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For calendar year 2015, or tax year beginning 10-01-2015 , and ending 09-30-2016

Name of foundation LINCOLN HEALTH FOUNDATION		A Employer identification number 72-1335146	
Number and street (or P O box number if mail is not delivered to street address) P O BOX 2635		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code RUSTON, LA 712732635		B Telephone number (see instructions) (318) 251-3226	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		C If exemption application is pending, check here <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 27,123,984		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>		Revenue and expenses per books (a)	Net investment income (b)	Adjusted net income (c)	Disbursements for charitable purposes (d) (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	170,049			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	656,814	656,814		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	5,649			
	b Gross sales price for all assets on line 6a 6,798,993				
	7 Capital gain net income (from Part IV, line 2) . . .		5,649		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	 17,702			
	12 Total. Add lines 1 through 11	850,214	662,463		
	13 Compensation of officers, directors, trustees, etc	93,706	46,853		46,853
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule).	 131	65		66
	b Accounting fees (attach schedule).	 15,997	7,998		7,999
	c Other professional fees (attach schedule)	 201,057	183,557		17,500
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .	 18,038	18,038		
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	14,400	7,200		7,200
	21 Travel, conferences, and meetings.				
	22 Printing and publications				
	23 Other expenses (attach schedule).	 30,357	11,119		19,238
	24 Total operating and administrative expenses. Add lines 13 through 23	373,686	274,830		98,856
	25 Contributions, gifts, grants paid	1,394,263			1,394,263
	26 Total expenses and disbursements. Add lines 24 and 25	1,767,949	274,830		1,493,119
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-917,735			
	b Net investment income (if negative, enter -0-)		387,633		
	c Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	38,661	343,970	343,970
	2	Savings and temporary cash investments	1,445,565	1,677,133	1,677,133
	3	Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4	Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions).			
	7	Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)	10,919,944	9,914,431	9,914,431
	b	Investments—corporate stock (attach schedule)	14,049,636	15,188,450	15,188,450
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	Liabilities	14	Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____		
15		Other assets (describe ▶ _____)			
16		Total assets(to be completed by all filers—see the instructions Also, see page 1, item I)	26,453,806	27,123,984	27,123,984
17		Accounts payable and accrued expenses			
18		Grants payable			
19		Deferred revenue			
20		Loans from officers, directors, trustees, and other disqualified persons			
21		Mortgages and other notes payable (attach schedule).			
22		Other liabilities (describe ▶ _____)			
23		Total liabilities(add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	26,078,203	26,749,085	
	25	Temporarily restricted	375,603	374,899	
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances(see instructions)	26,453,806	27,123,984	
	31	Total liabilities and net assets/fund balances(see instructions)	26,453,806	27,123,984	

Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1 26,453,806
2	Enter amount from Part I, line 27a	2 -917,735
3	Other increases not included in line 2 (itemize) ▶ _____	3 1,587,913
4	Add lines 1, 2, and 3	4 27,123,984
5	Decreases not included in line 2 (itemize) ▶ _____	5
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6 27,123,984

Part IV

Capital Gains and Losses for Tax on Investment Income

List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)		How acquired P—Purchase (b) D—Donation	Date acquired (c) (mo , day, yr)	Date sold (d) (mo , day, yr)
1 a	PUBLICLY TRADED SECURITIES	P		
b				
c				
d				
e				

(e) Gross sales price	Depreciation allowed (f) (or allowable)	Cost or other basis (g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)
a 6,798,993		6,793,344	5,649
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (l)
(i) F M V as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col (i) (k) over col (j), if any	
a			5,649
b			
c			
d			
e			

2	Capital gain net income or (net capital loss)	If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	5,649
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)
If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2014	1,519,716	28,042,931	0 054192
2013	1,471,882	31,070,065	0 047373
2012	1,587,466	28,898,313	0 054933
2011	1,407,042	26,015,007	0 054086
2010	1,369,010	25,442,834	0 053807

2	Total of line 1, column (d).	2	0 264391
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0 052878
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5.	4	26,592,006
5	Multiply line 4 by line 3.	5	1,406,132
6	Enter 1% of net investment income (1% of Part I, line 27b).	6	3,876
7	Add lines 5 and 6.	7	1,410,008
8	Enter qualifying distributions from Part XII, line 4.	8	1,493,119

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See
the Part VI instructions

Part VII

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a

Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1
Date of ruling or determination letter _____
(attach copy of letter if necessary—see instructions)

2

Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

3

Add lines 1 and 2.

4

Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)

5

Tax based on investment income.Subtract line 4 from line 3 If zero or less, enter -0-

6

Credits/Payments

7

Total credits and payments Add lines 6a through 6d.

8

Enter any penalty for underpayment of estimated tax Check here ☒ if Form 2220 is attached

9

Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed

10

Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.

11

Enter the amount of line 10 to be Credited to 2015 estimated tax 4,000 Refunded

1

3,876

2

3,876

3

3,876

4

3,876

5

10,400

6

2

6,522

7

2,522

6a

10,400

6b

6c

6d

Part VII-A

Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
1a				No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?			No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file Form 1120-POL for this year?			No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ (2) On foundation managers \$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Form 990-PF (2015)

Part VII-A

Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ HTTP //WWW.LINCOLNHEALTH.COM	13	Yes	
14	The books are in care of ▶ NORMAN L HANES Telephone no ▶ (318) 251-3226 Located at ▶ 305 SOUTH VIENNA STREET RUSTON LA ZIP+4 ▶ 71270			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶	16	Yes No	No No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here. ▶ <input type="checkbox"/>	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a During the year did the foundation pay or incur any amount to			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?		5b	
Organizations relying on a current notice regarding disaster assistance check here.			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	No
<i>If "Yes" to 6b, file Form 8870</i>			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services. ▶

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶

Part X Minimum Investment Return

(All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	26,605,502
b	Average of monthly cash balances.	1b	391,458
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	26,996,960
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	26,996,960
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	404,954
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	26,592,006
6	Minimum investment return. Enter 5% of line 5.	6	1,329,600

Part XI Distributable Amount(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	1,329,600
2a	Tax on investment income for 2015 from Part VI, line 5.	2a	3,876
b	Income tax for 2015 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	3,876
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	1,325,724
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	1,325,724
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	1,325,724

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	1,493,119
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,493,119
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	3,876
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,489,243

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				1,325,724
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010.				
b From 2011.				
c From 2012.				
d From 2013.				
e From 2014.				8,292
f Total of lines 3a through e.	8,292			
4 Qualifying distributions for 2015 from Part XII, line 4 ► \$ 1,493,119				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2015 distributable amount.				1,325,724
e Remaining amount distributed out of corpus	167,395			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	175,687			
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions				
e Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015.				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a.	175,687			
10 Analysis of line 9				
a Excess from 2011. . . .				
b Excess from 2012. . . .				
c Excess from 2013. . . .				
d Excess from 2014. . . .				8,292
e Excess from 2015. . . .				167,395

Part XIV

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b Check box to indicate whether the organization

Tax year	Prior 3 years			(e) Total
(a) 2015	(b) 2014	(c) 2013	(d) 2012	

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Part XV

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

LINCOLN HEALTH FOUNDATION
NORMAN L HANES CEO
933 NORTH TRENTON ST
RUSTON, LA 71270
(318) 251-3226
NHANES@LINCOLNHEALTH.COM

b The form in which applications should be submitted and information and materials they should include

SEE ATTACHED GRANT APPLICATION AND GUIDELINES THE GRANT APPLICATION AND GUIDELINES ARE ALSO POSTED ON THE WEBSITE OF LINCOLN HEALTH FOUNDATION

c. Any submission deadlines

SEE ATTACHED GRANT APPLICATION AND GUIDELINES

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

GRANTS ARE RESTRICTED TO PUBLIC (GOVERNMENTAL) AGENCIES OR ORGANIZATIONS EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE CLASSIFIED AS A PUBLIC CHARITY BY THE INTERNAL REVENUE CODE SECTION 509(A)1 OR 509(A)(2) THE ORGANIZATION HAS TO BE LOCATED OR HAVE PROGRAMS OPERATING IN LINCOLN PARISH OR HAVE PROPOSALS THAT WOULD HAVE A DIRECT IMPACT ON LINCOLN PARISH

Part XV

Supplementary Information(continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<div>a Paid during the year</div> <div>See Additional Data Table</div>				
<div>Total</div>			<div>3a</div>	1,394,263
<div>b Approved for future payment</div>				
<div>Total</div>			<div>3b</div>	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)

[illegible]

1. Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting foundation to a noncharitable exempt organization of		
(1) Cash.	1a(1)	No
(2) Other assets.	1a(2)	No
b Other transactions		
(1) Sales of assets to a noncharitable exempt organization.	1b(1)	No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)	No
(3) Rental of facilities, equipment, or other assets.	1b(3)	No
(4) Reimbursement arrangements.	1b(4)	No
(5) Loans or loan guarantees.	1b(5)	No
(6) Performance of services or membership or fundraising solicitations.	1b(6)	No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c	No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes
☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		
	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> ***** 2017-02-09 ***** </div>	<div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: 20px; height: 20px;"></div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: 100px; height: 20px;"></div> </div>
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below
 (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name FRANCIS I HUFFMAN	Preparer's Signature	Date 2017-02-14	Check if self-employed <input type="checkbox"/>	PTIN P01404670
	Firm's name ▶ HUFFMAN & SOIGNIER (APAC)			Firm's EIN ▶ 72-1403835	
	Firm's address ▶ 1100 N 18TH ST STE 200 MONROE, LA 71201			Phone no (318) 387-2672	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
SONYA CARDWELL	BOARD MEMBER 0 50	0	0	0
P O BOX 2635 RUSTON,LA 71273				
WILBERT ELLIS	VICE CHAIR 0 50	0	0	0
PO BOX 2635 RUSTON,LA 71273				
JAMES DAVISON	SECRETARY/TR 0 50	0	0	0
PO BOX 2635 RUSTON,LA 71273				
ALLEN HERBERT	BOARD MEMBER 0 50	0	0	0
PO BOX 2635 RUSTON,LA 71273				
JOHN BELTON	BOARD MEMBER 0 50	0	0	0
PO BOX 2635 RUSTON,LA 71273				
NANCY SMITH	PRESIDENT 0 50	0	0	0
P O BOX 2635 RUSTON,LA 71273				
NORMAN L HANES	CEO 25 00	93,706	0	0
PO BOX 2635 RUSTON,LA 71273				
WILLIE WASHINGTON	BOARD MEMBER 0 50	0	0	0
P O BOX 2635 RUSTON,LA 71273				
MARK TAYLOR	BOARD MEMBER 0 50	0	0	0
PO BOX 2635 RUSTON,LA 71273				
GARY LUFFEY	BOARD MEMBER 0 50	0	0	0
PO BOX 2635 RUSTON,LA 71273				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
BOYS & GIRLS CLUB - UNITED WAY NELA 1201 HUDSON LANE MONROE,LA 71201	NONE	PUBLIC CHAR	2016 PROGRAMS	15,000
ELISHA MINISTRIES 608 SOUTH TRENTION ST RUSTON,LA 71271	NONE	PUBLIC CHAR	MEDICAL	28,000
LA DELTA COMMUNITY COLLEGE 7500 MILLHAVEN ROAD MONROE,LA 71203	NONE	PUBLIC CHAR	CERTIFIED NURSING ASSISTANT CLASSES	23,700
LA UNITED METHODIST CHILDREN & FAM 901 S VIENNA STREET RUSTON,LA 71270	NONE	PUBLIC CHAR	MENTAL HEALTH - 1	201,710
LIFE CHOICES OF NORTH CENTRAL LA 211 WEST TEXAS AVENUE RUSTON,LA 71270	NONE	PUBLIC CHAR	LIFE CHOICES OF NORTH CENTRAL LA	124,000
LIFE CHOICES OF NORTH CENTRAL LA 211 WEST TEXAS AVENUE RUSTON,LA 71270	NONE	PUBLIC CHAR	MOMS PROGRAM	61,000
LINCOLN PARISH HEALTH UNIT 405 E GEORGIA AVE RUSTON,LA 71270	NONE	PUBLIC CHAR	CLERICAL POSITION 1	36,310
LINCOLN PARISH HEALTH UNIT 405 E GEORGIA AVE RUSTON,LA 71270	NONE	PUBLIC CHAR	CLERICAL UNIT 2	35,412
LINCOLN PARISH SCHOOL BOARD 410 SOUTH FARMERVILLE ST RUSTON,LA 71270	NONE	PUBLIC CHAR	HEALS VIII	170,049
LOUISIANA TECH UNIVERISTY 305 WISTERIA STREET RUSTON,LA 71272	NONE	PUBLIC CHAR	CANCER SEMINARS	4,809
LOUISIANA TECH UNIVERSITY 305 WISTERIA STREET RUSTON,LA 71272	NONE	PUBLIC CHAR	WISE NUTRITION GRANT	11,187
LOUISIANA TECH UNIVERSITY 305 WISTERIA STREET RUSTON,LA 71272	NONE	PUBLIC CHAR	NURSING SCHOLARSHIPS	12,119
LTP MEDICAL MOBILE 410 SOUTH FARMERVILLE ST RUSTON,LA 71270	NONE	PUBLIC CHAR	THE HEALTH HUT CLINIC 5	350,000
LTP MEDICAL MOBILE 410 SOUTH FARMERVILLE ST RUSTON,LA 71270	NONE	PUBLIC CHAR	HEALTH HUT CLINIC 4	135,000
LOUISIANA TECH UNIVERSITY 305 WISTERIA STREET RUSTON,LA 71272	NONE	PUBLIC CHAR	KINESIOLOGY CURRICULUM	52,250
Total ▶ 3a				1,394,263

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SEEKER SPRINGS 1280 OKALOOSA ROAD EROS, LA 71238	NONE	PUBLIC CHAR	TEAM UP PROGRAM	39,105
UNITED WAY OF NE LOUISIANA 1201 HUDSON LANE MONROE, LA 71201	NONE	PUBLIC CHAR	BOYS & GIRLS CLUBS	80,507
GRAMBLING STATE UNIVERSITY 403 MAIN STREET GRAMBLING, LA 71245	NONE	PUBLIC CHAR	NURSING SCHOLARSHIPS	8,400
NORTH LOUISIANA FARM FRESH 220 EAST MISSISSIPPI AVE RUSTON, LA 71270	NONE	PUBLIC CHAR	DOUBLE BUCKS PROGRAM	5,705
Total ▶ 3a				1,394,263

TY 2015 Accounting Fees Schedule

Name: LINCOLN HEALTH FOUNDATION

EIN: 72-1335146

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	15,997	7,998		7,999

TY 2015 Investments Corporate Stock Schedule**Name:** LINCOLN HEALTH FOUNDATION**EIN:** 72-1335146

Name of Stock	End of Year Book Value	End of Year Fair Market Value
DOMESTIC EQUITY	14,131,368	14,131,368
INTERNATIONAL EQUITY	1,057,082	1,057,082

**TY 2015 Land, Etc.
Schedule****Name:** LINCOLN HEALTH FOUNDATION**EIN:** 72-1335146

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE FIXTURES & EQUIPMENT				

TY 2015 Legal Fees Schedule**Name:** LINCOLN HEALTH FOUNDATION**EIN:** 72-1335146

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	131	65		66

TY 2015 Other Expenses Schedule

Name: LINCOLN HEALTH FOUNDATION

EIN: 72-1335146

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
ADVERTISING & PROMOTION	8,117			8,117
BANK FEES	78	39		39
COMPUTERS & SOFTWARE	2,000	1,000		1,000
DUES, SUBSCRIPTIONS, RESOURCE	250	125		125
FOOD & MEALS	1,350	675		675
INSURANCE	11,009	5,504		5,505
POSTAGE, SHIPPING, DELIVERY	139	69		70
PRINTING & COPYING	3,600	1,800		1,800
TELEPHONE, TELECOMMUNICATIONS	2,000	1,000		1,000
WEBSITE EXPENSE	700	350		350
OTHER EXPENSES	1,114	557		557

TY 2015 Other Income Schedule**Name:** LINCOLN HEALTH FOUNDATION**EIN:** 72-1335146

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
REFUND GRANT PAID PRIOR YEAR	11,614		
OTHER REFUNDS	6,088		

TY 2015 Other Increases Schedule**Name:** LINCOLN HEALTH FOUNDATION**EIN:** 72-1335146

Description	Amount
UNREALIZED GAIN	1,587,913

TY 2015 Other Professional Fees Schedule**Name:** LINCOLN HEALTH FOUNDATION**EIN:** 72-1335146

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT ADMINISTRATION FEES	183,557	183,557		
PROFESSIONAL FEES - OTHER	17,500			17,500

TY 2015 Taxes Schedule**Name:** LINCOLN HEALTH FOUNDATION**EIN:** 72-1335146

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TAXES - OTHER	18,038	18,038		

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

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

OMB No 1545-0047

2015

Name of the organization LINCOLN HEALTH FOUNDATION	Employer identification number 72-1335146
---	--

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization LINCOLN HEALTH FOUNDATION	Employer identification number 72-1335146
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Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STURGIS CHARITABLE TRUST	\$ 170,049	Person <input checked="" type="checkbox"/>
	2000 RICHMOND ROAD		Payroll <input type="checkbox"/>
	TEXARKANA, TX 75503		Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/>
			Payroll <input type="checkbox"/>
			Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization LINCOLN HEALTH FOUNDATION	Employer identification number 72-1335146
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Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization LINCOLN HEALTH FOUNDATION	Employer identification number 72-1335146
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	
	(e) Transfer of gift			
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
	<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee		
<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee		
<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
				<div></div> <div></div> <div></div>
				<div></div> <div></div> <div></div>
	(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee		
<div></div> <div></div> <div>--</div>	<div></div> <div></div> <div></div>			



Improving Health Care and Outcomes for Residents of Lincoln Parish

General Grant Administration Guidelines

Lincoln Health Foundation exists for charitable and educational purposes as a non-operating private foundation for the purpose of improving healthcare and outcomes for residents of Lincoln Parish.

I. Grant Categories

- A. Health Services
- B. Health Education
- C. Research
- D. Other Charitable Purposes

II. Grant Recipients

Grants will be awarded to qualifying organizations which:

- A. Are public (governmental) agencies or are tax-exempt under Section 501(c)(3) of the Internal Revenue Service Code, and are classified as a public charity organization as defined by Internal Revenue Code section 509(a)(1) or 509(a)(2);
- B. Are located or have programs operating within Lincoln Parish; or have proposals that would have a direct impact on Lincoln Parish.

III. Grant Exclusions

- A. Direct support to individuals
- B. For profit entities
- C. Disease specific organizations seeking support for national projects and programs
- D. Hospitals
- E. Trips, tours, or travel to professional meetings
- F. Projects or programs of religions, fraternal, athletic or veterans groups when the primary beneficiaries of such undertakings would be their own members
- G. Social events or similar fund-raising activities
- H. Telethons
- I. Grants awarded for an indeterminate period of time
- J. Social or political action programs that advocate a specific point of view

IV. Grant Application Review Process.

- A. **Letter Acknowledging Receipt** The Foundation will send a letter to each applicant acknowledging receipt of their respective application.
- B. **Staff Review for Completeness and Eligibility** The Foundation will review each application to determine if it meets minimum eligibility requirements and is complete. If an application fails to meet minimum eligibility requirements (see part III above), it will be rejected with an explanation of the failure. If an application is incomplete, the Foundation will send a letter to the applicant requesting the missing information, which must be submitted within one week of the request, otherwise the application will be rejected. If an application meets minimum eligibility requirements and is complete, it is then qualified to be evaluated.
- C. **Contractor Evaluation Review** The Foundation may use experienced contractors who do not reside in the Parish to review and score qualified applications in light of the Foundation's grant selection and provide written reports to the Foundation on the results of the scoring and other comments the contractors may have.
- D. **Staff Review** If a contractor's report indicates that additional information about an application is needed, or if the Foundation's Board of Directors requests additional information about an application, the Foundation staff may attempt to secure the information in the manner it deems most appropriate, such as by requesting the additional information from the applicant, requesting interviews of applicant's personnel or a visit to applicant's site, and/or obtaining information or assistance from consultants or other third-parties. The Foundation staff will prepare a written report on any material additional information secured.
- E. **Committee Evaluation Review** The Foundation's Programs/Grant Review Committee will evaluate all qualified applications in light of the Foundation's grant selection factors, the contractors' reports, and any staff reports, and make recommendations to the Board of Directors of the Foundation.
- F. **Board Evaluation Review** The Foundation's Board of Directors will evaluate all qualified applications in light of the Foundation's grant selection factors, the contractors' reports, any staff reports, and the recommendations of the Foundation's Programs/Grant Review Committee, and decide which grant applications to approve.
- G. **Notification Letter** The Foundation will send a letter to each applicant whose application was evaluated notifying the applicant whether or not a grant has been approved, and if so for how much, but in each case of approval subject to Item IV.J below.

- H. **Approvals Subject to Conditions** Every grant application approval is subject to the negotiation and execution of a formal written grant agreement.
- I. **Appeal Process** Any applicant notified that the grant sought by the applicant has not been approved may submit a written appeal of such decision to the Foundation within 7 days of delivery of notification. The Foundation will use best efforts to consider each timely appeal, within 30 days of receipt of the written appeal. The Foundation will not entertain a second appeal with respect to the same application. The filing of an appeal shall not delay the awards of grants that have been approved, unless the Foundation affirmatively votes otherwise.
- J. **Grants Approval Notification Process** The Foundation shall post on its website a notice of all grants that are approved within 60 days of approval. The annual report of the foundation shall include a summary of all grants approved in the preceding year.

VIII. Grant Agreements

The Foundation staff will contact each applicant whose application was approved by the Board of Directors (subject to the negotiation and execution of a formal written grant agreement) to develop and refine the program or project's objectives, activities, budget, means of measurement of success, and other elements in order to negotiate a formal written grant agreement. A formal written grant agreement must be executed by the Administrator and the Board Chair on behalf of the Foundation and by an authorized individual on behalf of the grantee.

The terms and conditions of each grant agreement must contain certain substantive provisions, including:

- The specific purpose, duration, and total amount of the grant must be expressly set forth.
- All grant funds must be used exclusively for the specific purpose of the grant.
- Funds expended prior to execution of the grant agreement may not be reimbursed with grant funds.
- Any grant funds not expended at the end of the grant period or upon earlier termination of the grant must be returned to the Foundation.
- The grantee agrees to account separately for all grant funds and to allow the Foundation to monitor and review the accounting, disbursement, financial practices, and internal audit systems of the grantee.
- The grantee will provide the Foundation quarterly unaudited financial statements and an audited year-end financial statement of the grantee.
- The grantee will provide the Foundation regular reports by specified dates and a final report providing specified information regarding the program or project.

The renewal of any multi-year grant for any succeeding period will be contingent upon evidence of adequate performance in the prior year(s).

IX. Grant Monitoring

- A. **Required Reports by Grantees** Each grant agreement will require a written report from the grantee to the Foundation on the progress of the grant program or project in achieving the objectives of the grant on a quarterly basis and upon completion of the grant program or project.
- B. **Foundation Review of Reports** Foundation staff will be assigned to follow the progress of all grants, that is, to check whether each grantee has made the required reports, to review each report submitted by a grantee, to make a determination as to whether the grant purposes are being or have been fulfilled, and to look into any questions requiring further scrutiny or investigation. The Foundation staff will report the results of such monitoring periodically to the Programs/Grant Review Committee or Board of Directors.
- C. **Investigation** Where grantee reports to the Foundation or other information (including failure to submit reports after a reasonable period of time has elapsed from their due date) indicates, in the judgment of the Foundation's Administrator, that all or any part of grant funds are not being used for the specific purposes of a grant, the Administrator will initiate an investigation. While the Foundation is conducting an investigation, the Foundation Board of Directors may cause the withholding of further grant payments to the grantee under investigation from time to time to the extent the Foundation Board of Directors deems prudent in light of the nature of the information received to date and the overall circumstances.
- D. **Remedial Actions** If after investigation the Administrator of the Foundation determines that any part of a grant has been used by a grantee for a purpose not specified in the grant agreement, the Foundation Board of Directors shall (1) cause the Foundation to take reasonable and appropriate steps, which may include legal action, to attempt to recover diverted grant funds for the Foundation or cause the restoration of diverted funds to the grantee and to ensure other grant funds held by the grantee are used only for the specific purposes of the grant, and (2) cause the Foundation to withhold further payments on the particular grant until (a) the grantee has submitted to the Foundation all reports that are due, (b) the diverted funds have been recovered by the Foundation or the grantee has provided the Foundation satisfactory evidence showing that the diverted funds have been restored to the grantee, and (c) the grantee has provided to the Foundation written assurance of the extraordinary precautions that the grantee is taking to prevent future diversions from occurring.

X. Funded Proposal Review and Evaluation

Lincoln Health Foundation staff shall review funded proposals on a quarterly basis and evaluate compliance with funding conditions and expenditures and progress in achieving stated objectives. The review by staff will be reported to the Foundation Board of Directors.

XI. Communication Guidelines for Recipients of Lincoln Health Foundation Grant Awards

A. Grant award announcement press releases;

Soon after awarding a grant, Lincoln Health Foundation will submit a press release announcing the award to the local newspapers and other media outlets;

B. All announcements, releases, fact sheets and other material submitted to the media or otherwise publicized by the grant recipient relating to any Lincoln Health Foundation grants or activities shall appropriately mention Lincoln Health Foundation therein and shall be subject to prior approval of Lincoln Health Foundation as to form and content;

C. When preparing promotion, educational or other support material (brochures, fliers, registration forms, advertisements, etc.) for a program funded by Lincoln Health Foundation, grant recipients shall indicate on the print material that funding is provided by Lincoln Health Foundation (see phrases below). All such material is subject to the prior approval of Lincoln Health Foundation.

1. Funded by Lincoln Health Foundation

2. Program made possible through a grant from Lincoln Health Foundation

3. Program made possible in part by a grant from Lincoln Health Foundation

Instructions: All applications for funding should be submitted in 12 point font, single-spaced with 1 inch margins. The application should consist of a cover letter, proposal narrative, and attachments.

I. Cover Letter

Include a cover letter on letterhead that contains the following information:

1. Briefly explain the purpose of the request, the dollar amount requested and how the funding will be spent.
2. Include the projected number of clients that will be served through the grant project.
3. Explain how your organization's proposal fits with the Lincoln Health Foundation's mission or RFP objective.
4. Provide the contact person's name, title, daytime telephone number, E-mail address, and fax number.
5. The letter must be signed by the board president or chairperson and the executive director to demonstrate approval of the request. For convenience, you may submit two letters signed separately.

II. Proposal Narrative (maximum 5 pages)

The following outline is a guide to the key information to be provided within the proposal narrative. Use the guide as appropriate for your organization's request.

A. Organizational Background

1. Describe the organization's history, mission, and goals.

B. Purpose of Request and Anticipated Results

1. State your understanding of the project being requested by the Foundation, as well as your familiarity or experience in dealing with the project goals and objectives. If applicable, provide additional information regarding the population or candidates benefiting from or served by the project.
2. Describe how your organization is qualified and equipped to meet the specific objectives of the project. State the challenges or obstacles that your organization will be required to address in order for the project to be successful, and how your organization plans to address those challenges or obstacles. State the unique abilities and experiences that your organization provides the project.
3. Discuss the anticipated measurable results (measurable outputs and/or measurable outcomes) for the project. Explain how the activities directly and/or indirectly address

the issue or need and support achievement of these results. Estimate the number of individuals potentially impacted by the project.

4. Indicate what process will be used to collect information to measure and demonstrate success.

C. Organizational Capacity

1. Describe the organization's ability to implement the project and/or explain the organizational limitations that funding will address. Include information on the following, as applicable to the request.
 - a) Explain how this proposal relates to the organization's mission, goals and/or strategic plan, and other activities planned for the year.
 - b) Describe how the request will enable the organization to build its capacity, address current limitations, or improve its ability to meet program or organizational goals.
 - c) Describe the organization's current programs and activities, track record, related program or organizational accomplishments, accreditation, awards, or other strengths that enhance capacity or sustainability.
 - d) Describe the organization structure and staff responsibilities. List the names, qualifications, and number of years in their position for key staff and/or volunteers relevant to the current request.
 - e) Indicate links with other organizations doing similar work in your geographic area or on the same or similar issue.
 - f) Describe the organization's relationship with stakeholders, such as community residents, clients, staff, board members, or other constituents.
 - g) Indicate organization affiliation with federated funds or public agencies.

III. Attachments

The following attachments are **required** unless otherwise specified:

A. Finances

1. Financial statements from the two most recently completed years, audited if available. Explain any significant changes in the budget (percent increase or decrease) that may have occurred during this time. Provide a copy of the organization's most recent IRS Form 990 tax return if audited financials are not available.
2. Organization budget for current year, including income and expenses. You may supply the organization's budget as currently prepared or use the format attached.
3. Program budget that includes income, expenses and pending sources of support, if applicable. You may supply the budget as currently prepared.

B. Timeline

Provide a timeline for the project, including major milestones. Grant funding is provided for a 12-month period. The organization will be expected to report on project progress quarterly.

C. Board of Directors

1. List the board members, responsibilities and affiliations.
2. Describe the criteria for selecting board members.

D. Other

1. Copy of the organization's most recent annual report (if available).

E. Optional: letters of support, recent newspaper/magazine articles. *Please use discretion in limiting additional attachments.***F. Remittance of proposals - the initial grant application and attachments should be sent to:**

Lincoln Health Foundation
Norman L. Hanes, Chief Executive Officer
933 North Trenton Street
P.O. Box 2635
Ruston, LA 71270
Phone: (318) 251-3226
E-mail: nhanes@lincolnhealth.com



Improving Health Care and Outcomes for Residents of Lincoln Parish

Grant Application (revised January, 2010)

Program / Project Budget – CURRENT REQUEST

This format is optional and can serve as a guide to budgeting. If you already prepare project budgets that contain this information, you may submit them in their original forms. Please attach a narrative explaining the budget, if necessary.

PROGRAM / PROJECT INCOME

<u>Source</u>	<u>Amount</u>
	\$ _____
	\$ _____
	\$ _____
Total Income:	\$ _____

PROGRAM / PROJECT EXPENSES

<u>Item</u>	<u>Amount</u>
Salaries and Wages (<i>break down by individual position and indicate full- or part-time</i>)	
	\$ _____
	\$ _____
	\$ _____
	\$ _____
SUBTOTAL:	\$ _____
Insurance, Benefits & Related Taxes	\$ _____
Consultants & Professional Fees	\$ _____
Travel	\$ _____
Equipment	\$ _____
Supplies	\$ _____
Printing and Copying	\$ _____
Postage and Delivery	\$ _____
Rent and Utilities	\$ _____
Depreciation	\$ _____
Other (Specify)	\$ _____
Training & Program Technical Assistance: * (<i>budget expense amount to be provided by Foundation</i>)	\$ _____
TOTAL EXPENSE:	\$ _____
DIFFERENCE (Income less Expense):	\$ _____