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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

THE RAPIDES FOUNDATION

Doing business as

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

Room/suite

1101 FOURTH STREET NO 300

City or town, state or province, country, and ZIP or foreign postal code

ALEXANDRIA, LA 71301

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

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

D Employer identification number

72-0423603

E Telephone number

(318) 443-3394

G Gross receipts \$ 12,750,181

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.RAPIDESFOUNDATION.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1924

M State of legal domicile LA

Part I Summary

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 328-BED HOSPITAL IN ALEXANDRIA. ADDITIONALLY, TRF PROVIDES FUNDING FOR PROJECTS WHICH EFFECTIVELY ADDRESS THE FOLLOWING PHILANTHROPIC OBJECTIVES: *HEALTHY PEOPLE - TO IMPROVE ACCESS TO HEALTHCARE AND PROMOTE HEALTHY BEHAVIORS; *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 ENHANCE 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 2016 (Part V, line 2a)

5

44

6 Total number of volunteers (estimate if necessary)

6

15

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

7b Net unrelated business taxable income from Form 990-T, line 34

7b

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

Current Year

8,303

68

7,903,518

9,257,436

7,676,158

3,492,677

70,978

0

15,658,957

12,750,181

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

8,802,490

11,634,936

0

0

1,364,826

1,372,542

0

0

2,067,494

2,316,187

12,234,810

15,323,665

3,424,147

-2,573,484

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Beginning of Current Year

End of Year

254,272,041

269,829,792

5,221,858

8,608,195

249,050,183

261,221,597

Part II Signature Block

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

Sign Here

Signature of officer

JOE ROSIER, CEO

Type or print name and title

2017-11-09

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

JON LEBLANC

JON LEBLANC

P01525561

Firm's name ▶ POSTLETHWAITE & NETTERVILLE

Firm's EIN ▶ 72-1202445

Firm's address ▶ 8550 UNITED PLAZA BLVD SUITE 1001

Phone no. (225) 922-4600

BATON ROUGE, LA 70809

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 \$		including grants of \$		(Revenue \$	9,213,436)
See Additional Data							

4b	(Code)	(Expenses \$	6,139,979	including grants of \$	4,418,779)	(Revenue \$	)
See Additional Data							

4c	(Code)	(Expenses \$	5,596,309	including grants of \$	5,198,984)	(Revenue \$	)
See Additional Data							

(Code)	(Expenses \$	2,466,895	including grants of \$	2,017,173)	(Revenue \$	)
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HEALTHY COMMUNITIES -- IN 2015 AND 2016 TRF PROVIDED A TOTAL OF \$600,000 IN FUNDING TO THE BUSINESS ACCELERATION SYSTEM (BAS), A PROGRAM OF 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 2016 BAS PROVIDED COACHING SERVICES TO 26 ENTREPRENEURS AND PROVIDED 39 CLASSES AND SEMINARS TO 775 PARTICIPANTS. IN 2016 TRF PROVIDED \$456,000 IN MATCHING FUNDS TO CLEDA DEDICATED TO ECONOMIC AND WORKFORCE DEVELOPMENT IN THE REGION. TRF'S 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 POSTSECONDARY 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 AND 2016, TWO POSTSECONDARY INSTITUTIONS WORKED WITH THREE EMPLOYERS TO IMPLEMENT TRAINING PROGRAMS FOR 37 RESIDENTS IN THE FIELDS OF OPTOMETRIC AND OPTICAL TECHNOLOGY, COMMERCIAL DRIVING AND LOGGING, AND VARIABLE REFRIGERANT FLOW SYSTEM TECHNOLOGY THROUGH \$160,000 OF TRF GRANTS. UNDER ITS ECONOMIC DEVELOPMENT INITIATIVE, TRF ALSO BEGAN OFFERING THE NEW HEALTHCARE OCCUPATIONS PROGRAM GRANT, WHICH IS DESIGNED TO HELP ATTRACT AND RETAIN MORE HIGH-QUALITY HEALTHCARE EMPLOYEES IN CENTRAL LOUISIANA. THE PROGRAM SEEKS TO ENSURE A SUFFICIENT HEALTHCARE WORKFORCE TO MEET PROVIDER NEEDS FOR IMPROVED ACCESS AND QUALITY OF CARE, AND TO PROVIDE EDUCATION AND TRAINING FOR HIGH-WAGE EMPLOYMENT IN THE ECONOMIC DRIVER SECTORS OF THE CENTRAL LOUISIANA ECONOMY. THE FOUNDATION PARTNERED WITH INVITED POSTSECONDARY INSTITUTIONS, AWARDING SIX OF THESE GRANTS TOTALING \$2.2 MILLION IN 2016. HEALTHCARE OCCUPATIONS TARGETED BY THE FOUNDATION INCLUDE ASSOCIATE PROVIDERS (PHYSICIAN ASSISTANTS OR NURSE PRACTITIONERS), REGISTERED NURSES, LICENSED PRACTICAL NURSES, CERTIFIED NURSING ASSISTANTS, AND LICENSED CLINICAL SOCIAL WORKERS. THROUGH THE COMMUNITY DEVELOPMENT WORKS (CDW) PROGRAM, SIXTEEN CENTRAL LOUISIANA PROFESSIONALS GRADUATED FROM CENLA BOARDBUILDERS, A 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 2016 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. CDW ALSO OFFERS CENLA EXECBUILDERS, AN INSTITUTE FOR EXECUTIVE DIRECTORS OF LOCAL NONPROFIT ORGANIZATIONS. SIX EXECUTIVE DIRECTORS GRADUATED FROM THE PROGRAM IN 2016 AND 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. 314 INDIVIDUALS TOOK 35 FREE COURSES IN 2016. THE CDW LEARNING LAB RESPONDED TO 330 INQUIRIES THROUGH CDW'S WEBSITE. THE LAB PROVIDES THE ELIBRARY (A CUSTOMIZED NONPROFIT MANAGEMENT LIBRARY). THE FOUNDATION CENTER GRANTS DATABASE, TECHNICAL ASSISTANCE ON NONPROFIT MANAGEMENT TOPICS, AND INFORMATIONAL WORKSHOPS. IN 2016, TRF LAUNCHED MY CIVIC LIFE UTILIZING THE YOUTH VOLUNTEER CORPS (YVC) CLUB MODEL, WITH THE GOAL TO BUILD LEADERSHIP SKILLS AMONG HIGH SCHOOL VOLUNTEERS IN ORDER TO FOSTER A LIFELONG COMMITMENT TO BEING CIVICALLY ENGAGED IN THEIR COMMUNITIES. STUDENT RECRUITMENT BEGAN IN FALL 2016 FOR THE SPRING 2017 SEMESTER AND FOCUSED ON THOSE STUDENTS NOT ALREADY ACTIVE IN SCHOOL ORGANIZATIONS. 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)

4d	Other program services (Describe in Schedule O)	(Expenses \$	2,466,895	including grants of \$	2,017,173)	(Revenue \$	)
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4e	Total program service expenses ▶	14,203,183
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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.	62	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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.	44	
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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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.		
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)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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:		
8a	The governing body?	Yes	
8b	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
10b	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	
11b	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	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	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?		
15a	The organization's CEO, Executive Director, or top management official.	Yes	
15b	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	
16b	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) LAURA CLARK TRUSTEE	0 50	X						0	0	0
(3) BEN CLOSE MD TRUSTEE	0 50	X						0	0	0
(4) ROSA FIELDS TRUSTEE	0 50	X		X				0	0	0
(5) CURMAN GAINES PHD TRUSTEE	0 50	X						0	0	0
(6) DOUG GODARD TRUSTEE	0 50	X						0	0	0
(7) ROBERT HUGHES TRUSTEE	0 50	X						0	0	0
(8) ROSEADA MAYEUX TRUSTEE	0 50	X						0	0	0
(9) MURPHY MCMILLIN TRUSTEE	0 50	X						0	0	0
(10) ANNA MOREAU DDS TRUSTEE	0 50	X		X				0	0	0
(11) CRAIG PEARCE MD TRUSTEE	0 50	X						0	0	0
(12) MICHAEL REESE 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		X				0	0	0
(15) DENNIS WIMMERT TRUSTEE	0 50	X						0	0	0
(16) JOSEPH R ROSIER JR PRESIDENT & CEO	40 00	X		X				326,773	0	34,148
(17) KATHLEEN F NOLEN DIR, ADMIN	40 00				X			199,931	0	23,184

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			
(18) ANNETTE BEUCHLER DIR, PROG & COMM	40 00				X			180,000	0	25,537
(19) MARJORIE TAYLOR EXEC DIR, ORCHARD FDN	40 00					X		0	109,632	13,894
(20) KEVIN BROWN PHARMACIST	32 00					X		0	113,929	18,713
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								706,704	223,561	115,476

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>		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>	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>		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
MORGAN & COMPANY 4407 CANAL STREET NEW ORLEANS, LA 70119	PROGRAM MARKETING	261,747
FIDUCIARY MANAGEMENT INC 100 E WISCONSIN AVE SUITE 2200 MILWAUKEE, WI 53202	INVESTMENT MGMT	139,636
CAPITAL ONE NA PO BOX 60024 NEW ORLEANS, LA 70160	CREDIT CARD SERVICES	138,971
KALB-TV PO BOX 14200 TALLAHASSEE, FL 32317	OUTREACH SERVICES	132,170
SPARK 32656 COLLECTION CENTER DRIVE CHICAGO, IL 60693	SCHOOL CURRICULUM SUPPLIES	131,926

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 **▶ 7**

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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	68		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f	68			
Program Service Revenue			Business Code			
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue		9,257,436	9,257,436	
	g	Total. Add lines 2a-2f	9,257,436			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	3,019,139		3,019,139
	4		Income from investment of tax-exempt bond proceeds			
	5		Royalties			
	6a		Gross rents			
	b		Less rental expenses			
	c		Rental income or (loss)			
	d		Net rental income or (loss)			
	7a		Gross amount from sales of assets other than inventory	473,538		
	b		Less cost or other basis and sales expenses	0		
	c		Gain or (loss)	473,538		
	d		Net gain or (loss)	473,538		473,538
	8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a		
	b		Less direct expenses	b		
	c		Net income or (loss) from fundraising events			
	9a		Gross income from gaming activities See Part IV, line 19	a		
	b		Less direct expenses	b		
	c		Net income or (loss) from gaming activities			
	10a		Gross sales of inventory, less returns and allowances	a		
	b		Less cost of goods sold	b		
	c		Net income or (loss) from sales of inventory			
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d		All other revenue				
e		Total. Add lines 11a-11d				
12		Total revenue. See Instructions	12,750,181	9,257,436	0	3,492,677

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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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	11,634,936	11,634,936		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	446,040	276,371	169,669	
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.	655,513	310,624	344,889	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	114,657	46,310	68,347	
9 Other employee benefits.	81,424	40,978	40,446	
10 Payroll taxes.	74,908	31,946	42,962	
11 Fees for services (non-employees):				
a Management.				
b Legal.	11,491	7,010	4,481	
c Accounting.	26,863	8,945	17,918	
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).	225,404	178,408	46,996	
12 Advertising and promotion.	873,885	784,595	89,290	
13 Office expenses.	46,380	24,747	21,633	
14 Information technology.	108,018	43,284	64,734	
15 Royalties.				
16 Occupancy.	100,896	54,342	46,554	
17 Travel.	22,782	22,629	153	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	163,334	65,783	97,551	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	31,225	10,398	20,827	
23 Insurance.	31,547	10,505	21,042	
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	466,946	466,946		
b PROGRAM SUPPLIES	164,998	164,998		
c MEMBERSHIPS & DUES	33,550	11,238	22,312	
d PRINTING & PUBLISHING	4,786	4,786		
e All other expenses	4,082	3,404	678	
25 Total functional expenses. Add lines 1 through 24e.	15,323,665	14,203,183	1,120,482	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 SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,479,622	1	2,677,368
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		233,120	4	3,269
	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		18,233	9	28,494
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	3,497,221		
	b	Less: accumulated depreciation	10b	1,961,145		
				1,639,640	10c	1,536,076
	11	Investments—publicly traded securities		206,900,482	11	224,300,208
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		38,840,909	13	40,129,112
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		1,160,035	15	1,155,265	
16	Total assets. Add lines 1 through 15 (must equal line 34)		254,272,041	16	269,829,792	
Liabilities	17	Accounts payable and accrued expenses		283,401	17	476,598
	18	Grants payable		3,778,422	18	6,976,332
	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.		1,160,035	25	1,155,265
	26	Total liabilities. Add lines 17 through 25		5,221,858	26	8,608,195
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		249,050,183	27	261,221,597
	28	Temporarily restricted net assets			28	
	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		249,050,183	33	261,221,597	
34	Total liabilities and net assets/fund balances		254,272,041	34	269,829,792	

Part XI Reconciliation of Net AssetsCheck 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	12,750,181
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,323,665
3	Revenue less expenses Subtract line 2 from line 1	3	-2,573,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	249,050,183
5	Net unrealized gains (losses) on investments	5	14,744,897
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	261,221,597

Part XII Financial Statements and ReportingCheck 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 (2016)

Form 990, Part III, Line 4a:

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 328-BED HOSPITAL IN ALEXANDRIA, LA AS AN OWNER OF RHS, TRF SEEKS TO PROVIDE THE HIGHEST STANDARD OF PATIENT CARE, SUPPORT HEALTHCARE ACCESS FOR THE UNINSURED/UNDERSERVED POPULATION, AND MEET THE COMMUNITY BENEFIT STANDARDS UNDER 501(C)(3) AND 501 (R) OF THE INTERNAL REVENUE SERVICE CODE DURING THE TWELVE MONTHS ENDED DECEMBER 31, 2016, RRMC ADMITTED 15,952 PATIENTS, CARED FOR 86,315 PATIENTS IN THE EMERGENCY ROOM, FACILITATED 8,767 SURGERIES AND WELCOMED 1,927 BABIES RAPIDES HEALTHCARE SYSTEM SUPPORTS THE LOUISIANA STATE UNIVERSITY FAMILY PRACTICE RESIDENCY PROGRAM NEAR ITS CAMPUS IN 2016 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 109 PRIMARY CARE PHYSICIANS, SUPPORTING ITS MISSION TO ADDRESS THE SHORTAGE OF PRIMARY CARE PHYSICIANS IN THE REGION CENTRAL LOUISIANA IS DESIGNATED A PRIMARY MEDICAL CARE HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) THE HOSPITAL ALSO SUPPORTS RESIDENTS FROM TULANE UNIVERSITY IN THE AREA OF GYNECOLOGY AND OPHTHALMOLOGY AND FROM LSU IN THE AREA OF ORAL MAXILLOFACIAL SURGERY 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 IN 2016 RAPIDES OPERATED TWO HP LONG CLINIC LOCATIONS THAT PROVIDED URGENT, PRIMARY AND SPECIALTY CARE TO MEDICAID, MEDICARE AND UNINSURED PATIENTS DURING THE YEAR 42,938 PATIENTS RECEIVED SERVICES THAT INCLUDED PRIMARY CARE, GENERAL SURGERY, CARDIOLOGY, ORTHOPEDICS, GYNECOLOGY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SURGERY, DENTAL CARE AND URGENT CARE WORK BEGAN ON A NEW PERMANENT BUILDING TO HOUSE THE CLINICS, AND CONSTRUCTION IS EXPECTED TO BE COMPLETED IN THIRD QUARTER 2017 ADDITIONALLY, THE RAPIDES FOUNDATION'S CENLA MEDICATION ACCESS PROGRAM (CMAP) PROVIDED 11,904 NO-COST MEDICATIONS TO THESE PATIENTS (AT A WHOLESALE VALUE OF \$4.5 MILLION) THROUGH ITS PAP PROGRAM AND CENTRAL FILL PHARMACY RAPIDES PROVIDED AN ADDITIONAL 10,875 PRESCRIPTIONS TO PATIENTS FOR \$4 EACH THROUGH A PRESCRIPTION CARD PROGRAM THESE MEDICATIONS WOULD HAVE COST PATIENTS AN AVERAGE \$22 EACH RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED AS A 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 BY THE JOINT COMMISSION THE FACILITY EXPANDED ITS SURGICAL OPTIONS IN 2016 WITH THE ADDITION OF THE DA VINCI XI ROBOTIC SURGICAL SYSTEM THE HOSPITAL RECEIVED A CONSUMER CHOICE AWARD FOR THE 4TH YEAR BY NATIONAL RESEARCH CORPORATION IN 2016, ALL OF RRMC'S MEDICAL NURSING UNITS WERE RECOGNIZED AS UNITS OF DISTINCTION AMONG ALL 490 UNITS NATIONALLY AFFILIATED WITH HCA, RAPIDES' UNIT 3A WAS THE #1 HCA-AFFILIATED UNIT U.S. NEWS AND WORLD REPORTS RECOGNIZED RRMC AS A HIGH PERFORMER IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND HEART FAILURE RAPIDES REGIONAL MEDICAL CENTER ALSO ACHIEVED THE FOLLOWING QUALITY DESIGNATIONS IN 2016: CANCER TREATMENT ACCREDITATION, CERTIFIED CARDIAC REHABILITATION PROGRAM, GIFT DESIGNATED BIRTHING FACILITY, NUCLEAR MEDICINE GOLD SEAL ACCREDITATION, COMPUTED TOMOGRAPHY GOLD SEAL ACCREDITATION, MRI GOLD SEAL ACCREDITATION, MAMMOGRAPHY GOLD SEAL ACCREDITATION, VASCULAR TESTING ACCREDITATION, CAP LABORATORY ACCREDITATION, AND GOLD LEVEL FIT-FRIENDLY WORKSITE

Form 990, Part III, Line 4b:

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 2016, 2,804 PEOPLE IN CENTRAL LOUISIANA RECEIVED \$2.1 MILLION IN NO-COST PRESCRIPTION MEDICATIONS THEY NEEDED TO MAINTAIN THEIR HEALTH THROUGH CMAP'S PATIENT ASSISTANCE PROGRAM. ANOTHER 2,498 PEOPLE THROUGHOUT THE REST OF THE STATE RECEIVED \$6.3 MILLION WORTH OF NO-COST MEDICATIONS THROUGH CMAP'S CENTRAL FILL PHARMACY, WHICH HAD CONTRACTS TO PROVIDE PHARMACEUTICALS FROM TWELVE MAJOR COMPANIES. TRF PROVIDED A \$550,000 THREE-YEAR FUNDING COMMITMENT TO CMAP'S CANCER SCREENING PROJECT, WHICH PROVIDES 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 LSU HEALTH SCIENCES CENTER -- SHREVEPORT, BROUGHT THESE TESTS TO RURAL AREAS. IN 2016, 341 PATIENTS WERE SEEN, 108 PAP SMEARS DONE, 118 PELVIC EXAMS COMPLETED, 329 MAMMOGRAMS DONE, 174 CLINICAL BREAST EXAMS COMPLETED, AND 210 TAKE-HOME COLORECTAL CANCER TESTS DISTRIBUTED. TRF GAVE A \$150,000, TWO-YEAR GRANT TO CMAP 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. 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 HEALTHCARE CENTERS (FQHCs). FROM THE PROPOSALS RECEIVED, THROUGH 2016 TRF HAS AWARDED \$2.1 MILLION TO THREE PROJECTS TO EXPAND HEALTHCARE CENTERS. 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 WERE TO INCREASE COMMITMENT TO PARTNERSHIPS, AND POLICIES AND SERVICES KNOWN TO ADDRESS TOBACCO USE PREVENTION, HEALTHY EATING, PHYSICAL ACTIVITY, AND ALCOHOL AND SUBSTANCE ABUSE PREVENTION. IN 2016, TRF AWARDED \$1.5 MILLION IN THREE-YEAR GRANTS TO FIVE COMMUNITY PROJECTS. TRF ALSO AWARDED EIGHT COMMUNITY MINI-GRANTS TOTALING \$199,115. ALSO IN 2016, TRF LAUNCHED AN INTERACTIVE MAP OF HEALTHY ACTIVITIES, AN ONLINE RESOURCE THAT MAKES IT EASIER FOR INDIVIDUALS AND FAMILIES TO GET HEALTHY. THE MAP, WHICH IS ON THE FOUNDATION'S WEBSITE, LISTS FREE FITNESS AND NUTRITION COMMUNITY ASSETS SUCH AS WALKING TRAILS, PLAYGROUNDS, FITNESS STATIONS, COMMUNITY GARDENS, FARMERS MARKETS AND LOCAL PRODUCERS IN CENTRAL LOUISIANA. TRF FUNDED A \$350,000 THREE-YEAR GRANT IN 2015 TO CMAP'S HEALTHY LIFESTYLE PROGRAM. ONE ASPECT PROVIDES ONE-ON-ONE COUNSELING TO INDIVIDUALS WHO ARE REFERRED BY THEIR DOCTORS. IN 2016, 336 PEOPLE RECEIVED COACHING FROM A REGISTERED DIETITIAN AND EXERCISE SPECIALIST. IN 2016, SEVEN SCHOOL DISTRICTS WERE AWARDED GRANTS TOTALING \$170,400 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 "KICK BUTTS DAY." TRF FUNDED AND FACILITATED A 2016 HEALTHY BEHAVIORS YOUTH SUMMIT ATTENDED BY APPROXIMATELY 500 STUDENTS AND TEACHERS. DURING THE YEAR, TRF INVESTED \$712,000 IN COMMUNITY MARKETING OF HEALTHY BEHAVIORS AND TOBACCO CONTROL, INCLUDING THE #VEGTOGETHER MEDIA CAMPAIGN DEVELOPED IN PARTNERSHIP WITH THE PUBLIC GOOD PROJECTS, WHICH ENCOURAGED AREA CONSUMERS TO EAT VEGETABLES AT LEAST THREE TIMES PER DAY. IN LATE 2014, CMAP PARTNERED WITH THE LOUISIANA SMOKING CESSATION TRUST TO PROVIDE TOBACCO CESSATION COUNSELING TO INDIVIDUALS IN ITS SERVICE AREA. SINCE THE PROGRAM BEGAN, MORE THAN 800 AREA RESIDENTS HAVE BEEN REFERRED TO THE PROGRAM. IN 2015 TRF ISSUED A TWO-YEAR, \$373,000 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 LEGISLATURE RAISED THE STATE TOBACCO TAX BY 50 CENTS PER PACK, AND IN 2016 THE LEGISLATURE RAISED THE TAX BY AN ADDITIONAL 22 CENTS. 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 ALCOHOL USE IN YOUTH FROM 40.8% TO 36.7% BY 2013 (10% IMPROVEMENT) *DECREASE DRUG-INDUCED DEATHS IN ADULTS FROM 12.3 TO 11.3 PER 100,000 BY 2023 (8% 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 WHO 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) *DECREASE PERCENTAGE OF ADOLESCENTS WHO EVER DRANK ALCOHOL FROM 67.5% TO 59.4% (12% IMPROVEMENT) *DECREASE PERCENTAGE OF ADOLESCENTS WHO EVER USED MARIJUANA FROM 31.9% TO 30.3% (5% IMPROVEMENT) *DECREASE PERCENTAGE OF ADOLESCENTS WHO EVER USED DRUGS FROM 45.4% TO 40.9% (10% 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)

Form 990, Part III, Line 4c:

EDUCATION -- DURING 2016 THE RAPIDES FOUNDATION PROVIDED \$1.5 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. IN 2015, TRF PROVIDED A \$1.4 MILLION, THREE-YEAR GRANT TO THE ORCHARD FOUNDATION TO SUPPORT ITS OPERATIONS. ALSO IN 2016, TRF AWARDED EIGHT SCHOOL DISTRICTS \$2.25 MILLION IN THREE-YEAR GRANTS FROM A NEW STRATEGIC SOLUTIONS FUND. THE FUND IS DESIGNED TO ENCOURAGE DISTRICTS TO BE CREATIVE AND FORWARD THINKING WHILE ADDING DEPTH TO THEIR CURRENT STRATEGIC VISIONS. DURING 2015, THROUGH A \$360,000 GRANT FROM THE RAPIDES FOUNDATION, THE ORCHARD FOUNDATION, TRF'S SUPPORTING ORGANIZATION, CONDUCTED KAGAN INSTRUCTIONAL INSTITUTES FOR 174 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 36 KAGAN CERTIFIED COACHES AND SIX CERTIFIED SCHOOL TRAINERS 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 DISTRICT LEADERS' 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 2016, 115 PARTICIPANTS ATTENDED LEADERSHIP DEVELOPMENT ACTIVITIES. TRF AWARDED \$240,000 IN GRANTS TO THE ORCHARD FOUNDATION TO SUPPORT ITS LEADERSHIP INSTITUTES. DURING 2016 THE ORCHARD FOUNDATION FACILITATED PROFESSIONAL DEVELOPMENT FOR NATCHITOCHES PUBLIC SCHOOL DISTRICT AS PART OF THE LOUISIANA DEPARTMENT OF EDUCATION BELIEVE AND SUCCEED GRANT PROGRAM. FUNDS SUPPORTED DEVELOPMENT OF A KAGAN SCHOOL TRAINER FOR THE PARISH. ALSO IN 2016 ORCHARD RECEIVED THE HONOR OF BEING NAMED A PARTNER IN THE 100KIN10 NETWORK, A NATIONAL NETWORK THAT COORDINATES AND ACCELERATES EFFORTS TO BRING 100,000 NEW SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS (STEM) TEACHERS INTO SCHOOLS BY 2021. IT JOINS OVER 280 OF THE COUNTRY'S TOP BUSINESSES, NONPROFITS, FOUNDATIONS AND ACADEMIC INSTITUTIONS WORKING TOWARD THIS COMMON GOAL. MEMBERSHIP ALLOWS ORCHARD TO BE EXPOSED TO MODEL PROGRAMS ACROSS THE COUNTRY AND BRING IDEAS BACK TO CENTRAL LOUISIANA. AS PART OF A THREE-YEAR, \$3 MILLION GRANT FROM THE RAPIDES FOUNDATION UNDER ITS CAREER AND POSTSECONDARY READINESS INITIATIVE, THE ORCHARD FOUNDATION ADMINISTERS THREE PROGRAMS - 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 CENLA WORK READY NETWORK IS A SYSTEM DESIGNED TO LINK EDUCATION WITH WORKFORCE DEVELOPMENT EFFORTS AND ALIGN THEM WITH REGIONAL ECONOMIC NEEDS. DURING 2016, 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 ASSESSES THREE CORE AREAS: APPLIED MATHEMATICS, READING FOR INFORMATION, AND LOCATING INFORMATION, WHICH DETERMINES A STUDENT'S NATIONAL CAREER READINESS CERTIFICATE (NCRC) LEVEL, AN OBJECTIVE DOCUMENTATION OF AN EMPLOYEE'S SKILLS THAT CAN BE ACCEPTED NATIONWIDE. DURING THE 2015-2016 SCHOOL YEAR, 5,885 STUDENTS PARTICIPATED IN CAREER READY 101 TRAINING, AND 3,939 STUDENTS ACHIEVED NCRC CERTIFICATION. IN 2016 THE ORCHARD FOUNDATION ALSO PARTNERED WITH THE CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE 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. CATAHOULA, GRANT, LASALLE, VERNON AND WINN PARISHES ACHIEVED THEIR CERTIFICATION DURING 2016 AS PART OF ACT'S 2ND ROUND OF CERTIFICATION. ALLEN, NATCHITOCHES AND CONCORDIA ARE EXPECTED TO BE CERTIFIED IN 2017. DURING THE 2015-2016 SCHOOL YEAR, 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 3,203 SENIORS IN 45 HIGH SCHOOLS AS WELL AS 847 CAREER AWARENESS SEMINARS ATTENDED BY 13,354 EIGHTH, NINTH, TENTH AND 11TH GRADERS, AND SMALL GROUP JUMP START MENTORING WITH 1,332 NINTH AND TENTH GRADERS. 97 PERCENT OF THE SENIORS COUNSELED APPLIED TO A POST-SECONDARY PROGRAM. THE ORCHARD FOUNDATION IN THE 2015-16 SCHOOL YEAR COORDINATED A "STUDENTS EXPLORING CAREER OPPORTUNITIES" CAREER EXPO, WHICH IS AN INTERACTIVE, STUDENT-FOCUSED EVENT THAT EXPOSES YOUNG PEOPLE TO DIFFERENT CAREERS SO THEY WILL BE BETTER PREPARED IN HIGH SCHOOL WHEN CHOOSING A PATHWAY INTO THE WORKFORCE, A TECHNICAL SCHOOL OR COLLEGE. CENLA STUDENTS TRAVELED TO ALEXANDRIA TO ATTEND THE EVENT THAT FEATURED HANDS-ON ACTIVITIES AT STATIONS STAFFED BY AREA BUSINESSES WITH THE GOAL OF FOSTERING STUDENT ENGAGEMENT AND SPARKING AN INTEREST IN FUTURE CAREERS. THIRTY-ONE BUSINESS PARTNERS REPRESENTED 11 CAREER CLUSTERS, AND 2,799 STUDENTS ATTENDED THE EVENT. DURING JUNE 2016 ORCHARD COORDINATED A TEACHER EXTERNSHIP TO ALLOW AREA TEACHERS TO LEARN MORE ABOUT THE REGION'S EMPLOYERS AND THEIR WORKFORCE SKILL NEEDS. FOURTEEN TEACHERS TOURED THE FACILITIES OF 11 EMPLOYERS AND INSTITUTIONS OF HIGHER LEARNING TO EXPLORE WHAT "REAL-WORLD" SKILLS STUDENTS NEED. SIX TEACHERS ALSO SPENT TWO DAYS AT A LOCAL MANUFACTURING FACILITY. THE ORCHARD FOUNDATION FACILITATED A CONSTRUCTION TECHNOLOGY COURSE (CTC), WHICH IS A COMBINATION OF HANDS-ON AND TEXTBOOK INSTRUCTION AND UTILIZES TEXTBOOKS 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 SIX AREA HIGH SCHOOLS, AND 122 STUDENTS COMPLETED THE CTC COURSE IN 2016. A WELDING CURRICULUM THAT PREPARES HIGH SCHOOL STUDENTS FOR WELDING CAREERS IN VARIOUS INDUSTRIAL SETTINGS WAS OFFERED IN THREE 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 2016, 25 STUDENTS COMPLETED THE WELDING COURSE.

SCHEDULE A (Form 990 or 990-EZ)	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 2016 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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university _____
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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 1-10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		
11b		
11c		

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>		
1		
2		

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>		
1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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>		
1		
2		
3		

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.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

2016

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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶	\$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶	\$ _____
3	If the organization incurred a section 4955 tax, did it file Form 7202 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)	42,500													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	43,267													
c Total lobbying expenditures (add lines 1a and 1b)	85,767													
d Other exempt purpose expenditures	14,117,416													
e Total exempt purpose expenditures (add lines 1c and 1d)	14,203,183													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	860,159													
<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)	215,040													
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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	686,596	579,934	706,699	860,159	2,833,388
b Lobbying ceiling amount (150% of line 2a, column(e))					4,250,082
c Total lobbying expenditures	27,080	56,008	164,601	85,767	333,456
d Grassroots nontaxable amount	171,649	144,983	176,699	215,040	708,371
e Grassroots ceiling amount (150% of line 2d, column (e))					1,062,557
f Grassroots lobbying expenditures		26,409	127,064	42,500	195,973

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?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) 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
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As Filed Data -

DLN: 93493313037077

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

2016

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)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

2a

2b

2c

2d

Held at the End of the Year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

► \$

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

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Schedule D (Form 990) 2016

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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' on 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)	(c) Accumulated depreciation	(d) Book value
1a Land		59,900		59,900
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,437,321	1,961,145	1,476,176
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,536,076

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) RHS PARTNERSHIP	39,685,112	C
(2) CENLA REHAB PARTNERSHIP	444,000	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	40,129,112	

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
FUNDS HELD FOR CLTCC PROJECT	1,155,265
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	1,155,265

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

☒

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	27,495,079
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	14,744,897
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	14,744,897
3	Subtract line 2e from line 1	3	12,750,182
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	12,750,182

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	15,323,665
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	15,323,665
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	15,323,665

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
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental 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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATION AND ITS SUBSIDIARIES ARE NONPROFIT ORGANIZATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS, BUT EACH ENTITY IS REQUIRED TO FILE AN ANNUAL INFORMATION TAX RETURN. THEY ARE ALSO REQUIRED TO REVIEW VARIOUS TAX POSITIONS THEY HAVE TAKEN WITH RESPECT TO THEIR EXEMPT STATUS AND DETERMINE WHETHER IN FACT THEY ARE TAX EXEMPT ENTITIES. THE FOUNDATION AND ITS SUBSIDIARIES MUST ALSO CONSIDER WHETHER THEY HAVE NEXUS IN JURISDICTIONS IN WHICH THEY HAVE INCOME AND WHETHER A TAX RETURN IS REQUIRED IN THOSE JURISDICTIONS. IN ADDITION, AS TAX EXEMPT ENTITIES, EACH ENTITY MUST ASSESS WHETHER IT HAS ANY TAX POSITIONS ASSOCIATED WITH UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX. THE ENTITIES DO NOT EXPECT THEIR POSITIONS TO CHANGE SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS. ANY PENALTIES RELATED TO LATE FILING OR OTHER REQUIREMENTS WOULD BE RECOGNIZED AS EXPENSE IN THE ENTITIES' ACCOUNTING RECORDS. THE FOUNDATION AND ITS SUBSIDIARIES EACH FILE U.S. FEDERAL FORM 990 FOR INFORMATIONAL PURPOSES. THEIR FEDERAL INCOME TAX RETURNS FOR THE TAX YEARS 2013 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. SINCE ITS INITIAL INCORPORATION IN 1924, THE FOUNDATION HAS BEEN EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY OPERATING A HOSPITAL. DUE TO ITS CONTRIBUTION OF ITS HOSPITAL OPERATIONS TO THE PARTNERSHIP AND ITS NEW GRANT MAKING ACTIVITIES, IT REQUESTED A PRIVATE LETTER RULING FROM THE INTERNAL REVENUE SERVICE TO CONFIRM THE CONTINUATION OF ITS PUBLIC CHARITY STATUS. THE SERVICE DECLINED TO ISSUE SUCH A RULING DUE TO THE NUMBER OF SIMILAR TRANSACTIONS AND ISSUED A REVENUE RULING (REV. RUL. 98-15) DEFINING THE REQUIREMENTS FOR WHOLE HOSPITAL JOINT VENTURES SUCH AS RAPIDES HEALTH SERVICES, LLC. THE SERVICE DECLINED THE FOUNDATION'S REQUEST TO EXAMINE ITS OPERATIONS AND ENTER INTO A CLOSING AGREEMENT. AFTER REV. RUL. 98-15, TWO COURT CASES FOCUSED ON THE CONTROL ISSUE IDENTIFIED BY THE RULING AS DETERMINATIVE OF WHETHER THE JOINT VENTURE JEOPARDIZED THE EXEMPT STATUS OF THE EXEMPT ORGANIZATION. ONE OF THESE, ST. DAVID'S HEALTH CARE SYSTEM, INC. V. UNITED STATES, INVOLVED FACTS VERY SIMILAR TO THOSE PRESENT IN THE FOUNDATION'S OWNERSHIP OF THE LLC, AND WAS A VICTORY FOR THE EXEMPT ORGANIZATION WHOSE STATUS HAD BEEN CHALLENGED. COUNSEL FOR THE FOUNDATION HAS BEEN AT ALL RELEVANT TIMES AND REMAINS OF THE OPINION THAT ANY CHALLENGE TO THE FOUNDATION'S EXEMPT STATUS WOULD BE SIMILARLY DECIDED. THIS OPINION IS BOLSTERED BY REV. RUL. 2004-51, WHICH, WHILE ADDRESSING ANCILLARY ACTIVITY JOINT VENTURES, REPRESENTS AN ACKNOWLEDGMENT BY THE SERVICE THAT SUFFICIENT CONTROL MAY BE MAINTAINED BY THE EXEMPT PARTNER IN SUCH A VENTURE EVEN THOUGH OWNERSHIP AND GOVERNANCE WERE SHARED 50-50 WITH THE FOR-PROFIT VENTURER. IT SHOULD BE NOTED THAT

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	EVEN IF THE FOUNDATION'S PUBLIC CHARITY STATUS SHOULD NOT CONTINUE, THE FOUNDATION BELIEVE S THAT IT WOULD CONTINUE TO BE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AS A PRIVATE FOUNDATION PRIVATE FOUNDATIONS ARE SUBJECT TO MORE RESTRICTIONS UNDER THE CO DE THAN ARE PUBLIC CHARITIES THESE RESTRICTIONS INCLUDE STATUTORY PROHIBITIONS AGAINST SE LF-DEALING, EXCESS BUSINESS HOLDINGS, JEOPARDY INVESTMENTS, AND TAXABLE EXPENDITURES IN A DDITION, PRIVATE FOUNDATIONS ARE SUBJECT TO AN EXCISE TAX ON THEIR NET INVESTMENT INCOME A ND ARE REQUIRED TO MAKE ANNUAL DISTRIBUTIONS OF FIVE PERCENT (5%) OF THE AVERAGE MARKET VA LUE OF THEIR NON-CHARITABLE-USE ASSETS FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC, AND SIMILA R PURPOSES NON-CHARITABLE-USE ASSETS ARE ASSETS THAT ARE NOT USED OR HELD FOR USE DIRECTL Y IN CARRYING ON THE ORGANIZATION'S EXEMPT PURPOSE, THEY INCLUDE ASSETS HELD FOR INVESTMEN T AND THE PRODUCTION OF INVESTMENT INCOME PRIVATE FOUNDATIONS ARE REQUIRED TO PUBLISH A N OTICE THAT THEIR ANNUAL REPORTS ARE AVAILABLE FOR INSPECTION THESE FINANCIAL STATEMENTS D O NOT CONSIDER THE EFFECTS OF A POSSIBLE RETROACTIVE DETERMINATION BY THE INTERNAL REVENUE SERVICE THAT THE FOUNDATION IS NOT EXEMPT FROM TAXATION OR THAT IT IS A NONPROFIT PRIVATE FOUNDATION SUCH EFFECTS COULD INCLUDE INCOME TAXES ON ITS EARNINGS, A REQUIREMENT THAT I T DIVEST ITSELF OF A PORTION OF THE LLC, EXCISE TAXES ON NET INVESTMENT INCOME AND VARIOUS PENALTIES THE CONTRIBUTION AGREEMENT REQUIRES THAT THE PARTNERSHIP, AND THE OPERATING AG REEMENT OF THE LLC REQUIRES THAT THE LLC, OPERATE IN A FASHION SO AS NOT TO ADVERSELY AFFE CT THE FOUNDATION'S TAX-EXEMPT STATUS, AND SUPPORT COMMUNITY, CIVIC, CHARITABLE AND CULTUR AL ACTIVITIES AT A LEVEL AT LEAST EQUAL TO THAT OF THE RAPIDES REGIONAL MEDICAL CENTER IN THE YEAR ENDED JUNE 30, 1994 IT ALSO CALLS FOR IT TO PROVIDE \$2 8 MILLION OF UNCOMPENSATE D CARE ANNUALLY TO THE ALEXANDRIA, LOUISIANA COMMUNITY, AS WELL AS CONTINUE HISTORIC LEVEL S IN THE OTHER COMMUNITIES WHERE IT HAS HOSPITALS

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization
THE RAPIDES FOUNDATION

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

2016

Open to Public Inspection

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	Yes	
1b	If "Yes," was it a written policy?	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		
3a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	Yes	
3b	Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %		No
4	Did the organization use 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		
5a	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"?	Yes	
5b	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
5c	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
6a	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?	Yes	
6b	Did the organization prepare a community benefit report during the tax year?	Yes	
	If "Yes," did the organization make it available to the public?		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

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)		6,916	2,421,936	39,155	2,382,781	3 080 %
b Medicaid (from Worksheet 3, column a)		4,789	17,411,168	17,828,406	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		11,705	19,833,104	17,867,561	2,382,781	3 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			6,156,179		6,156,179	7 950 %
f Health professions education (from Worksheet 5)			946,857	87,223	859,634	1 110 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			8,155,139		8,155,139	10 540 %
j Total. Other Benefits			15,258,175	87,223	15,170,952	19 600 %
k Total. Add lines 7d and 7j		11,705	35,091,279	17,954,784	17,553,733	22 680 %

Part II Community 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 III Bad 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		
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		
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	20,284,283
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	18,229,479
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	2,054,804
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
☐ Cost accounting system	☐ Cost to charge ratio	☒ Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

Part IV Management Companies and Joint Ventures

(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				

Part V Facility Information**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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

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 CENTER**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

Community Health Needs Assessment

	Yes	No
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)	3	Yes
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 ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C) _____		
4 Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</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
6 a 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	No
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)	7	Yes
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) _____		
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 <u>20 16</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	
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)**

RAPIDES REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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 0 000000000000 %			
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 Was widely publicized 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) WWW.RAPIDESREGIONAL.COM/ABOUT			
b ☒ The FAP application form was widely available on a website (list url) SAME AS ABOVE			
c ☒ A plain language summary of the FAP was widely available on a website (list url) SAME AS ABOVE			
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 ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

RAPIDES REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted			
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?	19		No
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 ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ 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 ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made			

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?	21	Yes	
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)			

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

RAPIDES REGIONAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

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

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

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? 9

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 PATIENTS
4 4 - HP LONG URGENT CARE 213 HOSPITAL BOULEVARD PINEVILLE, LA 71360	URGENT CARE CLINIC FOR UNINSURED, UNDERINSURED, AND MEDICAID PATIENTS
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 8 - LSU ORAL MAXILLOFACIAL CLINIC 501 MEDICAL CENTER DRIVE 4B ALEXANDRIA, LA 71301	ORAL MAXILLOFACIAL SURGICAL SERVICES
9 9 - TULANE OPHTHALMOLOGY CLINIC & RESIDENCY 301 4TH STREET 3A-1 ALEXANDRIA, LA 71301	OPHTHALMOLOGY SERVICES
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

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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 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
PART I, LINE 6A	THE RAPIDES HEALTHCARE SYSTEM (EMPLOYER NO 61-1267229) PREPARED A COMMUNITY BENEFIT REPORT DURING TAX YEAR 2016

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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
PART III, LINE 2	RRMC RECORDS INSURANCE CONTRACTUAL DISCOUNTS TO PATIENT ACCOUNTS AS WELL AS 100% DISCOUNTS FOR FAP-ELIGIBLE PATIENTS AND INSURED DISCOUNTS FOR UNINSURED NON-FAP-ELIGIBLE PATIENTS THEN NON-FAP ELIGIBLE PATIENTS ARE BILLED, AND RRMC 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

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Form and Line Reference	Explanation
PART III, LINE 4	EXCERPT FROM 2016 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, 2016 AND 2015, RESPECTIVELY THE SYSTEM'S WRITE-OFFS OF PATIENT ACCOUNT BALANCES DECREASED BY APPROXIMATELY \$2,500,000 FROM 2015 TO 2016 IN 2016, THE SYSTEM RECOGNIZED A BENEFIT FROM DOUBTFUL ACCOUNTS OF APPROXIMATELY \$3,400,000, WHICH IS AN IMPROVEMENT OF APPROXIMATELY \$34,000,000 FROM THE PROVISION FOR UNCOLLECTIBLE ACCOUNTS THAT WAS RECOGNIZED IN 2015 THESE POSITIVE TRENDS ARE PRIMARILY DUE TO THE EXPANSION OF MEDICAID IN LOUISIANA AND AN EMPHASIS ON QUALIFYING PATIENTS FOR CHARITY CARE
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

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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 FAP APPLICATION AND COMMUNICATION 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
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 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 SHIFTED TO RRMC AND CHRISTUS HOSPITAL ORGANIZATIONS FROM THE REGION'S LONG-STANDING STATE CHARITY HOSPITAL LOCATED IN PINEVILLE, RAPIDES PARISH AS A PRIMARY DIRECT PROVIDER OF SAFETY NET SERVICES TO THE INDIGENT POPULATION WITHIN THE SERVICE AREA, RRMC STAFF INTERFACES REGULARLY WITH THAT POPULATION WHILE PROVIDING ROUTINE CLINIC CARE AND IS ABLE TO ASSESS AND ANTICIPATE SPECIALTY AND ACUTE MEDICAL NEEDS AND OFFER BOTH PREVENTIVE AND ACUTE SERVICES

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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.
PART VI, LINE 4	RAPIDES REGIONAL MEDICAL CENTER'S PRIMARY COMMUNITY SERVED ENCOMPASSES 2,793 SQUARE MILES AND 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 FROM WHICH 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 CONSISTS OF A 50/50 BALANCE OF URBAN AND RURAL AREAS AND 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 APPROXIMATELY 14% CURRENTLY AGE 65 AND OLDER. 20.2% OF OUR POPULATION REMAINS BELOW THE POVERTY LEVEL. IN ALL, 44.5% OF AREA RESIDENTS (82,435 INDIVIDUALS), AND 55.3% OF AREA CHILDREN LIVE BELOW 200% OF THE FEDERAL POVERTY LEVEL. IN TERMS OF EDUCATION LEVEL, ONLY 70.2% OF AVOYELLES RESIDENTS ARE HIGH-SCHOOL GRADUATES, 78.8% OF GRANT RESIDENTS, AND 82.4% OF RAPIDES RESIDENTS. NATIONALLY, 86.0% OF THE US POPULATION HOLDS A HIGH-SCHOOL DEGREE. IN 2016, 33.5% OF RRMIC PATIENTS WERE COVERED BY MEDICAID, 3.6% WERE UNINSURED AND 38.2% WERE COVERED BY MEDICARE. ALL THREE PARISHES ARE DESIGNATED AS PRIMARY CARE HRSA (HEALTH PROFESSIONAL SHORTAGE AREAS). THE THREE PARISHES ARE SERVED BY TWO TERTIARY-CARE, ACUTE-CARE HOSPITALS - RRMIC 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.

990 Schedule H, Supplemental Information

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 2016 RAPIDES PROVIDED CLINIC SERVICES TO 42,938 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. THE HOSPITAL RECEIVED A CONSUMER CHOICE AWARD FOR THE 4TH YEAR BY NATIONAL RESEARCH CORPORATION. IN 2016, ALL OF RRMCS MEDICAL NURSING UNITS WERE RECOGNIZED AS UNITS OF DISTINCTION AMONG ALL 490 UNITS NATIONALLY AFFILIATED WITH HCA, RAPIDES' UNIT 3A WAS THE #1 HCA-AFFILIATED UNIT. U.S. NEWS AND WORLD REPORTS RECOGNIZED RRMCS AS A HIGH PERFORMER IN CHRONIC OBSTRUCTIVE PULMONARY DISEASE AND HEART FAILURE. RAPIDES REGIONAL MEDICAL CENTER ALSO ACHIEVED THE FOLLOWING QUALITY DESIGNATIONS IN 2016: CANCER TREATMENT ACCREDITATION, CERTIFIED CARDIAC REHABILITATION PROGRAM, GIFT DESIGNATED BIRTHING FACILITY, NUCLEAR MEDICINE GOLD SEAL ACCREDITATION, COMPUTED TOMOGRAPHY GOLD SEAL ACCREDITATION, MRI GOLD SEAL ACCREDITATION, MAMMOGRAPHY GOLD SEAL ACCREDITATION, VASCULAR TESTING ACCREDITATION, CAP LABORATORY ACCREDITATION, AND GOLD LEVEL FIT-FRIENDLY WORKSITE. 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 WITH AN ANNUAL PAYROLL OF \$24.5 MILLION (RAPIDES FOUNDATION 26% OWNERSHIP SHARE). RHS IS A SIGNIFICANT EMPLOYER IN ITS COMMUNITIES AND PAID \$505,242 (RAPIDES FOUNDATION 26% OWNERSHIP SHARE) IN PROPERTY TAXES THAT SUPPORT SUCH EFFORTS AS SCHOOLS, ROADS AND OTHER INFRASTRUCTURE PROJECTS. IN ADDITION TO THE COMMUNITY BENEFIT PROVIDED BY RAPIDES HEALTHCARE SYSTEM, THE RAPIDES FOUNDATION'S 2016 PHILANTHROPIC ACTIVITIES PROVIDED AN ADDITIONAL \$14.2 MILLION IN COMMUNITY BENEFIT TO ITS NINE-PARISH SERVICE AREA. THIS INCLUDED GRANTS OF \$11.6 MILLION AND DIRECT CHARITABLE ACTIVITIES OF \$2.6 MILLION IN THREE PRIMARY AREAS OF FOCUS: HEALTHY PEOPLE, HEALTHY COMMUNITIES, AND EDUCATION.
PART VI, LINE 7	THE RAPIDES FOUNDATION OPERATES ONLY WITHIN THE STATE OF LOUISIANA, WHICH DOES NOT REQUIRE THE FILING OF A COMMUNITY BENEFIT REPORT. THE RAPIDES REGIONAL MEDICAL CENTER COMMUNITY BENEFIT REPORT IS POSTED ON ITS WEBSITE AT WWW.RAPIDESREGIONAL.COM/ABOUT

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		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 CENTER 211 FOURTH STREET ALEXANDRIA, LA 71301 WWW.RAPIDESREGIONAL.COM	X	X		X			X		LEVEL II TRAUMA CENTER	

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
RAPIDES REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 5 TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY WAS IMPLEMENTED THOSE INVITED TO PARTICIPATE INCLUDED PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE, REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION IN ALL, 72 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY 52 BUSINESS LEADERS, 13 SOCIAL SERVICE PROVIDERS, FIVE HEALTH PROVIDERS AND TWO PUBLIC HEALTH REPRESENTATIVES THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY POPULATIONS, OR OTHER MEDICALLY UNDERSERVED POPULATIONS MINORITY POPULATIONS REPRESENTED INCLUDED THOSE WITH ACUTE INJURY, AFRICAN-AMERICANS, ASIANS, HISPANICS, LOW INCOME RESIDENTS AND NATIVE AMERICANS MEDICALLY UNDERSERVED POPULATIONS REPRESENTED INCLUDED CHILDREN, THE DISABLED, THE ELDERLY, THE HOMELESS, IMMIGRANTS, INDIVIDUALS NEEDING CHRONIC WOUND CARE, LGBT INDIVIDUALS, MEDICARE/MEDICAID RECIPIENTS, THE MENTALLY ILL, THOSE WITH SEVERE/PROFOUND LEARNING DISABILITIES, UNEMPLOYED INDIVIDUALS, UNINSURED/UNDERINSURED RESIDENTS, VETERANS AND YOUNG ADULTS IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH, AND HOW THESE MIGHT BE BETTER ADDRESSED

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
RAPIDES REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 11 BASED ON PRIORITIES IDENTIFIED IN THE 2016 COMMUNITY HEALTH NE EDS ASSESSMENT (CHNA), RRM C IMPLEMENTED STRATEGIES TO INCREASE ACCESS TO HEALTH SERVICES BY PARTNERING WITH LSUA, NORTHWESTERN STATE UNIVERSITY, LOUISIANA COLLEGE, THE LSU FAMILY PRACTICE RESIDENCY IN ALEXANDRIA AND PRIMARY CARE PHYSICIANS IN THE HOSPITAL'S SERVICE ARE A, RRM C SEEKS TO INCREASE ACCESS TO CARE IN ITS SERVICE AREA, ASSIST INDIVIDUALS WITH IDEN TIFYING PRIMARY CARE PROVIDERS, EDUCATE RESIDENTS ON AVAILABILITY AND APPROPRIATE UTILIZAT ION OF PRIMARY CARE/URGENT CARE/EMERGENCY CARE RESOURCES AND PROVIDE FUNDING TO INCREASE T HE GRADUATION RATE AND QUALITY OF THE HEALTHCARE WORKFORCE RRM C WILL CONTINUE THE 2013 CO OPERATIVE ENDEAVOR AGREEMENT WITH THE STATE OF LOUISIANA TO PROVIDE HEALTH CARE SERVICES T O THE UNINSURED, UNDERINSURED AND MEDICAID POPULATION IN CENTRAL LOUISIANA THROUGH PRIMARY CARE, URGENT CARE AND SPECIALTY CARE CLINICS, EMERGENCY SERVICES AND INPATIENT HOSPITAL C ARE AN AVERAGE OF 44,000 PATIENT VISITS ARE RECORDED AT THESE OUTPATIENT CLINICS EACH YEA R ALL PATIENTS DISCHARGED FROM THE EMERGENCY DEPARTMENT ARE PROVIDED WITH A PRIMARY CARE PROVIDER REFERRAL, A FREE COMMUNITY RESOURCE GUIDE, AND AN EDUCATIONAL DOCUMENT TO ENCOURA GE USE OF PRIMARY CARE AND URGENT CARE AS BETTER, MORE EFFICIENT AND EFFECTIVE OPTIONS TO EMERGENCY ROOM CARE FOR MANAGING ONGOING HEALTH ISSUES ADDITIONALLY PHYSICIAN DIRECTORIES ARE DISTRIBUTED AT COMMUNITY FUNCTIONS, HEALTH FAIRS AND SCREENINGS FUNDS ARE PROVIDED T O BUILD THE REGION'S HEALTH CARE WORKFORCE THROUGH SUPPORT OF THE LSU FAMILY PRACTICE RESI DENCY PROGRAM AND NURSING AND ALLIED HEALTH TRAINING AT AREA UNIVERSITIES FUNDS ARE ALSO PROVIDED FOR TRANSPORTATION OF CANCER PATIENTS TO ENSURE THEY ARE ABLE TO ATTEND TREATMENT S RRM C'S STRATEGY TO EDUCATE RESIDENTS ON CARDIOVASCULAR HEALTH INCLUDES PARTNERSHIPS WIT H AMERICAN HEART ASSOCIATION, AMERICAN STROKE ASSOCIATION, NATIONAL COALITION OF WOMEN WIT H HEART DISEASE, NATIONAL INSTITUTES OF HEALTH (NIH) AND AMERICAN RED CROSS THE HOSPITAL PROVIDES EDUCATIONAL MATERIALS, PRESENTATIONS AND SCREENINGS TO RESIDENTS ON CARDIOVASCULA R HEALTH AND EDUCATES THE COMMUNITY ON FREE RESOURCES - HEART HEALTH AND STROKE PROFILERS RRM C SUPPORTS CARDIOVASCULAR HEALTH AND PREVENTION RESEARCH THROUGH MONETARY DONATIONS TO AHA RRM C ALSO PROVIDES BASIC LIFE SUPPORT TRAINING TO COMMUNITY ORGANIZATIONS, INCLUDING THROUGH PARTICIPATION IN "START A HEART CENLA AND OTHER EVENTS ADDITIONALLY, THE HOSPITA L HOLDS A "TACKLE STROKE" NIGHT AT AREA HIGH SCHOOL FOOTBALL GAMES RRM C'S STRATEGY TO EDU CATE RESIDENTS ON CANCER PREVENTION AND SCREENINGS INCLUDES THE FOLLOWING PARTNERS THE RA PIDES FOUNDATION CANCER SCREENING PROJECT, AMERICAN CANCER SOCIETY, COLON CANCER ALLIANCE, AMERICAN ACADEMY OF DERMATOLOGY, NATIONAL COMPREHENSIVE CANCER NETWORK, AND NATIONAL COUN CIL ON SKIN CANCER PREVENTION RRM C HOSTS EVENTS AND AWARENESS DATES TO EDUCATE RESIDENTS ON THE IMPORTANCE OF CANCER SC

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
RAPIDES REGIONAL MEDICAL CENTER	REENING THE HOSPITAL INCREASES THE AWARENESS OF SIGNS AND SYMPTOMS OF SKIN CANCER BY PROM OTING "DON'T FRY DAY, AND PROVIDES EDUCATIONAL MATERIALS ON CANCER (COLORECTAL, SKIN, BREA ST, PROSTATE, LUNG) TO COMMUNITY GROUP/HEALTH FAIRS RRMC ALSO PROMOTES THE FREE BREAST HE ALTH PROFILER LASTLY, THE HOSPITAL PROVIDES MONETARY SUPPORT FOR CANCER RESEARCH AND PREV ENTION TO AMERICAN CANCER SOCIETY RRMC ALSO IMPLEMENTED STRATEGIES TO ADDRESS NUTRITION, PHYSICAL ACTIVITY AND WEIGHT IN BOTH ADULTS AND CHILDREN BY PARTNERING WITH THE AMERICAN DIABETES ASSOCIATION, AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY AND NATIONAL KID NEY FOUNDATION, RRMC SEEKS TO INCREASE AWARENESS OF NUTRITION, PHYSICAL ACTIVITY AND WEIGH T STATUS AS CONTRIBUTING FACTORS IN CHRONIC HEALTH DISEASES (DIABETES, HEART DISEASE & CAN CER) REGISTERED DIETITIANS AND NURSES TEACH MONTHLY DIABETES/NUTRITION CLASSES RRMC OFFE RS FREE DIABETIC SCREENINGS AS WELL AS FREE DIABETIC EDUCATION AND ASSESSMENT, WHICH INCLU DES BLOOD PRESSURE, FOOT ASSESSMENT, HEMOGLOBIN A1C, GLAUCOMA SCREENING AND NUTRITIONAL IN FORMATION PHYSICAL ACTIVITY IS PROMOTED THROUGH SPONSORSHIP OF COMMUNITY RUNS, WALKS, CYC LING EVENTS, GOLF AND ARCHERY TOURNAMENTS AND OTHER EVENTS PROMOTING EXERCISE AND HEALTHY EATING RRMC PARTNERS WITH LOUISIANA STATE POLICE, AARP, SAFE KIDS, NATIONAL OFF-HIGHWAY V EHICLE CONSERVATION COUNCIL, NATIONAL HIGHWAY TRAFFIC AND SAFETY ADMINISTRATION AND RAPIDE S SENIOR CITIZEN CENTERS TO DECREASE TRAUMATIC INJURY IN ITS SERVICE AREA IN COORDINATION WITH LOUISIANA STATE POLICE, THE HOSPITAL CONDUCTS SUDDEN IMPACT COURSES WITH AREA STUDEN TS, AS WELL AS, MOCK CRASHES AND MOCK TRIALS THAT EDUCATE HIGH SCHOOL STUDENTS ABOUT IMPAI RED, UNRESTRAINED AND DISTRACTED DRIVING SENIOR CITIZENS ARE TARGETED THROUGH FALL PREVENT ION EDUCATION ADDITIONALLY, RRMC PROVIDES MONTHLY CHILD PASSENGER SAFETY CHECKS RRMC'S STRATEGY TO IMPROVE MATERNAL, INFANT AND CHILD HEALTH INCLUDES PARTNERSHIPS WITH NURSE FAM ILY PARTNERSHIP, MARCH OF DIMES (MOD), DEPARTMENT OF HEALTH & HOSPITALS/FIMR AND CENTRAL L OUISIANA BREASTFEEDING COALITION THE HOSPITAL PROVIDES FREE CHILDBIRTH CLASSES TO COMMUNI TY RESIDENTS ONE-DAY PREPARED CHILDBIRTH, ONE-DAY BREASTFEEDING CLASS, SIBLING CLASS AND BREATHING AND RELAXATION BABY PACKETS ARE DISTRIBUTED TO EXPECTANT MOTHERS, PROVIDING EDU CATION, COMMUNITY RESOURCES AND SAFE SLEEP INFORMATION EDUCATIONS MATERIALS ARE ALSO DIST RIBUTED THAT PROMOTE 39 WEEKS GESTATION LASTLY, THE HOSPITAL FACILITATES A FREE PERINATAL LOSS SUPPORT GROUP RRMC DID NOT CHOOSE TO IMPLEMENT AN ACTION PLAN TO ADDRESS SUBSTANCE ABUSE AND TOBACCO BECAUSE IT HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO AD DRESS ALCOHOL, TOBACCO AND OTHER DRUG ISSUES OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRU CTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED OTHER ORGANIZATIONS ADDRESSING THE N EED INCLUDE THE RAPIDES FOUNDATION, TOBACCO COALITION, REGION VI HUMAN SERVICES DISTRICT, ALCOHOLICS ANONYMOUS, RED RIV

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
RAPIDES REGIONAL MEDICAL CENTER	ER TREATMENT CENTER, COMPASS BEHAVIORAL CENTER, GATEWAY ADOLESCENT CENTER, LONGLEAF HOSPIT AL AND OCEANS BEHAVIORAL HOSPITAL MENTAL HEALTH WAS ANOTHER AREA IN WHICH RRM C HOSE NOT TO IMPLEMENT AN ACTION PLAN DUE TO LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS MENTAL HEALTH AND DISORDERS OTHER COMMUNITY ORGANIZATIONS WHICH HAVE INFRASTRUCTU RE AND PROGRAMS IN PLACE TO MEET THIS NEED INCLUDE CHRISTUS ST FRANCES CABRINI HOSPITAL, LONGLEAF HOSPITAL, OCEANS BEHAVIORAL HOSPITAL, COMPASS BEHAVIORAL CENTER, REGION VI HUMAN SERVICES DISTRICT, AND VOLUNTEERS OF AMERICA RRM C ALSO CHOSE NOT IMPLEMENT AN ACTION PLA N FOR DEMENTIA BECAUSE IT HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRE SS DEMENTIA COMMUNITY ORGANIZATIONS IN THE REGION THAT HAVE PROGRAMS IN PLACE TO ADDRESS DEMENTIA INCLUDE FRIENDSHIP HOUSE ADULT DAY CARE, ALZHEIMER'S ASSOCIATION, AND MULTIPLE N URSING HOMES WITH DEMENTIA/ALZHEIMER UNITS RRM C HOSE NOT TO IMPLEMENT INTERVENTIONS IN T HE AREA OF SEXUALLY TRANSMITTED DISEASES, WHICH FALLS MORE WITHIN THE PURVIEW OF THE HEALT H DEPARTMENT AND OTHER COMMUNITY ORGANIZATIONS LIMITED RESOURCES AND LOWER PRIORITY EXCLU DED THIS AS AN AREA CHOSEN FOR ACTION OTHER COMMUNITY ORGANIZATIONS WHICH HAVE INFRASTRUC TURE AND PROGRAMS IN PLACE TO MEET THIS NEED INCLUDE THE RAPIDES PARISH HEALTH UNIT, CENTR AL LOUISIANA AIDS SUPPORT SERVICES AND TULANE MEDICAL CLINIC RRM C HOSE NOT TO ACT IN THE AREA OF POTENTIALLY DISABLING CONDITIONS, SINCE THE ADVISORY COMMITTEE FELT MORE PRESSING HEALTH NEEDS EXISTED RRM C DID NOT CHOOSE TO IMPLEMENT AN ACTION PLAN TO ADDRESS ORAL HEA LTH BECAUSE IT HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS THESE IS SUES OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER ME ET THIS NEED, INCLUDING HEAD START AND VARIOUS SCHOOL-BASED HEALTH CENTERS RRM C HOSE NOT TO ACT IN THE AREA OF CHRONIC KIDNEY DISEASE, SINCE THE ADVISORY COMMITTEE FELT MORE PRES SING HEALTH NEEDS EXISTED RRM C HOSE NOT TO ACT IN THE AREA OF RESPIRATORY DISEASE, SINCE THE ADVISORY COMMITTEE FELT MORE PRESSING HEALTH NEEDS EXISTED

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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
RAPIDES REGIONAL MEDICAL CENTER	PART V, SECTION B, LINE 13H UNINSURED PATIENTS MAY QUALIFY FOR 100% DISCOUNT ON THEIR BILL UNDER EXTENUATING CIRCUMSTANCES AFTER MANAGER REVIEW AND APPROVAL, IN CASES SUCH AS THE PATIENT IS NOT ABLE TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION OR PROVIDE SUPPORTING DOCUMENTATION, WHERE PATIENTS ARE IDENTIFIED AS UNDOCUMENTED RESIDENTS OR HOMELESS, OR PATIENTS THAT EXPIRE WITHOUT AN ESTATE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 13A	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 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 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 22D	THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES NOT OFFER DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICIES ANY INDIVIDUAL AT INCOME OF 200% OR LESS OF FPG QUALIFIES FOR THE RHS FAP AND RECEIVES A 100% DISCOUNT ON THEIR BILL 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 990 Part V Section C Supplemental Information for Part V, Section B.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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, SECTION B, LINE 5	THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES NOT OFFER DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICIES ANY INDIVIDUALS AT INCOME OF 200% OR LESS OF FPG QUALIFIES FOR THE RHS FAP AND RECEIVES A 100% DISCOUNT ON THEIR BILL THERE IS NO PROVISION FOR PARTIAL DISCOUNTS ON PATIENT BILLS UNDER THE FAP PATIENTS WHO DO NOT QUALIFY UNDER THE FAP RECEIVE AN UNINSURED DISCOUNT ON THEIR BILLS

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As Filed Data -

DLN: 93493313037077

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization
THE RAPIDES FOUNDATION

Employer identification number
72-0423603

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 30

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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, GRANTEEES 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 GRANTEEES 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 GRANTEEES 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 GRANTEEES 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 GRANTEEES' 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 2016, THE RAPIDES FOUNDATION RECORDED AMENDMENTS TO GRANTS IN THE AMOUNT OF \$571,925 THE AMENDMENTS LARGELY RELATED TO PRIOR YEAR GRANTS AND COULD NOT BE ALLOCATED AMOUNT CURRENT YEAR GRANTS THEREFORE, ON SCHEDULE I PART II, THERE ARE THREE 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)	900,000				IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION
ALLEN PARISH SCHOOL BOARD PO DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	120,000				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT

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
ALLEN PARISH SCHOOL BOARD PO DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	23,400				PREVENT TOBACCO USE AND PROMOTE QUITTING, PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD NORTH ST PETERSBURG, FL 33716	13-5613797	501(C)(3)	131,256				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
AVOYELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	357,757				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT
AVOYELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	15,250				PREVENT TOBACCO USE AND PROMOTE QUITTING, PROMOTE EATING HEALTHY AND 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
TOWN OF BUNKIE PO BOX 630 BUNKIE, LA 71322	72-6000215	GOVERNMENT AGENCY	25,000				PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
CATAHOULA PARISH SCHOOL BOARD PO BOX 290 HARRISONBURG, LA 71340	72-6000268	GOVERNMENT AGENCY	321,660				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT

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
CATAHOULA PARISH SCHOOL BOARD PO BOX 290 HARRISONBURG, LA 71340	72-6000268	GOVERNMENT AGENCY	3,950				PREVENT TOBACCO USE AND PROMOTE QUITTING, PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
CENTRAL LOUISIANA AIDS SUPPORT SERVICES 1785 JACKSON STREET ALEXANDRIA, LA 71301	72-1097079	501(C)(3)	300,000				PREVENT SUBSTANCE AND ALCOHOL ABUSE

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 LA ECONOMIC DEVELOPMENT ALLIANCE PO BOX 465 ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	652,524				INCREASE MEDIUM HOUSEHOLD INCOME AND RAISE STANDARD OF LIVING
CENTRAL LA ECONOMIC DEVELOPMENT ALLIANCE PO BOX 465 ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	297,860				PROMOTE EATING HEALTHY AND 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
CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE 4311 SOUTH MACARTHUR DRIVE ALEXANDRIA, LA 71302	27-2961167	GOVERNMENT AGENCY	144,900				INCREASE MEDIUM HOUSEHOLD INCOME AND RAISE STANDARD OF LIVING
CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE 4311 SOUTH MACARTHUR DRIVE ALEXANDRIA, LA 71302	27-2961167	GOVERNMENT AGENCY	572,935				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
CMAP EXPRESS 1101 FOURTH STREET SUITE 101A ALEXANDRIA, LA 71301	02-0751416	501(C)(3)	858,300				IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION
CMAP EXPRESS 1101 FOURTH STREET SUITE 101A ALEXANDRIA, LA 71301	02-0751416	501(C)(3)	350,000				PROMOTE EATING HEALTHY AND 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
FOOD BANK OF CENTRAL LA 3223 BALDWIN AVENUE ALEXANDRIA, LA 71301	72-1154072	501(C)(3)	25,000				PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
FRIENDSHIP HOUSE PO BOX 1014 ALEXANDRIA, LA 71309	72-0928233	501(C)(3)	100,000				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
GRANT PARISH SCHOOL BOARD PO BOX 208 COLFAX, LA 71417	72-6000494	GOVERNMENT AGENCY	102,000				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT
GRANT PARISH SCHOOL BOARD PO BOX 208 COLFAX, LA 71417	72-6000494	GOVERNMENT AGENCY	13,450				PREVENT TOBACCO USE AND PROMOTE QUITTING, PROMOTE EATING HEALTHY AND 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
TOWN OF JENA PO BOX 26 JENA, LA 71342	72-6000598	GOVERNMENT AGENCY	25,000				PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
LASALLE ECONOMIC DEVELOPMENT DISTRICT PO BOX 1889 JENA, LA 71342	72-1405752	GOVERNMENT AGENCY	300,000				PROMOTE EATING HEALTHY AND 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
LASALLE PARISH RECREATION DISTRICT NO 10 PO BOX 1852 JENA, LA 71342	72-1232963	GOVERNMENT AGENCY	24,990				PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
LASALLE PARISH SCHOOL BOARD PO DRAWER 90 JENA, LA 71342	72-6000656	GOVERNMENT AGENCY	91,500				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT

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 COLLEGE PO BOX 583 PINEVILLE, LA 71359	72-0467515	501(C)(3)	65,436				INCREASE MEDIUM HOUSEHOLD INCOME AND RAISE STANDARD OF LIVING
LOUISIANA STATE UNIVERSITY OF ALEXANDRIA 8100 HWY 71 SOUTH ALEXANDRIA, LA 71302	72-6000848	501(C)(3)	224,875				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
LOUISIANA STATE UNIVERSITY OF ALEXANDRIA 8100 HWY 71 SOUTH ALEXANDRIA, LA 71302	72-6000848	501(C)(3)	100,000				IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION
THE TOWN OF MANSURA PO BOX 157 MANSURA, LA 71350	72-0974510	GOVERNMENT AGENCY	25,000				PROMOTE EATING HEALTHY AND 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
CITY OF NATCHITOCHES PO BOX 37 NATCHITOCHES, LA 71458	72-6000931	GOVERNMENT AGENCY	325,000				PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
NATCHITOCHES PARISH SCHOOL BOARD PO BOX 16 NATCHITOCHES, LA 71458	72-0629556	GOVERNMENT AGENCY	488,950				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT

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	24,950				PREVENT TOBACCO USE AND PROMOTE QUITTING, PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
THE ORCHARD FOUNDATION 1101 FOURTH STREET SUITE 101C ALEXANDRIA, LA 71301	87-0730768	501(C)(3)	2,566,000				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT

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 POLICE JURY PO BOX 1150 ALEXANDRIA, LA 71309	72-6001132	GOVERNMENT AGENCY	24,125				PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
RAPIDES PARISH SCHOOL BOARD PO BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOVERNMENT AGENCY	1,043,000				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT

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	59,600				PREVENT TOBACCO USE AND PROMOTE QUITTING, PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY
TOWN OF URANIA PO BOX 339 URANIA, LA 71480	72-0687727	GOVERNMENT AGENCY	25,000				PROMOTE EATING HEALTHY AND 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
VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	465,459				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT
VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	29,800				PREVENT TOBACCO USE AND PROMOTE QUITTING, PROMOTE EATING HEALTHY AND 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
WINN COMMUNITY HEALTH CENTER INC PO BOX 1288 WINNFIELD, LA 71483	20-5823527	501(C)(3)	300,000				IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION
CITY OF WINNFIELD PO BOX 509 WINNFIELD, LA 71483	72-6001508	GOVERNMENT AGENCY	300,000				PROMOTE EATING HEALTHY AND 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
WINN PARISH SCHOOL SYSTEM PO BOX 430 WINNFIELD, LA 71483	72-6001620	GOVERNMENT AGENCY	91,500				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT
VARIOUS 2016 GRANT AMENDMENTS			-461,291				INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT

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 2016 GRANT AMENDMENTS			-17,582				INCREASE MEDIUM HOUSEHOLD INCOME AND RAISE STANDARD OF LIVING
VARIOUS 2016 GRANT AMENDMENTS			-93,052				IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION

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
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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 ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☐ Compensation survey or study ☐ 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)	326,773 -----	0 -----	0 -----	26,500 -----	7,648 -----	360,921 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 KATHLEEN F NOLEN DIR, ADMIN	(i)	199,931 -----	0 -----	0 -----	19,993 -----	3,191 -----	223,115 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 ANNETTE BEUCHLER DIR, PROG & COMM	(i)	180,000 -----	0 -----	0 -----	18,000 -----	7,537 -----	205,537 -----	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
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
THE RAPIDES FOUNDATION

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.

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

72-0423603

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONTINUATION OF FORM 990, PART III, LINE 4C	IN 2016, THROUGH A \$500,000 GRANT FROM TRF, THE ORCHARD FOUNDATION CONTINUED 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 THE FOUNDATION HAS DEVELOPED SIX MMCI CERTIFIED INSTRUCTORS IN ITS SERVICE AREA DURING 2016, 220 PRE-SCHOOL TEACHERS AND ADMINISTRATORS ATTENDED TRAINING SESSIONS IN SEPTEMBER THE RAPIDES FOUNDATION 2016 SYMPOSIUM WAS ATTENDED BY 200 EDUCATORS FROM THROUGHOUT CENTRAL LOUISIANA, INCLUDING SCHOOL DISTRICT SUPERINTENDENTS, SCHOOL BOARD MEMBERS, BOARD OF ELEMENTARY AND SECONDARY EDUCATION MEMBERS, AND ADMINISTRATORS AND EDUCATORS FROM THE SCHOOL DISTRICTS IN THE NINE PARISHES SERVED BY THE FOUNDATION BRIAN DASSLER, ED D, DEPUTY CHANCELLOR OF EDUCATOR QUALITY FOR THE FLORIDA DEPARTMENT OF EDUCATION, SPOKE ABOUT "LEADERSHIP BY DESIGN KEEPING PUBLIC SCHOOLS STRONG, AND STRESSED THE IMPORTANCE QUALITY INSTRUCTION AND LEADERSHIP HAVE ON STUDENT SUCCESS" 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) *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)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE RAPIDES FOUNDATION'S TRUSTEES ARE THE MEMBERS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A FINAL COPY OF THE FORM 990 IS FURNISHED TO THE AUDIT COMMITTEE OF THE RAPIDES FOUNDATION BOARD (TRF) FOR REVIEW AND APPROVAL, AND A MEETING IS HELD TO DISCUSS THE FORM 990 IN DETAIL. THE MEETING IS ATTENDED BY STAFF THAT ASSISTED IN COMPILING THE FORM, AS WELL AS, REPRESENTATIVES OF THE EXTERNAL ACCOUNTING FIRM WHO COMPILED THE FORM. ALL TRF BOARD MEMBERS RECEIVE THE FINAL FORM 990 COPY WHEN IT IS SENT TO THE AUDIT COMMITTEE, AND ALL BOARD MEMBERS ARE INVITED TO ATTEND THE AUDIT COMMITTEE MEETING TO REVIEW THE FORM IN DETAIL.

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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.

990 Schedule O, Supplemental Information

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE RAPIDES FOUNDATION MISSION, PHILANTHROPIC OBJECTIVES, GUIDING ORGANIZATIONAL OBJECTIVE S, 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 R APIDESFOUNDATION ORG

990 Schedule O, Supplemental Information

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization
THE RAPIDES FOUNDATION

Employer identification number
72-0423603

Part I

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

(a) Name, address, and EIN (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 12A, I	THE RAPIDES FOUNDATION		No
(2)THE ORCHARD FOUNDATION 1101 FOURTH STREET ALEXANDRIA, LA 71301 87-0730768	EDUCATION	LA	501(C)(3)	LINE 12A, 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	9,604,067	39,685,112		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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	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	2,183,184	GRANT AGREEMENT
(2) THE ORCHARD FOUNDATION	J	299,783	COST ACCOUNTING SYSTEM
(3) CMAP EXPRESS	B	1,127,866	GRANT AGREEMENT
(4) CMAP EXPRESS	J	1,201,348	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
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