating activities: | | |
| Depreciation | 182,216 | 188,027 |
| Net realized and unrealized (gains) | 3,599,725 | (15,334,274) |
| Gain on sale of property | 351,728 | - |
| Equity in earnings of investment in closely held entities | (4,237,650) | (3,110,675) |
| ***Changes in operating assets and liabilities:*** | | |
| Accounts receivable | 1,800 | (1,800) |
| Grants receivable | 199,355 | (198,881) |
| Prepaid expenses | 2,323 | (7,023) |
| Accounts payable | 171,027 | (58,736) |
| Payroll taxes and benefits payable | 9,906 | 46,385 |
| Grants payable | 137,447 | (595,762) |
| Net cash (used) by operating activities | (4,507,565) | (5,874,520) |
| **Cash flows from investing activities:** | | |
| Purchases of (proceeds from) property and equipment | 79,251 | (27,507) |
| Purchases of marketable securities | (59,897,989) | (34,583,558) |
| Proceeds from sale of marketable securities | 61,608,217 | 37,603,829 |
| Distributions from investment reported under the equity method | 5,101,818 | 3,507,372 |
| Assets whose use is limited | 156,010 | (1,377) |
| Net cash provided by investing activities | 7,047,307 | 6,498,759 |
| **Net increase in cash and cash equivalents** | 2,539,742 | 624,239 |
| **Cash and cash equivalents at beginning of the year** | 4,921,703 | 4,297,464 |
| **Cash and cash equivalents at end of the year** | 7,461,445 | 4,921,703 |

The accompanying notes are an integral part of the financial statements.

## 1. Organization and Significant Accounting Policies

***Organization***

On September 1, 1994, Rapides Regional Medical Center, a Louisiana nonprofit corporation, amended its articles of incorporation and changed its corporate name to the "Rapides Foundation" (the "Foundation"). At that time, it also contributed certain assets and liabilities related to its healthcare operations to Central Louisiana Healthcare System Limited Partnership, doing business as Columbia Regional Healthcare System (the "Partnership"), which continued those healthcare operations under the trade name "Rapides Regional Medical Center."

Transfer of those healthcare operations was accomplished through execution of a "Contribution Agreement" between and among the Foundation, Columbia/HCA Healthcare Corporation ("Columbian/HCA") and a number of corporations controlled by Columbia/HCA As a result of that agreement, the Foundation contributed certain assets (principally all of the Foundation's accounts and notes receivable, inventory, prepaid expenses, and property and equipment as well as certain common stock holdings) to the Partnership, and certain liabilities of the Foundation (principally accounts payable and accrued expenses) were assumed by the Partnership.

In exchange, the Foundation received $60,563,578 in cash, a 50% limited partnership interest in the Partnership, and the right to "put" all or part of its limited partnership interest for $74,600,000 during the next seven (7) years, should the Foundation desire to sell that interest. That Base Purchase Price increased by the percentage increase in the Partnership's working capital after September 1, 1994, but not less than 6% per year, compounded quarterly and reduced by cash distributions to the Foundation (but in no event reduced below the Base Purchase Price). The purchase price for any partial sale of partnership interest was proportionate to the total consideration otherwise calculated.

On May 31, 1997, in connection with the Partnership's sale of Ville Platte Medical Center and Columbia/HCA's sale of Savoy Medical Center to the Partnership, Columbia/HCA and the Foundation entered into an agreement to adjust and establish both a new Base Purchase Price and "put" working capital base. Accordingly, the Base Purchase Price amount was increased by $6,445,000, and the Base Line Working Capital for purposes of measuring the increase from August 31, 1994, was set at $13,744,183.

The Contribution Agreement and the Partnership Agreement executed pursuant thereto provided for the Foundation to appoint one-half (½) of the members to the Partnership's governing board, which approved capital expenditures, sales in excess of 10% of total Partnership assets, new debt in excess of $10 million, discontinuation of any services at Rapides Hospital, selection of the Partnership's CEO, entry into other Partnership or business combinations, and declaration of cash distributions to the partners.

In addition, the Partnership was required to operate its hospitals in accordance with Revenue Ruling 69-545 (the basic community benefit standard for charitable tax exempt health care organizations) and to continue providing charity care and community support for civic and cultural matters at pre-venture levels.

1. **Organization and Significant Accounting Policies (Continued)**

On February 28, 1998, Columbia/HCA and the Foundation reorganized by merging the Partnership into a newly formed Limited Liability Company, Central Louisiana Healthcare System, LLC, whose name was later changed to Rapides Healthcare System, LLC (the "LLC") Columbia/HCA later changed its name to HCA, Inc (HCA). Under its Operating Agreement, the LLC is managed by a 15 member board of governors. One-third of the members are appointed by HCA, the Foundation and the members of the medical staffs of the LLC hospitals, respectively Certain major transactions (as identified above for the Partnership's governing board) require approval of the owners of the LLC (HCA and the Foundation).

The LLC carried forward and assumed the Partnership's obligation to operate its hospitals in accordance with Revenue Ruling 69-545 and to continue providing charity care and to support community, civic, charitable and cultural activities at pre-venture levels

In addition to its healthcare operations, the Foundation develops public initiatives and makes grants to public agencies or nonprofit organizations that are exempt under Section 501(c)(3) of the Internal Revenue Code (and not a private foundation as described in Section 509(a) of the code). It makes grants in the following areas of interest: healthy people, education, and healthy communities.

***Significant Accounting Policies***

***Basis of accounting***
The Foundation's financial statements are presented on the accrual basis of accounting in accordance with generally accepted accounting principles of the United States of America. Accordingly, they reflect revenues and related receivables when earned rather than when received and expenses and related payables when incurred rather than when paid.

***Financial statement presentation***
The Foundation is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets, based upon the existence or absence of donor-imposed restrictions, as follows:

*Unrestricted net assets* - Net assets that are not subject to donor-imposed stipulations Some unrestricted net assets may be designated by the Board for specific purposes.

*Temporarily restricted net assets* - Net assets subject to donor-imposed stipulations that may or will be met by actions of the Foundation, and/or by the passage of time

*Permanently restricted net assets* - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Foundation. Generally, donors permit all or part of the income earned on these assets to be used for general or specific purposes

***Consolidation***
The consolidated financial statements include the accounts of The Rapides Foundation and its Subsidiaries, CMAP Express and The Orchard Foundation. All significant intercompany accounts and transactions have been eliminated in consolidation.

***Cash and cash equivalents***
It is the Foundation's policy to define all highly liquid investments with an initial maturity of three months or less as "cash and cash equivalents."

1. **Organization and Significant Accounting Policies (Continued)**

*Contributions*

Contributions are recognized when the donor makes a promise to give to the Foundation that is, in substance, unconditional. All contributions are considered to be available for unrestricted use unless specifically restricted by a donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as released from restrictions

Contributions of property and equipment are recorded at their estimated fair value at the date of the donation in accordance with generally accepted accounting principles in the United States They are reported as increases in unrestricted net assets unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long those donated assets must be maintained, the Foundation reports expirations or donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Foundation reclassifies temporarily restricted net assets to unrestricted net assets at that time.

*Depreciation*

The cost of purchased property and equipment or the fair market value of donations is depreciated over the estimated useful lives of the assets using the straight-line method Depreciation is recorded for the number of months in use during the year of acquisition or disposition. It is the policy of the Foundation to capitalize property and equipment over $1,000.

*Income and other taxes*

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 penalties expense in the Foundation's accounting records.

The Foundation files U.S. federal Form 990 for informational purposes The Foundation's federal income tax returns for the tax years 2008 and beyond remain subject to examination by the Internal Revenue Service.

*Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reported period Actual results could differ from those estimates.

2. **Income Tax Status**

Since its initial incorporation in 1924, the Foundation has been exempt from federal and state income tax under Section 501(c)(3) of the Internal Revenue Code as a public charity operating a hospital. Due to its contribution of its hospital operations to the Partnership and its new grant making activities, it requested a private letter ruling from the Internal Revenue Service to confirm the continuation of its public charity status. The Service declined to issue such a ruling due to the number of similar transactions and issued a Revenue Ruling (Rev. Rul. 98-15) defining the requirements for whole hospital joint ventures such as Rapides Health Services, LLC. The Service declined the Foundation's request to examine its operations and enter into a closing agreement.

After Rev. Rul 98-15, two court cases focused on the control issue identified by the ruling as determinative of whether the joint venture jeopardized the exempt status of the exempt organization. One of these, *St. David's Health Care System, Inc. v. United States*, involved facts very similar to those present in the Foundation's ownership of the LLC, and was a victory for the exempt organization whose status had been challenged Counsel for the Foundation has been at all relevant times and remains of the opinion that any challenge to the Foundation's exempt status would be similarly decided This opinion is bolstered by Rev. Rul. 2004-51, which, while addressing ancillary activity joint ventures, represents an acknowledgment by the Service that sufficient control may be maintained by the exempt partner in such a venture even though ownership and governance were shared 50-50 with the for-profit venturer. It should be noted that even if the Foundation's public charity status should not continue, the Foundation believes that it would continue to be exempt from income tax under Section 501(c)(3) of the Code as a private foundation.

Private foundations are subject to more restriction under the Code than are public charities. These restrictions include statutory prohibitions against self-dealing, excess business holdings, jeopardy investments, and taxable expenditures. In addition, private foundations are subject to an excise tax on their net investment income and are required to make annual distributions of five percent (5%) of the average market value of their non-charitable-use assets for charitable, educational, scientific, and similar purposes.

Non-charitable-use assets are assets that are not used or held for use directly in carrying on the organization's exempt purpose; they include assets held for investment and the production of investment income. Private foundations are required to publish a notice that their annual reports are available for inspection.

These financial statements do not consider the effects of a possible retroactive determination by the Internal Revenue Service that the Foundation is not exempt from taxation or that it is a nonprofit private foundation Such effects could include income taxes on its earnings, a requirement that it divest itself of a portion of the LLC, excise taxes on net investment income and various penalties.

The Contribution Agreement requires that the Partnership, and the Operating Agreement of the LLC requires that the LLC, operate in a fashion so as not to adversely affect the Foundation's tax-exempt status, and support community, civic, charitable and cultural activities at a level at least equal to that of the Rapides Regional Medical Center in the year ended June 30, 1994. It also calls for it to provide $2.8 million of uncompensated care annually to the Alexandria, Louisiana community, as well as continue historic levels in the other communities where it has hospitals.

3. **Temporarily Restricted Funds**

Temporarily restricted net assets consisted of funds received for the following programs as of December 31:

3. **Temporarily Restricted Funds** **(Continued)**

| | 2011 | 2010 |
|---|---|---|
| Diet and Physical Exercise | 38,581 | - |
| Cancer Screening | 57,561 | - |
| Wood Works | - | 42,044 |
| Construction Technology | 7,440 | 9,312 |
| Industrial Maintenance | 35,888 | - |
| Work Ready Network | 187,891 | - |
| Rapides Public Education | 60,794 | - |
| Science, Technology, Engineering & Math Initiative | | |
| Career and Technical Education | 100,350 | 280,751 |
| CART Scholar's Project | 195,000 | - |
| Total temporarily restricted net assets | 683,505 | 332,107 |

4. **Financial Instruments and Cash**

The Foundation's financial instruments include cash and investments. It estimates that fair value of all financial instruments at December 31, 2011, does not materially differ from aggregate carrying values of its financial instruments recorded in the accompanying statement of financial position The estimated fair value of investments has been determined by the Foundation using available market information. Fair values of all other financial instruments approximate their carrying values.

At times throughout the year, the Foundation may maintain certain bank accounts in excess of federally insured limits The risk is mitigated by maintaining deposits in only well capitalized financial institutions.

5. **Marketable Securities**

Marketable securities are reported in these financial statements at fair market value

| | Market | Cost | Market Over (Under) Cost |
|---|---|---|---|
| **Year Ended December 31, 2011** | | | |
| Investment Cash | 1,497,438 | 1,497,438 | - |
| Domestic equity | 88,280,364 | 93,739,722 | (5,459,358) |
| International equity | 27,383,627 | 28,152,393 | (768,766) |
| Domestic fixed income | 28,102,618 | 24,404,693 | 3,757,925 |
| Equity real estate | 8,223,953 | 6,398,151 | 1,825,802 |
| Alternative investments | 9,537,636 | 8,793,587 | 744,049 |
| | 163,085,636 | 162,985,984 | 99,652 |
| **Year Ended December 31, 2010** | | | |
| Investment Cash | 1,193,936 | 1,193,936 | - |
| Domestic equity | 89,383,070 | 92,095,720 | (2,712,650) |
| International equity | 34,544,804 | 29,554,201 | 4,990,603 |
| Domestic fixed income | 24,407,231 | 22,128,581 | 2,278,650 |
| Equity real estate | 8,470,277 | 6,836,900 | 1,633,377 |
| Alternative investments | 10,390,697 | 9,296,102 | 1,094,595 |
| | 168,390,015 | 161,105,440 | 7,284,575 |

## 6. Investments at Cost Plus Equity in Undistributed Earnings

A summary of closely held healthcare investments follows.

| | 2011 | 2010 |
|---|---|---|
| 30.25% interest in Central Louisiana Rehab Associates, L.P reported under the equity method | 444,000 | 444,000 |
| Rapides Healthcare System, LLC. 2,810 units, 26% interest, reported under the equity method | 39,179,730 | 40,043,898 |
| | 39,623,730 | 40,487,898 |

A summary of equity in earnings from closely held healthcare investments is provided below:

| | 2011 | 2010 |
|---|---|---|
| Central Louisiana Rehab Associates, L.P | 44,000 | 44,000 |
| Rapides Healthcare System, LLC | 4,193,650 | 3,066,675 |
| | 4,237,650 | 3,110,675 |

## 7. Fair Value of Financial Instruments

The Foundation adopted FASB Accounting Standards Codification Topic 820, "*Fair Value Measurements*" (Topic 820) Topic 820 requires disclosures that stratify balance sheet amounts measured at fair value based on the inputs used to derive fair value measurements. These strata included:

- Level 1 valuations, where the valuation is based on quoted market prices for identical assets or liabilities traded in active markets (which include exchanges and over-the-counter markets with sufficient volume),
- Level 2 valuations, where the valuation is based on quoted market prices for similar instruments traded in active markets, quoted prices for identical or similar instruments in markets that are not active and model-based valuation techniques for which all significant assumptions are observable in the market, and
- Level 3 valuations, where the valuation is generated from model-based techniques that use significant assumptions not observable in the market, but observable based on Foundation-specific data These unobservable assumptions reflect the Foundation's own estimates for assumptions that market participants would use in pricing the asset or liability. Valuation techniques typically include option pricing models, discounted cash flow models and similar techniques, but may also include the use of market prices of assets or liabilities that are not directly comparable to the subject asset or liability

Fair values of assets and liabilities measured on a recurring basis at December 31, 2011 and 2010 are as follows:

| | December 31, 2011 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| **Investment Cash** | - | 1,497,438 | | 1,497,438 |
| **Equities:** | | | | |
| Common stock | 15,570,226 | 8,113,364 | - | 23,683,590 |
| Mutual funds | 60,114,154 | 58,083,052 | - | 118,197,206 |
| Total equities | 75,684,380 | 66,196,416 | - | 141,880,796 |

7. **Fair Value of Financial Instruments** **(Continued)**

| | December 31, 2011 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| **Fixed income:** | | | | |
| Auto loan receivable | - | - | - | - |
| CMO | - | 480,523 | - | 480,523 |
| Component 0% | - | - | - | - |
| Corporate bonds | - | 8,534,476 | - | 8,534,476 |
| Credit card receivable | - | 30,201 | - | 30,201 |
| FHLMC | - | 54,880 | - | 54,880 |
| FNMA | - | 20,148 | - | 20,148 |
| GNMA I | - | 20,671 | - | 20,671 |
| GNMA II | - | 27,342 | - | 27,342 |
| Government issues | - | 10,332,359 | - | 10,332,359 |
| Other asset backed | - | 9,752 | - | 9,752 |
| Near cash | - | 197,050 | - | 197,050 |
| Total equities | - | 19,707,402 | - | 19,707,402 |
| Totals | 75,684,380 | 87,401,256 | - | 163,085,636 |

| | December 31, 2010 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| **Investment Cash** | | 1,193,936 | - | 1,193,936 |
| **Equities:** | | | | |
| Common stock | 17,292,053 | 8,494,800 | - | 25,786,853 |
| Mutual funds | 65,343,367 | 57,851,216 | - | 123,194,583 |
| Real estate inv. trust | 585,160 | - | - | 585,160 |
| Total equities | 83,220,580 | 66,346,016 | - | 149,566,596 |
| **Fixed income:** | | | | |
| CMO | - | 534,311 | - | 534,311 |
| Coriponent 0% | - | 2,691,894 | - | 2,691,894 |
| Corporate bonds | - | 8,000,715 | - | 8,000,715 |
| Credit card receivable | - | 31,591 | - | 31,591 |
| FHLMC | - | 125,568 | - | 125,568 |
| FNMA | - | 29,055 | - | 29,055 |
| GNMA I | - | 24,297 | - | 24,297 |
| GNMA II | - | 32,288 | - | 32,288 |
| Government issues | - | 6,144,759 | - | 6,144,759 |
| Other asset backed | - | 15,005 | - | 15,005 |
| Total fixed income | - | 17,629,483 | - | 17,629,483 |
| Totals | 83,220,580 | 85,169,435 | - | 168,390,015 |

## 8. Property and Equipment

A summary of property and equipment follows:

| | 2011 | 2010 |
|---|---|---|
| Land | 197,900 | 297,900 |
| Furniture and equipment | 787,689 | 780,290 |
| Building | 2,717,291 | 2,934,019 |
| | 3,702,880 | 4,012,209 |
| Less-accumulated depreciation | (1,618,373) | (1,308,929) |
| | 2,084,507 | 2,703,280 |

Depreciation expense was $182,216 and $188,027 for the years ended December 31, 2011 and 2010

## 9. Assets Whose Use is Limited

An analysis of assets whose use is limited follows:

| | 2011 | 2010 |
|---|---|---|
| Retired executive compensation | 139,304 | 171,015 |
| Professional liability | - | 156,010 |
| | 139,304 | 327,025 |

## 10. Grants Payable

Grants payable are accrued after all approvals have been given, a grant agreement has been executed and all contingencies, if any, have been met.

| | Net Award | Paid | Payable December 31 |
|---|---|---|---|
| 2011 | 3,221,507 | 3,009,057 | 1,477,727 |
| 2010 | 4,009,194 | 4,604,957 | 1,340,280 |

Grants awarded with contingencies not met (and not recorded in the financial statements) at December 31, were as follows

| | |
|---|---|
| 2011 | 2,307,463 |
| 2010 | 2,479,618 |

## 11. Annuity Obligations

The Foundation has annuity obligations to an executive who retired prior to 1994 in the amount of $3,940 per month (including interest computed as 9 9%). At December 31, 2011, fifty-three (53) payments remained. See Note 9 for limited use assets that have been designated for payment of this obligation

## 12. Benefit Plans

***Retirement***

The Foundation has a tax deferred annuity plan (Internal Revenue Code Section 403(b)) that covers all employees working over 1,000 hours per year. Retirement costs are allocated between administrative and program expenses, which are accrued and funded on a current basis. The plan does not provide for any prior service cost Retirement contributions were $182,172 and $169,760 for the years ended December 31, 2011 and 2010

12. **Benefit Plans** (Continued)

*Health Insurance*
The Foundation provides a health reimbursement account and funds a portion of medical and hospital insurance coverage to its employees and their dependents

*Compensated Absences*
Employees of the Foundation are entitled to paid vacation and paid sick days depending on their length of service.

Since sick days are not vested, no related liability has been recorded in the accompanying financial statements The Foundation's policy is to recognize the cost of sick days when actually paid to employees.

Vacation days are vested at one day (eight hours) per month for the first year of employment, increasing 0 10 days per month on each employment anniversary thereafter. There is a maximum of 48 vested vacation days per employee The vacation accrual is calculated as the employee's hourly rate multiplied by the number of vested vacation hours. Accrued vacation is included in payroll taxes and benefits payable in the financial statements.

13. **Contingencies**
The Foundation evaluates contingencies based upon the available evidence. Management believes that allowances for loss contingencies reported in these financial statements are reasonable To the extent that resolution of contingencies results in amounts which vary from management estimates, future earnings will be charged or credited The principal contingencies are described below:

*Contribution Agreement*
The contribution agreement provides that the Partnership will assume the Foundation's liabilities listed therein. All other known or unknown liabilities existing at the time of execution or arising at a later date remain obligations of the Foundation. As a result of its obligations under the contribution agreement, the Foundation is contingently liable for its healthcare operations including but not limited to the following areas:

**Third party revenues**
Reimbursements are subject to examination and retroactive adjustments by agencies administering the programs. No provision has been made in these financial statements for such contingencies.

**Professional liability risk**
The Foundation is covered under Louisiana Patients' Compensation Fund which was established by the State of Louisiana to provide medical professional liability to healthcare providers. The Fund provides for $400,000 coverage for each claim. In connection with the establishment of the Fund, the State of Louisiana enacted legislation limiting the amount of a participating healthcare provider's liability to $100,000 per claim. The Foundation has not included a provision for professional liability losses in these financial statements and is contingently liable for such losses and related defense cost not underwritten by the Louisiana Patients' Compensation Fund.

## 14. Net Investment Income

An analysis of net investment income is provided below

| | 2011 | 2010 |
|---|---|---|
| **Investment income** | | |
| Income-cash and investments | 4,542,607 | 5,275,426 |
| Net realized and unrealized gains | (3,599,725) | 15,334,274 |
| Equity in jointly owned companies | 4,237,650 | 3,110,675 |
| | 5,180,532 | 23,720,375 |
| **Investment expenses** | | |
| Investment management and custody | 542,895 | 530,162 |
| Other | 316,093 | 296,858 |
| | 858,988 | 827,020 |
| **Net investment income** | 4,321,544 | 22,893,355 |

## 15. Subsequent Events

In accordance with FASB Accounting Standards Codification Topic 740 "*Subsequent Events*," the Foundation evaluated events and transactions that occurred after the balance sheet date but before the financial statements were made available for potential recognition or disclosure in the financial statements The Foundation evaluated such events through May 25, 2012, the date which the financial statements were available to be issued, and noted no subsequent events.

# SUPPLEMENTARY INFORMATION

HEARD, MCELROY, & VESTAL
LLC
CERTIFIED PUBLIC ACCOUNTANTS
333 TEXAS STREET, SUITE 1525
SHREVEPORT, LOUISIANA 71101
318-429-1525 PHONE 318 429-2070 FAX

May 25, 2012

The Board of Directors
The Rapides Foundation
Alexandria, Louisiana

Independent Auditor's Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The consolidating information on Pages 16 through 18 is presented for purposes of additional analysis and is not a required part of the basic consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic consolidated financial statements as a whole.

Heard, McElroy & Vestal, LLC

THE RAPIDES FOUNDATION AND SUBSIDIARIES

DETAILS OF CONSOLIDATED STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2011

| **ASSETS** | The Rapides Foundation | CMAP Express | The Orchard Foundation | Eliminations Dr (Cr) | Consolidated |
|---|---|---|---|---|---|
| Assets: | | | | | |
| Cash and cash equivalents | 6,495,592 | 409,913 | 555,940 | - | 7,461,445 |
| Marketable securities | 163,085,636 | - | - | - | 163,085,636 |
| Investments at cost plus equity in undistributed earnings | 39,623,730 | - | - | - | 39,623,730 |
| Grants receivable | - | 275,000 | 309,765 | (535,000) | 49,765 |
| Accounts receivable | - | - | - | - | - |
| Due from CMAP Express | 136,787 | - | - | (136,787) | - |
| Due from The Orchard Foundation | 62,218 | - | - | (62,218) | - |
| Due from The Rapides Foundation | - | - | - | - | - |
| Prepaid expenses | 32,111 | 16,031 | 1,203 | - | 49,345 |
| Property and equipment, net | 2,066,283 | 17,418 | 806 | - | 2,084,507 |
| Assets whose use is limited | 139,304 | - | - | - | 139,304 |
| **Total assets** | 211,641,661 | 718,362 | 867,714 | (734,005) | 212,493,732 |
| **LIABILITIES AND NET ASSETS** | | | | | |
| **Liabilities:** | | | | | |
| Accounts payable | 437,381 | 4,889 | 39,762 | - | 482,032 |
| Payroll, taxes and benefits | 144,888 | - | - | - | 144,888 |
| Grants payable | 2,012,727 | - | - | 535,000 | 1,477,727 |
| Due to The Orchard Foundation | - | - | - | - | - |
| Due to The Rapides Foundation | - | 136,787 | 62,218 | 199,005 | - |
| Annuity obligations payable | 139,304 | - | - | - | 139,304 |
| Total liabilities | 2,734,300 | 141,676 | 101,980 | 734,005 | 2,243,951 |
| **Net assets:** | | | | | |
| Unrestricted | 208,907,361 | 480,544 | 178,371 | - | 209,566,276 |
| Temporarily restricted | - | 96,142 | 587,363 | - | 683,505 |
| Total net assets | 208,907,361 | 576,686 | 765,734 | - | 210,249,781 |
| **Total liabilities and net assets** | 211,641,661 | 718,362 | 867,714 | 734,005 | 212,493,732 |

THE RAPIDES FOUNDATION AND SUBSIDIARIES

DETAILS OF CONSOLIDATED STATEMENT OF ACTIVITIES-UNRESTRICTED

FOR THE YEAR ENDED DECEMBER 31, 2011

| | The Rapides Foundation | CMAP Express | The Orchard Foundation | Eliminations Dr (Cr) | Consolidated |
|---|---|---|---|---|---|
| **Revenues, gains and other support:** | | | | | |
| Net investment income | 4,321,453 | - | 91 | - | 4,321,544 |
| Contributions | - | 766,654 | 390,461 | 1,023,333 | 133,782 |
| Total revenues, gains and other support | 4,321,453 | 766,654 | 390,552 | 1,023,333 | 4,455,326 |
| **Net assets released from restrictions** | - | 141,358 | 460,597 | 377,638 | 224,317 |
| Total revenues, gains and other support | 4,321,453 | 908,012 | 851,149 | 1,400,971 | 4,679,643 |
| **Program expenses:** | | | | | |
| Grants | 4,967,154 | - | - | (1,400,971) | 3,566,183 |
| Direct charitable activities | 2,685,286 | 971,912 | 645,932 | - | 4,303,130 |
| Program development | 639,809 | - | - | - | 639,809 |
| Total program expenses | 8,292,249 | 971,912 | 645,932 | (1,400,971) | 8,509,122 |
| **Administrative expenses** | 1,125,139 | 46,260 | 275,962 | - | 1,447,361 |
| **Change in net assets** | (5,095,935) | (110,160) | (70,745) | - | (5,276,840) |
| **Net assets, beginning of year** | 214,003,296 | 590,704 | 249,116 | - | 214,843,116 |
| **Net assets, end of year** | 208,907,361 | 480,544 | 178,371 | - | 209,566,276 |

THE RAPIDES FOUNDATION AND SUBSIDIARIES

DETAILS OF CONSOLIDATED STATEMENT OF ACTIVITIES-TEMPORARILY RESTRICTED

FOR THE YEAR ENDED DECEMBER 31, 2011

| | The Rapides Foundation | CMAP Express | The Orchard Foundation | Eliminations Dr (Cr) | Consolidated |
|---|---|---|---|---|---|
| **Revenues, gains and other support:** | | | | | |
| Net investment income | - | - | - | - | - |
| Contributions | - | 237,500 | 715,853 | 377,638 | 575,715 |
| Total revenues, gains and other support | - | 237,500 | 715,853 | 377,638 | 575,715 |
| **Net assets released from restrictions** | - | (141,358) | (460,597) | (377,638) | (224,317) |
| Total revenues, gains and other support | - | 96,142 | 255,256 | - | 351,398 |
| **Program expenses:** | | | | | |
| Grants | - | - | - | - | - |
| Direct charitable activities | - | - | - | - | - |
| Program development | - | - | - | - | - |
| Total program expenses | - | - | - | - | - |
| **Administrative expenses** | - | - | - | - | - |
| **Change in net assets** | - | 96,142 | 255,256 | - | 351,398 |
| **Net assets, beginning of year** | - | - | 332,107 | - | 332,107 |
| **Net assets, end of year** | - | 96,142 | 587,363 | - | 683,505 |