

**THE RAPIDES FOUNDATION
AND SUBSIDIARIES
ALEXANDRIA, LOUISIANA
DECEMBER 31, 2012 AND 2011**

THE RAPIDES FOUNDATION AND SUBSIDIARIES

ALEXANDRIA, LOUISIANA

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AUDITED FINANCIAL STATEMENTS

HEARD, McELROY, & VESTAL

LLC

CERTIFIED PUBLIC ACCOUNTANTS

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May 29, 2013

The Board of Directors
The Rapides Foundation
Alexandria, Louisiana

Independent Auditor's Report

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of The Rapides Foundation and Subsidiaries, which comprise the consolidated statement of financial position as of December 31, 2012 and 2011, and the related consolidated statements of activities, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of The Rapides Foundation and Subsidiaries as of December 31, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Other Information

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

Heard, McElroy & Vestal, LLC

Shreveport, Louisiana

THE RAPIDES FOUNDATION AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2012 AND 2011

<u>ASSETS</u>	<u>2012</u>	<u>2011</u>
Cash and cash equivalents-Note 4	3,030,109	7,461,445
Marketable securities-Note 5	181,524,125	163,085,636
Investments at cost plus equity in undistributed earnings-Note 6	39,961,544	39,623,730
Accounts receivable	61,507	49,765
Prepaid expenses	38,223	49,345
Property and equipment, net-Note 8	1,993,566	2,084,507
Assets whose use is limited-Note 9	<u>104,295</u>	<u>139,304</u>
Total assets	<u>226,713,369</u>	<u>212,493,732</u>
 <u>LIABILITIES AND NET ASSETS</u>		
<u>Liabilities:</u>		
Accounts payable	431,586	482,032
Payroll taxes and benefits	164,145	144,888
Grants payable-Note 10	2,098,147	1,477,727
Annuity obligations payable-Note 11	<u>104,295</u>	<u>139,304</u>
Total liabilities	2,798,173	2,243,951
 <u>Net assets:</u>		
Unrestricted	222,908,902	209,566,276
Temporarily restricted-Note 3	<u>1,006,294</u>	<u>683,505</u>
Total net assets	<u>223,915,196</u>	<u>210,249,781</u>
Total liabilities and net assets	<u>226,713,369</u>	<u>212,493,732</u>

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

THE RAPIDES FOUNDATION AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	2012		
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
<u>Revenues, gains, and other support:</u>			
Net investment income-Note 14	24,492,150	91	24,492,241
Contributions	221,950	382,984	604,934
Total revenues, gains, and other support	24,714,100	383,075	25,097,175
<u>Net assets released from restrictions</u>	60,286	(60,286)	-
Total revenues, gains, and other support	24,774,386	322,789	25,097,175
<u>Program expenses:</u>			
Grants	5,235,361	-	5,235,361
Direct charitable activities	4,212,005	-	4,212,005
Program development	575,928	-	575,928
Total program expenses	10,023,294	-	10,023,294
<u>Administrative expenses</u>	1,408,466	-	1,408,466
<u>Change in net assets</u>	13,342,626	322,789	13,665,415
<u>Net assets at beginning of year</u>	209,566,276	683,505	210,249,781
<u>Net assets at end of year</u>	222,908,902	1,006,294	223,915,196

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

2011		
<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
4,321,544	-	4,321,544
<u>133,782</u>	<u>575,715</u>	<u>709,497</u>
4,455,326	575,715	5,031,041
<u>224,317</u>	<u>(224,317)</u>	<u>-</u>
4,679,643	351,398	5,031,041
3,566,183	-	3,566,183
4,303,130	-	4,303,130
<u>639,809</u>	<u>-</u>	<u>639,809</u>
8,509,122	-	8,509,122
<u>1,447,361</u>	<u>-</u>	<u>1,447,361</u>
(5,276,840)	351,398	(4,925,442)
<u>214,843,116</u>	<u>332,107</u>	<u>215,175,223</u>
<u>209,566,276</u>	<u>683,505</u>	<u>210,249,781</u>

THE RAPIDES FOUNDATION AND SUBSIDIARIES
CONSOLIDATED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

	<u>2012</u>	<u>2011</u>
<u>Cash flows from operating activities:</u>		
Change in net assets	13,665,415	(4,925,442)
Adjustments to reconcile change in net assets to net cash (used) by operating activities:		
Depreciation	181,049	182,216
Net realized and unrealized (gains)	(15,958,785)	3,599,725
Gain on sale of property	-	351,728
Equity in earnings of investment in closely held entities	(6,287,696)	(4,237,650)
<i>Changes in operating assets and liabilities:</i>		
Accounts receivable	(11,742)	1,800
Grants receivable	-	199,355
Prepaid expenses	11,122	2,323
Accounts payable	(50,446)	171,027
Payroll taxes and benefits payable	19,257	9,906
Grants payable	<u>620,420</u>	<u>137,447</u>
Net cash (used) by operating activities	(7,811,406)	(4,507,565)
<u>Cash flows from investing activities:</u>		
Purchases of (proceeds from) property and equipment	(90,108)	79,251
Purchases of marketable securities	(95,644,340)	(59,897,989)
Proceeds from sale of marketable securities	93,164,636	61,608,217
Distributions from investment reported under the equity method	5,949,882	5,101,818
Assets whose use is limited	-	<u>156,010</u>
Net cash provided by investing activities	<u>3,380,070</u>	<u>7,047,307</u>
<u>Net (decrease) increase in cash and cash equivalents</u>	(4,431,336)	2,539,742
<u>Cash and cash equivalents at beginning of the year</u>	<u>7,461,445</u>	<u>4,921,703</u>
<u>Cash and cash equivalents at end of the year</u>	<u>3,030,109</u>	<u>7,461,445</u>

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

THE RAPIDES FOUNDATION AND SUBSIDIARIES
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2012 AND 2011

1. Organization and Significant Accounting Policies

Organization

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

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

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

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

The Contribution Agreement and the Partnership Agreement executed pursuant thereto provided for the Foundation to appoint one-half (1/2) of the members to the Partnership's governing board, which approved capital expenditures, sales in excess of 10% of total Partnership assets, new debt in excess of \$10 million, discontinuation of any services at Rapides Hospital, selection of the Partnership's CEO, entry into other Partnership or business combinations, and declaration of cash distributions to the partners.

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

1. Organization and Significant Accounting Policies (Continued)

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

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

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

Significant Accounting Policies

Basis of accounting

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

Financial statement presentation

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

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

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

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

Consolidation

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

Cash and cash equivalents

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

1. Organization and Significant Accounting Policies (Continued)

Contributions

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

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

Depreciation

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

Income and other taxes

The Foundation is a nonprofit organization and exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been made in the financial statements, but the Foundation is required to file an annual information tax return. The Foundation is also required to review various tax positions it has taken with respect to its exempt status and determine whether in fact it is a tax exempt entity. The Foundation must also consider whether it has nexus in jurisdictions in which it has income and whether a tax return is required in those jurisdictions. In addition, as a tax exempt entity, the Foundation must assess whether it has any tax positions associated with unrelated business income subject to income tax. The Foundation does not expect its positions to change significantly over the next twelve months. Any penalties related to late filing or other requirements would be recognized as penalties expense in the Foundation's accounting records.

The Foundation files U.S. federal Form 990 for informational purposes. The Foundation's federal income tax returns for the tax years 2009 and beyond remain subject to examination by the Internal Revenue Service.

Estimates

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

2. **Income Tax Status**

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

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

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

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

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

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

3. **Temporarily Restricted Funds**

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

3. Temporarily Restricted Funds (Continued)

	<u>2012</u>	<u>2011</u>
Diet and Physical Exercise	87,835	38,581
Cancer Screening	64,900	57,561
Kagan Leadership	183,679	-
CTE CC	100,000	-
Construction Technology	5,924	7,440
Industrial Maintenance	-	35,888
Work Ready Network	329,726	187,891
Rapides Public Education	60,885	60,794
Science, Technology, Engineering & Math Initiative		
Career and Technical Education	8,425	100,350
CART Scholar's Project	<u>164,920</u>	<u>195,000</u>
Total temporarily restricted net assets	<u>1,006,294</u>	<u>683,505</u>

4. Financial Instruments and Cash

The Foundation's financial instruments include cash and investments. It estimates that fair value of all financial instruments at December 31, 2012 and 2011, does not materially differ from aggregate carrying values of its financial instruments recorded in the accompanying statement of financial position. The estimated fair value of investments has been determined by the Foundation using available market information. Fair values of all other financial instruments approximate their carrying values.

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

5. Marketable Securities

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

	<u>Market</u>	<u>Cost</u>	<u>Market Over (Under) Cost</u>
Year Ended December 31, 2012			
Investment cash	2,143,949	2,143,949	-
Domestic equity	96,202,723	91,930,675	4,272,048
International equity	23,916,619	21,078,536	2,838,083
Domestic fixed income	31,736,987	27,536,183	4,200,804
Equity real estate	9,682,931	6,736,640	2,946,291
Alternative investments	<u>17,840,916</u>	<u>16,859,624</u>	<u>981,292</u>
	<u>181,524,125</u>	<u>166,285,607</u>	<u>15,238,518</u>
Year Ended December 31, 2011			
Investment cash	1,497,438	1,497,438	-
Domestic equity	88,280,364	93,739,722	(5,459,358)
International equity	27,383,627	28,152,393	(768,766)
Domestic fixed income	28,162,618	24,404,693	3,757,925
Equity real estate	8,223,953	6,398,151	1,825,802
Alternative investments	<u>9,537,636</u>	<u>8,793,587</u>	<u>744,049</u>
	<u>163,085,636</u>	<u>162,985,984</u>	<u>99,652</u>

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

A summary of closely held healthcare investments follows:

	<u>2012</u>	<u>2011</u>
30.25% interest in Central Louisiana Rehab Associates, L.P. reported under the equity method	444,000	444,000
Rapides Healthcare System, LLC, 2,810 units, 26% interest, reported under the equity method	<u>39,517,544</u>	<u>39,179,730</u>
	<u>39,961,544</u>	<u>39,623,730</u>

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

	<u>2012</u>	<u>2011</u>
Central Louisiana Rehab Associates, L.P.	44,000	44,000
Rapides Healthcare System, LLC	<u>6,243,696</u>	<u>4,193,650</u>
	<u>6,287,696</u>	<u>4,237,650</u>

7. **Fair Value of Financial Instruments**

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

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

Fair values of assets and liabilities measured on a recurring basis at December 31, 2012 and 2011 are as follows:

	<u>December 31, 2012</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Investment Cash	-	2,143,949	-	2,143,949

7. Fair Value of Financial Instruments (Continued)

	December 31, 2012			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equities:				
Common stock	16,755,501	-	-	16,755,501
Mutual funds	55,565,930	66,906,356	-	122,472,286
Depository receipts	84,570	-	-	84,570
Limited partnership	-	8,330,832	-	8,330,832
Total equities	<u>72,406,001</u>	<u>75,237,188</u>	-	<u>147,643,189</u>
Fixed income:				
CMO	-	902,443	-	902,443
Corporate bonds	8,806,253	10,536,460	-	19,342,713
FHLMC	-	44,767	-	44,767
FNMA	-	14,302	-	14,302
GNMA I	-	8,716	-	8,716
GNMA II	-	21,852	-	21,852
Government issues	-	10,502,125	-	10,502,125
Other asset backed	-	10,233	-	10,233
Near cash	-	889,836	-	889,836
Total fixed income	<u>8,806,253</u>	<u>22,930,734</u>	-	<u>31,736,987</u>
Totals	<u>81,212,254</u>	<u>100,311,871</u>	-	<u>181,524,125</u>

	December 31, 2011			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Investment Cash	-	1,497,438	-	1,497,438
Equities:				
Common stock	15,570,226	8,113,364	-	23,683,590
Mutual funds	<u>60,114,154</u>	<u>58,083,052</u>	-	<u>118,197,206</u>
Total equities	<u>75,684,380</u>	<u>66,196,416</u>	-	<u>141,880,796</u>
Fixed income:				
Auto loan receivable	-	-	-	-
CMO	-	480,523	-	480,523
Component 0%	-	-	-	-
Corporate bonds	-	8,534,476	-	8,534,476
Credit card receivable	-	30,201	-	30,201
FHLMC	-	54,880	-	54,880
FNMA	-	20,148	-	20,148
GNMA I	-	20,671	-	20,671
GNMA II	-	27,342	-	27,342
Government issues	-	10,332,359	-	10,332,359
Other asset backed	-	9,752	-	9,752
Near cash	-	197,050	-	197,050
Total fixed income	-	<u>19,707,402</u>	-	<u>19,707,402</u>
Totals	<u>75,684,380</u>	<u>87,401,256</u>	-	<u>163,085,636</u>

8. **Property and Equipment**

A summary of property and equipment follows:

	<u>2012</u>	<u>2011</u>
Land	59,900	59,900
Furniture and equipment	796,312	787,689
Building	<u>2,666,819</u>	<u>2,717,291</u>
	3,523,031	3,564,880
<u>Less-accumulated depreciation</u>	<u>(1,529,465)</u>	<u>(1,480,373)</u>
	<u>1,993,566</u>	<u>2,084,507</u>

Depreciation expense was \$181,049 and \$182,216 for the years ended December 31, 2012 and 2011.

9. **Assets Whose Use is Limited**

An analysis of assets whose use is limited follows:

	<u>2012</u>	<u>2011</u>
Retired executive compensation	<u>104,295</u>	<u>139,304</u>

10. **Grants Payable**

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

	<u>Net Award</u>	<u>Paid</u>	<u>Payable December 31</u>
2012	<u>4,681,018</u>	<u>4,060,598</u>	<u>2,098,147</u>
2011	<u>3,221,507</u>	<u>3,009,057</u>	<u>1,477,727</u>

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

2012	1,023,809
2011	2,307,463

11. **Annuity Obligations**

The Foundation has annuity obligations to an executive who retired prior to 1994 in the amount of \$3,940 per month (including interest computed as 9.9%). At December 31, 2012, thirty-one (31) payments remained. See Note 9 for limited use assets that have been designated for payment of this obligation.

12. **Benefit Plans**

Retirement

The Foundation has a tax deferred annuity plan (Internal Revenue Code Section 403(b)) that covers all employees working over 1,000 hours per year. Retirement costs are allocated between administrative and program expenses, which are accrued and funded on a current basis. The plan does not provide for any prior service cost. Retirement contributions were \$214,372 and \$182,172 for the years ended December 31, 2012 and 2011.

12. **Benefit Plans** (Continued)

Health Insurance

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

Compensated Absences

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

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

Vacation days are vested at one day (eight hours) per month for the first year of employment, increasing 0.10 days per month on each employment anniversary thereafter. There is a maximum of 48 vested vacation days per employee. The vacation accrual is calculated as the employee's hourly rate multiplied by the number of vested vacation hours. Accrued vacation is included in payroll taxes and benefits payable in the financial statements.

13. **Contingencies**

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

Contribution Agreement

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

Third party revenues

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

Professional liability risk

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

14. Net Investment Income

An analysis of net investment income is provided below:

	<u>2012</u>	<u>2011</u>
<u>Investment income</u>		
Income-cash and investments	3,156,659	4,542,607
Net realized and unrealized gains	15,958,785	(3,599,725)
Equity in jointly owned companies	<u>6,287,696</u>	<u>4,237,650</u>
	25,403,140	5,180,532
<u>Investment expenses</u>		
Investment management and custody	519,703	542,895
Other	<u>391,196</u>	<u>316,093</u>
	910,899	858,988
Net investment income	<u>24,492,241</u>	<u>4,321,544</u>

15. Subsequent Events

In accordance with FASB Accounting Standards Codification Topic 740 "*Subsequent Events*," the Foundation evaluated events and transactions that occurred after the balance sheet date but before the financial statements were made available for potential recognition or disclosure in the financial statements. The Foundation evaluated such events through May 29, 2013, the date which the financial statements were available to be issued, and noted no subsequent events.

SUPPLEMENTARY INFORMATION

THE RAPIDES FOUNDATION AND SUBSIDIARIES

DETAILS OF CONSOLIDATED STATEMENT OF FINANCIAL POSITION

DECEMBER 31, 2012

<u>ASSETS</u>	<u>The Rapides Foundation</u>	<u>CMAP Express</u>	<u>The Orchard Foundation</u>	<u>Eliminations Dr (Cr)</u>	<u>Consolidated</u>
<u>Assets:</u>					
Cash and cash equivalents	2,375,914	194,753	459,442	-	3,030,109
Marketable securities	181,524,125	-	-	-	181,524,125
Investments at cost plus equity in undistributed earnings	39,961,544	-	-	-	39,961,544
Grants receivable	-	250,000	550,000	(800,000)	-
Accounts receivable	-	-	61,507	-	61,507
Due from CMAP Express	73,187	-	-	(73,187)	-
Due from The Orchard Foundation	53,444	-	-	(53,444)	-
Due from The Rapides Foundation	-	-	-	-	-
Prepaid expenses	23,096	13,926	1,201	-	38,223
Property and equipment, net	1,979,036	14,407	123	-	1,993,566
Assets whose use is limited	<u>104,295</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>104,295</u>
Total assets	<u>226,094,641</u>	<u>473,086</u>	<u>1,072,273</u>	<u>(926,631)</u>	<u>226,713,369</u>
 <u>LIABILITIES AND NET ASSETS</u>					
<u>Liabilities:</u>					
Accounts payable	358,961	7,402	65,223	-	431,586
Payroll, taxes and benefits	164,145	-	-	-	164,145
Grants payable	2,898,147	-	-	800,000	2,098,147
Due to The Orchard Foundation	-	-	-	-	-
Due to The Rapides Foundation	-	73,187	53,444	126,631	-
Annuity obligations payable	<u>104,295</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>104,295</u>
Total liabilities	<u>3,525,548</u>	<u>80,589</u>	<u>118,667</u>	<u>926,631</u>	<u>2,798,173</u>
 <u>Net assets:</u>					
Unrestricted	222,569,093	239,762	100,047	-	222,908,902
Temporarily restricted	<u>-</u>	<u>152,735</u>	<u>853,559</u>	<u>-</u>	<u>1,006,294</u>
Total net assets	<u>222,569,093</u>	<u>392,497</u>	<u>953,606</u>	<u>-</u>	<u>223,915,196</u>
Total liabilities and net assets	<u>226,094,641</u>	<u>473,086</u>	<u>1,072,273</u>	<u>926,631</u>	<u>226,713,369</u>

THE RAPIDES FOUNDATION AND SUBSIDIARIES

DETAILS OF CONSOLIDATED STATEMENT OF ACTIVITIES-UNRESTRICTED

FOR THE YEAR ENDED DECEMBER 31, 2012

	<u>The Rapides Foundation</u>	<u>CMAP Express</u>	<u>The Orchard Foundation</u>	<u>Eliminations Dr (Cr)</u>	<u>Consolidated</u>
<u>Revenues, gains and other support:</u>					
Net investment income	24,492,150	-	-	-	24,492,150
Contributions	<u>4,828</u>	<u>367,825</u>	<u>319,917</u>	<u>470,620</u>	<u>221,950</u>
Total revenues, gains and other support	24,496,978	367,825	319,917	470,620	24,714,100
<u>Net assets released from restrictions</u>					
	<u>-</u>	<u>349,941</u>	<u>938,883</u>	<u>1,228,538</u>	<u>60,286</u>
Total revenues, gains and other support	24,496,978	717,766	1,258,800	1,699,158	24,774,386
<u>Program expenses:</u>					
Grants	6,867,090	-	-	(1,631,729)	5,235,361
Direct charitable activities	2,246,438	909,702	1,123,294	(67,429)	4,212,005
Program development	<u>575,928</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>575,928</u>
Total program expenses	9,689,456	909,702	1,123,294	(1,699,158)	10,023,294
<u>Administrative expenses</u>	<u>1,145,790</u>	<u>48,846</u>	<u>213,830</u>	<u>-</u>	<u>1,408,466</u>
<u>Change in net assets</u>	13,661,732	(240,782)	(78,324)	-	13,342,626
<u>Net assets, beginning of year</u>	<u>208,907,361</u>	<u>480,544</u>	<u>178,371</u>	<u>-</u>	<u>209,566,276</u>
<u>Net assets, end of year</u>	<u>222,569,093</u>	<u>239,762</u>	<u>100,047</u>	<u>-</u>	<u>222,908,902</u>

THE RAPIDES FOUNDATION AND SUBSIDIARIES

DETAILS OF CONSOLIDATED STATEMENT OF ACTIVITIES-TEMPORARILY RESTRICTED

FOR THE YEAR ENDED DECEMBER 31, 2012

	<u>The Rapides Foundation</u>	<u>CMAP Express</u>	<u>The Orchard Foundation</u>	<u>Eliminations Dr (Cr)</u>	<u>Consolidated</u>
<u>Revenues, gains and other support:</u>					
Net investment income	-	-	91	-	91
Contributions	-	<u>406,534</u>	<u>1,204,988</u>	<u>1,228,538</u>	<u>382,984</u>
Total revenues, gains and other support	-	406,534	1,205,079	1,228,538	383,075
<u>Net assets released from restrictions</u>					
	-	<u>(349,941)</u>	<u>(938,883)</u>	<u>(1,228,538)</u>	<u>(60,286)</u>
Total revenues, gains and other support	-	56,593	266,196	-	322,789
<u>Program expenses:</u>					
Grants	-	-	-	-	-
Direct charitable activities	-	-	-	-	-
Program development	-	-	-	-	-
Total program expenses	-	-	-	-	-
<u>Administrative expenses</u>					
	-	-	-	-	-
<u>Change in net assets</u>	-	56,593	266,196	-	322,789
<u>Net assets, beginning of year</u>	-	<u>96,142</u>	<u>587,363</u>	-	<u>683,505</u>
<u>Net assets, end of year</u>	<u>-</u>	<u>152,735</u>	<u>853,559</u>	<u>-</u>	<u>1,006,294</u>

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

TAXPAYER'S COPY

Postlethwaite & Netterville
8550 United Plaza Blvd., Suite 1001
Baton Rouge, LA 70809

November 13, 2013

The Rapides Foundation
1101 Fourth Street No. 300
Alexandria, LA 71301

The Rapides Foundation:

Enclosed is the organization's 2012 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

Postlethwaite & Netterville

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2012

Prepared for	The Rapides Foundation 1101 Fourth Street No. 300 Alexandria, LA 71301
Prepared by	Postlethwaite & Netterville 8550 United Plaza Blvd, Suite 1001 Baton Rouge, LA 70809
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Return of Organization Exempt From Income Tax

2012

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE RAPIDES FOUNDATION		D Employer identification number 72-0423603
	Doing Business As		E Telephone number 318-443-3394
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 9,358,111.
	1101 FOURTH STREET	300	
	City, town, or post office, state, and ZIP code ALEXANDRIA, LA 71301		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: JOE ROSIER 1101 4TH STREET, ALEXANDRIA, LA 71301		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ WWW.RAPIDESFOUNDATION.ORG		L Year of formation: 1924 M State of legal domicile: LA	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

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		
	2 Check this box <input type="checkbox"/> 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 2012 (Part V, line 2a)	5	35
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0.	50,728.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,051,377.	5,378,057.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	970,644.	3,929,326.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	55,022,021.	9,358,111.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,362,337.	6,867,090.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,642,078.	1,556,548.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	57,226,392.	2,411,608.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	64,230,807.	10,835,246.	
19 Revenue less expenses. Subtract line 18 from line 12	-9,208,786.	-1,477,135.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	215,889,564.	226,094,641.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,982,203.	3,525,548.
		208,907,361.	222,569,093.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	JOE ROSIER, CEO Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name RALPH STEPHENS	Preparer's signature	Date
	Firm's name ▶ POSTLETHWAITE & NETTERVILLE	Firm's EIN ▶ 72-1202445	Check if self-employed <input type="checkbox"/> PTIN P00638118
Firm's address ▶ 8550 UNITED PLAZA BLVD, SUITE 1001 BATON ROUGE, LA 70809		Phone no. (225) 922-4600	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL LOUISIANA. TRF IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC, WHICH OWNS AND OPERATES RAPIDES REGIONAL MEDICAL CENTER, A 320-BED HOSPITAL IN ALEXANDRIA, LA. ADDITIONALLY, TRF PROVIDES

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 [X] 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 [X] 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 \$ 5,378,057.) ACUTE-CARE HOSPITAL SERVICES - THE RAPIDES FOUNDATION IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC (RHS), WHICH OWNS AND OPERATES RAPIDES REGIONAL MEDICAL CENTER (RRMC), A 320-BED HOSPITAL IN ALEXANDRIA, LA. AS AN OWNER OF RHS, TRF SEEKS TO PROVIDE THE HIGHEST STANDARD OF PATIENT CARE THAT IS SAFE, EFFECTIVE, EFFICIENT, TIMELY, PATIENT-CENTERED AND EQUITABLE. WITH A 2012 OVERALL RISK-ADJUSTED COMPLICATIONS INDEX OF 0.87, RHS PROVIDED TOP-LEVEL PATIENT-CARE OUTCOMES. FOR THE SECOND YEAR, U.S. NEWS AND WORLD REPORTS' 2012-2013 RANKINGS OF BEST HOSPITALS RECOGNIZED RAPIDES REGIONAL AS NO. 3 IN LOUISIANA. ADDITIONALLY, FOR THE SECOND YEAR, THE HOSPITAL WAS NAMED A TOP PERFORMER ON KEY QUALITY MEASURES FOR EXCELLENCE IN ACCOUNTABILITY MEASURE PERFORMANCE BY THE JOINT COMMISSION. RAPIDES REGIONAL WAS

4b (Code:) (Expenses \$ 4,587,480. including grants of \$ 3,035,647.) (Revenue \$) HEALTHY PEOPLE INITIATIVE - TRF PROVIDED CHRONIC CARE PRESCRIPTION MEDICATIONS FOR PEOPLE WHO CANNOT AFFORD THEM THROUGH \$300,000 IN GRANTS TO ITS SUPPORTING ORGANIZATION, CENLA MEDICATION ACCESS PROGRAM (CMAP). CMAP'S GOAL IS TO ENSURE APPROPRIATE MEDICATION ACCESS AND EDUCATION AND ALSO PROMOTE OTHER PREVENTIVE HEALTH PRACTICES AMONG RESIDENTS WITH LIMITED INCOMES. IN 2012, APPROXIMATELY 1,955 PEOPLE IN CENTRAL LOUISIANA RECEIVED \$3.6 MILLION IN PRESCRIPTION MEDICATIONS THEY NEEDED TO MAINTAIN THEIR HEALTH THROUGH CMAP'S PATIENT ASSISTANCE PROGRAM. ANOTHER 5,240 PEOPLE THROUGHOUT THE REST OF THE STATE RECEIVED \$14.2 MILLION WORTH OF MEDICATIONS THROUGH CMAP'S CENTRAL FILL PHARMACY, WHICH HAD CONTRACTS TO PROVIDE PHARMACEUTICALS FROM NINE MAJOR COMPANIES.

4c (Code:) (Expenses \$ 2,652,817. including grants of \$ 1,953,038.) (Revenue \$) EDUCATION INITIATIVE -- DURING 2012 THE NINE PARISH SCHOOL DISTRICTS IN TRF'S AREA CONTINUED TO WORK UNDER THEIR STRATEGIC PLAN FOCUSED ON SCIENCE, TECHNOLOGY, ENGINEERING AND MATH, AND CAREER AND TECHNICAL EDUCATION. TRF AWARDED A TOTAL OF \$1.3 MILLION IN GRANTS TO THE SCHOOL DISTRICTS TO SUPPORT PROFESSIONAL DEVELOPMENT TO ENHANCE CLASSROOM INSTRUCTION AND ADMINISTRATIVE LEADERSHIP. THE ORCHARD FOUNDATION, TRF'S SUPPORTING ORGANIZATION, CONTINUED ITS WORK IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) BY CONTINUING PROFESSIONAL AND LEADERSHIP DEVELOPMENT PROGRAMS TO SUPPORT THE RAPIDES FOUNDATION'S STEM/CTE INITIATIVE. DURING 2012, THE ORCHARD FOUNDATION SPONSORED KAGAN INSTRUCTIONAL AND ADMINISTRATOR INSTITUTES FOR HIGH SCHOOL, MIDDLE AND ELEMENTARY SCHOOL EDUCATORS. THE INSTITUTES

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,449,159. including grants of \$ 1,878,404.) (Revenue \$)

4e Total program service expenses 9,689,456.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	X	
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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, physical address, and telephone number of the person who possesses the books and records of the organization:
JOE ROSIER, PRESIDENT & CEO - 318-443-3394
1101 FOURTH STREET, ALEXANDRIA, LA 71301

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if 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 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) JAMES R. BAKER, JR. TRUSTEE	0.50	X						0.	0.	0.
(2) JOAN BRUNSON, M.D. TRUSTEE	0.50	X						0.	0.	0.
(3) LAURA DAUZAT TRUSTEE	0.50	X						0.	0.	0.
(4) ROSA FIELDS TRUSTEE	0.50	X						0.	0.	0.
(5) DAVID R. GILCHRIST TRUSTEE	0.50	X						0.	0.	0.
(6) CYNTHIA A. GILLESPIE, PHD TRUSTEE	0.50	X						0.	0.	0.
(7) ERNEST KELLY, M.D. TRUSTEE	0.50	X						0.	0.	0.
(8) DONALD KRAMER TRUSTEE	0.50	X		X				0.	0.	0.
(9) DONALD R., MALLET TRUSTEE	0.50	X		X				0.	0.	0.
(10) NANCY MCCABE TRUSTEE	0.50	X						0.	0.	0.
(11) MIKE NEWTON TRUSTEE	0.50	X		X				0.	0.	0.
(12) CRAIG PEARCE, M.D. TRUSTEE	0.50	X						0.	0.	0.
(13) FRANKIE ROSENTHAL TRUSTEE	0.50	X						0.	0.	0.
(14) TAMMI SALAZAR TRUSTEE	0.50	X		X				0.	0.	0.
(15) HOWARD WOLD, M.D. TRUSTEE	1.00	X		X				0.	0.	0.
(16) JOSEPH R. ROSIER, JR. PRESIDENT & CEO	40.00	X		X				290,353.	0.	32,058.
(17) KATHLEEN F. NOLEN DIR, ADMIN	40.00				X			172,499.	0.	20,471.

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entry for ANNETTE BEUCLER and sub-totals.

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

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like RTI INTERNATIONAL, EVALWORKS, KALB-TV, and BLUE CROSS BLUE SHIELD OF LA.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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 50,728.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		50,728.			
	Program Service Revenue	Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue		623990	5,378,057.		5,378,057.	
g Total. Add lines 2a-2f		5,378,057.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,109,408.		3,109,408.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	819,918.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	819,918.			
	d Net gain or (loss)		819,918.		819,918.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		9,358,111.	0.	0.	9,307,383.	

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 to any question in this Part IX X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,867,090.	6,867,090.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	615,312.	467,103.	148,209.	
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	652,875.	184,163.	468,712.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	211,765.	108,750.	103,015.	
10 Payroll taxes	76,596.	39,335.	37,261.	
11 Fees for services (non-employees):				
a Management				
b Legal	5,968.	3,065.	2,903.	
c Accounting	34,352.	17,641.	16,711.	
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 Sch O.)	8,908.	4,575.	4,333.	
12 Advertising and promotion				
13 Office expenses	19,270.	9,896.	9,374.	
14 Information technology	103,491.	53,147.	50,344.	
15 Royalties				
16 Occupancy	154,568.	79,377.	75,191.	
17 Travel	826.	424.	402.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,271.	6,301.	5,970.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,792.	40,463.	38,329.	
23 Insurance	36,285.	18,634.	17,651.	
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 DIRECT CHARITABLE ACTIV	1,885,120.	1,885,120.		
b PROGRAM DEVELOPMENT	224,144.	224,144.		
c PUBLIC RELATIONS	175,327.	90,038.	85,289.	
d				
e All other expenses	-327,714.	-409,810.	82,096.	
25 Total functional expenses. Add lines 1 through 24e	10,835,246.	9,689,456.	1,145,790.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	5,164,674.	1	2,375,914.	
	2 Savings and temporary cash investments	2,912,715.	2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	11,346,330.	4	126,631.	
	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 instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	1,801,382.	8		
	9 Prepaid expenses and deferred charges	529,186.	9	23,096.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,441,087.			
	b Less: accumulated depreciation	10b 1,462,051.			
	11 Investments - publicly traded securities	23,886,506.	10c	1,979,036.	
	12 Investments - other securities. See Part IV, line 11	161,588,198.	11	181,524,125.	
	13 Investments - program-related. See Part IV, line 11	444,946.	12		
	14 Intangible assets		13	39,961,544.	
	15 Other assets. See Part IV, line 11	8,076,323.	14		
16 Total assets. Add lines 1 through 15 (must equal line 34)	139,304.	15	104,295.		
	215,889,564.	16	226,094,641.		
Liabilities	17 Accounts payable and accrued expenses	4,969,476.	17	627,401.	
	18 Grants payable	2,012,727.	18	2,898,147.	
	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		25		
	26 Total liabilities. Add lines 17 through 25	6,982,203.	26	3,525,548.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	208,907,361.	27	222,569,093.	
	28 Temporarily restricted net assets		28		
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	208,907,361.	33	222,569,093.	
34 Total liabilities and net assets/fund balances	215,889,564.	34	226,094,641.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,358,111.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,835,246.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,477,135.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	208,907,361.
5	Net unrealized gains (losses) on investments	5	15,138,867.
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	222,569,093.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
2c	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.	X	
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?		X
3b	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		

Form 990 (2012)

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 IV.)						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. 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	<input type="checkbox"/>	
b 33 1/3% support test - 2011. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. 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 - 2011. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOUISIANA STATE UNIVERSITY 222 PRESCOTT HALL BATON ROUGE, LA 70803	\$ 45,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

OMB No. 1545-0047

2012

Open to Public
Inspection

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	22,770.													
c	Total lobbying expenditures (add lines 1a and 1b)	22,770.													
d	Other exempt purpose expenditures	10,812,476.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,835,246.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	691,762.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	172,941.													
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	691,762.	3,691,762.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,537,643.
c Total lobbying expenditures	29,170.	28,784.	20,733.	22,770.	101,457.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	172,941.	922,941.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,384,412.
f Grassroots lobbying expenditures	0.	0.	0.	0.	

Schedule C (Form 990 or 990-EZ) 2012

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 to 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

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or 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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part 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" to 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) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		59,900.		59,900.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,381,187.	1,462,051.	1,919,136.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,979,036.

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) REHAB ASSOC LTD		
(2) PARTNERSHIP	443,999.	COST
(3) RHS PARTNERSHIP	39,517,545.	COST
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	39,961,544.	

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. FIN 48 (ASC 740) Footnote. 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

1	Total revenue, gains, and other support per audited financial statements	1	24,496,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	15,138,867.
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	15,138,867.
3	Subtract line 2e from line 1	3	9,358,111.
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	9,358,111.

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

1	Total expenses and losses per audited financial statements	1	10,835,246.
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	10,835,246.
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	10,835,246.

Part XIII Supplemental Information

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

PART X, LINE 2: THE FOUNDATION IS A NONPROFIT ORGANIZATION AND EXEMPT

FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE

FINANCIAL STATEMENTS, BUT THE FOUNDATION IS REQUIRED TO FILE AN ANNUAL

INFORMATION TAX RETURN. THE FOUNDATION IS ALSO REQUIRED TO REVIEW VARIOUS

TAX POSITIONS IT HAS TAKEN WITH RESPECT TO ITS EXEMPT STATUS AND DETERMINE

WHETHER IN FACT IT IS A TAX EXEMPT ENTITY. THE FOUNDATION MUST ALSO

CONSIDER WHETHER IT HAS NEXUS IN JURISDICTIONS IN WHICH IT HAS INCOME AND

Part XIII Supplemental Information (continued)

WHETHER A TAX RETURN IS REQUIRED IN THOSE JURISDICTIONS. IN ADDITION, AS A TAX EXEMPT ENTITY, THE FOUNDATION MUST ASSESS WHETHER IT HAS ANY TAX POSITIONS ASSOCIATED WITH UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX. THE FOUNDATION DOES NOT EXPECT ITS POSITIONS TO CHANGE SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS. ANY PENALTIES RELATED TO LATE FILING OR OTHER REQUIREMENTS WOULD BE RECOGNIZED AS EXPENSE IN THE FOUNDATION'S ACCOUNTING RECORDS.

THE FOUNDATION FILES U.S. FEDERAL FORM 990 FOR INFORMATIONAL PURPOSES. THE FOUNDATION'S FEDERAL INCOME TAX RETURNS FOR THE TAX YEARS 2009 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

Part XIII Supplemental Information (continued)

SIMILAR TO THOSE PRESENT IN THE FOUNDATION'S OWNERSHIP OF THE LLC, AND WAS A VICTORY FOR THE EXEMPT ORGANIZATION WHOSE STATUS HAD BEEN CHALLENGED. COUNSEL FOR THE FOUNDATION HAS BEEN AT ALL RELEVANT TIMES AND REMAINS OF THE OPINION THAT ANY CHALLENGE TO THE FOUNDATION'S EXEMPT STATUS WOULD BE SIMILARLY DECIDED. THIS OPINION IS BOLSTERED BY REV. RUL. 2004-51, WHICH, WHILE ADDRESSING ANCILLARY ACTIVITY JOINT VENTURES, REPRESENTS AN ACKNOWLEDGMENT BY THE SERVICE THAT SUFFICIENT CONTROL MAY BE MAINTAINED BY THE EXEMPT PARTNER IN SUCH A VENTURE EVEN THOUGH OWNERSHIP AND GOVERNANCE WERE SHARED 50-50 WITH THE FOR-PROFIT VENTURER. IT SHOULD BE NOTED THAT EVEN IF THE FOUNDATION'S PUBLIC CHARITY STATUS SHOULD NOT CONTINUE, THE FOUNDATION BELIEVES THAT IT WOULD CONTINUE TO BE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AS A PRIVATE FOUNDATION.

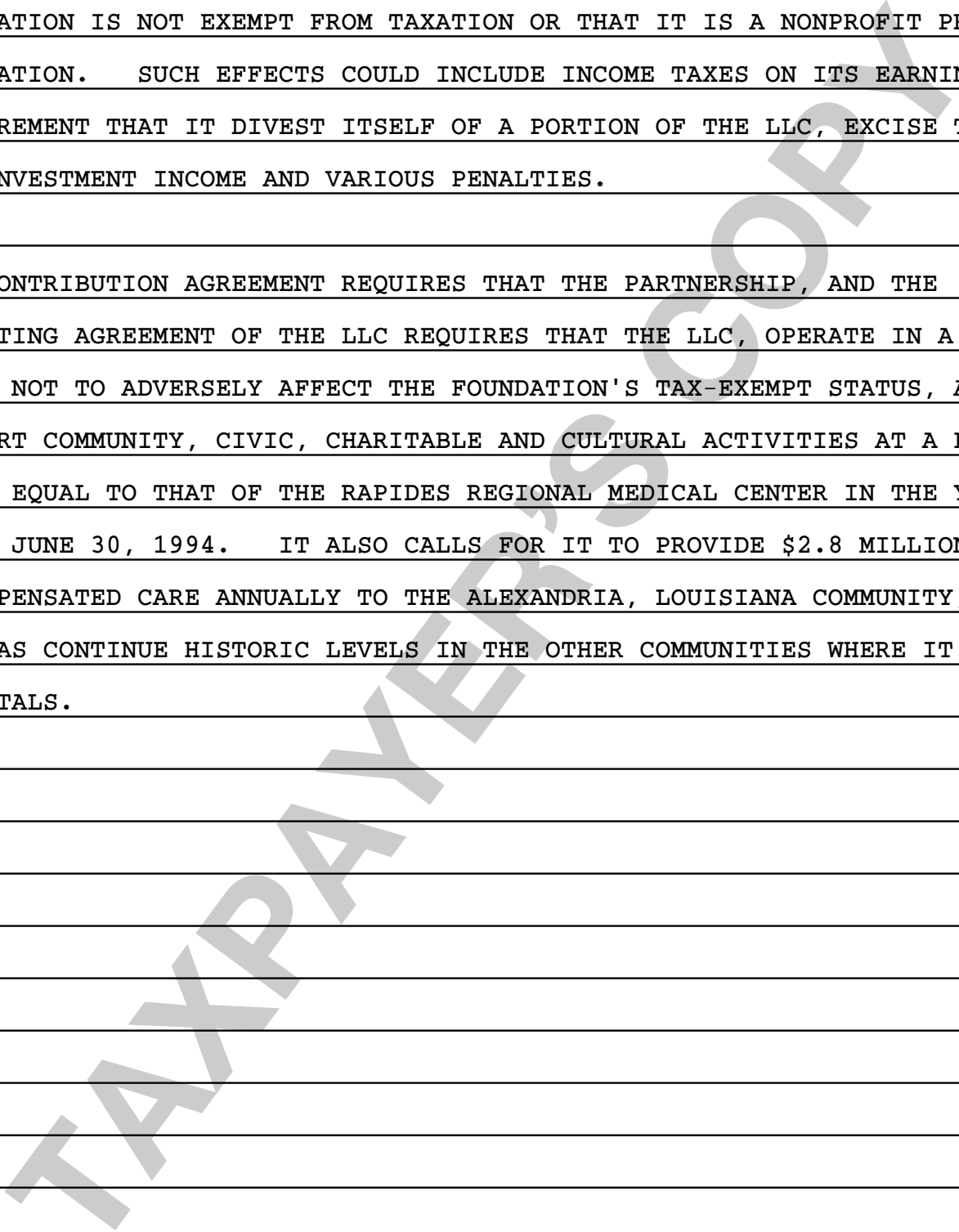
PRIVATE FOUNDATIONS ARE SUBJECT TO MORE RESTRICTIONS UNDER THE CODE THAN ARE PUBLIC CHARITIES. THESE RESTRICTIONS INCLUDE STATUTORY PROHIBITIONS AGAINST SELF-DEALING, EXCESS BUSINESS HOLDINGS, JEOPARDY INVESTMENTS, AND TAXABLE EXPENDITURES. IN ADDITION, PRIVATE FOUNDATIONS ARE SUBJECT TO AN EXCISE TAX ON THEIR NET INVESTMENT INCOME AND ARE REQUIRED TO MAKE ANNUAL DISTRIBUTIONS OF FIVE PERCENT (5%) OF THE AVERAGE MARKET VALUE OF THEIR NON-CHARITABLE-USE ASSETS FOR CHARITABLE, EDUCATIONAL, SCIENTIFIC, AND SIMILAR PURPOSES.

NON-CHARITABLE-USE ASSETS ARE ASSETS THAT ARE NOT USED OR HELD FOR USE DIRECTLY IN CARRYING ON THE ORGANIZATION'S EXEMPT PURPOSE; THEY INCLUDE ASSETS HELD FOR INVESTMENT AND THE PRODUCTION OF INVESTMENT INCOME. PRIVATE FOUNDATIONS ARE REQUIRED TO PUBLISH A NOTICE THAT THEIR ANNUAL REPORTS ARE AVAILABLE FOR INSPECTION.

Part XIII Supplemental Information (continued)

THESE FINANCIAL STATEMENTS DO NOT CONSIDER THE EFFECTS OF A POSSIBLE RETROACTIVE DETERMINATION BY THE INTERNAL REVENUE SERVICE THAT THE FOUNDATION IS NOT EXEMPT FROM TAXATION OR THAT IT IS A NONPROFIT PRIVATE FOUNDATION. SUCH EFFECTS COULD INCLUDE INCOME TAXES ON ITS EARNINGS, A REQUIREMENT THAT IT DIVEST ITSELF OF A PORTION OF THE LLC, EXCISE TAXES ON NET INVESTMENT INCOME AND VARIOUS PENALTIES.

THE CONTRIBUTION AGREEMENT REQUIRES THAT THE PARTNERSHIP, AND THE OPERATING AGREEMENT OF THE LLC REQUIRES THAT THE LLC, OPERATE IN A FASHION SO AS NOT TO ADVERSELY AFFECT THE FOUNDATION'S TAX-EXEMPT STATUS, AND SUPPORT COMMUNITY, CIVIC, CHARITABLE AND CULTURAL ACTIVITIES AT A LEVEL AT LEAST EQUAL TO THAT OF THE RAPIDES REGIONAL MEDICAL CENTER IN THE YEAR ENDED JUNE 30, 1994. IT ALSO CALLS FOR IT TO PROVIDE \$2.8 MILLION OF UNCOMPENSATED CARE ANNUALLY TO THE ALEXANDRIA, LOUISIANA COMMUNITY, AS WELL AS CONTINUE HISTORIC LEVELS IN THE OTHER COMMUNITIES WHERE IT HAS HOSPITALS.



**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		<input checked="" type="checkbox"/>
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		318	950,773.	-18,634.	969,407.	1.47%
b Medicaid (from Worksheet 3, column a)		12,332	14,326,565.	9,512,797.	4,813,768.	7.31%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		12,650	15,277,338.	9,494,163.	5,783,175.	8.78%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,529,460.	0.	4,529,460.	6.88%
f Health professions education (from Worksheet 5)			946,857.	90,572.	856,285.	1.30%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,326,515.	0.	5,326,515.	8.09%
j Total. Other Benefits			10,802,832.	90,572.	10,712,260.	16.27%
k Total. Add lines 7d and 7j		12,650	26,080,170.	9,584,735.	16,495,435.	25.05%

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.

Table with 6 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A. Bad Debt Expense with columns Yes and No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes, No) with 'X' in No. Row 2: Enter the amount of the organization's bad debt expense. (2) 897,482. Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. (3) 0.

Section B. Medicare

Table for Section B. Medicare with columns Yes and No. Row 5: Enter total revenue received from Medicare (including DSH and IME) (5) 21,235,501. Row 6: Enter Medicare allowable costs of care relating to payments on line 5 (6) 17,252,111. Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall) (7) 3,983,390. Row 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, [X] Other.

Section C. Collection Practices

Table for Section C. Collection Practices with columns Yes and No. Row 9a: Did the organization have a written debt collection policy during the tax year? (9a) X. Row 9b: 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) X.

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (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 %.

Part V Facility Information

Section A. Hospital Facilities

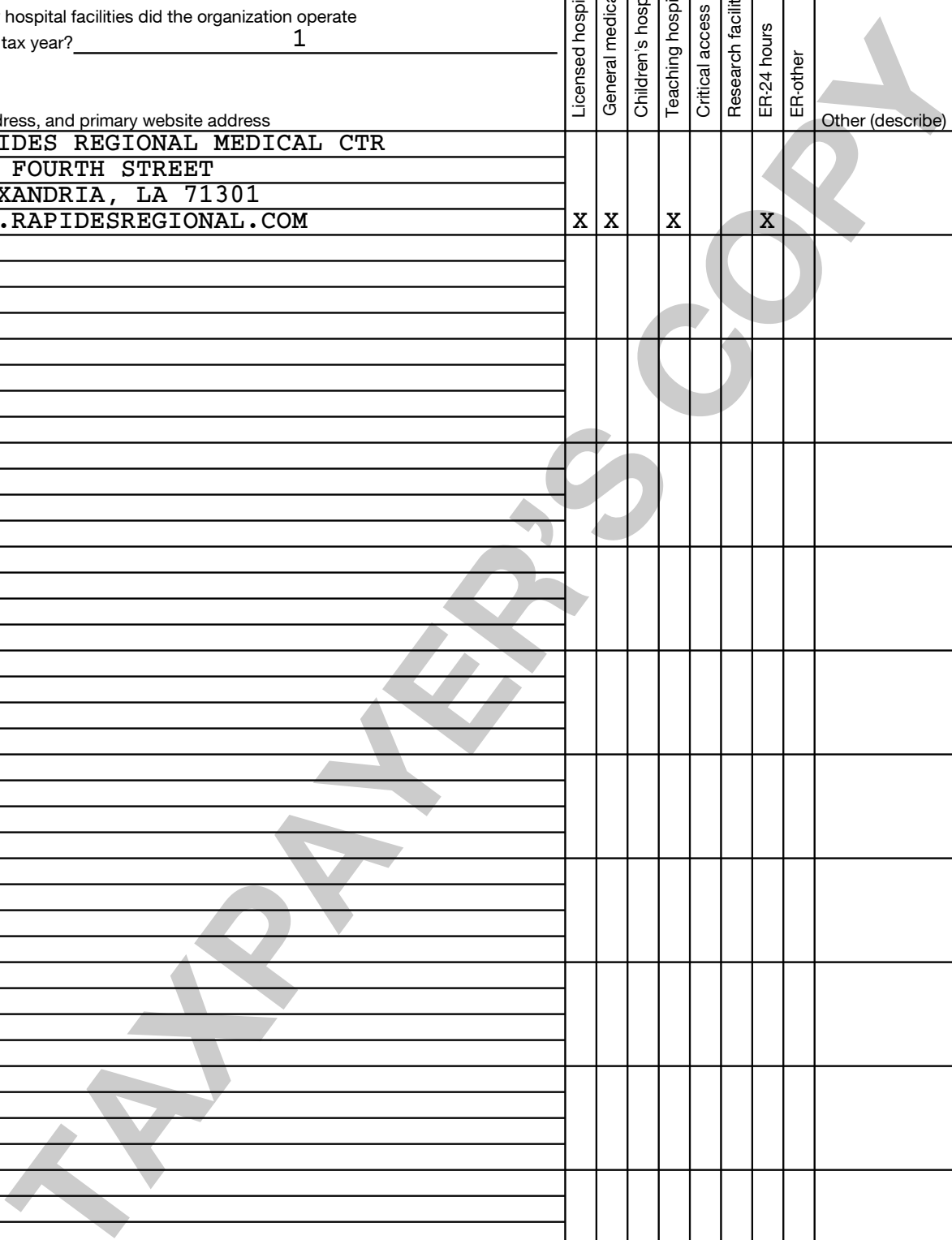
(list in order of size, from largest to smallest)

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

Name, address, and primary website address

1 RAPIDES REGIONAL MEDICAL CTR
211 FOURTH STREET
ALEXANDRIA, LA 71301
WWW.RAPIDESREGIONAL.COM

Table with columns: 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. Row 1: X, X, X, X, X.



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)

Name of hospital facility or facility reporting group RAPIDES REGIONAL MEDICAL CTR

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	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 9		
	If "Yes," indicate what the CHNA report describes (check all that apply):		
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u> </u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its CHNA report widely available to the public?		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date):		
a	<input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
8a	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)?		
8b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ <u> </u>		

Part V Facility Information (continued) **RAPIDES REGIONAL MEDICAL CTR**

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?		X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		
Billing and Collections			
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	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 patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **RAPIDES REGIONAL MEDICAL CTR**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	<input checked="" type="checkbox"/>	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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 Part VI.

21		<input checked="" type="checkbox"/>
22		<input checked="" type="checkbox"/>

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 3C: THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES NOT UTILIZE FPG AS CRITERIA FOR DISCOUNTED CARE. ANY INDIVIDUAL AT INCOME OF 200% OR LESS OF FPG QUALIFIES FOR THE RHS FINANCIAL ASSISTANCE POLICIES (FAP) AND RECEIVES A 100% DISCOUNT ON THEIR BILL, OR FREE CARE. THERE IS NO PROVISION FOR PARTIAL DISCOUNTS ON PATIENT BILLS UNDER THE FAP. ALL UNINSURED PATIENTS WHO DO NOT QUALIFY UNDER THE FAP RECEIVE AN UNINSURED DISCOUNT ON THEIR BILLS.

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

Part VI Supplemental Information

THE TOTAL MEDICAID INPATIENT ADMISSIONS PLUS TOTAL MEDICAID OUTPATIENT VISITS.

PART III, SECTION A, LINE 2:

RRMC RECORDS PATIENT PAYMENTS TO ACCOUNTS AS WELL AS 100% DISCOUNTS FOR FAP-ELIGIBLE PATIENTS AND PARTIAL DISCOUNTS FOR UNINSURED PATIENTS.

THEN NON-FAP ELIGIBLE PATIENTS ARE BILLED, AND RRMC RECORDS A PROVISION FOR BAD DEBT ACCOUNTS ON THE REMAINING 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.

PART III, LINE 4: EXCERPT FROM 2012 NOTES TO AUDITED FINANCIAL STATEMENTS OF RAPIDES HEALTHCARE SYSTEM, LLC:

"THE COMPANY DOES NOT PURSUE COLLECTION OF AMOUNTS RELATED TO PATIENTS WHO MEET THE GUIDELINES TO QUALIFY AS CHARITY CARE; THEREFORE, THEY ARE NOT REPORTED IN REVENUES. PATIENTS TREATED AT THE COMPANY'S HOSPITALS FOR NON-ELECTIVE CARE, WHO HAVE INCOME AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL, ARE ELIGIBLE FOR CHARITY CARE. THE FEDERAL POVERTY LEVEL IS ESTABLISHED BY THE FEDERAL GOVERNMENT AND IS BASED ON INCOME AND FAMILY SIZE. THE COMPANY PROVIDES DISCOUNTS TO UNINSURED PATIENTS WHO DO NOT QUALIFY FOR MEDICAID OR CHARITY CARE. THESE DISCOUNTS ARE SIMILAR TO THOSE PROVIDED TO MANY LOCAL MANAGED CARE PLANS. AFTER THE DISCOUNTS ARE APPLIED, IF THE COMPANY IS STILL UNABLE TO COLLECT A SIGNIFICANT PORTION OF UNINSURED PATENTS' ACCOUNTS, THE COMPANY WILL RECORD SIGNIFICANT PROVISIONS FOR DOUBTFUL ACCOUNTS (BASED UPON THE COMPANY'S HISTORICAL

Part VI Supplemental Information

COLLECTION EXPERIENCE) RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED.

"THE REVENUE DEDUCTIONS RELATED TO UNINSURED ACCOUNTS (CHARITY CARE AND UNINSURED DISCOUNTS) GENERALLY HAVE THE INVERSE EFFECT ON THE PROVISION FOR DOUBTFUL ACCOUNTS. TO QUANTIFY THE TOTAL IMPACT OF AND TRENDS RELATED TO UNINSURED ACCOUNTS, THE COMPANY BELIEVES IT IS BENEFICIAL TO VIEW THESE REVENUE DEDUCTIONS AND PROVISION FOR DOUBTFUL ACCOUNTS IN COMBINATION, AS WELL AS SEPARATELY.

"THE PROVISION FOR DOUBTFUL ACCOUNTS, AS A PERCENTAGE OF NET PATIENT SERVICE REVENUES, DECREASED FROM 10% FOR 2011 TO 8% FOR 2012. THE SUM OF THE PROVISION FOR DOUBTFUL ACCOUNTS, UNINSURED DISCOUNTS AND CHARITY CARE, AS A PERCENTAGE OF THE SUM OF NET PATIENT SERVICE REVENUES, UNINSURED DISCOUNTS AND CHARITY CARE INCREASED FROM 21.9% FOR 2011 TO 24.8% FOR 2012."

PART III, LINE 8: EVEN THOUGH THE AMOUNT REPORTED FOR MEDICARE ACTIVITY IN SECTION B REFLECTS A SURPLUS FOR THE YEAR, IT SHOULD BE NOTED THAT THE AMOUNT OF PATIENT CARE COSTS DO NOT INCLUDE MEDICARE NON-ALLOWABLE EXPENSES. THE AMOUNTS REPORTED ON PART III, LINES 5-7 HAVE BEEN DETERMINED FROM THE INDIVIDUAL FACILITY COST REPORT FOR RAPIDES REGIONAL MEDICAL CENTER.

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 GIVEN A FINANCIAL ASSISTANCE APPLICATION AND SCREENED FOR FINANCIAL ASSISTANCE.

Part VI Supplemental Information

RHS DOES NOT PURSUE COLLECTION OF ACCOUNTS WHILE IT ATTEMPTS TO DETERMINE WHETHER UNINSURED OR UNDERINSURED PATIENTS MEET ITS GUIDELINES TO QUALIFY FOR FREE CHARITY CARE UNDER ITS FINANCIAL ASSISTANCE POLICY (FAP). THE RAPIDES HEALTHCARE SYSTEM "DISCOUNT CHARITY POLICY FOR PATIENTS" CLEARLY DESCRIBES IN DETAIL THE PROCESS THAT IS FOLLOWED IN DETERMINING WHETHER A PATIENT IS QUALIFIED FOR CHARITY CARE. UNTIL IT IS DETERMINED WHETHER A PATIENT ACCOUNT QUALIFIES FOR CHARITY CARE, THE ACCOUNT IS HELD IN A "PENDING" STATE, AND THE ACCOUNT IS NOT BILLED, NOR SUBMITTED FOR COLLECTION. 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.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 11: THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES NOT UTILIZE FPG AS CRITERIA FOR DISCOUNTED CARE. ANY INDIVIDUAL AT INCOME OF 200% OR LESS OF FPG QUALIFIES FOR THE RHS FINANCIAL ASSISTANCE POLICIES (FAP) AND RECEIVES A 100% DISCOUNT ON THEIR BILL, OR FREE CARE. THERE IS NO PROVISION FOR PARTIAL DISCOUNTS ON PATIENT BILLS UNDER THE FAP. ALL UNINSURED PATIENTS WHO DO NOT QUALIFY UNDER THE FAP RECEIVE AN UNINSURED DISCOUNT ON THEIR BILLS.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 12H: 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,

Part VI Supplemental Information

WHERE PATIENTS ARE IDENTIFIED AS UNDOCUMENTED RESIDENTS OR HOMELESS, OR PATIENTS THAT EXPIRE WITHOUT AN ESTATE.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 20D: 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, OR FREE CARE. THUS, FAP-ELIGIBLE INDIVIDUALS ARE NOT CHARGED FOR CARE. THERE IS NO PROVISION FOR PARTIAL DISCOUNTS ON PATIENT BILLS UNDER THE FAP. ALL UNINSURED PATIENTS WHO DO NOT QUALIFY UNDER THE FAP RECEIVE AN UNINSURED DISCOUNT ON THEIR BILLS.

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 LATE 2012 AND CONTINUING THROUGH 2013, RRMC AND THE OTHER LARGE ACUTE-CARE HOSPITAL IN THE COMMUNITY (A CHRISTUS FACILITY) BEGAN DISCUSSIONS WITH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS ABOUT

Part VI Supplemental Information

THE DESIGN OF A NEW HEALTH CARE SAFETY-NET SOLUTION FOR THE CENTRAL LOUISIANA REGION. THIS WAS IN RESPONSE TO THE LOUISIANA GOVERNOR'S DECISION TO DISMANTLE THE STATE'S LONG-STANDING CHARITY HOSPITAL SYSTEM AND MOVE THE RESPONSIBILITY FOR PROVISION OF ALL HEALTH CARE FOR THE INDIGENT TO THE PRIVATE SECTOR. RRMCDISCUSSIONS WERE SPECIFICALLY ABOUT THE TRANSITION OF SERVICES NOW PERFORMED AT THE STATE-RUN HUEY P. LONG HOSPITAL FACILITY IN PINEVILLE, IN RAPIDES PARISH. A COOPERATIVE ENDEAVOR AGREEMENT WAS EXECUTED IN OCTOBER 2013 WHICH CALLS FOR ACUTE CARE MEDICAL, PSYCHIATRIC, AND EMERGENCY SERVICES, AS WELL AS PRIMARY AND SPECIALTY CLINIC SERVICES FOR THE UN- AND UNDERINSURED POPULATION OF CENTRAL LOUISIANA TO BE PROVIDED BY RRMCD AND CHRISTUS HOSPITALS, PARTIALLY SUPPORTED BY A STATE SUBSIDY, TRANSITIONING BEGINNING DECEMBER 1, 2013, COMPLETED BY JUNE 30, 2014.

PART VI, LINE 3: A "NOTICE TO PATIENTS" IS POSTED AT INPATIENT AND EMERGENCY DEPARTMENT ADMITTING LOCATIONS. THE NOTICE CONTAINS THE FOLLOWING LANGUAGE: "AN UNINSURED DISCOUNT POLICY IS AVAILABLE TO PATIENTS WITHOUT INSURANCE COVERAGE FOR MEDICALLY NECESSARY SERVICES. A CHARITY CARE DISCOUNT POLICY IS AVAILABLE FOR CERTAIN QUALIFYING PATIENTS." CHARITY CARE AND DISCOUNT POLICIES ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE IN BOTH ENGLISH AND SPANISH. AS SOON AS POSSIBLE AFTER ADMISSION, ALL UNINSURED PATIENTS ARE SCREENED BY AN ON-SITE THIRD-PARTY FIRM HIRED SPECIFICALLY TO DETERMINE IF PATIENTS MEET GOVERNMENT PROGRAM ELIGIBILITY CRITERIA. THE FIRM'S PERSONNEL ARE SPECIFICALLY TRAINED IN MEDICAID, MEDICARE AND OTHER GOVERNMENT PROGRAM ELIGIBILITY CRITERIA AND APPLICATION PROCEDURES. IF THE PATIENT MEETS PROGRAM ELIGIBILITY CRITERIA, THEN ASSISTANCE IS PROVIDED TO THE PATIENT FOR ENROLLMENT. IF THE PATIENT DOES NOT MEET PROGRAM QUALIFICATIONS, THE

Part VI Supplemental Information

PATIENT IS GIVEN A FINANCIAL ASSISTANCE APPLICATION AND LETTER. HOSPITAL STAFF EXPLAIN THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY, WHAT THE QUALIFICATIONS ARE FOR ASSISTANCE, AND WHAT DOCUMENTATION IS REQUIRED IN ORDER FOR PATIENTS TO RECEIVE ASSISTANCE. HOSPITAL REGISTRAR STAFF IS TRAINED IN FINANCIAL ASSISTANCE POLICIES AND PROCEDURES. THE PATIENT IS THEN ASKED TO COMPLETE AND RETURN THE DOCUMENTATION. A PATIENT QUALIFIES FOR CHARITY CARE IF HOUSEHOLD INCOME IS AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL.

PART VI, LINE 4: RAPIDES REGIONAL MEDICAL CENTER'S PRIMARY COMMUNITY SERVED IS A THREE-PARISH (COUNTY) SERVICE AREA IN CENTRAL LOUISIANA, INCLUDING AVOUELLES, GRANT AND RAPIDES PARISHES.

THE SERVICE AREA IS LARGELY RURAL AND ECONOMICALLY CHALLENGED. THE MEDIAN HOUSEHOLD INCOME FOR 2007-2011 VARIED FROM A LOW OF \$32,321 IN AVOUELLES PARISH TO A HIGH OF \$40,470 IN RAPIDES PARISH, STILL SIGNIFICANTLY LOWER THAN THE STATE AVERAGE OF \$44,086 AND US AVERAGE OF \$52,762 DURING THE SAME PERIOD. IN AVOUELLES PARISH, 23.9% OF THE POPULATION WAS BELOW THE POVERTY LEVEL, WHILE 18.8% WERE IN RAPIDES, AND 16.6% WERE IN GRANT. IN THE US, ONLY 14.3% OF THE POPULATION LIVES BELOW THE POVERTY LEVEL.

IN TERMS OF EDUCATION LEVEL, ONLY 70.2% OF AVOUELLES RESIDENTS ARE HIGH-SCHOOL GRADUATES; 77.1% OF GRANT RESIDENTS; AND 81.8% OF RAPIDES RESIDENTS. NATIONALLY, 85.4% OF THE US POPULATION HOLDS A HIGH-SCHOOL DEGREE. IN TERMS OF HIGHER EDUCATION, ONLY 9.6% OF AVOUELLES RESIDENTS HOLD BACHELOR DEGREES; 10.6% OF GRANT RESIDENTS; AND 18.5% OF RAPIDES RESIDENTS. NATIONALLY, 28.2% OF THE POPULATION HOLDS A BACHELOR DEGREE.

HEALTH CHALLENGES IN THE COMMUNITY INCLUDE 22.3% OF THE POPULATION REPORTING A LACK OF MEDICAL INSURANCE, COMPARED TO 14.9% FOR THE US.

Part VI Supplemental Information

REPORTED PREVALENCE OF DIABETES IN THE AREA IS 15.8% COMPARED TO 10.1% NATIONALLY. IN 2012, 42% OF THE POPULATION OF AVOUELLES WAS ENROLLED IN MEDICAID, 32% OF GRANT RESIDENTS, AND 35% OF RAPIDES RESIDENTS. ALL THREE PARISHES ARE DESIGNATED AS PRIMARY CARE HRSAS (HEALTH PROFESSIONAL SHORTAGE AREAS). HIGH BLOOD PRESSURE WAS REPORTED BY 44.8% OF THE POPULATION, COMPARED TO 34.3% NATIONALLY. HEART DISEASE PREVALENCE IS 14.4%, MORE THAN DOUBLE THE NATIONAL PREVALENCE OF 6.1%.

THE THREE PARISHES ARE SERVED BY TWO TERTIARY-CARE, ACUTE-CARE HOSPITALS - RPMC AND ONE OTHER. ALSO IN THE REGION ARE A VETERAN'S ACUTE-CARE HOSPITAL, A PHYSICIAN-OWNED SURGICAL HOSPITAL, A RURAL CRITICAL-ACCESS FACILITY, ONE SMALL RURAL ACUTE-CARE FACILITY, AND A PUBLIC FACILITY WITH EMERGENCY AND CLINIC SERVICES BUT EXTREMELY LIMITED ACUTE-CARE SERVICES.

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.

BOTH BOARDS OF DIRECTORS AND THE HOSPITAL MANAGEMENT TEAM ARE HEAVILY

Part VI Supplemental Information

FOCUSED ON QUALITY AND SAFETY, AND THE HOSPITAL INVESTS IN SERVICES AND TECHNOLOGY NECESSARY TO PROVIDE THE BEST CARE POSSIBLE FOR PATIENTS. WITH A 2012 OVERALL RISK-ADJUSTED COMPLICATIONS INDEX OF 0.87, RRMC PROVIDED TOP-LEVEL PATIENT-CARE OUTCOMES. FOR THE SECOND YEAR, U.S. NEWS AND WORLD REPORTS' 2012-2013 RANKINGS OF BEST HOSPITALS RECOGNIZED RAPIDES REGIONAL AS NO. 3 IN LOUISIANA. ADDITIONALLY, FOR THE SECOND YEAR, THE HOSPITAL WAS NAMED A TOP PERFORMER ON KEY QUALITY MEASURES FOR EXCELLENCE IN ACCOUNTABILITY MEASURE PERFORMANCE BY THE JOINT COMMISSION. RAPIDES REGIONAL WAS RECOGNIZED IN MODERN HEALTHCARE MAGAZINE AS RECEIVING THE 2012/2013 CONSUMER CHOICE AWARD IN ITS MARKET BASED ON NATIONAL RESEARCH CORPORATION CONSUMER SURVEYS ON QUALITY HEALTHCARE SERVICES. THE HOSPITAL ALSO RECEIVED THE 2012/2013 HHS ORGAN DONATION SILVER MEDAL OF HONOR. RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED AS ONE OF LOUISIANA'S TWO LEVEL II TRAUMA CENTERS, 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 III CHEST PAIN CENTER - THE ONLY ONE IN CENTRAL LOUISIANA.

WITH AN ANNUAL PAYROLL OF \$21 MILLION (RAPIDES FOUNDATION OWNERSHIP PERCENTAGE SHARE), RHS IS A SIGNIFICANT EMPLOYER IN ITS COMMUNITIES AND PAID \$0.5 MILLION (RAPIDES FOUNDATION SHARE) IN PROPERTY TAXES DURING 2012 THAT SUPPORTED SUCH EFFORTS AS SCHOOLS, ROADS AND OTHER INFRASTRUCTURE PROJECTS.

IN ADDITION TO THE COMMUNITY BENEFIT PROVIDED BY RAPIDES HEALTHCARE SYSTEM, THE RAPIDES FOUNDATION'S 2012 PHILANTHROPIC ACTIVITIES PROVIDED AN ADDITIONAL \$9.7 MILLION IN COMMUNITY BENEFIT TO ITS NINE-PARISH SERVICE AREA. THIS INCLUDED GRANTS OF \$6.9 MILLION AND DIRECT CHARITABLE

Part VI Supplemental Information

ACTIVITIES OF \$2.2 MILLION IN THREE PRIMARY AREAS OF FOCUS: HEALTHY PEOPLE, HEALTHY COMMUNITIES, AND EDUCATION.

TAXPAYER'S COPY

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE RAPIDES FOUNDATION

**Employer identification number
72-0423603**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCION TEXAS, INC. 2014 S HACKBERRY SAN ANTONIO, TX 78210-3541	74-2712770	501(C)(3)	100,000.	0.			HEALTHY COMMUNITIES
ALEXANDRIA COUNTRY DAY SCHOOL 5603 BAYOU RAPIDES ROAD ALEXANDRIA, LA 71303	23-7080248	501(C)(3)	35,000.	0.			HEALTHY COMMUNITIES
ALLEN PARISH SCHOOL BOARD P.O. DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	133,200.	0.			EDUCATION, HEALTHY PEOPLE & HEALTHY COMMUNITIES
AVOUELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	158,750.	0.			EDUCATION, HEALTHY PEOPLE & HEALTHY COMMUNITIES
BATON ROUGE AIDS SOCIETY 4560 NORTH BLVD., STE 100 BATON ROUGE, LA 70806	72-1436877	501(C)(3)	67,000.	0.			HEALTHY PEOPLE
BUCKEYE RECREATION COMPLEX 6 REED LAWRENCE RD DEVILLE, LA 71328	72-6001132	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **53.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2012)

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

(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
CASA OF CENTRAL LOUISIANA, INC. 1200 KEYSER AVENUE, SUITE B NATCHITOCHE, LA 71457	68-0573326	501(C)(3)	50,000.	0.			HEALTHY COMMUNITIES
CATAHOULA PARISH SCHOOL BOARD P.O. BOX 690 HARRISONBURG, LA 71340	72-6000268	GOVERNMENT AGENCY	87,000.	0.			EDUCATION & HEALTHY COMMUNITIES
CENLA ADVANTAGE PARTNERSHIP P.O. BOX 465 ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	307,550.	0.			HEALTHY COMMUNITIES
CENTRAL HIGH SCHOOL 244 LARTO BAYOU ROAD JONESVILLE, LA 71343	72-6000268	GOVERNMENT AGENCY	21,875.	0.			HEALTHY PEOPLE
CENTRAL LA ECONOMIC DEVELOPMENT ALLIANCE - P.O. BOX 465 - ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	585,000.	0.			HEALTHY COMMUNITIES & HEALTHY PEOPLE
CENTRAL LOUISIANA AHEC 2225 NORTH BOLTON AVENUE ALEXANDRIA, LA 71303	72-1204210	501(C)(3)	150,000.	0.			HEALTHY PEOPLE
CENTRAL LOUISIANA COMMUNITY FOUNDATION - P. O. BOX 66 - ALEXANDRIA, LA 71309	72-1446378	501(C)(3)	10,000.	0.			HEALTHY PEOPLE
CITY OF ALEXANDRIA P. O. BOX 71 ALEXANDRIA, LA 71309-0071	72-6000014	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
CITY OF BUNKIE P.O. BOX 630 BUNKIE, LA 71322	72-6000215	GOVERNMENT AGENCY	23,857.	0.			HEALTHY PEOPLE

Schedule I (Form 990)

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

(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 OAKDALE P. O. BOX 728 OAKDALE, LA 71463	72-6001026	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
CMAP EXPRESS 1101 FOURTH STREET, SUITE 101A ALEXANDRIA, LA 71301	02-0751416	501(C)(3)	525,000.	0.			HEALTHY PEOPLE
COMMUNITY FOOD PANTRY OF WINN P. O. BOX 302 WINNFIELD, LA 71483	72-0998305	501(C)(3)	7,500.	0.			HEALTHY PEOPLE
FOOD BANK OF CENTRAL LA, INC. 3223 BALDWIN AVENUE ALEXANDRIA, LA 71301	72-1154072	501(C)(3)	49,998.	0.			HEALTHY PEOPLE
GRANT PARISH SCHOOL BOARD P. O. BOX 208 COLFAX, LA 71417	72-6000494	GOVERNMENT AGENCY	118,150.	0.			EDUCATION, HEALTHY PEOPLE & HEALTHY COMMUNITIES
J. I. BARRON ELEMENTARY SCHOOL 3655 TRINITY CHURCH ROAD PINEVILLE, LA 71360	72-6001133	GOVERNMENT AGENCY	24,127.	0.			HEALTHY PEOPLE
LA COMMUNITY & TECH COLLEGE SYSTEM 265 SOUTH FOSTER DRIVE BATON ROUGE, LA 70806	20-5432053	GOVERNMENT AGENCY	186,048.	0.			HEALTHY PEOPLE
LASALLE HOSPITAL SERVICE DISTRICT #1 - 1102 NORTH PINE ROAD - OLLA, LA 71465	72-0652984	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
LASALLE PARISH SCHOOL BOARD P. O. DRAWER 90 JENA, LA 71342	72-6000656	GOVERNMENT AGENCY	100,600.	0.			EDUCATION, HEALTHY PEOPLE & HEALTHY COMMUNITIES

Schedule I (Form 990)

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

(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 PRIMARY CARE ASSOCIATION, INC. - P.O. BOX 966 - BATON ROUGE, LA 70821-0966	72-1040949	501(C)(3)	400,000.	0.			HEALTHY PEOPLE
MABEL BRASHER ELEMENTARY SCHOOL 601 CLOVERDALE BLVD ALEXANDRIA, LA 71303	72-6001133	GOVERNMENT AGENCY	24,600.	0.			HEALTHY PEOPLE
NATCHITOCHE PARISH SCHOOL BOARD P.O. BOX 16 NATCHITOCHE, LA 71458	72-0629556	GOVERNMENT AGENCY	182,750.	0.			EDUCATION, HEALTHY PEOPLE & HEALTHY COMMUNITIES
NORTHWESTERN STATE UNIVERSITY OFFICE OF THE PRESIDENT NATCHITOCHE, LA 71497	72-6000783	GOVERNMENT AGENCY	904,113.	0.			HEALTHY PEOPLE
OAKDALE MIDDLE SCHOOL 124 SOUTH 13TH STREET OAKDALE, LA 71463	72-6000020	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
RAPIDES CHILDREN'S ADVOCACY CENTER, INC. - P.O. BOX 228 - ALEXANDRIA, LA 71303	72-1299269	501(C)(3)	50,000.	0.			HEALTHY PEOPLE
RAPIDES PARISH SCHOOL BOARD P. O. BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOVERNMENT AGENCY	468,000.	0.			EDUCATION, HEALTHY PEOPLE & HEALTHY COMMUNITIES
SOUTHERN FOREST HERITAGE MUSEUM P. O. BOX 101 LONG LEAF, LA 71448	72-1243061	501(C)(3)	25,000.	0.			HEALTHY PEOPLE
SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	72-1191867	501(C)(3)	30,000.	0.			HEALTHY PEOPLE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ORCHARD FOUNDATION 1101 FOURTH STREET, SUITE 101C ALEXANDRIA, LA 71301	87-0730768	501(C)(3)	1,570,000.	0.			EDUCATION & HEALTHY COMMUNITIES
THE RAPIDES EXPLORATORY EDUCATION HOUSE, INC. - 1403 THIRD STREET - ALEXANDRIA, LA 71301	72-1414935	501(C)(3)	10,570.	0.			HEALTHY PEOPLE
TIOGA HISTORICAL SOCIETY, INC. P.O. BOX 151 TIOGA, LA 71477	01-0593546	501(C)(3)	25,000.	0.			HEALTHY PEOPLE
TOWN OF BALL P. O. BOX 800 BALL, LA 71405	72-0743991	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
TOWN OF BOYCE P. O. BOX 146 BOYCE, LA 71409	72-6000191	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
TOWN OF COTTONPORT P. O. BOX 118 COTTONPORT, LA 71327	72-6008510	GOVERNMENT AGENCY	20,000.	0.			HEALTHY PEOPLE
TOWN OF ELIZABETH P. O. BOX 457 ELIZABETH, LA 70638	72-0603095	GOVERNMENT AGENCY	15,250.	0.			HEALTHY PEOPLE
TOWN OF MONTGOMERY P.O. BOX 99 MONTGOMERY, LA 71454	72-6001703	GOVERNMENT AGENCY	50,000.	0.			HEALTHY PEOPLE
TOWN OF OBERLIN P. O. BOX 337 OBERLIN, LA 70655	72-6001763	GOVERNMENT AGENCY	33,800.	0.			HEALTHY PEOPLE

Schedule I (Form 990)

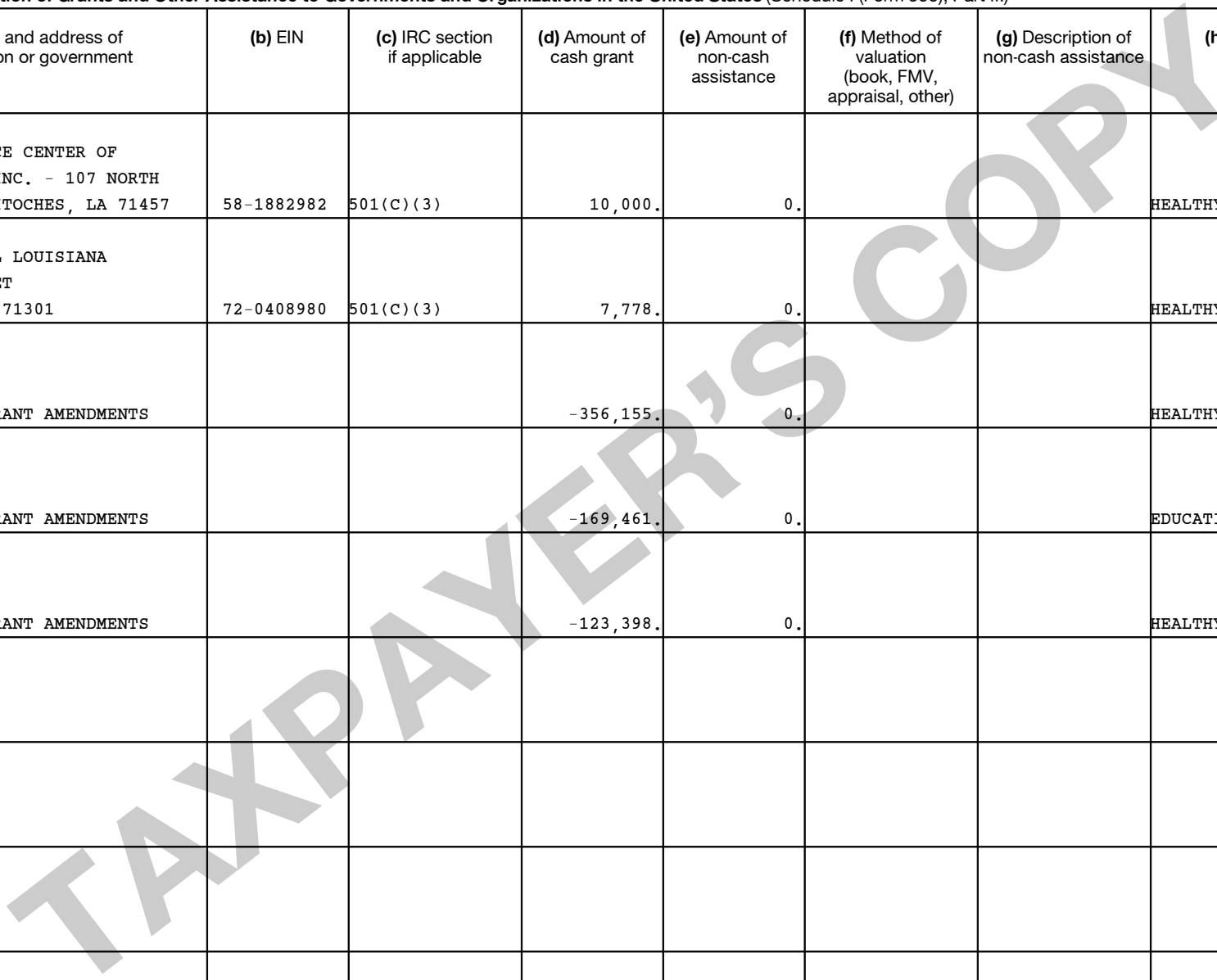
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 ROSEPINE P. O. BOX 528 ROSEPINE, LA 70634	72-0752635	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
TOWN OF TULLOS P. O. BOX 749 TULLOS, LA 71479	72-0568783	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
UNITED BAPTIST CHURCH 7687 HWY 9 CAMPTI, LA 71411	80-0152201	501(C)(3)	25,000.	0.			HEALTHY PEOPLE
VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	256,310.	0.			EDUCATION, HEALTHY PEOPLE & HEALTHY COMMUNITIES
VILLAGE OF GEORGETOWN P.O. BOX 220 GEORGETOWN, LA 71432	72-0601348	GOVERNMENT AGENCY	20,000.	0.			HEALTHY PEOPLE
VILLAGE OF MOREAUVILLE P. O. BOX 57 MOREAUVILLE, LA 71355	72-0720280	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
VILLAGE OF SICILY ISLAND P. O. BOX 45 SICILY ISLAND, LA 71368	72-0758855	GOVERNMENT AGENCY	23,906.	0.			HEALTHY PEOPLE
WARD ONE COMMUNITY FOUNDATION P.O. BOX 35 EFFIE, LA 71331	72-6000119	GOVERNMENT AGENCY	25,000.	0.			HEALTHY PEOPLE
WINN PARISH SCHOOL BOARD P. O. BOX 430 WINNFIELD, LA 71483	72-6001620	GOVERNMENT AGENCY	104,300.	0.			EDUCATION, HEALTHY PEOPLE & HEALTHY COMMUNITIES

Schedule I (Form 990)

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

(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
WOMEN'S RESOURCE CENTER OF NATCHITOCHES, INC. - 107 NORTH STREET - NATCHITOCHES, LA 71457	58-1882982	501(C)(3)	10,000.	0.			HEALTHY PEOPLE
YMCA OF CENTRAL LOUISIANA 724 SCOTT STREET ALEXANDRIA, LA 71301	72-0408980	501(C)(3)	7,778.	0.			HEALTHY PEOPLE
VARIOUS 2012 GRANT AMENDMENTS			-356,155.	0.			HEALTHY PEOPLE
VARIOUS 2012 GRANT AMENDMENTS			-169,461.	0.			EDUCATION
VARIOUS 2012 GRANT AMENDMENTS			-123,398.	0.			HEALTHY COMMUNITIES



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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: PRIOR TO FUNDING, GRANTEES DEVELOP AND SUBMIT FOR APPROVAL A WORK PLAN AND BUDGET FOR USE OF THE GRANT FUNDS AWARDED. ON A QUARTERLY OR SEMI-ANNUAL BASIS, THE RAPIDES FOUNDATION (TRF) REQUIRES THAT GRANTEES SUBMIT NARRATIVE REPORTS AND BUDGET EXPENDITURE REPORTS, WHICH COMPARE ACTUAL ACTIVITIES COMPLETED TO APPROVED WORK PLANS AND ACTUAL EXPENDITURES TO APPROVED BUDGETS. AT THE END OF THE GRANT TERM, THE GRANTEES ARE REQUIRED TO SUBMIT SIMILAR CUMULATIVE REPORTS DETAILING THE INTERVENTIONS COMPLETED, EVALUATING THEIR EFFECTIVENESS AND ITEMIZING EXPENSES COMPARED TO THE APPROVED BUDGETS. UNSPENT FUNDS MUST BE REPAID TO

Part IV Supplemental Information

THE FOUNDATION IN ACCORDANCE WITH WRITTEN GRANT AGREEMENTS.

GRANTEES MAY SUBMIT REQUESTS TO APPROVE BUDGET LINE ITEM CHANGES. AS A PRACTICE TRF DOES NOT APPROVE WORK PLAN OR BUDGET CHANGES WHICH DIVERGE FROM THE ORIGINAL GRANT PURPOSE AND INTENT.

TRF, AT ITS EXPENSE AND OPTION, PERFORMS RANDOM, PERIODIC REVIEWS OF THE GRANTEES' INTERNAL RECORDS TO VERIFY THE ACCURACY OF REPORTING. IF APPROPRIATE, REPAYMENT OF INAPPROPRIATE EXPENDITURES IS REQUESTED. FAILURE TO REPORT EXPENDITURES OR TO REPAY UNSPENT OR INAPPROPRIATELY SPENT FUNDS WILL RESULT IN 1) WITHHOLDING OF ADDITIONAL PAYMENTS ON EXISTING GRANTS OR 2) PREVENT CONSIDERATION OF FUTURE GRANT REQUESTS.

LARGE GRANT INITIATIVES ARE EVALUATED BY TRF UTILIZING THIRD-PARTY EVALUATION FIRMS. THE EVALUATIONS MEASURE THE EFFECTIVENESS OF THE CHOSEN INTERVENTION IN ACHIEVING THE INITIATIVE INTENDED OUTCOMES AS WELL AS THE EFFECTIVENESS OF THE INITIATIVE IMPLEMENTATION. EVALUATIONS SERVE TO PROVIDE TRF FEEDBACK WHICH CAN BE UTILIZED TO IMPROVE PROGRAM IMPLEMENTATION.

SCHEDULE I, PART II

DURING 2012, THE RAPIDES FOUNDATION RECORDED AMENDMENTS TO GRANTS IN THE AMOUNT OF \$649,014. THE AMENDMENTS LARGELY RELATED TO PRIOR YEAR GRANTS AND COULD NOT BE ALLOCATED AMONG CURRENT YEAR GRANTS.

THEREFORE, ON SCHEDULE I PART II, THERE ARE THREE NEGATIVE GRANT AMOUNTS THAT CORRESPOND TO THE AMOUNT OF AMENDMENTS PER EACH GRANT PURPOSE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	4b								
		4c								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	5b								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	6b								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7									
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8									
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, 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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH R. ROSIER, JR. PRESIDENT & CEO	(i)	290,353.	0.	0.	25,000.	7,058.	322,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHLEEN F. NOLEN DIR, ADMIN	(i)	172,499.	0.	0.	17,250.	3,221.	192,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNETTE BEUHLER DIR, PROG & COMM	(i)	152,460.	0.	0.	15,246.	6,982.	174,688.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to 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.

Lined area for supplemental information with horizontal ruling lines.

TAXPAYER'S COPY

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOUISIANA. TRF IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC, WHICH OWNS
AND OPERATES RAPIDES REGIONAL MEDICAL CENTER, A 320-BED HOSPITAL IN
ALEXANDRIA. ADDITIONALLY, TRF PROVIDES FUNDING FOR PROJECTS WHICH
EFFECTIVELY ADDRESS THE FOLLOWING PHILANTHROPIC OBJECTIVES:

HEALTHY PEOPLE - TO PROMOTE HEALTHY BEHAVIORS AND IMPROVE ACCESS TO
HEALTHCARE.

EDUCATION - TO INCREASE THE LEVEL OF EDUCATIONAL ATTAINMENT AND
ACHIEVEMENT AS THE PRIMARY PATH TO IMPROVED ECONOMIC, SOCIAL AND HEALTH
STATUS.

HEALTHY COMMUNITIES - TO IMPROVE ECONOMIC OPPORTUNITY AND FAMILY
INCOME; AND ENHANCED CIVIC AND COMMUNITY OPPORTUNITIES FOR MORE
EFFECTIVE LEADERS AND ORGANIZATIONS.

FORM 990, PART I, LINES 9 AND 17:

IN ACCORDANCE WITH INSTRUCTIONS, 2012 FINANCIAL RESULTS FROM THE
RAPIDES FOUNDATION'S 26% INTEREST IN RAPIDES HEALTHCARE SYSTEM ARE
PRESENTED IN THE FINANCIAL STATEMENTS NET AS PROGRAM SERVICE REVENUE.
IN PRIOR YEARS, RESULTS HAD BEEN PRESENTED GROSS IN APPROPRIATE REVENUE
AND EXPENSE CATEGORIES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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FUNDING FOR PROJECTS WHICH EFFECTIVELY ADDRESS THE FOLLOWING

PHILANTHROPIC OBJECTIVES:

HEALTHY PEOPLE - TO PROMOTE HEALTHY BEHAVIORS AND IMPROVE ACCESS TO HEALTHCARE.

EDUCATION - TO INCREASE THE LEVEL OF EDUCATIONAL ATTAINMENT AND ACHIEVEMENT AS THE PRIMARY PATH TO IMPROVED ECONOMIC, SOCIAL AND HEALTH STATUS.

HEALTHY COMMUNITIES - TO IMPROVE ECONOMIC OPPORTUNITY AND FAMILY INCOME; AND ENHANCED CIVIC AND COMMUNITY OPPORTUNITIES FOR MORE EFFECTIVE LEADERS AND ORGANIZATIONS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

RECOGNIZED IN MODERN HEALTHCARE MAGAZINE AS RECEIVING THE 2012/2013 CONSUMER CHOICE AWARD IN ITS MARKET BASED ON NATIONAL RESEARCH CORPORATION CONSUMER SURVEYS ON QUALITY HEALTHCARE SERVICES. THE HOSPITAL ALSO RECEIVED THE 2012/2013 HHS ORGAN DONATION SILVER MEDAL OF HONOR. RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED AS THE REGION'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 III CHEST PAIN CENTER - THE ONLY ONE IN CENTRAL LOUISIANA.

TRF ALSO SEEKS TO ASSERT, DEVELOP AND SUPPORT ACCESS TO NON-URGENT CARE FOR THE UNINSURED AND UNDERSERVED POPULATIONS. IN 2012 TRF CHARITY CARE

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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AND OTHER COMMUNITY BENEFITS TOTALED \$16.5 MILLION, AS INCLUDED ON SCHEDULE H, PART I, LINE 7K ATTACHED HERETO. THIS INCLUDED \$5.8 MILLION OF UNREIMBURSED PATIENT CARE COSTS AND \$10.7 MILLION IN HEALTH PROFESSIONS EDUCATION, COMMUNITY EDUCATION, COMMUNITY PROGRAMS AND COMMUNITY DONATIONS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TRF PROVIDED \$175,000 IN FUNDING TO CMAP'S CANCER SCREENING PROJECT, WHICH PROVIDED FREE MAMMOGRAMS, PAP SMEARS, PELVIC EXAMS AND COLORECTAL CANCER TESTS TO UNINSURED PATIENTS WHO COULDN'T AFFORD THESE CRITICAL SCREENINGS. ITS CANCER SCREENING VAN, THROUGH A PARTNERSHIP WITH LOUISIANA STATE UNIVERSITY, BROUGHT THESE TESTS TO RURAL AREAS. IN 2012, 672 PATIENTS WERE SEEN, 172 PAP SMEARS DONE, 215 PELVIC EXAMS COMPLETED, 454 MAMMOGRAMS DONE, 235 CLINICAL BREAST EXAMS COMPLETED, AND 355 TAKE HOME COLORECTAL CANCER TESTS DISTRIBUTED.

ALMOST \$400,000 IN GRANTS WERE AWARDED TO NORTHWESTERN STATE UNIVERSITY AND CENTRAL LOUISIANA COMMUNITY AND TECHNICAL COLLEGE TO SUPPORT THEIR NURSING EDUCATION PROGRAMS OVER THE NEXT TWO YEARS AND BUILD HEALTHCARE ACCESS IN THE CENTRAL LOUISIANA REGION. ALSO IN 2012, TRF AWARDED A FOUR-YEAR GRANT TOTALING \$700,000 TO NORTHWESTERN STATE UNIVERSITY TO SUPPORT THE TRAINING OF A TOTAL OF 24 NURSE PRACTITIONERS.

TRF CONTRACTED WITH THE AMERICAN CANCER SOCIETY TO IMPLEMENT AND MANAGE A COMMUNITY HEALTH ADVISOR NETWORK TO HELP EDUCATE INDIVIDUALS IN THE BENEFITS OF SCREENING AS WELL AS ASSIST IN ACCESS TO SCREENING FOR BREAST, CERVICAL, AND COLORECTAL CANCERS.

TRF AWARDED A TWO-YEAR \$400,000 GRANT TO THE LOUISIANA PRIMARY CARE ASSOCIATION TO ENHANCE AN INTEGRATED BEHAVIORAL HEALTH PROGRAM AT THREE

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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FEDERALLY QUALIFIED HEALTH CENTERS IN THE FOUNDATION'S SERVICE AREA.

THROUGH THIS PROGRAM, A PRIMARY CARE PROVIDER, BEHAVIORAL HEALTH SPECIALIST, PATIENT NAVIGATOR AND PSYCHIATRIST WORK TOGETHER TO ADDRESS PATIENTS' MENTAL HEALTH ISSUES.

TRF AWARDED APPROXIMATELY \$700,000 IN GRANTS DURING 2012 TO 31 COMMUNITIES AND ORGANIZATIONS IN NINE PARISHES AS PART OF ITS DIET AND PHYSICAL ACTIVITY INITIATIVE. THESE FUNDS WERE USED TO INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY OPPORTUNITIES FOR ADULTS AND YOUTH THROUGH IMPLEMENTATION OF WALKING TRAILS, PLAYGROUNDS, FARMERS MARKETS, COMMUNITY GARDENS AND OTHER PROJECTS. ADDITIONALLY, EIGHT SCHOOL DISTRICTS WERE GRANTED \$112,500 IN FUNDS TO IMPROVE HEALTHY EATING AND PHYSICAL ACTIVITY OPPORTUNITIES THROUGH INNOVATIVE SCHOOL HEALTH MODEL PROGRAMS SUCH AS CATCH, SPARK AND SMART IN GRADES K-8. IN 2012 A NEW PROGRAM CALLED THE LIVING HEALTHY CLUB WAS IMPLEMENTED IN GRADES 9-12.

TRF'S HEALTHY LIFESTYLES PROGRAM PROVIDES ONE-ON-ONE COUNSELING TO INDIVIDUALS WHO ARE REFERRED BY THEIR DOCTORS. IN 2012, 180 PEOPLE RECEIVED COACHING FROM A REGISTERED DIETITIAN AND EXERCISE SPECIALIST, WITH 36 INDIVIDUALS COMPLETING THE ENTIRE PROGRAM.

THE FOUNDATION PROVIDED A \$250,000, THREE-YEAR MATCHING GRANT TO THE CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE TO CREATE THE CENTRAL LOUISIANA LOCAL FOODS INITIATIVE. THE PROJECT CREATES A SUSTAINABLE AGRICULTURAL ECONOMY IN THE REGION AND ENCOURAGES LOCAL FARMERS TO PROVIDE LOCALLY GROWN FOOD FOR THE COMMUNITY.

IN 2012, AS PART OF TRF'S TOBACCO PREVENTION AND CONTROL INITIATIVE, TRF RAN HARD-HITTING CAMPAIGNS ON TV, RADIO, BILLBOARD AND FACEBOOK TARGETING SECONDHAND SMOKE, YOUTH AND YOUNG ADULT USE AND THE HEALTH CONSEQUENCES OF TOBACCO USE. TRF'S CESSATION INTERVENTION PROGRAM

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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FEATURES ELEMENTS OF PROVIDER EDUCATION, PROVIDER REMINDER/REFERRAL TOOLS, AND PATIENT EDUCATION. PHYSICIANS AND OTHER HEALTHCARE PROVIDERS ARE ENCOURAGED TO REFER PATIENTS DIRECTLY TO THE STATE'S QUITLINE THROUGH USE OF INFORMATIONAL CARDS AND OTHER COLLATERALS DISPLAYING THE QUITLINE NUMBER. COMMUNITY AND SCHOOL GRANTS TOTALING OVER \$200,000 SUPPORTED PROGRAMS SUCH AS "TARS WARS" AND "KICK BUTTS DAY" EVENTS IN THE SCHOOLS, WORKPLACE OUTREACH AND "GREAT AMERICAN SMOKEOUT" ACTIVITIES. TRF FACILITATED A YOUTH SUMMIT ON TOBACCO PREVENTION AND CONTROL, ATTENDED BY 350 YOUTH AND GRANT COORDINATORS.

SELECTED LONG-TERM GOALS (2012) FOR THE HEALTHY PEOPLE INITIATIVE INCLUDE:

- DECREASE CURRENT SMOKING AMONG YOUTH FROM 24.6% IN 2007 TO 17.1%.
- DECREASE CURRENT SMOKING IN ADULTS FROM 24.9% IN 2005 TO 20%.
- DECREASE THE PERCENTAGE OF OVERWEIGHT ADULTS FROM 68% TO 67%.
- DECREASE THE PERCENTAGE OF ADOLESCENTS WHO ARE OVERWEIGHT FROM 32% TO 27.7%.
- INCREASE PERCENTAGE OF ADULTS PARTICIPATING IN MODERATE PHYSICAL ACTIVITY FOR AT LEAST 30 MINUTES PER DAY 5 DAYS PER WEEK FROM 24% TO 35%.
- INCREASE THE PERCENTAGE OF ADOLESCENTS ENGAGING IN MODERATE PHYSICAL ACTIVITY FOR 30 MINUTES 5 DAYS PER WEEK FROM 20% TO 30%.
- INCREASE THE PERCENTAGE OF ADULTS WHO EAT 5 SERVINGS OF FRUITS AND VEGETABLES PER DAY FROM 32% TO 43.5%.
- INCREASE THE PERCENTAGE OF ADOLESCENTS WHO EAT 5 SERVINGS OF FRUITS AND VEGETABLES PER DAY FROM 14% TO 17.5%.
- INCREASE THE PERCENTAGE OF ADULTS WITH A SPECIFIC SOURCE OF ONGOING PRIMARY CARE FROM 72% IN 2005 TO 85%.

THE RAPIDES FOUNDATION IS COMPLETING A PRIMARY DATA ASSESSMENT IN 2013

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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TO DETERMINE ITS SUCCESS TOWARD ITS LONG-TERM GOALS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 FEATURED HANDS-ON CURRICULUM AND MATERIALS THAT WERE ENGAGING, RIGOROUS
 AND MOTIVATING FOR STUDENTS AND THAT COULD IMMEDIATELY BE BROUGHT BACK
 INTO THE CLASSROOM AND IMPLEMENTED IN A COOPERATIVE LEARNING MODEL. A
 TOTAL OF 119 TEACHERS AND 48 ADMINISTRATORS ATTENDED THE INSTITUTES.
 ADDITIONALLY, 107 TEACHERS RECEIVED FOLLOW-UP ONE-ON-ONE COACHING IN
 THE CLASSROOM.

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. THROUGHOUT
 THE YEAR THEY HAD THE OPPORTUNITY TO COLLABORATE AND OBSERVE OTHERS TO
 DEVELOP THE EXPERTISE NEEDED TO RECOGNIZE HIGH QUALITY INSTRUCTION.

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. THEY SPENT TIME DURING THE SCHOOL YEAR WITH
 FACILITATORS TO MODEL AND COACH THE 5D'S IN THEIR SCHOOL.

IN 2012 62 PARTICIPANTS ATTENDED LEADERSHIP DEVELOPMENT ACTIVITIES.
 TRF AWARDED \$350,000 IN GRANTS TO THE ORCHARD FOUNDATION TO SUPPORT ITS
 INSTRUCTIONAL INSTITUTES.

IN 2010 LOUISIANA STATE UNIVERSITY RECEIVED AN \$8 MILLION, FIVE-YEAR
 GRANT FROM THE U.S. DEPARTMENT OF EDUCATION TO RETRAIN CENTRAL
 LOUISIANA PROFESSIONALS HOLDING A BACHELORS' DEGREE IN A MATH- OR

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SCIENCE-RELATED FIELD TO TEACH HIGH SCHOOL ADVANCED PLACEMENT MATH AND SCIENCE CLASSES. THE CENTRAL LOUISIANA ACADEMIC RESIDENCY FOR TEACHERS (CART) GRANT IS A COLLABORATIVE EFFORT BETWEEN TRF, THE ORCHARD FOUNDATION, NINE CENTRAL LOUISIANA PARISH SCHOOL DISTRICTS, LSUA AND LSU. DURING 2012, THE PROGRAM'S SECOND COHORT OF 12 RESIDENTS COMPLETED THEIR CO-TEACHING YEAR, EARNED THEIR MASTER'S DEGREES, AND BEGAN TEACHING IN CENTRAL LOUISIANA SCHOOLS. THE THIRD COHORT OF 13 STUDENTS BEGAN THEIR CO-TEACHING YEAR AND MASTERS' PROGRAM STUDY. IN ADDITION TO ONGOING IN-KIND SUPPORT, IN 2012 TRF PROVIDED \$220,000 IN CASH MATCHING FUNDS TO SUPPORT THE CART PROGRAM.

TRF HAS SET THE FOLLOWING LONG-TERM GOALS FOR ITS EDUCATION INITIATIVE: BY 2012:

- ILEAP (LOUISIANA'S STANDARDIZED ACHIEVEMENT TEST) TEST RESULTS WILL INCREASE TO 55% FROM 52.3%.
- 75% OF STUDENTS WILL ATTAIN "APPROACHING BASIC" OR ABOVE IN LANGUAGE ARTS, MATH AND SCIENCE ON THE ILEAP TEST.
- 25% OF STUDENTS WILL ACHIEVE "ADVANCED/MASTERY" LEVEL ON THE ILEAP TEST.
- THE DEMOGRAPHICALLY ADJUSTED PERFORMANCE SCORE WILL INCREASE FROM 0.63% TO 1.98%.
- THE GRADUATION COHORT RATE WILL INCREASE TO 77% FROM 68.4%.

THE RAPIDES FOUNDATION IS COMPLETING A PRIMARY DATA ASSESSMENT IN 2013 TO DETERMINE ITS SUCCESS TOWARD ITS LONG-TERM GOALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE RAPIDES FOUNDATION'S (TRF'S) OTHER PROGRAM SERVICES PRIMARILY CONSIST OF ITS HEALTHY COMMUNITIES INITIATIVE -- IN 2012 TRF PROVIDED \$300,000 IN FUNDING TO THE BUSINESS ACCELERATOR SYSTEM (BAS), A PROGRAM

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OF THE ALEXANDRIA/PINEVILLE CHAMBER OF COMMERCE AND THE CENTRAL LOUISIANA ECONOMIC DEVELOPMENT AUTHORITY (CLEDA). BAS OFFERS COACHING SERVICES AND ENTREPRENEURSHIP CLASSES FOR EARLY-STAGE ENTREPRENEURS, SUCH AS FINANCE, MARKETING, AND OPERATIONS. IN 2012 BAS PROVIDED COACHING SERVICES TO MORE THAN 120 ENTREPRENEURS AND PROVIDED CLASSES TO MORE THAN 500 PARTICIPANTS.

IN 2012 TRF PROVIDED MORE THAN \$300,000 IN MATCHING FUNDS TO CLEDA DEDICATED TO ECONOMIC AND WORKFORCE DEVELOPMENT IN THE REGION.

IN 2012 TRF PROVIDED \$515,000 TO SUPPORT THE ORCHARD FOUNDATION'S CENLA WORK READY NETWORK, A SYSTEM DESIGNED TO LINK EDUCATION WITH WORKFORCE DEVELOPMENT EFFORTS AND ALIGN THEM WITH REGIONAL ECONOMIC NEEDS. DURING 2012, ORCHARD ENABLED ALL HIGH SCHOOLS IN ITS SERVICE AREA TO ACCESS CAREER READY 101, A CAREER TRAINING COURSE THAT PREPARES STUDENTS FOR CERTIFICATION WITH WORKKEYS ASSESSMENTS. WORKKEYS IS A JOB SKILLS ASSESSMENT SYSTEM MEASURING REAL WORLD SKILLS THAT EMPLOYERS BELIEVE ARE CRITICAL TO JOB SUCCESS. WORKKEYS ASSESSMENT SCORES IN THREE CORE AREAS: APPLIED MATHEMATICS, READING FOR INFORMATION, AND LOCATING INFORMATION, DETERMINE A STUDENT'S NATIONAL CAREER READINESS CERTIFICATE (NCRC) LEVEL, AN OBJECTIVE DOCUMENTATION OF AN EMPLOYEE'S SKILLS THAT CAN BE ACCEPTED NATIONWIDE. DURING 2012 3,452 STUDENTS PARTICIPATED IN CAREER READY 101 TRAINING.

TRF FOCUSED ITS 2012 HIGH SCHOOL VIDEO CHALLENGE ON THE CENLA WORK READY NETWORK. CENLA HIGH SCHOOLS SUBMITTED 32 VIDEO ENTRIES EMPHASIZING CAREER READY 101 AND THE IMPORTANCE OF GETTING THE TRAINING AND SKILLS TO PREPARE FOR A CAREER AFTER HIGH SCHOOL.

ALSO DURING 2012 TRF PROVIDED A \$200,000 MATCHING GRANT TO ORCHARD TO PROVIDE COLLEGE AND CAREER COACHING FOR 100% OF 12TH GRADE STUDENTS

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IN ITS SERVICE AREA. COLLEGE AND CAREER AWARENESS SEMINARS WERE PROVIDED FOR 9TH AND 11TH GRADES AT SELECT SCHOOLS.

WITH A \$35,000 TRF GRANT, CLEDA BEGAN BUILDING JOB PROFILES FOR 7 EMPLOYERS IN CENTRAL LOUISIANA. THESE PROFILES DESCRIBE JOB REQUIREMENTS IN TERMS OF COMPETENCIES TESTED IN THE NCRC CERTIFICATION EXAM, SO EMPLOYERS CAN APPROPRIATELY MATCH NCRC CERTIFICATE HOLDERS WITH JOBS.

ALSO DURING 2012, GRANTS TOTALING \$150,000 WERE MADE TO NINE CENTRAL LOUISIANA PARISH SCHOOL DISTRICTS TO SUPPORT CAREER AND TECHNICAL TRAINING IN THE SCHOOLS.

SEVENTEEN CENTRAL LOUISIANA PROFESSIONALS GRADUATED FROM CENLA BOARDBUILDERS IN 2012, A TRF COMMUNITY DEVELOPMENT WORKS (CDW) PROGRAM THAT TRAINS EMERGING LEADERS TO BECOME ACTIVE IN THEIR COMMUNITIES AS MEMBERS OF NONPROFIT BOARDS OF DIRECTORS. THE PROFESSIONALS WENT THROUGH A SERIES OF SESSIONS IN 2012 TO LEARN THE ROLES AND RESPONSIBILITIES OF BEING EFFECTIVE BOARD MEMBERS. AFTER COMPLETING THE TRAINING, THEY WERE EACH MATCHED WITH A NONPROFIT ORGANIZATION AND WILL NOW SERVE ON THEIR BOARDS.

CENLA EXECBUILDERS, AN INSTITUTE FOR EXECUTIVE DIRECTORS OF LOCAL NONPROFIT ORGANIZATIONS, TRAINED 15 EXECUTIVE DIRECTORS IN 2012.

THROUGH ITS FREE TRAINING CLASSES, CDW TRAINED LOCAL NONPROFIT ORGANIZATIONS AND INDIVIDUALS IN ISSUES THAT THEY DEAL WITH EVERY DAY, INCLUDING GRANT WRITING, FINANCIAL MANAGEMENT, FUNDRAISING AND MARKETING. 250 INDIVIDUALS TOOK THESE FREE COURSES IN 2012.

UNDER ITS NONPROFIT WORKS PROGRAM, CDW AWARDED GRANTS TOTALING \$135,000 TO THREE LOCAL ORGANIZATIONS. THE GRANTS ARE USED TO EXPAND THE GOVERNANCE, ORGANIZATIONAL DEVELOPMENT AND LEADERSHIP CAPACITIES OF THE ORGANIZATIONS THROUGH PERSONALIZED TECHNICAL ASSISTANCE AND

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TRAINING OVER A TWO-YEAR PERIOD.

SELECTED LONG-TERM GOALS (2012) FOR THE HEALTHY COMMUNITIES

INITIATIVE INCLUDE:

- GROW THE REAL MEDIAN HOUSEHOLD INCOME TO \$34,000. (5-YR GROWTH RATE OF 1.2%)
- INCREASE THE IMPORTANCE OF CITIZEN-LED EFFORTS IN THE COMMUNITY TO 85%.
- INCREASE THE NUMBER OF RESIDENTS WHO VOLUNTEER FREQUENTLY TO 25%.
- INCREASE THE NUMBER OF RESIDENTS WHO ENGAGE FREQUENTLY IN FUNDRAISING FOR COMMUNITY EFFORTS TO 72%.
- INCREASE THE NUMBER OF LEADERS WHO REGULARLY PARTNER WITH OTHER ORGANIZATIONS TO ACCOMPLISH THEIR MISSIONS TO 58%.
- INCREASE THE NUMBER OF COMMUNITY GROUPS ACHIEVING EXCELLENCE IN BEST PRACTICES FOR NONPROFIT MANAGEMENT TO 58%.

THE RAPIDES FOUNDATION IS COMPLETING A PRIMARY DATA ASSESSMENT IN 2013 TO DETERMINE ITS SUCCESS TOWARD ITS LONG-TERM GOALS.

EXPENSES \$ 2,449,159. INCLUDING GRANTS OF \$ 1,878,404. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE RAPIDES FOUNDATION'S TRUSTEES ARE THE MEMBERS OF THE ORGANIZATION.

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.

FORM 990, PART VI, SECTION B, LINE 11: A FINAL COPY OF THE FORM 990 IS

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

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.

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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.

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

FORM 990, PART IX, LINE 24E

232212
01-04-13

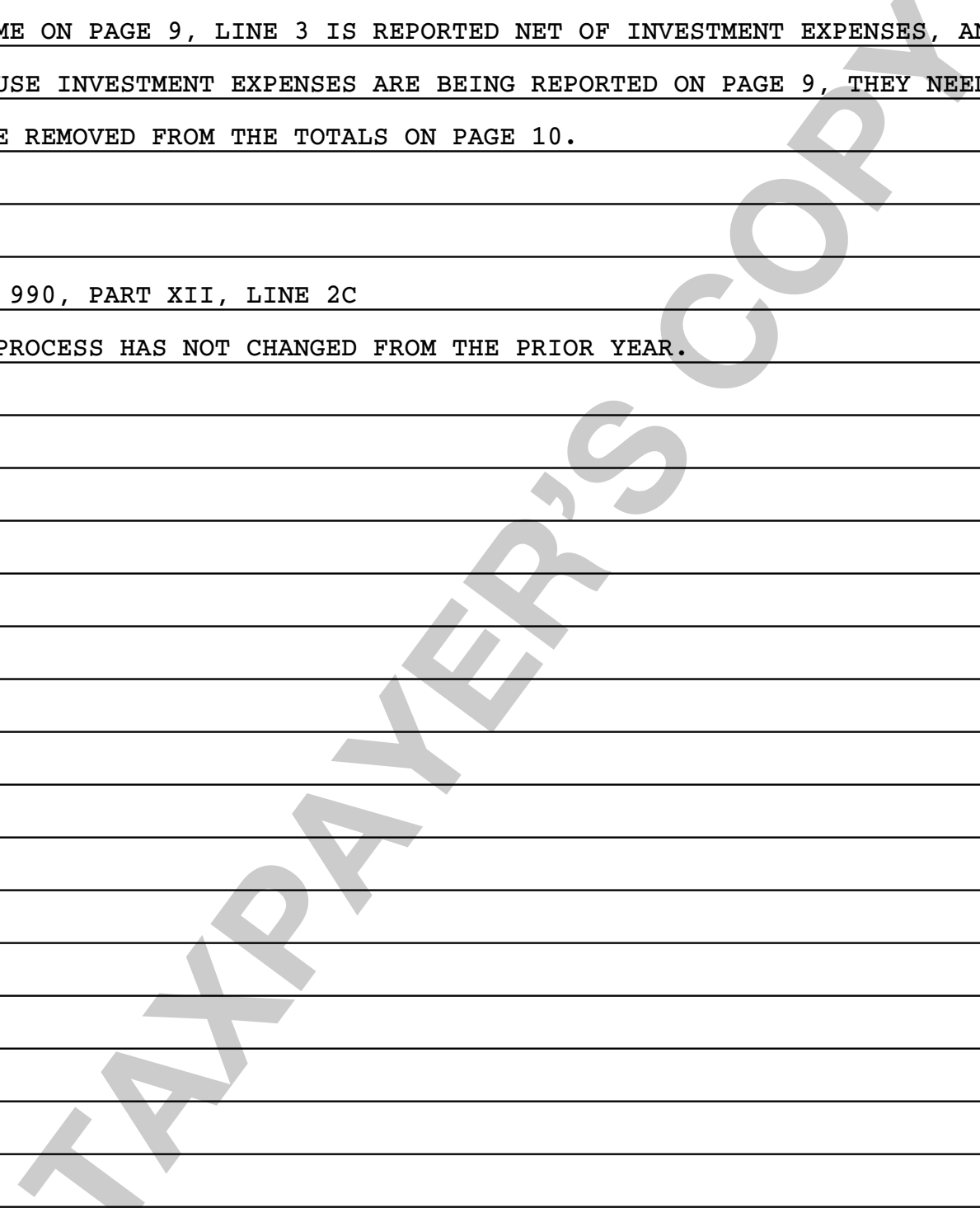
Name of the organization
THE RAPIDES FOUNDATION

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THE TOTAL OF ALL OTHER EXPENSES IS NEGATIVE DUE TO \$496,476 OF INVESTMENT EXPENSES BEING SUBTRACTED OUT OF TOTAL EXPENSES. INVESTMENT INCOME ON PAGE 9, LINE 3 IS REPORTED NET OF INVESTMENT EXPENSES, AND BECAUSE INVESTMENT EXPENSES ARE BEING REPORTED ON PAGE 9, THEY NEEDED TO BE REMOVED FROM THE TOTALS ON PAGE 10.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



Related Organizations and Unrelated Partnerships

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CMAF EXPRESS - 02-0751416 1101 FOURTH STREET ALEXANDRIA, LA 71301	HEALTHCARE ACCESS	LOUISIANA	501(C)(3)	LINE 11A, I	THE RAPIDES FOUNDATION		X
THE ORCHARD FOUNDATION - 87-0730768 1101 FOURTH STREET ALEXANDRIA, LA 71301	EDUCATION	LOUISIANA	501(C)(3)	LINE 11A, I	THE RAPIDES FOUNDATION		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
RAPIDES HEALTHCARE SYSTEM, LLC - 61-1267229, 211 4TH STREET, ALEXANDRIA, LA 71301	HOSPITAL	LA	N/A	RELATED	6,884,285.	39,437,838.	X		N/A	X		26.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)	X	
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ORCHARD FOUNDATION	B	1,335,854.	GRANT AGREEMENT
(2) THE ORCHARD FOUNDATION	J	343,193.	COST ACCOUNTING SYSTEM
(3) CMAP EXPRESS	B	678,859.	GRANT AGREEMENT
(4) CMAP EXPRESS	J	779,054.	COST ACCOUNTING SYSTEM
(5) CMAP EXPRESS	M	67,429.	WRITTEN CONTRACT
(6) RAPIDES HEALTHCARE SYSTEM	F	5,905,876.	LETTER AGREEMENT

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

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

Table with 11 main columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile; (d) Predominant income; (e) Are all partners sec. 501(c)(3) orgs.?; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations?; (i) Code V-UBI amount; (j) General or managing partner?; (k) Percentage ownership.

Part VII Supplemental Information

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

Lined area for supplemental information.

TAXPAYER'S COPY

For calendar year 2012, or fiscal year beginning _____, 2012, and ending _____, 20____

2012

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

THE RAPIDES FOUNDATION

72-0423603

Name and title of officer

**JOE ROSIER
CEO**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>9358111</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize POSTLETHWAITE & NETTERVILLE to enter my PIN 12312
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72610912312
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**