



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



Form 990  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 private foundations) ▶ Do not enter social security numbers on this form as it may be made public ▶ Information about Form 990 and its instructions is at www.irs.gov/form990	OMB No 1545-0047 2015 Open to Public Inspection
---	--	--

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization THE RAPIDES FOUNDATION		D Employer identification number 72-0423603
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) 1101 FOURTH STREET NO 300	Room/suite	E Telephone number (318) 443-3394
	City or town, state or province, country, and ZIP or foreign postal code ALEXANDRIA, LA 71301		G Gross receipts \$ 15,658,957
F Name and address of principal officer JOE ROSIER JR 1101 FOURTH STREET SUITE 300 ALEXANDRIA, LA 71301		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ► WWW.RAPIDESFOUNDATION.ORG		H(c) Group exemption number ►	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ►		L Year of formation 1924	M State of legal domicile LA

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL LOUISIANA. TRF IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC, WHICH OWNS AND OPERATES RAPIDES REGIONAL MEDICAL CENTER, A 325-BED HOSPITAL IN ALEXANDRIA. ADDITIONALLY, TRF PROVIDES FUNDING FOR PROJECTS WHICH EFFECTIVELY ADDRESS THE FOLLOWING PHILANTHROPIC OBJECTIVES: HEALTHY PEOPLE - TO PROMOTE HEALTHY BEHAVIORS AND IMPROVE ACCESS TO HEALTHCARE; EDUCATION - TO INCREASE THE LEVEL OF EDUCATIONAL ATTAINMENT AND ACHIEVEMENT AS THE PRIMARY PATH TO IMPROVED ECONOMIC, SOCIAL AND HEALTH STATUS; HEALTHY COMMUNITIES - TO IMPROVE ECONOMIC OPPORTUNITY AND FAMILY INCOME, AND ENHANCED CIVIC AND COMMUNITY OPPORTUNITIES FOR MORE EFFECTIVE LEADERS AND ORGANIZATIONS.		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	43
6 Total number of volunteers (estimate if necessary)	6	15	
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		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,000	8,303
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,728,966	7,903,514
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,409,669	7,676,158
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	70,978
		16,146,635	15,658,953
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,836,000	8,802,490
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,428,394	1,364,820
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,334,279	2,067,494
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	8,598,673	12,234,814
	19 Revenue less expenses. Subtract line 18 from line 12	7,547,962	3,424,141
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	260,787,501	254,272,043
	21 Total liabilities (Part X, line 26)	4,807,320	5,221,858
	22 Net assets or fund balances. Subtract line 21 from line 20	255,980,181	249,050,185

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	*****					2016-11-03
	Signature of officer					Date
	JOE ROSIER CEO Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name JON LEBLANC		Preparer's signature JON LEBLANC		Date	Check ☐ if self-employed PTIN P01525561
	Firm's name ▶ POSTLETHWAITE & NETTERVILLE					Firm's EIN ▶ 72-1202445
	Firm's address ▶ 8550 UNITED PLAZA BLVD SUITE 1001 BATON ROUGE, LA 70809					Phone no (225) 922-4600

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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

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 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 \$ 8,257,468) (Revenue \$)	including grants of \$
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 325-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. DURING THE TWELVE MONTHS ENDED DECEMBER 31, 2015, RRMC ADMITTED 16,118 PATIENTS, CARED FOR 77,164 PATIENTS IN THE EMERGENCY ROOM, AND WELCOMED 1,984 BABIES. FOR THE FIFTH YEAR IN A ROW, THE HOSPITAL WAS NAMED A TOP PERFORMER ON KEY QUALITY MEASURES FOR EXCELLENCE IN ACCOUNTABILITY MEASURE PERFORMANCE BY THE JOINT COMMISSION. RAPIDES IS ONE OF JUST 117 HOSPITALS NATIONWIDE TO HAVE BEEN NAMED A TOP PERFORMER EVERY YEAR SINCE THE PROGRAM BEGAN. THE HOSPITAL RECEIVED A CONSUMER CHOICE AWARD FOR THE 3RD YEAR BY NATIONAL RESEARCH CORPORATION. IN 2015, ALL FIVE OF RRMC'S MEDICAL NURSING UNITS WERE RECOGNIZED AS UNITS OF DISTINCTION AMONG 490 UNITS NATIONALLY AFFILIATED WITH HCA. RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED AS LOUISIANA'S ONLY LEVEL II TRAUMA CENTER, WHICH BENEFITS 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. THE FACILITY IS ALSO CERTIFIED AS AN ADVANCED PRIMARY STROKE CENTER AND AN ACCREDITED CYCLE IV CHEST PAIN CENTER - THE ONLY ONES IN CENTRAL LOUISIANA. THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS HAS DESIGNATED RAPIDES REGIONAL A "WELLSPOT" FACILITY. THE ORGANIZATION DEMONSTRATED TO DHH THAT IT IS COMMITTED TO IMPROVING WELLNESS OUTCOMES BY ADHERING TO HEALTH-FOCUSED POLICIES THAT INCLUDE BEING A TOBACCO-FREE FACILITY. ALSO IN 2015 RAPIDES URGENT CARE ACHIEVED ACCREDITED URGENT CARE DESIGNATION. THE RAPIDES CENTERS ARE MEMBERS OF THE FIRST NETWORK TO RECEIVE DESIGNATION IN LOUISIANA. RAPIDES HEALTHCARE SYSTEM SUPPORTS THE LOUISIANA STATE UNIVERSITY FAMILY PRACTICE RESIDENCY PROGRAM NEAR ITS CAMPUS. IN 2015 THE PROGRAM GRADUATED 6 PHYSICIANS AND ACCEPTED 6 NEW RESIDENTS INTO ITS THREE-YEAR PROGRAM. SINCE THE PROGRAM BEGAN IN 1993, THE PROGRAM HAS GRADUATED 105 PRIMARY CARE PHYSICIANS, AND 34% OF THEM CURRENTLY PRACTICE IN CENTRAL LOUISIANA, WHICH IS DESIGNATED A PRIMARY MEDICAL CARE HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). IN LATE 2013, AS PART OF THE LOUISIANA GOVERNOR'S PLANS TO PRIVATIZE THE STATE'S SYSTEM OF CHARITY HOSPITALS, REPRESENTATIVES OF RAPIDES HEALTHCARE SYSTEM, THE RAPIDES FOUNDATION AND THE OTHER LARGE COMMUNITY HOSPITAL IN THE REGION REACHED AGREEMENT TO CLOSE THE REGION'S CHARITY HOSPITAL AND MOVE SERVICES TO THE TWO EXISTING HOSPITALS. ACCORDINGLY, THE TWO HOSPITALS AGREED TO PROVIDE EMERGENCY AND INPATIENT SERVICES AS WELL AS ESTABLISH NEW URGENT, PRIMARY AND SPECIALTY CARE CLINICS IN THE COMMUNITY FOR INDIGENT PATIENTS. RAPIDES' FIRST CLINIC, AN URGENT CARE CLINIC, OPENED IN DECEMBER 2013, AND ITS REMAINING CLINICS OPENED DURING 2014. THE CHARITY HOSPITAL CLOSED IN MID-2014, WITH STATE LEGISLATIVE APPROVAL. DURING 2015, ITS SECOND YEAR OF CLINIC OPERATIONS, RAPIDES PROVIDED URGENT CARE, PRIMARY CARE, GENERAL SURGERY, CARDIOLOGY, GYNECOLOGY, OPHTHALMOLOGY, ORAL & MAXILLOFACIAL SURGERY AND DENTAL CARE SERVICES TO 43,018 INDIGENT, MEDICAID AND MEDICARE PATIENTS WHO EITHER HAD BEEN CHARITY HOSPITAL PATIENTS OR WHO PREVIOUSLY HAD BEEN UNABLE TO ACCESS HEALTH CARE. ADDITIONALLY, THE RAPIDES FOUNDATION'S CENLA MEDICATION ACCESS PROGRAM (CMAP) PROVIDED 11,501 NO-COST MEDICATIONS TO THESE PATIENTS (AT A WHOLESALE VALUE OF \$5.8 MILLION) THROUGH ITS PAP PROGRAM AND CENTRAL FILL PHARMACY. RAPIDES PROVIDED AN ADDITIONAL 11,344 PRESCRIPTIONS TO PATIENTS FOR \$4 EACH THROUGH A PRESCRIPTION CARD PROGRAM.		

4b	(Code) (Expenses \$ 5,180,498) (Revenue \$ 3,596,468)	including grants of \$
HEALTHY PEOPLE - TRF PROVIDED CHRONIC CARE PRESCRIPTION MEDICATIONS FOR PEOPLE WHO CANNOT AFFORD THEM THROUGH A \$1.8 MILLION THREE-YEAR GRANT TO ITS SUPPORTING ORGANIZATION, CENLA MEDICATION ACCESS PROGRAM (CMAP). CMAP'S GOAL IS TO ENSURE APPROPRIATE MEDICATION ACCESS AND EDUCATION AND ALSO PROMOTE OTHER PREVENTIVE HEALTH PRACTICES AMONG RESIDENTS WITH LIMITED INCOMES. IN 2015, APPROXIMATELY 3,213 PEOPLE IN CENTRAL LOUISIANA RECEIVED \$2.8 MILLION IN NO-COST PRESCRIPTION MEDICATIONS THEY NEEDED TO MAINTAIN THEIR HEALTH THROUGH CMAP'S PATIENT ASSISTANCE PROGRAM. ANOTHER 3,033 PEOPLE THROUGHOUT THE REST OF THE STATE RECEIVED \$9.7 MILLION WORTH OF NO-COST MEDICATIONS THROUGH CMAP'S CENTRAL FILL PHARMACY, WHICH HAD CONTRACTS TO PROVIDE PHARMACEUTICALS FROM THIRTEEN MAJOR COMPANIES. IN DECEMBER 2013, UPON THE DISCONTINUATION OF SERVICES AT THE LOCAL STATE HOSPITAL SERVING THE INDIGENT, CMAP CONTRACTED WITH RAPIDES REGIONAL MEDICAL CENTER (RRMC) TO PROVIDE OUTPATIENT PHARMACY SERVICES TO THE PATIENTS OF OUTPATIENT CLINICS ESTABLISHED BY RRMC FOR PATIENTS OF THE FORMER STATE HOSPITAL. DURING 2015, CMAP PROVIDED 11,501 FREE PRESCRIPTION MEDICATIONS TO 1,273 PATIENTS OF THESE CLINICS, SAVING THEM ABOUT \$5.8 MILLION. TRF PROVIDED A \$550,000 THREE-YEAR FUNDING COMMITMENT TO CMAP'S CANCER SCREENING PROJECT, WHICH PROVIDED FREE MAMMOGRAMS, PAP SMEARS, PELVIC EXAMS AND COLORECTAL CANCER TESTS TO UNINSURED PATIENTS WHO COULDN'T AFFORD THESE CRITICAL SCREENINGS. ITS CANCER SCREENING VAN, AVAILABLE THROUGH A \$600,000 THREE-YEAR GRANT TO LOUISIANA STATE UNIVERSITY, BROUGHT THESE TESTS TO RURAL AREAS. IN 2015, 439 PATIENTS WERE SEEN, 142 PAP SMEARS DONE, 153 PELVIC EXAMS COMPLETED, 421 MAMMOGRAMS DONE, 201 CLINICAL BREAST EXAMS COMPLETED, AND 210 TAKE-HOME COLORECTAL CANCER TESTS DISTRIBUTED. IN 2013 TRF BECAME THE FISCAL AGENT FOR THE LOUISIANA ACTION COALITION FOR THE FUTURE OF NURSING AND PROVIDED A TWO-YEAR, \$150,000 MATCHING GRANT TO THE ORGANIZATION. THE COALITION RECEIVED A \$150,000 GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION TO LEAD CHANGE IN HEALTHCARE, WORKING ALONGSIDE PHYSICIANS, HEALTHCARE PROVIDERS AND OTHER STAKEHOLDERS TO HELP TRANSFORM THE HEALTHCARE DELIVERY SYSTEM IN LOUISIANA. SUSTAINABILITY WAS ENSURED BY FINDING A PERMANENT FISCAL AGENT, THE LOUISIANA NURSES FOUNDATION. IN 2015 TRF GRANTED \$50,000 TO 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 TO SCREENING FOR BREAST, CERVICAL, AND COLORECTAL CANCERS. A \$400,000, MULTI-YEAR GRANT ENDING IN MARCH 2015 WAS PROVIDED TO THE LOUISIANA PRIMARY CARE ASSOCIATION TO SUPPORT AN INTEGRATED BEHAVIORAL HEALTH PROGRAM IN A COMMUNITY CLINIC SETTING. THE IBH PROGRAM WAS IMPLEMENTED INTO PRIMARY CARE AT 4 SITES: WINN, GRANT, NATCHITOCHES AND LEESVILLE. TWO OF THE FOUR LOCATIONS UTILIZE TELE-PSYCH SERVICES THROUGH TULANE UNIVERSITY. PSYCHIATRIC SERVICES HAVE BEEN PROVIDED TO 153 ADULTS AND CHILDREN WHO OTHERWISE WERE NOT RECEIVING SERVICES. IN 2014 TRF LAUNCHED ITS HEALTHY PLACES PROGRAM, WHICH PROVIDES TRAINING AND EXPERT ASSISTANCE TO COMMUNITY-BASED ORGANIZATIONS COMMITTED TO REDUCING THE MAJOR CAUSES OF CHRONIC DISEASES. THE GOALS OF THE PROGRAM ARE TO INCREASE COMMITMENT TO PARTNERSHIPS AND POLICES AND SERVICES KNOWN TO ADDRESS TOBACCO USE, HEALTHY EATING, PHYSICAL ACTIVITY AND ALCOHOL AND SUBSTANCE ABUSE. TRF AWARDED A \$275,000 GRANT TO EMORY UNIVERSITY FOR ASSISTANCE TO AREA COMMUNITIES IN DEVELOPING STRATEGIC PLANS THAT ADDRESS HEALTH BEHAVIORS IN THEIR COMMUNITIES. IN 2015, TRF AWARDED \$1,679,000 TO SIX COMMUNITY PROJECTS. IN 2015 TRF BEGAN AN INITIATIVE TO EXPAND PRIMARY CARE ACCESS IN ITS REGION BY PROVIDING \$125,000 IN PLANNING GRANTS TO ORGANIZATIONS INTERESTED IN PROPOSING EXPANSIONS OR UPGRADES OF RURAL HEALTH CENTERS AND FEDERALLY QUALIFIED HEALTH CARE CENTERS (FQHCs). FROM THE PROPOSALS RECEIVED, TRF THEN AWARDED \$2.1 MILLION TO THREE PROJECTS TO EXPAND HEALTH CARE CENTERS. TRF FUNDED A \$350,000 GRANT IN 2015 TO CMAP'S HEALTHY LIFESTYLES PROGRAM. ONE ASPECT PROVIDES ONE-ON-ONE COUNSELING TO INDIVIDUALS WHO ARE REFERRED BY THEIR DOCTORS. IN 2015, 418 PEOPLE RECEIVED COACHING FROM A REGISTERED DIETITIAN AND EXERCISE SPECIALIST. IN 2015, SEVEN SCHOOL DISTRICTS WERE AWARDED TWO-YEAR GRANTS TOTALING \$176,000 TO ADDRESS HEALTHY EATING, PHYSICAL ACTIVITY, TOBACCO PREVENTION AND CONTROL, AND SUBSTANCE AND ALCOHOL ABUSE EDUCATION. THE SCHOOLS UTILIZE INNOVATIVE SCHOOL HEALTH MODEL PROGRAMS SUCH AS CATCH, SPARK AND SMART IN GRADES K-8. THEY ALSO SUPPORT TOBACCO PREVENTION PROGRAMS SUCH AS "TAR WARS" AND "KICK BUTTS DAY." TRF FUNDED AND FACILITATED A 2015 HEALTHY BEHAVIORS YOUTH SUMMIT ATTENDED BY APPROXIMATELY 400 STUDENTS AND TEACHERS. DURING THE YEAR, TRF INVESTED OVER \$425,000 IN COMMUNITY MARKETING OF HEALTHY BEHAVIORS AND TOBACCO CONTROL. IN LATE 2014, CMAP PARTNERED WITH THE LOUISIANA SMOKING CESSATION TRUST TO PROVIDE TOBACCO CESSATION COUNSELING TO INDIVIDUALS IN ITS SERVICE AREA. IN 2015 TRF ISSUED A \$260,000 GRANT TO THE AMERICAN HEART ASSOCIATION AS A FISCAL AGENT FOR THE COALITION FOR A TOBACCO FREE LOUISIANA TO CONDUCT GRASS-ROOTS EDUCATION ON TOBACCO TAXATION AND ITS EFFECT ON TOBACCO USAGE. IN JUNE 2015, THE LOUISIANA LEGISLATIVE RAISED THE STATE TOBACCO TAX BY 50 CENTS PER PACK. THE RAPIDES FOUNDATION'S GOALS FOR HEALTHY PEOPLE ARE: 10-YEAR IMPACTS (2012-2023): >REDUCE ALL-CAUSE MORTALITY FROM 929.7 PER 100,000 TO 757.2 (19% IMPROVEMENT) >REDUCE HEART DISEASE MORTALITY RATES FROM 246.6 PER 100,000 TO 158.9 (36% IMPROVEMENT)>REDUCE CANCER MORTALITY RATES FROM 203.6 PER 100,000 TO 169.0 (17% IMPROVEMENT)>REDUCE DIABETES MORTALITY RATES FROM 24.0 PER 100,000 TO 20.5 (15% IMPROVEMENT)>DECREASE SMOKING RATES IN YOUTH FROM 23.9% IN 2013 TO 17% (29% IMPROVEMENT)>DECREASE SMOKING RATES IN ADULTS FROM 23.0% IN 2013 TO 20% (13% IMPROVEMENT)>DECREASE PERCENTAGE OF HOUSEHOLDS WITH CHILDREN WITH A SMOKER FROM 17% IN 2013 TO 15% (12% IMPROVEMENT)>DECREASE THE PERCENTAGE OF ADULTS OVERWEIGHT FROM 73% IN 2013 TO 67% (8% IMPROVEMENT)>DECREASE THE PERCENTAGE OF ADOLESCENTS (9-12 GRADERS) OVERWEIGHT FROM 34.5% IN 2013 TO 31% (10% IMPROVEMENT) 5-YEAR LONG-TERM OUTCOMES (2018): >REDUCE THE AVERAGE NUMBER OF DAYS IN THE PAST MONTH WHEN PHYSICAL HEALTH WAS NOT GOOD FROM 5 TO 3.6 DAYS (28% IMPROVEMENT)>REDUCE THE AVERAGE NUMBER OF DAYS IN THE PAST MONTH WHEN MENTAL HEALTH WAS NOT GOOD FROM 4.3 TO 3.0 DAYS (30% IMPROVEMENT)>INCREASE NUMBER OF ADULTS IN CENTRAL LOUISIANA REPORTING GOOD OR BETTER OVERALL HEALTH FROM 77.7% TO 80% (3% IMPROVEMENT)>MAINTAIN LEVEL OF 9.8% ADULTS DIAGNOSED WITH HEART DISEASE >MAINTAIN LEVEL OF 6.7% OF ADULTS DIAGNOSED WITH CANCER >MAINTAIN LEVEL OF 14.1% OF ADULTS DIAGNOSED WITH DIABETES >DECREASE PERCENTAGE OF ADOLESCENTS INITIATING CIGARETTE USE BEFORE AGE 13 FROM 16.2% IN 2013 TO 11% (32% IMPROVEMENT)>DECREASE PERCENTAGE OF ADOLESCENTS EVER SMOKED FROM 47.3% IN 2013 TO 38% (20% IMPROVEMENT)>INCREASE PERCENTAGE OF ADOLESCENTS WHO ATTEMPTED TO QUIT FROM 58.5% IN 2013 TO 64% (9% IMPROVEMENT)>INCREASE PERCENTAGE OF ADULTS WHO ATTEMPTED TO QUIT IN LAST 12 MONTHS FROM 54.9% TO 60% (9% IMPROVEMENT)>INCREASE THE PERCENTAGE OF ADULTS AT HEALTHY WEIGHT FROM 26% IN 2013 TO 27% (4% IMPROVEMENT)>INCREASE THE PERCENTAGE OF ADULTS MEETING RECOMMENDED PHYSICAL ACTIVITY GUIDELINES FROM 45.7% IN 2013 TO 48% (5% IMPROVEMENT)>INCREASE THE PERCENTAGE OF ADOLESCENTS MEETING RECOMMENDED PHYSICAL ACTIVITY GUIDELINES FROM 26.4% IN 2013 TO 28% (6% IMPROVEMENT)>INCREASE THE PERCENTAGE OF ADULTS CONSUMING 5 OR MORE SERVINGS OF FRUITS OR VEGETABLES DAILY FROM 34.9% IN 2013 TO 38.5% (10% IMPROVEMENT)>INCREASE THE PERCENTAGE OF ADOLESCENTS CONSUMING 3 OR MORE FRUITS DAILY FROM 16.5% IN 2013 TO 19% (15% IMPROVEMENT)>INCREASE THE PERCENTAGE OF ADOLESCENTS CONSUMING 3 OR MORE VEGETABLES DAILY FROM 13% IN 2013 TO 15% (15% IMPROVEMENT)1-3 YEAR LONG-TERM OUTCOMES (2016): >DECREASE PERCENTAGE OF ADULTS GOING TO EMERGENCY ROOM MORE THAN ONCE IN PAST YEAR FROM 12.2% IN 2013 TO 10.0% (18% IMPROVEMENT)>INCREASE PERCENTAGE OF ADULTS WITH A PRIMARY SOURCE OF HEALTHCARE FROM 73.8% IN 2013 TO 77% IN 2016 (4% IMPROVEMENT) >INCREASE THE PERCENTAGE OF WOMEN AGE 40 AND OLDER WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS FROM 71.9% TO 76% (6% IMPROVEMENT)>INCREASE THE PERCENTAGE OF WOMEN AGE 21-65 WHO HAVE HAD A PAP SMEAR IN THE PAST 3 YEARS FROM 78.5% TO 82% (4% IMPROVEMENT)>INCREASE THE PERCENTAGE OF ADULTS AGE 50-75 WHO HAVE HAD COLORECTAL SCREENING WITHIN RECOMMENDED TIMELINE FROM 67.7% TO 71% (5% IMPROVEMENT)		

4c

(Code) (Expenses \$ 3,571,000) (Revenue \$ 3,356,545)

EDUCATION -- DURING 2015 THE RAPIDES FOUNDATION PROVIDED \$1.3 MILLION IN GRANTS TO THE NINE PARISH SCHOOL DISTRICTS IN TRF'S AREA. THE GRANTS WERE USED FOR TARGETED COACHING AND MENTORING OF TEACHERS, LEADERSHIP DEVELOPMENT FOR ADMINISTRATORS, AND FUNDING TO ALLOW THE DISTRICTS TO PARTICIPATE IN INSTITUTES PROVIDED BY THE ORCHARD FOUNDATION. TRF ALSO PROVIDED A \$1.4 MILLION, THREE-YEAR GRANT TO THE ORCHARD FOUNDATION TO SUPPORT ITS OPERATIONS. SEE CONTINUATION ON SCHEDULE O.

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,357,045) (Revenue \$ 1,849,477)

4e

Total program service expenses ▶

11,108,543

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 Yes	
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 for escrow or custodial account liability, 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 Yes	
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, line 10? 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 Yes	
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 Yes	
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 and XII	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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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 direct or indirect 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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, 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		
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 11b 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 or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	94	
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	43	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
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" to line 3b, provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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 as charitable contributions?	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the 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 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 or note to any line 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	16	
1b	Enter the number of voting members included in line 1a, above, who are independent	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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	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?	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?	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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 JOE ROSIER JR PRESIDENT & CEO 1101 FOURTH STREET SUITE 300 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 or note to any line 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. 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) JACQUELYN DAENEN TRUSTEE	0 50	X		X				0	0	0
(2) ROSA FIELDS TRUSTEE	0 50	X		X				0	0	0
(3) CURMAN GAINES PHD TRUSTEE	0 50	X						0	0	0
(4) CYNTHIA A GILLESPIE PHD TRUSTEE	1 00	X		X				0	0	0
(5) DOUG GODARD TRUSTEE	0 50	X						0	0	0
(6) ROBERT HUGHES TRUSTEE	0 50	X						0	0	0
(7) ROSEADA MAYEUX TRUSTEE	0 50	X						0	0	0
(8) MURPHY MCMILLIN TRUSTEE	0 50	X						0	0	0
(9) ANNA MOREAU DDS TRUSTEE	0 50	X						0	0	0
(10) CRAIG PEARCE MD TRUSTEE	0 50	X						0	0	0
(11) MICHAEL REESE TRUSTEE	0 50	X		X				0	0	0
(12) FRANKIE ROSENTHAL TRUSTEE	0 50	X						0	0	0
(13) EDWIN URBI MD TRUSTEE	0 50	X						0	0	0
(14) HENRY WILLIAMS TRUSTEE	0 50	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(15) DENNIS WIMMERT TRUSTEE	0 50	X						0	0	0
(16) JOSEPH R ROSIER JR PRESIDENT & CEO	40 00	X		X				320,719	0	34,027
(17) KATHLEEN F NOLEN DIR, ADMIN	40 00				X			194,075	0	22,596
(18) ANNETTE BEUCLER DIR, PROG & COMM	40 00				X			168,214	0	24,222
(19) MAJORIE TAYLOR EXEC DIR, ORCHARD FDN	40 00					X		0	106,404	13,556
(20) KEVIN BROWN PHARMACIST	32 00					X		0	112,251	18,414

1b	Sub-Total	▶			
c	Total from continuation sheets to Part VII, Section A	▶			
d	Total (add lines 1b and 1c)	▶	683,008	218,655	112,815

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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
SPARK 32656 COLLECTION CENTER DRIVE CHICAGO, IL 60693	SCHOOL CURRICULUM SUPPLIES	327,342
KALB - TV PO BOX 951 ALEXANDRIA, LA 71309	OUTREACH SERVICES	152,965
FIDUCIARY MANAGEMENT INC 100 E WISCONSIN AVE STE 2200 MILWAUKEE, WI 53202	INVESTMENT MGMT	144,508
CAPITAL ONE NA PO BOX 60024 NEW ORLEANS, LA 70160	CREDIT CARD SERVICES	106,820

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 ▶ 4

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
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	8,303				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f			8,303			
Program Service Revenue	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue		7,903,518	7,903,518			
	g	Total. Add lines 2a-2f			7,903,518			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,940,986			3,940,986
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		(i) Real		(ii) Personal				
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		(i) Securities		(ii) Other				
		3,735,172						
		0						
c		Gain or (loss)		3,735,172				
d		Net gain or (loss)		3,735,172				3,735,172
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	OTHER REVENUE		900099	70,978			70,978	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			70,978				
12	Total revenue. See Instructions			15,658,957	7,903,518	0	7,747,136	

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)

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	8,802,490	8,802,490		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	428,571	263,644	164,927	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	647,998	275,576	372,422	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	115,688	40,901	74,787	
9	Other employee benefits	96,980	41,130	55,850	
10	Payroll taxes	75,589	28,255	47,334	
11	Fees for services (non-employees)				
a	Management				
b	Legal	10,789	5,965	4,824	
c	Accounting	24,343	6,793	17,550	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	132,892	132,892		
12	Advertising and promotion	593,215	495,900	97,315	
13	Office expenses	42,987	19,787	23,200	
14	Information technology	99,723	33,554	66,169	
15	Royalties				
16	Occupancy	90,642	44,614	46,028	
17	Travel	18,516	18,516		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	157,289	76,948	80,341	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,094	10,072	26,022	
23	Insurance	33,129	9,245	23,884	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	CONTRACT SERVICES	574,596	574,596		
b	PROGRAM SUPPLIES	189,256	189,256		
c	MEMBERSHIPS & DUES	34,998	9,981	25,017	
d	PRINTING & PUBLISHING	24,857	24,857		
e	All other expenses	4,168	3,571	597	
25	Total functional expenses. Add lines 1 through 24e	12,234,810	11,108,543	1,126,267	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		3,166,089	1	5,479,622	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		49,754	3	0	
	4	Accounts receivable, net		152,246	4	233,120	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use			8		
	9	Prepaid expenses and deferred charges		28,646	9	18,233	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	3,523,898			
	b	Less: accumulated depreciation	10b	1,884,258	1,756,117	10c	1,639,640
	11	Investments—publicly traded securities		213,430,786	11	206,900,482	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11		39,603,567	13	38,840,909	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		2,600,296	15	1,160,035	
16	Total assets. Add lines 1 through 15 (must equal line 34)		260,787,501	16	254,272,041		
Liabilities	17	Accounts payable and accrued expenses		354,891	17	283,401	
	18	Grants payable		1,852,133	18	3,778,422	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other 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		2,600,296	25	1,160,035	
	26	Total liabilities. Add lines 17 through 25		4,807,320	26	5,221,858	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		255,921,558	27	249,050,183	
28		Temporarily restricted net assets		58,623	28	0	
29		Permanently restricted net assets			29		
Organizations that do not follow SFAS 117 (ASC 958), 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		255,980,181	33	249,050,183	
34		Total liabilities and net assets/fund balances		260,787,501	34	254,272,041	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,658,957
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,234,810
3	Revenue less expenses Subtract line 2 from line 1	3	3,424,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	255,980,181
5	Net unrealized gains (losses) on investments	5	-10,354,145
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	249,050,183

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☒ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code	) (Expenses \$	2,357,045	including grants of \$	1,849,477) (Revenue \$	0)
HEALTHY COMMUNITIES -- IN 2015 TRF PROVIDED \$600,000 IN FUNDING FOR TWO YEARS TO THE BUSINESS ACCELERATOR SYSTEM (BAS), A PROGRAM OF THE ALEXANDRIA/PINEVILLE CHAMBER OF COMMERCE AND THE CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE (CLEDA) BAS OFFERS COACHING SERVICES AND ENTREPRENEURSHIP CLASSES FOR EARLY-STAGE ENTREPRENEURS, SUCH AS FINANCE, MARKETING, AND OPERATIONS IN 2015 BAS PROVIDED COACHING SERVICES TO 46 ENTREPRENEURS AND PROVIDED CLASSES AND SEMINARS TO 253 PARTICIPANTS IN 2015 TRF PROVIDED \$635,000 IN MATCHING FUNDS TO CLEDA DEDICATED TO ECONOMIC AND WORKFORCE DEVELOPMENT IN THE REGION DURING THE YEAR CLEDA'S ECONOMIC DEVELOPMENT WORK BROUGHT AN ESTIMATED 135 NEW PERMANENT JOBS AND \$78 MILLION IN NEW CONSTRUCTION TRF'S NEW WORKFORCE OPPORTUNITY GRANT PROGRAM PROVIDES AN OPPORTUNITY TO PROVIDE EDUCATIONAL, TRAINING OR CERTIFICATION SUPPORT TO QUALIFIED CANDIDATES FOR IMMEDIATE HIGH-WAGE JOB OPPORTUNITIES IN TRF NINE-PARISH SERVICE AREA APPLICANTS ARE ENCOURAGED TO BUILD STRONG PARTNERSHIPS BETWEEN POST-SECONDARY INSTITUTIONS, THE WORKFORCE SYSTEM, EMPLOYERS AND INDUSTRY GROUPS, TO TRANSFORM THE WAY THEY DESIGN AND DELIVER COURSES THROUGH ACCELERATED LEARNING STRATEGIES, REDESIGNED CURRICULA, DISTANCE LEARNING, WORK-BASED TRAINING, AND INNOVATIVE USES OF TECHNOLOGY TO ENHANCE LEARNING ACTIVITIES IN 2015, IN PARTNERSHIP WITH ACA, TRF PROVIDED \$65,000 OF FUNDING TO CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE (CLTCC) FOR TRAINING OF HVAC/VARIABLE REFRIGERANT FLOW SYSTEMS IN ANOTHER PARTNERSHIP WITH ROYOMARTIN, TRF FUNDED CLTCC \$59,400 FOR THE TRAINING OF CDL DRIVERS AND TIMBER HARVESTING EQUIPMENT OPERATORS A \$72,000 PARTNERSHIP WITH LOUISIANA STATE UNIVERSITY AT ALEXANDRIA AND ALEXANDRIA EYE AND LASER CENTER DEVELOPED AN OPTOMETRIC AND OPTICAL TECHNICIAN TRAINING PROGRAM TEN CENTRAL LOUISIANA PROFESSIONALS GRADUATED FROM CENLA BOARDBUILDERS IN 2015, 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 2015 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 CENLA EXECBUILDERS, AN INSTITUTE FOR EXECUTIVE DIRECTORS OF LOCAL NONPROFIT ORGANIZATIONS, TRAINED 8 EXECUTIVE DIRECTORS IN 2015 THE EXECUTIVE DIRECTORS CONTINUE A PEER NETWORKING ARRANGEMENT ONCE TRAINING IS COMPLETE THROUGH ITS FREE TRAINING CLASSES, CDW TRAINED LOCAL NONPROFIT ORGANIZATIONS AND INDIVIDUALS IN ISSUES THAT THEY DEAL WITH EVERY DAY, INCLUDING GRANT WRITING, PROGRAM PLANNING, FINANCIAL MANAGEMENT, FUNDRAISING AND MARKETING 382 INDIVIDUALS TOOK THESE FREE COURSES IN 2015 THE CDW LEARNING LAB RESPONDED TO 321 INQUIRIES THROUGH CDW'S WEBSITE, THE ELIBRARY, A CUSTOMIZED NONPROFIT MANAGEMENT LIBRARY, THE FOUNDATION CENTER GRANTS DATABASE, TECHNICAL ASSISTANCE ON NONPROFIT MANAGEMENT TOPICS, AND INFORMATIONAL WORKSHOPS UNDER CDW'S NONPROFIT WORKS PROGRAM, ONE LOCAL NON-PROFIT ORGANIZATION PARTICIPATED IN A TWO-YEAR PROGRAM OF PERSONALIZED TECHNICAL ASSISTANCE AND TRAINING THAT EXPANDED THE GOVERNANCE, ORGANIZATIONAL DEVELOPMENT AND LEADERSHIP CAPACITIES OF THE ORGANIZATION THE RAPIDES FOUNDATION'S GOALS FOR HEALTHY COMMUNITIES ARE 10-YEAR IMPACTS (2012-2023) " ACHIEVE A REAL AVERAGE ANNUAL MEDIAN HOUSEHOLD INCOME GROWTH RATE OF 0.8%, OR A MEDIAN HOUSEHOLD INCOME OF \$42,184 " INCREASE CENTRAL LOUISIANA'S MEDIAN HOUSEHOLD INCOME TO 92% OF THE SOUTHERN MEDIAN HOUSEHOLD INCOME " INCREASE CENTRAL LOUISIANA'S MEDIAN HOUSEHOLD INCOME TO 80% OF THE U.S. MEDIAN HOUSEHOLD INCOME " INCREASE PERCENTAGE OF POST-SECONDARY DEGREES FROM 2 AND 4-YEAR INSTITUTES FROM 21% IN 2012 TO 26% (24% IMPROVEMENT)" INCREASE POST-SECONDARY GRADUATION RATES FROM 73% IN 2012 TO 86% (18% IMPROVEMENT)3-5-YEAR OUTCOMES (2018) " INCREASE PER CAPITA GROSS REGIONAL PRODUCT (GRP) BY 6% FROM 2011 " INCREASE TOTAL EMPLOYMENT BY 5% FROM 2011 " MAINTAIN 2010 LEVEL OF STAGE 2 ESTABLISHMENTS (10-99 EMPLOYEES)					

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations

g

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 (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
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 section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2015.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—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2015.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2014.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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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—2014. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970: **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E. ☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 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 in Part IV	
2	Political expenditures	\$
3	Volunteer hours	

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

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

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	\$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-
2				
3				
4				
5				
6				

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)	127,064													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	37,537													
c	Total lobbying expenditures (add lines 1a and 1b)	164,601													
d	Other exempt purpose expenditures	10,969,382													
e	Total exempt purpose expenditures (add lines 1c and 1d)	11,133,983													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	706,699													
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	176,675													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes

☐ No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	691,792	686,596	579,934	706,699	2,665,021
b Lobbying ceiling amount (150% of line 2a, column(e))					3,997,532
c Total lobbying expenditures	22,770	27,080	56,008	164,601	270,459
d Grassroots nontaxable amount	172,941	171,649	144,984	176,675	666,249
e Grassroots ceiling amount (150% of line 2d, column (e))					999,374
f Grassroots lobbying expenditures			26,409	127,064	153,473

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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add 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?	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE D

(Form 990)

Department of the
Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 education) ☐ Protection of natural habitat ☐ Preservation of open space ☐ Preservation of an historically important land area ☐ Preservation of a certified historic structure	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
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, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No	
9	In Part XIII, 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" on Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), 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)	Revenue included on 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 (ASC 958) relating to these items	
a	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

Part III

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

(continued)

3

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

a

☐ Public exhibition

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 XIII

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" on 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☒ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☒

Part V

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

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

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		59,900		59,900
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,463,998	1,884,258	1,579,740
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,639,640

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,504,812
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-10,154,145
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	-10,154,145
3	Subtract line 2e from line 1	3	15,658,957
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	15,658,957

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	12,234,810
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	12,234,810
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 XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	12,234,810

Part XIII Supplemental Information

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

Return Reference	Explanation
PART IV, LINE 2B	THE RAPIDES FOUNDATION ENTERED INTO AN AGREEMENT IN SEPTEMBER 2014 WITH THE CITY OF ALEXANDRIA TO ACT AS AN INTERMEDIARY FOR THE CITY IN ORDER TO MEET CERTAIN MATCHING PROVISIONS REQUIRED BY THE LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM (LCTCS) PREPARATORY TO THE CONSTRUCTION OF CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE IN ALEXANDRIA (CLTCC) UNDER THE TERMS OF THE AGREEMENT, THE CITY TRANSFERRED TO THE FOUNDATION \$2,600,000 TO BE USED AS MATCHING FUNDS FOR THE ACQUISITION OF PROPERTY ON WHICH CLTCC IS TO BE BUILT, TOGETHER WITH OPTIONS, TITLE OPINIONS, AND APPRAISALS NECESSARY TO FACILITATE THE ACQUISITION. THE FOUNDATION IS OBLIGATED UNDER THIS AGREEMENT TO EXERCISE THE OPTIONS AND PURCHASE THE PROPERTY UPON THE JOINT WRITTEN INSTRUCTION OF THE CITY AND LCTCS, AND, UPON ADDITIONAL WRITTEN INSTRUCTION FROM THE CITY, TO TRANSFER THE PROPERTY TO THE STATE OF LOUISIANA FOR THE BENEFIT OF LCTCS. THIS TRANSACTION IS ACCOUNTED FOR BY THE FOUNDATION AS A LIABILITY, AS IT HAS NO VARIANCE POWER OVER THE ASSETS SUBJECT TO THE AGREEMENT.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.

▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public
Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for 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 financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	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 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance 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 Financial Assistance at cost (from Worksheet 1)		8,030	3,082,727	19,058	3,063,669	4 150 %
b Medicaid (from Worksheet 3, column a)		16,194	14,430,326	14,092,765	337,561	0 460 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		0 %
d Total Financial Assistance and Means-Tested Government Programs		24,224	17,513,053	14,111,823	3,401,230	4 610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			5,186,851	0	5,186,851	7 020 %
f Health professions education (from Worksheet 5)			946,857	85,526	861,331	1 170 %
g Subsidized health services (from Worksheet 6)			0	0		0 %
h Research (from Worksheet 7)			0	0		0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,056,926	0	6,056,926	8 200 %
j Total. Other Benefits			12,190,634	85,526	12,105,108	16 390 %
k Total. Add lines 7d and 7j		24,224	29,703,687	14,197,349	15,506,338	21 000 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(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 IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense				Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		1		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	1,011,964		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.				
Section B. Medicare					
5	Enter total revenue received from Medicare (including DSH and IME).	5	20,687,801		
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	17,893,475		
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	2,794,326		
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	Yes
9a	Did the organization have a written debt collection policy during the tax year?				
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 IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—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				

Section A. Hospital Facilities

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

[illegible]

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
RAPIDES REGIONAL MEDICAL CTR

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report 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 significant 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 the community health 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 Section C)	3	Yes
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a ☐ Hospital facility's website (list url) <u>WWW.RAPIDESREGIONAL.COM/ABOUT</u> b ☐ Other website (list url) _____ c ☐ Made a paper copy available for public inspection without charge at the hospital facility d ☐ Other (describe in Section C)	7	Yes
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) <u>WWW.RAPIDESREGIONAL.COM/ABOUT</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group		RAPIDES REGIONAL MEDICAL CTR	
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	☐ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of %		
b	☐ Income level other than FPG (describe in Section C)		
c	☐ Asset level		
d	☐ Medical indigency		
e	☐ Insurance status		
f	☐ Underinsurance discount		
g	☐ Residency		
h	☐ Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application		
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	☐ Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	☐ The FAP was widely available on a website (list url) SEE NOTE IN SECTION C		
b	☐ The FAP application form was widely available on a website (list url)		
c	☐ A plain language summary of the FAP was widely available on a website (list url)		
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	☐ Other (describe in Section C)		
Billing and Collections			
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	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 individual's eligibility under the facility's FAP		
a	☐ Reporting to credit agency(ies)		
b	☐ Selling an individual's debt to another party		
c	☐ Actions that require a legal or judicial process		
d	☐ Other similar actions (describe in Section C)		
e	☐ None of these actions or other similar actions were permitted		

Part V

Facility Information *(continued)*

RAPIDES REGIONAL MEDICAL CTR

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Actions that require a legal or judicial process d ☐ Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a ☐ Notified individuals of the financial assistance policy on admission b ☐ Notified individuals of the financial assistance policy prior to discharge c ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e ☐ Other (describe in Section C) f ☐ None of these efforts were made	19	No
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? 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 Section C) d ☐ Other (describe in Section C)	21 Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	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 its 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 Section C) 23 During the tax year, did the hospital facility charge any FAP-eligible individual 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? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

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

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)***Section D. Other Health Care 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 health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 1 - RAPIDES AFTER HOURS 2389 HWY 28 EAST PINEVILLE, LA 71360	URGENT CARE CLINIC
2 2 - RAPIDES AFTER HOURS 3800 JACKSON ST EXTENSION ALEXANDRIA, LA 71301	URGENT CARE CLINIC
3 3 - HP LONG URGENT CARE 105 NORTH THIRD STREET ALEXANDRIA, LA 71301	URGENT CARE CLINIC FOR UNINSURED, UNDERINSURED, AND MEDICAID
4 4 - HP LONG URGENT CARE 213 HOSPITAL BOULEVARD PINEVILLE, LA 71360	URGENT CARE CLINIC FOR UNINSURED, UNDERINSURED, AND MEDICAID
5 5 - HP LONG MEDICINE CLINIC 213 HOSPITAL BOULEVARD PINEVILLE, LA 71360	PRIMARY CARE CLINIC FOR UNINSURED, UNDERINSURED AND MEDICAID PATIENTS
6 6 - HP LONG SPECIALTY CLINIC 213 HOSPITAL BOULEVARD PINEVILLE, LA 71360	SPEC MEDICAL CARE CLINIC FOR UNINSURED, UNDERINSURED AND MEDICAID PATIENTS
7 7 - HP LONG GYNECOLOGY CLINIC 401 FOURTH ST MEDICAL PLAZA 2ND FL ALEXANDRIA, LA 71301	GYNECOLOGY CLINIC FOR UNINSURED, UNDERINSURED AND MEDICAID PATIENTS
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs 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

Form and Line Reference	Explanation
PART I, LINE 3C	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

Form and Line Reference	Explanation
PART I, LINE 6A	THE RAPIDES HEALTHCARE SYSTEM (EMPLOYER NO 61-1267229) PREPARED A COMMUNITY BENEFIT REPORT DURING TAX YEAR 2015

Form and Line Reference	Explanation
PART I, LINE 7	A THE COST FOR FINANCIAL ASSISTANCE WAS DERIVED USING A COST-TO-CHARGE RATIO FROM SCHEDULE H, WORKSHEET 2 APPLIED IN WORKSHEET 1 FAP-ELIGIBLE 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 FAP-ELIGIBLE INPATIENT ADMISSIONS PLUS TOTAL FAP-ELIGIBLE 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 RPMC RECORDS INSURANCE CONTRACTUAL DISCOUNTS TO PATIENT ACCOUNTS AS WELL AS 100% DISCOUNTS FOR FAP-ELIGIBLE PATIENTS AND PARTIAL DISCOUNTS FOR UNINSURED NON-FAP-ELIGIBLE PATIENTS THEN NON-FAP ELIGIBLE PATIENTS ARE BILLED, AND RPMC RECORDS A PROVISION FOR BAD DEBT ACCOUNTS ON THE RECEIVABLES BASED UPON ITS HISTORICAL COLLECTION EXPERIENCE 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

Form and Line Reference	Explanation
PART III, LINE 4	EXCERPT FROM 2015 NOTES TO AUDITED FINANCIAL STATEMENTS OF RAPIDES HEALTHCARE SYSTEM, LLC "PATIENTS MEETING CERTAIN CRITERIA UNDER THE SYSTEM'S CHARITY CARE POLICY ARE NOT CHARGED BY THE SYSTEM FOR CARE BECAUSE THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE AMOUNTS ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE THE SYSTEM'S DIRECT AND INDIRECT COSTS FOR SERVICES FURNISHED UNDER ITS CHARITY CARE POLICY ARE INCLUDED IN NOTE 3 THE ALLOWANCE FOR DOUBTFUL ACCOUNTS IS USED TO VALUE THE SYSTEM'S ACCOUNTS RECEIVABLE AT ESTIMATED REALIZABLE VALUE IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUES TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUES IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (E G , FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS APPROXIMATELY 95% OF SELF-PAY ACCOUNTS RECEIVABLE AT BOTH DECEMBER 31, 2015 AND 2014, RESPECTIVELY THE SYSTEM'S WRITE-OFFS WERE CONSISTENT BETWEEN 2015 AND 2014 "

Form and Line Reference	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 WHICH WERE INCURRED BY THE SYSTEM IN TREATING MEDICARE PATIENTS THE AMOUNTS REPORTED ON PART III, LINES 5-7 HAVE BEEN DETERMINED FROM THE INDIVIDUAL FACILITY COST REPORT FOR RAPIDES REGIONAL MEDICAL CENTER

Form and Line Reference	Explanation
PART III, LINE 9B	UNINSURED PATIENTS ARE FIRST SCREENED TO DETERMINE IF THEY ARE ELIGIBLE FOR FEDERAL OR STATE GOVERNMENTAL HEALTHCARE PROGRAMS (MEDICAID, MEDICARE) WHILE ELIGIBILITY IS BEING DETERMINED, THEIR ACCOUNT IS "PENDING, AND NO BILL IS SENT TO THE PATIENT IF THE PATIENT IS FOUND NOT TO BE ELIGIBLE FOR SUCH A PROGRAM, THEN THEY ARE SCREENED FOR FINANCIAL ASSISTANCE UNDER THE DISCOUNT CHARITY POLICY FOR PATIENTS. RHS DOES NOT PURSUE COLLECTION OF ACCOUNTS WHILE IT ATTEMPTS TO DETERMINE WHETHER UNINSURED OR UNDERINSURED PATIENTS MEET ITS GUIDELINES TO QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE UNDER ITS FINANCIAL ASSISTANCE POLICY (FAP). THE RAPIDES HEALTHCARE SYSTEM CHARITY CARE POLICY 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 BILLED. 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. IF AN UNINSURED OR UNDERINSURED PATIENT DOES NOT COMPLETE A FINANCIAL ASSISTANCE APPLICATION INITIALLY, THEY WILL BE BILLED, HOWEVER, THEY WILL RECEIVE A NOTICE OF THE FINANCIAL ASSISTANCE POLICY WITH THEIR BILLS ENCOURAGING THEM TO APPLY. ACCOUNTS ARE NOT SUBMITTED FOR COLLECTION PRIOR TO 120 DAYS FOLLOWING THE ISSUANCE OF THE FIRST PATIENT BILLING. PATIENTS HAVE A TOTAL OF 240 DAYS FOLLOWING THE FIRST BILLING TO SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE, AND SHOULD ANY COLLECTION ACTION BE IN PROCESS AT THE TIME AN APPLICATION IS SUBMITTED, SUCH ACTION WILL BE SUSPENDED WHILE THE APPLICATION IS PROCESSED.

Form and Line Reference	Explanation
PART VI, LINE 2	IN ADDITION TO THE FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT DIRECTED BY THE RAPIDES HEALTHCARE SYSTEM COMMUNITY BENEFIT COMMITTEE, THERE ARE A NUMBER OF WAYS THAT RAPIDES REGIONAL MEDICAL CENTER (RRMC) STAFF AND TRUSTEES ASSESS THE HEALTH CARE NEEDS OF ITS COMMUNITY ON AN ONGOING BASIS. RRMC TRUSTEES, EXECUTIVES AND MANAGERS NETWORK EXTENSIVELY WITH OTHERS IN THE COMMUNITY WHO SERVE POPULATIONS IN NEED, SUCH AS OTHER HEALTH CARE PROVIDERS, LAW ENFORCEMENT AGENCIES AND GOVERNMENT OFFICIALS. KEY EXECUTIVES AND MANAGERS ALSO SERVE ON BOARDS OF NON-PROFIT ORGANIZATIONS IN THE COMMUNITY WHO PROVIDE SERVICES TO POPULATIONS IN NEED. IN LATE 2012, RRMC AND THE OTHER LARGE ACUTE-CARE HOSPITAL IN THE COMMUNITY (A CHRISTUS FACILITY) BEGAN DISCUSSIONS WITH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS ABOUT THE DESIGN OF A NEW HEALTH CARE SAFETY-NET SOLUTION FOR THE CENTRAL LOUISIANA REGION IN RESPONSE TO THE LOUISIANA GOVERNOR'S DECISION TO DISMANTLE THE STATE'S LONG-STANDING CHARITY HOSPITAL SYSTEM AND MOVE THE RESPONSIBILITY FOR PROVISION OF ALL HEALTH CARE FOR THE INDIGENT TO THE PRIVATE SECTOR. RRMC DISCUSSIONS WERE SPECIFICALLY ABOUT THE TRANSITION OF SERVICES PREVIOUSLY PERFORMED AT THE STATE-RUN HUEY P. LONG HOSPITAL FACILITY IN PINEVILLE, IN RAPIDES PARISH. BEGINNING IN DECEMBER 2013, THE PROVISION OF ACUTE CARE MEDICAL, PSYCHIATRIC, URGENT CARE AND EMERGENCY SERVICES, AS WELL AS PRIMARY CARE AND SPECIALTY CLINIC SERVICES FOR THE UN- AND UNDERINSURED AND MEDICAID POPULATIONS OF CENTRAL LOUISIANA BEGAN TO TRANSITION TO RRMC AND CHRISTUS HOSPITAL ORGANIZATIONS. AS A PRIMARY DIRECT PROVIDER OF SAFETY NET SERVICES TO THE INDIGENT POPULATION WITHIN THE SERVICE AREA, RRMC STAFF IS NOW INTERFACING MORE REGULARLY WITH THAT POPULATION WHILE PROVIDING ROUTINE CLINIC CARE AND IS ABLE TO BETTER ASSESS AND ANTICIPATE SPECIALTY AND ACUTE MEDICAL NEEDS AND OFFER BOTH PREVENTIVE AND ACUTE SERVICES.

Form and Line Reference	Explanation
PART VI, LINE 3	THE CHARITY CARE POLICY (FINANCIAL ASSISTANCE POLICY), A PLAIN LANGUAGE SUMMARY OF THE POLICY, AND A CHARITY CARE APPLICATION ARE ALL AVAILABLE ON THE HOSPITAL WEBSITE. A PLAIN LANGUAGE SUMMARY OF THE POLICY IS ALSO DISPLAYED FOR DISTRIBUTION IN ALL ADMITTING LOCATIONS IN THE HOSPITAL, ALL WAITING ROOMS AT THE HOSPITAL, THE EMERGENCY ROOM, URGENT CARE FACILITIES, AND HOSPITAL CLINICS FOR THE INDIGENT. ALSO IN THESE LOCATIONS IS A SIGN READING "RAPIDES REGIONAL MEDICAL CENTER PROVIDES FREE (CHARITY) CARE TO PATIENTS WHO NEED HEALTHCARE, BUT ARE UNABLE TO PAY. ASK US FOR MORE INFORMATION." THERE IS ALSO A POSTED NOTICE TO PATIENTS CONTAINING THE CURRENT POVERTY GUIDELINES SO THAT THEY MAY SEE WHETHER THEY WOULD QUALIFY BASED ON THEIR INCOME. IT READS "OUR FACILITY OFFERS A CHARITY PROGRAM TO THOSE THAT ARE < 200% OF THE POVERTY GUIDELINES AS DEFINED BELOW [FPG CHART]. ASK THE REPRESENTATIVE FOR A COPY OF OUR PLAIN LANGUAGE FINANCIAL ASSISTANCE POLICY AND APPLICATION IF YOU ARE INTERESTED." AT ADMISSION ALL PATIENTS RECEIVE, A PLAIN LANGUAGE SUMMARY OF THE CHARITY CARE POLICY AND A CHARITY CARE APPLICATION. AS SOON AS POSSIBLE AFTER ADMISSION, ALL UNINSURED PATIENTS ARE SCREENED BY AN ON-SITE THIRD-PARTY FIRM HIRED SPECIFICALLY TO DETERMINE IF PATIENTS MEET GOVERNMENT PROGRAM ELIGIBILITY CRITERIA. THE FIRM'S PERSONNEL ARE SPECIFICALLY TRAINED IN MEDICAID, MEDICARE AND OTHER GOVERNMENT PROGRAM ELIGIBILITY CRITERIA AND APPLICATION PROCEDURES. IF THE PATIENT MEETS PROGRAM ELIGIBILITY CRITERIA, THEN ASSISTANCE IS PROVIDED TO THE PATIENT FOR ENROLLMENT. IF THE PATIENT DOES NOT MEET PROGRAM QUALIFICATIONS, THE PATIENT IS ENCOURAGED TO APPLY FOR FINANCIAL ASSISTANCE. IF THE PATIENT DOES NOT COMPLETE A CHARITY CARE APPLICATION AT THE TIME OF SERVICE, HE RECEIVES A NOTICE ABOUT APPLYING FOR FINANCIAL ASSISTANCE WITH HIS BILLS. HE IS ALSO REMINDED OF THE HOSPITAL'S CHARITY CARE POLICY IN ANY CONVERSATION WITH STAFF CONCERNING BILLING.

Form and Line Reference	Explanation
PART VI, LINE 4	RAPIDES REGIONAL MEDICAL CENTER'S PRIMARY COMMUNITY SERVED INCLUDES A THREE-PARISH (COUNTY)SERVICE AREA IN CENTRAL LOUISIANA, INCLUDING AVOYELLES, GRANT AND RAPIDES PARISHES. THIS DEFINED COMMUNITY CONSISTS OF THE AREA COMPOSED OF THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES FROMWHICH THE HOSPITAL DRAWS AT LEAST 75 PERCENT OF ITS INPATIENTS. THE POPULATION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED AT 196,000 PEOPLE. IT IS PREDOMINANTLY NON-HISPANIC AND WHITE (OVER TWO-THIRDS), BUT ALSO HAS SUBSTANTIAL AFRICAN AMERICAN POPULATION (NEARLY ONE-THIRD IN AVOYELLES AND RAPIDES PARISHES). AS THROUGHOUT THE STATE AND NATION, OUR POPULATION IS AGING, WITH MORE THAN 12% CURRENTLY AGE 65 AND OLDER. THIS IS PROJECTED TO INCREASE IN COMING YEARS, AS IS THE NEED FOR SERVICES TO MEET THE HEALTH NEEDS OF THIS OLDER POPULATION. MEDIAN HOUSEHOLD INCOMES (\$32,321 TO \$40,470) ARE BELOW THE STATE AVERAGE AND FAR BELOW THE US MEDIAN HOUSEHOLD INCOME OF \$52,762. ADDITIONALLY, 16.4%-23.9% OF OUR POPULATION REMAINS BELOW THE POVERTY LEVEL. IN TERMS OF EDUCATION LEVEL, ONLY 70.2% OF AVOYELLES RESIDENTS ARE HIGH-SCHOOL GRADUATES, 77.1% OF GRANT RESIDENTS, AND 81.8% OF RAPIDES RESIDENTS. NATIONALLY, 85.4% OF THE US POPULATION HOLDS A HIGH-SCHOOL DEGREE. IN TERMS OF HIGHER EDUCATION, ONLY 9.6% OF AVOYELLES RESIDENTS HOLD BACHELOR DEGREES, 10.6% OF GRANT RESIDENTS, AND 18.5% OF RAPIDES RESIDENTS. NATIONALLY, 28.2% OF THE POPULATION HOLDS A BACHELOR DEGREE. IN 2015, 30.1% OF RRMCPATIENTS WERE COVERED BY MEDICAID, 7.1% WERE UNINSURED AND 40.3% WERE COVERED BY MEDICARE. ALL THREE PARISHES ARE DESIGNATED AS PRIMARY CARE HRSAS (HEALTH PROFESSIONAL SHORTAGE AREAS). THE THREE PARISHES ARE SERVED BY TWO TERTIARY-CARE, ACUTE-CARE HOSPITALS-RRMC AND ONE OTHER. ALSO IN THE REGION ARE A VETERAN'S ACUTE-CARE HOSPITAL, A PHYSICIAN-OWNED SURGICAL HOSPITAL, A RURAL CRITICAL-ACCESS FACILITY, AND ONE SMALL RURAL ACUTE-CARE FACILITY.

Form and Line Reference	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 BEGINNING IN DECEMBER 2013, RAPIDES REGIONAL (UNDER A CONTRACT WITH THE STATE OF LOUISIANA AND IN PARTNERSHIP WITH CHRISTUS ST. FRANCES CABRINI HOSPITAL) PROVIDES SAFETY-NET ACUTE CARE INPATIENT MEDICAL, URGENT CARE AND EMERGENCY SERVICES, AS WELL AS PRIMARY CARE AND SPECIALTY CARE CLINIC SERVICES FOR THE UN- AND UNDERINSURED, MEDICAID AND MEDICARE POPULATIONS OF CENTRAL LOUISIANA DURING 2015 RAPIDES PROVIDED CLINIC SERVICES TO 43,018 INDIGENT, MEDICAID AND MEDICARE PATIENTS 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 FOR THE FIFTH YEAR IN A ROW, THE HOSPITAL WAS NAMED A TOP PERFORMER ON KEY QUALITY MEASURES FOR EXCELLENCE IN ACCOUNTABILITY MEASURE PERFORMANCE BY THE JOINT COMMISSION, RAPIDES IS ONE OF JUST 117 HOSPITALS NATIONWIDE TO HAVE BEEN NAMED A TOP PERFORMER EVERY YEAR SINCE THE PROGRAM BEGAN THE HOSPITAL RECEIVED A CONSUMER CHOICE AWARD FOR THE 3RD YEAR BY NATIONAL RESEARCH CORPORATION IN 2015, ALL FIVE OF RRMCS MEDICAL NURSING UNITS WERE RECOGNIZED AS UNITS OF DISTINCTION AMONG 490 UNITS NATIONALLY AFFILIATED WITH HCA RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED AS LOUISIANA'S ONLY LEVEL II TRAUMA CENTER, WHICH BENEFITS 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 THE FACILITY IS ALSO CERTIFIED AS AN ADVANCED PRIMARY STROKE CENTER AND AN ACCREDITED CYCLE IV CHEST PAIN CENTER - THE ONLY ONES IN CENTRAL LOUISIANA THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS HAS DESIGNATED RAPIDES REGIONAL A "WELLSPOT" FACILITY THE ORGANIZATION DEMONSTRATED TO DHH THAT IT IS COMMITTED TO IMPROVING WELLNESS OUTCOMES BY ADHERING TO HEALTH-FOCUSED POLICIES THAT INCLUDE BEING A TOBACCO-FREE FACILITY ALSO IN 2015 RAPIDES URGENT CARE ACHIEVED ACCREDITED URGENT CARE DESIGNATION THE RAPIDES CENTERS ARE MEMBERS OF THE FIRST NETWORK TO RECEIVE DESIGNATION IN LOUISIANA WITH AN ANNUAL PAYROLL OF \$23.6 MILLION (RAPIDES FOUNDATION 26% OWNERSHIP SHARE), RHS IS A SIGNIFICANT EMPLOYER IN ITS COMMUNITIES AND PAID \$485,595 (RAPIDES FOUNDATION 26% SHARE) IN PROPERTY TAXES DURING 2015 THAT SUPPORTED SUCH EFFORTS AS SCHOOLS, ROADS AND OTHER INFRASTRUCTURE PROJECTS IN ADDITION TO THE COMMUNITY BENEFIT PROVIDED BY RAPIDES HEALTHCARE SYSTEM, THE RAPIDES FOUNDATION'S 2015 PHILANTHROPIC ACTIVITIES PROVIDED AN ADDITIONAL \$11.1 MILLION IN COMMUNITY BENEFIT TO ITS NINE-PARISH SERVICE AREA THIS INCLUDED GRANTS OF \$8.8 MILLION AND DIRECT CHARITABLE ACTIVITIES OF \$2.3 MILLION IN THREE PRIMARY AREAS OF FOCUS: HEALTHY PEOPLE, HEALTHY COMMUNITIES, AND EDUCATION

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	RAPIDES REGIONAL MEDICAL CTR 211 FOURTH STREET ALEXANDRIA, LA 71301 WWW.RAPIDESREGIONAL.COM/ABOUT	X	X	X			X		LEVEL II TRAUMA CENTER	

OMB No 1545-0047

▶ Attach to Form 990.

Open to Public Inspection

72-0423603

☒ Yes ☐ No

3 Enter total number of other organizations listed in the line 1 table 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 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 REPAYED 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 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
SCHEDULE I, PART II	DURING 2015, THE RAPIDES FOUNDATION RECORDED AMENDMENTS TO GRANTS IN THE AMOUNT OF \$1,027,046 THE AMENDMENTS LARGELY RELATED TO PRIOR YEAR GRANTS AND COULD NOT BE ALLOCATED AMONG CURRENT YEAR GRANTS THEREFORE, ON SCHEDULE I PART II, THERE ARE TWO NEGATIVE GRANT AMOUNTS THAT CORRESPOND TO THE AMOUNT OF AMENDMENTS PER EACH GRANT PROGRAM AREA

Additional Data

Software ID:

Software Version:

EIN: 72-0423603

Name: THE RAPIDES FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS HEALTH LOUISIANA 2900 INDIANA AVENUE KENNER, LA 70065	47-0852944	501(C)(3)	25,000				IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION
ALLEN PARISH SCHOOL BOARD PO DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	110,300				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
ALLEN PARISH SCHOOL BOARD PO DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	21,200				PREVENT TOBACCO USE AND PROMOTE QUITTING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 1380 LIVINGSTON LANE JACKSON, MS 39213	13-1788491	501(C)(3)	270,000				IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD NORTH ST PETERSBURG, FL 33716	13-5613797	501(C)(3)	260,000				PREVENT TOBACCO USE AND PROMOTE QUITTING
AVOYELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	125,000				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVOYELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	14,750				PREVENT TOBACCO USE AND PROMOTE QUITTING, PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
CATAHOULA PARISH SCHOOL BOARD PO BOX 690 HARRISONBURG, LA 71340	72-6000268	GOVERNMENT AGENCY	83,000				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
CENTRAL LA ECONOMIC DEVELOPMENT ALLIANCE PO BOX 465 ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	1,362,251				INCREASE MEDIUM HOUSEHOLD INCOME AND RAISE STANDARD OF LIVING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE 4311 SOUTH MACARTHUR DRIVE ALEXANDRIA, LA 71302	27-2961167	GOVERNMENT AGENCY	124,400				INCREASE MEDIUM HOUSEHOLD INCOME AND RAISE STANDARD OF LIVING
FOOD BANK OF CENTRAL LA INC 3223 BALDWIN AVENUE ALEXANDRIA, LA 71301	72-1154072	501(C)(3)	562,989				PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
GRANT PARISH SCHOOL BOARD PO BOX 208 COLFAX, LA 71417	72-6000494	GOVERNMENT AGENCY	98,600				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANT PARISH SCHOOL BOARD PO BOX 208 COLFAX, LA 71417	72-6000494	GOVERNMENT AGENCY	15,350				PREVENT TOBACCO USE & PROMOTE QUITTING, PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
LASALLE ECONOMIC DEVELOPMENT DISTRICT PO BOX 1889 JENA, LA 71342	72-1405752	GOVERNMENT AGENCY	300,000				PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
LASALLE PARISH SCHOOL BOARD PO DRAWER 90 JENA, LA 71342	72-6000656	GOVERNMENT AGENCY	86,900				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY OF ALEXANDRIA 8100 HWY 71 SOUTH ALEXANDRIA, LA 713029121	72-6000848	501(C)(3)	72,148				INCREASE MEDIUM HOUSEHOLD INCOME & RAISE STANDARD OF LIVING
LSU HEALTH SCIENCES CENTER - SHREVEPORT PO BOX 33932 SHREVEPORT, LA 711303932	72-0702002	GOVERNMENT AGENCY	600,000				IMPROVE PRIMARY CARE ACCESS & PROMOTE EARLY CANCER DETECTION
NATCHITOCHES PARISH SCHOOL BOARD PO BOX 16 NATCHITOCHES, LA 71458	72-0629556	GOVERNMENT AGENCY	138,000				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATCHITOCHES PARISH SCHOOL BOARD PO BOX 16 NATCHITOCHES, LA 71458	72-0629556	GOVERNMENT AGENCY	23,850				PREVENT TOBACCO USE & PROMOTE QUITTING, PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
OUTPATIENT MEDICAL CENTER INC 1640 BREAZEAL SPRINGS STREET NATCHITOCHES, LA 714574278	72-0828785	501(C)(3)	25,000				IMPROVE PRIMARY CARE ACCESS & PROMOTE EARLY CANCER DETECTION
PRIMARY CARE PROVIDERS FOR HEALTHY FELECIANA PO BOX 395 CLINTON, LA 707223210	72-1443732	501(C)(3)	25,000				IMPROVE PRIMARY CARE ACCESS & PROMOTE EARLY CANCER DETECTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAPIDES PARISH SCHOOL BOARD PO BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOVERNMENT AGENCY	380,000				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
RAPIDES PARISH SCHOOL BOARD PO BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOVERNMENT AGENCY	71,750				PREVENT TOBACCO USE & PROMOTE QUITTING, PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
THE HEALTH ENRICHMENT NETWORK PO BOX 566 OAKDALE, LA 71463	72-1454434	501(C)(3)	253,850				PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ORCHARD FOUNDATION 1101 FOURTH STREET SUITE 101C ALEXANDRIA, LA 71301	87-0730768	501(C)(3)	2,476,000				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
TOWN OF BUNKIE PO BOX 630 BUNKIE, LA 71322	76-6000215	GOVERNMENT AGENCY	299,646				PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	190,000				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	24,650				PREVENT TOBACCO USE & PROMOTE QUITTING, PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
WINN COMMUNITY HEALTH CENTER INC PO BOX 1288 WINNFIELD, LA 71483	20-5823527	GOVERNMENT AGENCY	50,000				IMPROVE PRIMARY CARE ACCESS & PROMOTE EARLY CANCER DETECTION
WINN PARISH SCHOOL BOARD PO BOX 430 WINNFIELD, LA 71483	72-6001620	GOVERNMENT AGENCY	88,200				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
C M A P E X P R E S S 1101 FOURTH STREET SUITE 101A ALEXANDRIA, LA 71301	02-0751416	501(C)(3)	1,133,300				PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY AND IMPROVE PRIMARY CARE ACCESS & PROMOTE EARLY CANCER DETECTION
Y O U N G W O M E N ' S C H R I S T I A N A S S O C I A T I O N 5912 JAMES STREET ALEXANDRIA, LA 71303	72-6001514	501(C)(3)	262,581				PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
V A R I O U S 2015 GRANT AMENDMENTS			-376,847				INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIOUS 2015 GRANT AMENDMENTS			-650,198				PREVENT TOBACCO USE & PROMOTE QUITTING & PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

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" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on 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? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on 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? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on 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 on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on 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 duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSEPH R ROSIER JR PRESIDENT & CEO	(i)	320,719 -----	0 -----	0 -----	26,500 -----	7,527 -----	354,746 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 KATHLEEN F NOLEN DIR, ADMIN	(i)	194,075 -----	0 -----	0 -----	19,408 -----	3,188 -----	216,671 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 ANNETTE BEUCHLER DIR, PROG & COMM	(i)	168,214 -----	0 -----	0 -----	16,821 -----	7,401 -----	192,436 -----	0 -----
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**2015****Open to Public
Inspection**Name of the organization
THE RAPIDES FOUNDATION**Employer identification number**

72-0423603

Return Reference

FORM 990, PART VI, SECTION A, LINE 6

Explanation

THE RAPIDES FOUNDATION'S TRUSTEES ARE THE MEMBERS OF THE ORGANIZATION

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE RAPIDES FOUNDATION'S TRUSTEES, WHO ARE THE MEMBERS OF THE ORGANIZATION, HOLD AN ANNUAL MEETING EACH DECEMBER TO ELECT NEW MEMBERS OF THE ORGANIZATION EACH TRUSTEE, OR MEMBER, IS ELECTED FOR A TERM OF THREE YEARS AND MAY BE RE-ELECTED FOR ONE ADDITIONAL TERM

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	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.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE RAPIDES FOUNDATION HAS BOTH A "STAFF CODE OF ETHICS AND CONDUCT AND A "TRUSTEE CODE OF ETHICS AND CONDUCT," BOTH OF WHICH DEFINE AND DESCRIBE ACTIONS TO BE TAKEN IN THE EVENT OF CONFLICTS OF INTEREST THE "STAFF CODE OF ETHICS AND CONDUCT" IS MONITORED AND ENFORCED THROUGH ORGANIZATIONAL PROCEDURES, CONTROLS AND DAILY SUPERVISION OF EMPLOYEES BY THE NEXT LEVEL OF MANAGEMENT THE "TRUSTEE CODE OF ETHICS AND CONDUCT" IS MONITORED AT EACH TRUSTEE BOARD AND COMMITTEE MEETING, BECAUSE THE FIRST AGENDA ITEM IS ONE IN WHICH THE MEETING CHAIRMAN ASKS TRUSTEES TO DISCLOSE ANY POTENTIAL CONFLICTS WITH LISTED AGENDA ITEMS A TRUSTEE THAT HAS A POTENTIAL CONFLICT OF INTEREST WITH A MATTER THAT COMES BEFORE THE BOARD OR COMMITTEE IS REQUIRED TO LEAVE THE ROOM BEFORE THE MATTER IS DISCUSSED, AND A MAJORITY VOTE OF THE REMAINING DISINTERESTED BOARD TRUSTEES DETERMINE WHETHER A CONFLICT ACTUALLY EXISTS IF A CONFLICT IS DETERMINED TO EXIST, THEN THE CONFLICTED TRUSTEE IS NOT ALLOWED TO BE PRESENT DURING BOARD DISCUSSION 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 INTEREST

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE RAPIDES FOUNDATION BOARD COMPENSATION COMMITTEE, WHICH IS COMPOSED OF THE INDEPENDENT MEMBERS OF ITS EXECUTIVE COMMITTEE, PERIODICALLY 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. IN INTERIM YEARS, INCREASES IN PAY RANGES ARE RECOMMENDED TO THE BOARD BY MANAGEMENT BASED ON SURVEY INFORMATION OF SIMILAR ORGANIZATIONS. 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 COMPENSATION COMMITTEE INDEPENDENTLY DISCUSSES ITS RECOMMENDATIONS FOR CEO PAY. MINUTES OF ALL MEETINGS ARE RECORDED AND MAINTAINED.

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE RAPIDES FOUNDATION MISSION, PHILANTHROPIC OBJECTIVES, GUIDING ORGANIZATIONAL OBJECTIVES, STAFF CODE OF ETHICS AND CONDUCT, TRUSTEE CODE OF ETHICS AND CONDUCT, AND ANNUAL REPORT (INCLUDING FINANCIAL STATEMENTS) ARE ALL AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.RAPIDESFOUNDATION.ORG

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Return Reference	Explanation
PART III LINE 4 C CONTINUATION	DURING 2015, THROUGH A \$200,000 GRANT FROM THE RAPIDES FOUNDATION, THE ORCHARD FOUNDATION, TRF'S SUPPORTING ORGANIZATION, CONDUCTED KAGAN INSTRUCTIONAL INSTITUTES FOR 350 AREA EDUCATORS. THE INSTITUTES FEATURED HANDS-ON CURRICULUM AND MATERIALS THAT ARE ENGAGING, RIGOROUS AND MOTIVATING FOR STUDENTS AND THAT CAN IMMEDIATELY BE BROUGHT BACK INTO THE CLASSROOM AND IMPLEMENTED IN A COOPERATIVE LEARNING MODEL. ADDITIONALLY, TEACHERS RECEIVED FOLLOW-UP ONE-ON-ONE COACHING IN THE CLASSROOM. ON-SITE COACHING IS PROVIDED BY AREA TEACHERS WHO HAVE COMPLETED PREVIOUS KAGAN TRAININGS, SUCCESSFULLY IMPLEMENTED KAGAN METHODS IN THEIR CLASSROOMS AND ATTENDED COACH TRAINING WORKSHOPS. THE ORCHARD FOUNDATION HAS DEVELOPED 41 KAGAN CERTIFIED COACHES AND ONE CERTIFIED SCHOOL TRAINER IN ITS SERVICE AREA. THE ORCHARD FOUNDATION ALSO HELD TRAININGS FOR NEW AND ASPIRING LEADERS IN AREA SCHOOLS. THE PROGRAM IS DESIGNED FOR ASSISTANT PRINCIPALS OR TEACHERS WHO ARE DEDICATED TO IMPROVING THE BEST PRACTICES IN INSTRUCTION AND LEADERSHIP. THESE PARTICIPANTS WERE TRAINED IN THE 5 DIMENSIONS OF TEACHING AND LEARNING FRAMEWORK BY THE UNIVERSITY OF WASHINGTON CENTER FOR EDUCATIONAL LEADERSHIP. THE LEADING FOR BETTER INSTRUCTION PROGRAM ALLOWS PRINCIPALS TO DEVELOP THEIR LEADERSHIP SKILLS IN GUIDING AND SUPPORTING TEACHERS' PROFESSIONAL LEARNING. PRINCIPALS WERE ALSO TRAINED IN THE 5 DIMENSIONS OF TEACHING AND LEARNING. A SUPERINTENDENTS' NETWORK WAS ESTABLISHED TO PROVIDE SESSIONS FOR SUPERINTENDENTS AND KEY CENTRAL OFFICE LEADERS, FOCUSED ON THE ROLE OF CENTRAL OFFICE LEADERSHIP IN DEVELOPING AND SUPPORTING PRINCIPAL INSTRUCTIONAL LEADERSHIP (IN A COMMON CORE AND COMPASS ENVIRONMENT). IN 2015 149 PARTICIPANTS ATTENDED LEADERSHIP DEVELOPMENT ACTIVITIES. TRF AWARDED \$300,000 IN GRANTS TO THE ORCHARD FOUNDATION TO SUPPORT ITS LEADERSHIP INSTITUTES. 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 2015, THE PROGRAM'S FIFTH COHORT OF 6 RESIDENTS COMPLETED THEIR CO-TEACHING YEAR, EARNED THEIR MASTER'S DEGREES, AND BEGAN TEACHING IN CENTRAL LOUISIANA SCHOOLS. AS A RESULT OF THE CART INITIATIVE, 42 NEW ADVANCED PLACEMENT MATH AND SCIENCE TEACHERS ARE NOW EMPLOYED IN THE CENTRAL LOUISIANA REGION. DURING 2015 THE ORCHARD FOUNDATION FACILITATED PROFESSIONAL DEVELOPMENT FOR AVOYELLES AND NATCHITOCHES PUBLIC SCHOOL DISTRICTS AS PART OF THE LOUISIANA DEPARTMENT OF EDUCATION BELIEVE AND SUCCEED GRANT PROGRAM. BOTH DISTRICTS RECEIVED SCHOOL IMPROVEMENT GRANTS TO FUND THE TRAINING OF SCHOOL LEADERS WHO WILL TURN AROUND STRUGGLING SCHOOLS IN THEIR DISTRICTS. PROFESSIONAL DEVELOPMENT ACTIVITIES FUNDED IN NATCHITOCHES PARISH DURING 2015 INCLUDED INSTRUCTIONAL LEADERSHIP WORK WITH THE URBAN LEARNING AND LEADERSHIP CENTER AS WELL AS KAGAN COOPERATIVE LEARNING INSTITUTE. PROFESSIONAL DEVELOPMENT ACTIVITIES FUNDED IN AVOYELLES PARISH DURING 2015 INCLUDED INSTRUCTIONAL LEADERSHIP WORK WITH UNIVERSITY OF WASHINGTON'S CENTER FOR EDUCATIONAL LEADERSHIP. TRF APPROVED A \$3 MILLION, THREE-YEAR GRANT IN 2015 TO ENABLE THE ORCHARD FOUNDATION TO SUPPORT CAREER AND POSTSECONDARY READINESS. THE ORCHARD FOUNDATION COLLEGE AND CAREER READINESS INITIATIVE ENCOMPASSES THREE AREAS - THE CENLA WORK READY NETWORK, COLLEGE AND CAREER COACHING FOR HIGH SCHOOL STUDENTS, AND JUMP START PROGRAMS TO EXPOSE CENLA EDUCATORS AND STUDENTS TO CAREER OPPORTUNITIES IN THE CENTRAL LOUISIANA REGION. THE ORCHARD FOUNDATION'S CENLA WORK READY NETWORK IS A SYSTEM DESIGNED TO LINK EDUCATION WITH WORKFORCE DEVELOPMENT EFFORTS AND ALIGN THEM WITH REGIONAL ECONOMIC NEEDS. DURING 2015, ALL PUBLIC HIGH SCHOOLS IN THE FOUNDATION'S SERVICE AREA ACCESSED 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 STUDENT'S NATIONAL CAREER READINESS CERTIFICATE (NCRC) LEVEL, AN OBJECTIVE DOCUMENTATION OF AN EMPLOYEE'S SKILLS THAT CAN BE ACCEPTED NATIONWIDE. DURING THE 2014-2015 SCHOOL YEAR, 4,416 STUDENTS PARTICIPATED IN CAREER READY 101 TRAINING, AND 2,957 STUDENTS ACHIEVED NCRC CERTIFICATION. IN 2015 THE ORCHARD FOUNDATION ALSO PARTNERED WITH THE CENTRAL LOUISIANA ECONOMIC DEVELOPMENT AUTHORITY TO ASSIST EMPLOYERS IN UTILIZING WORKKEYS AND NCRC IN THEIR HIRING PROCESSES. BOTH RAPIDES AND AVOYELLES PARISHES BECAME ACT CERTIFIED WORK READY COMMUNITIES IN 2014 AS PART OF AN ACT PILOT PROJECT, AND WORKED DURING 2015 TO MAINTAIN THEIR CERTIFICATION. ALLEN, CATAHOULA, CONCORDIA, GRANT, LASALLE, NATCHITOCHES, VERNON AND WINN PARISHES BEGAN TO WORK TOWARD THEIR CERTIFICATION IN SEPTEMBER 2014 AS PART OF ACT'S 2ND ROUND OF CERTIFICATION, AND IT IS EXPECTED THAT THESE PARISHES WILL BE CERTIFIED IN 2016. IN 2015 THE ORCHARD FOUNDATION PARTNERED WITH THE CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE, PROCTOR AND GAMBLE AND SCHOOL DISTRICTS TO LEVERAGE RESOURCES TO PROVIDE COLLEGE AND CAREER COACHING SERVICES IN ALL HIGH SCHOOLS IN THE SERVICE REGION. THE PARTNERS CONTRACTED WITH CAREER COMPASS OF LA TO PROVIDE THESE SERVICES. THE SCOPE OF SERVICES INCLUDED ONE-ON-ONE COACHING WORK WITH ALL 2,915 SENIORS IN 45 HIGH SCHOOLS AS WELL AS 512 CAREER AWARENESS SEMINARS ATTENDED BY 8,555 EIGHTH, NINTH AND TWELFTH GRADERS, WITH THE TOPICS INCLUDING DUAL ENROLLMENT AND ACT. NINETY-EIGHT PERCENT OF THE SENIORS COUNSELED APPLIED TO A POST-SECONDARY PROGRAM. IN JANUARY 2015, ORCHARD FACILITATED A JUMP START CAREER EXPO FOR 2,194 8TH GRADE STUDENTS WHICH BROUGHT STUDENTS IN TO LEARN ABOUT THE SKILLS AND EDUCATION NEEDED TO PURSUE CAREERS WITH 30 EMPLOYERS THROUGH HANDS ON EXPLORATION, DEMONSTRATIONS AND DISCUSSION. IN DECEMBER 2015, THE SECOND CAREER EXPO WAS HELD, WITH 3,104 STUDENTS AND 58 EMPLOYERS PARTICIPATING. DURING JUNE 2015 ORCHARD COORDINATED A TEACHER EXTERNSHIP TO ALLOW AREA TEACHERS LEARN MORE ABOUT THE REGION'S EMPLOYERS AND THEIR WORKFORCE SKILL NEEDS. THIRTY-ONE TEACHERS TOURED THE FACILITIES OF 11 EMPLOYERS AND INSTITUTIONS OF HIGHER LEARNING TO EXPLORE WHAT REAL-WORLD SKILLS STUDENTS NEED. THE ORCHARD FOUNDATION FACILITATED A CONSTRUCTION TECHNOLOGY COURSE (CTC), WHICH IS A COMBINATION OF HANDS-ON AND TEXTBOOK INSTRUCTION AND UTILIZES TEXT BOOKS CERTIFIED AND APPROVED BY THE NATIONAL CENTER FOR CONSTRUCTION EDUCATION AND RESEARCH (NCCER) TO INSTRUCT STUDENTS. CO-SPONSORED BY TWO LOCAL EMPLOYERS, IT IS DESIGNED TO HELP STUDENTS GAIN TECHNICAL AND INDUSTRIAL KNOWLEDGE AND ENCOURAGE THEM TO PURSUE A CAREER IN CONSTRUCTION. THE COURSE WAS OFFERED IN 6 AREA HIGH SCHOOLS, AND 193 STUDENTS COMPLETED THE CTC COURSE IN 2015. A WELDING CURRICULUM THAT PREPARES HIGH SCHOOL STUDENTS FOR WELDING CAREERS IN VARIOUS INDUSTRIAL SETTINGS, WAS OFFERED IN 3 CENTRAL LOUISIANA SCHOOLS. THE PROGRAM PROVIDES TRAINING IN INDUSTRY FUNDAMENTALS, PRINT READING, LAYOUT/FABRICATION AND THERMAL CUTTING. HIGH SCHOOL STUDENTS THAT SUCCESSFULLY COMPLETE THE COURSE ARE REGISTERED INTO THE NCCER DATABASE FOR POTENTIAL EMPLOYMENT IN WELDING. DURING 2015, 87 STUDENTS COMPLETED THE WELDING COURSE. IN 2015, THROUGH A \$510,000 GRANT FROM TRF, THE ORCHARD FOUNDATION EXPANDED ITS WORK TO SUPPORT HIGH-QUALITY PRE-SCHOOL PROGRAMS THROUGH STAFF PROFESSIONAL DEVELOPMENT. THE CURRICULUM TEACHES STAFF HOW TO SUPPORT LEARNING THROUGH OBSERVATION AND DATA COLLECTION, HOW TO ANALYZE DATA TO IDENTIFY SPECIAL INDIVIDUAL NEEDS, HOW TO EVALUATE PROGRAMS AND MONITOR TRENDS, AND HOW TO SUMMARIZE DATA, DEVELOP PLANS AND COMMUNICATE TO FAMILIES AND ADMINISTRATORS. DURING 2015, 442 PRE-SCHOOL TEACHERS AND ADMINISTRATORS ATTENDED TRAINING SESSIONS. THE RAPIDES FOUNDATION'S GOALS FOR ITS EDUCATION WORK ARE: 6-10 YEAR IMPACTS - INCREASE GRADUATION RATES FROM 73% IN 2012 TO 86% BY 2023 (18% IMPROVEMENT) - INCREASE PERCENTAGE OF ADULTS 25 YEARS AND OLDER WITH POST-SECONDARY DEGREES FROM 2-YEAR AND 4-YEAR INSTITUTES FROM 21% IN 2012 TO 26% IN 2023 (24% IMPROVEMENT) 3-5 YEAR LONG-TERM OUTCOMES - INCREASE THE PERCENTAGE OF 3-8 GRADE STUDENTS AT GRADE LEVEL OR ABOVE FROM 68.8% IN 2012 TO 75% IN 2018 (9% IMPROVEMENT) - INCREASE PERCENTAGE OF 3-8 GRADE STUDENTS ABOVE GRADE LEVEL FROM 23.6% IN 2014 TO 27.6% IN 2018 (17% IMPROVEMENT) - INCREASE AVERAGE ACT SCORE FROM 18.7 IN 2013 TO 19.2 IN 2018 (2.7% IMPROVEMENT)

Return Reference	Explanation
PART III LINE 4 C CONTINUATION	-INCREASE THE PERCENTAGE OF GRADUATES ENROLLED IN 2-YEAR AND 4-YEAR COLLEGES AS FIRST-TIME FRESHMEN IN THE FIRST FALL FOLLOWING HIGH SCHOOL GRADUATION FROM 50% IN 2012 TO 55% IN 2018 (10% IMPROVEMENT) -INCREASE THE PERCENTAGE OF STUDENTS READY FOR KINDERGARTEN FROM 53% IN FALL OF 2012 TO 65% IN FALL OF 2018 (23% IMPROVEMENT)

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 (if applicable) 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

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 entity?	
						Yes	No
(1)CMAP EXPRESS 1101 FOURTH STREET ALEXANDRIA, LA 71301 02-0751416	HEALTHCARE ACCESS	LA	501(C)(3)	LINE 11A, I	THE RAPIDES FOUNDATION		No
(2)THE ORCHARD FOUNDATION 1101 FOURTH STREET ALEXANDRIA, LA 71301 87-0730768	EDUCATION	LA	501(C)(3)	LINE 11A, I	THE RAPIDES FOUNDATION		No

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?		(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	
(1) RAPIDES HEALTHCARE SYSTEM LLC 211 4TH STREET ALEXANDRIA, LA 71301 61-1267229	HOSPITAL	LA	N/A	RELATED	8,257,468	38,396,909		No			No	26 000 %

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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)
.

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)THE ORCHARD FOUNDATION	B	2,205,573	GRANT AGREEMENT
(2)THE ORCHARD FOUNDATION	J	333,579	COST ACCOUNTING SYSTEM
(3)CMAP EXPRESS	B	912,500	GRANT AGREEMENT
(4)CMAP EXPRESS	J	1,110,421	COST ACCOUNTING SYSTEM

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------