

**THE RAPIDES FOUNDATION  
AND SUBSIDIARIES  
ALEXANDRIA, LOUISIANA  
DECEMBER 31, 2014 AND 2013**

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 27, 2015

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 statements of financial position as of December 31, 2014 and 2013, and the related consolidated statements of activities, and cash flows for the years then ended, and the related notes to the consolidated 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, 2014 and 2013, 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, 2014 AND 2013

<u>ASSETS</u>	<u>2014</u>	<u>2013</u>
Cash and cash equivalents-Note 4	3,897,126	6,330,201
Marketable securities-Note 5	213,430,786	202,523,424
Investments at cost plus equity in undistributed earnings-Note 6	39,603,567	37,187,588
Grants receivable	73,029	135,057
Accounts receivable	141,246	87,232
Prepaid expenses	43,581	41,466
Property and equipment, net-Note 8	1,769,519	1,860,663
Funds held for CLTCC project-Note 15	2,600,296	-
Assets whose use is limited-Note 9	-	65,645
<b>Total assets</b>	<u>261,559,150</u>	<u>248,231,276</u>
 <b><u>LIABILITIES AND NET ASSETS</u></b>		
<b><u>Liabilities:</u></b>		
Accounts payable	346,406	285,196
Payroll taxes and benefits	149,882	154,456
Grants payable-Note 10	1,277,133	2,356,578
Funds held for CLTCC project-Note 15	2,600,296	-
Annuity obligations payable-Note 11	-	65,645
<b>Total liabilities</b>	4,373,717	2,861,875
 <b><u>Net assets:</u></b>		
Unrestricted	256,135,987	243,836,386
Temporarily restricted-Note 3	1,049,446	1,533,015
<b>Total net assets</b>	<u>257,185,433</u>	<u>245,369,401</u>
<b>Total liabilities and net assets</b>	<u>261,559,150</u>	<u>248,231,276</u>

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

THE RAPIDES FOUNDATION AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF ACTIVITIES  
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	2014		
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
<b><u>Revenues, gains, and other support:</u></b>			
Net investment income-Note 14	20,770,931	-	20,770,931
Contributions	656,331	72,812	729,143
Total revenues, gains, and other support	21,427,262	72,812	21,500,074
<b><u>Net assets released from restrictions</u></b>	556,381	(556,381)	-
Total revenues, gains, and other support	21,983,643	(483,569)	21,500,074
<b><u>Program expenses:</u></b>			
Grants	2,678,847	-	2,678,847
Direct charitable activities	4,952,202	-	4,952,202
Program development	625,051	-	625,051
Total program expenses	8,256,100	-	8,256,100
<b><u>Administrative expenses</u></b>	1,427,942	-	1,427,942
<b><u>Change in net assets</u></b>	12,299,601	(483,569)	11,816,032
<b><u>Net assets at beginning of year</u></b>	243,836,386	1,533,015	245,369,401
<b><u>Net assets at end of year</u></b>	256,135,987	1,049,446	257,185,433

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

2013		
<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
31,836,169	62	31,836,231
<u>326,334</u>	<u>627,740</u>	<u>954,074</u>
32,162,503	627,802	32,790,305
<u>101,081</u>	<u>(101,081)</u>	<u>-</u>
32,263,584	526,721	32,790,305
4,453,597	-	4,453,597
4,755,240	-	4,755,240
<u>692,106</u>	<u>-</u>	<u>692,106</u>
9,900,943	-	9,900,943
<u>1,435,157</u>	<u>-</u>	<u>1,435,157</u>
20,927,484	526,721	21,454,205
<u>222,908,902</u>	<u>1,006,294</u>	<u>223,915,196</u>
<u>243,836,386</u>	<u>1,533,015</u>	<u>245,369,401</u>



THE RAPIDES FOUNDATION AND SUBSIDIARIES  
CONSOLIDATED STATEMENTS OF CASH FLOWS  
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
<b><u>Cash flows from operating activities:</u></b>		
Change in net assets	11,816,032	21,454,205
Adjustments to reconcile change in net assets to net cash (used) by operating activities:		
Depreciation	149,699	164,979
Net realized and unrealized (gains)	(12,410,268)	(25,320,417)
Equity in earnings of investment in closely held entities	(6,054,657)	(4,529,132)
<b><i>Changes in operating assets and liabilities:</i></b>		
Accounts receivable	(54,014)	(25,725)
Grants receivable	62,028	(135,057)
Prepaid expenses	(2,115)	(3,243)
Accounts payable	61,210	(146,390)
Payroll taxes and benefits payable	(4,574)	(9,689)
Grants payable	<u>(1,079,445)</u>	<u>258,431</u>
Net cash (used) by operating activities	(7,516,104)	(8,292,038)
<b><u>Cash flows from investing activities:</u></b>		
Purchases of property and equipment	(58,555)	(32,076)
Purchases of marketable securities	(52,369,096)	(24,400,612)
Proceeds from sale of marketable securities	53,872,002	28,721,730
Distributions from investment reported under the equity method	<u>3,638,678</u>	<u>7,303,088</u>
Net cash provided by investing activities	<u>5,083,029</u>	<u>11,592,130</u>
<b><u>Net (decrease) increase in cash and cash equivalents</u></b>	(2,433,075)	3,300,092
<b><u>Cash and cash equivalents at beginning of the year</u></b>	<u>6,330,201</u>	<u>3,030,109</u>
<b><u>Cash and cash equivalents at end of the year</u></b>	<u>3,897,126</u>	<u>6,330,201</u>

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

THE RAPIDES FOUNDATION AND SUBSIDIARIES  
NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

**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 "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 (½) of the members to the Partnership's governing board, which approved capital expenditures, sales in excess of 10% of total Partnership assets, new debt in excess of \$10 million, discontinuation of any services at Rapides Hospital, selection of the Partnership's CEO, entry into other Partnership or business combinations, and declaration of cash distributions to the partners.

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

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

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

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

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

**Significant Accounting Policies**

***Basis of accounting***

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

***Financial statement presentation***

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

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

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

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

***Consolidation***

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

***Cash and cash equivalents***

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

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

***Contributions***

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

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

***Depreciation***

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

***Income and other taxes***

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

The Foundation and its subsidiaries each file U.S. federal Form 990 for informational purposes. Their federal income tax returns for the tax years 2011 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>2014</u>	<u>2013</u>
Nursing Coalition	58,623	135,353
Diet and Physical Exercise	90,906	391,985
Cancer Screening	86,651	83,846
Career Counseling	193,530	180,000
Construction Technology	2,565	4,187
Work Ready Network	368,930	383,866
Welding	3,174	1,803
Rapides Public Education	60,947	60,947
Science, Technology, Engineering and Math	184,120	160,031
CART Scholar's Project	-	130,997
Total temporarily restricted net assets	<u>1,049,446</u>	<u>1,533,015</u>

**4. Financial Instruments and Cash**

The Foundation's major financial instruments include cash and investments. It estimates that fair value of all financial instruments at December 31, 2014 and 2013, does not materially differ from aggregate carrying values of its financial instruments recorded in the accompanying statements 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>
<b>Year Ended December 31, 2014</b>			
Investment cash	4,084,430	4,084,430	-
Domestic equity	113,175,126	85,107,011	28,068,115
International equity	27,296,622	22,699,969	4,596,653
Domestic fixed income	38,285,821	35,737,824	2,547,997
Equity real estate	10,906,796	6,296,042	4,610,754
Alternative investments	<u>19,681,991</u>	<u>16,075,238</u>	<u>3,606,753</u>
	<u>213,430,786</u>	<u>170,000,514</u>	<u>43,430,272</u>
<b>Year Ended December 31, 2013</b>			
Investment cash	3,268,160	3,268,160	-
Domestic equity	111,710,940	86,426,464	25,284,476
International equity	27,703,382	21,343,643	6,359,739
Domestic fixed income	31,103,428	29,284,880	1,818,548
Equity real estate	9,923,419	7,155,640	2,767,779
Alternative investments	<u>18,814,095</u>	<u>16,246,599</u>	<u>2,567,496</u>
	<u>202,523,424</u>	<u>163,725,386</u>	<u>38,798,038</u>

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

A summary of closely held healthcare investments follows:

	<u>2014</u>	<u>2013</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>39,159,567</u>	<u>36,743,588</u>
	<u>39,603,567</u>	<u>37,187,588</u>

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

	<u>2014</u>	<u>2013</u>
Central Louisiana Rehab Associates, L.P.	44,000	44,000
Rapides Healthcare System, LLC	<u>6,010,657</u>	<u>4,485,132</u>
	<u>6,054,657</u>	<u>4,529,132</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, 2014 and 2013 are as follows:

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

	December 31, 2014			Total
	Level 1	Level 2	Level 3	
<b>Investment Cash</b>	-	4,084,430	-	4,084,430
<b>Equities:</b>				
Common stock	24,952,696	-	-	24,952,696
Mutual funds	62,122,635	73,752,012	-	135,874,647
Depository receipts	348,405	-	-	348,405
Real estate investment trust	275,179	-	-	275,179
Limited partnership	-	9,609,608	-	9,609,608
Total equities	87,698,915	83,361,620	-	171,060,535
<b>Fixed income:</b>				
CMO	-	728,830	-	728,830
Corporate bonds	9,486,802	14,325,562	-	23,812,364
FHLMC	-	14,586	-	14,586
FNMA	-	8,774	-	8,774
GNMA I	-	7,022	-	7,022
GNMA II	-	13,884	-	13,884
Government issues	-	12,871,530	-	12,871,530
Other asset backed	-	209,795	-	209,795
Near cash	-	619,036	-	619,036
Total fixed income	9,486,802	28,799,019	-	38,285,821
Totals	97,185,717	116,245,069	-	213,430,786

	December 31, 2013			Total
	Level 1	Level 2	Level 3	
<b>Investment Cash</b>	-	3,268,160	-	3,268,160
<b>Equities:</b>				
Common stock	21,217,696	-	-	21,217,696
Mutual funds	58,988,178	78,439,366	-	137,427,544
Depository receipts	344,444	-	-	344,444
Limited partnership	-	9,162,152	-	9,162,152
Total equities	80,550,318	87,601,518	-	168,151,836
<b>Fixed income:</b>				
CMO	-	760,204	-	760,204
Corporate bonds	7,883,431	12,268,255	-	20,151,686
FHLMC	-	18,687	-	18,687
FNMA	-	10,256	-	10,256
GNMA I	-	7,806	-	7,806
GNMA II	-	16,408	-	16,408
Government issues	-	9,365,051	-	9,365,051
Other asset backed	-	210,063	-	210,063
Near cash	-	563,267	-	563,267
Total fixed income	7,883,431	23,219,997	-	31,103,428
Totals	88,433,749	114,089,675	-	202,523,424



**8. Property and Equipment**

A summary of property and equipment follows:

	<u>2014</u>	<u>2013</u>
Land	59,900	59,900
Furniture and equipment	860,557	802,003
Building	<u>2,666,819</u>	<u>2,666,819</u>
	3,587,276	3,528,722
<u>Less-accumulated depreciation</u>	<u>(1,817,757)</u>	<u>(1,668,059)</u>
	<u>1,769,519</u>	<u>1,860,663</u>

Depreciation expense was \$149,699 and \$164,979 for the years ended December 31, 2014 and 2013.

**9. Assets Whose Use is Limited**

An analysis of assets whose use is limited follows:

	<u>2014</u>	<u>2013</u>
Retired executive compensation	<u>-</u>	<u>65,645</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>
2014	<u>2,234,462</u>	<u>3,313,907</u>	<u>1,277,133</u>
2013	<u>3,411,285</u>	<u>3,402,855</u>	<u>2,356,578</u>

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

2014	1,318,600
2013	1,755,750

**11. Annuity Obligations**

The Foundation had 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, 2013, eighteen (18) payments remained. This obligation terminated in 2014 upon the death of the retiree. See Note 9 for limited use assets that were 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 \$233,404 and \$226,132 for the years ended December 31, 2014 and 2013.

## 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 ten days for the first year of employment, increasing on employment anniversaries thereafter, up to a maximum annual accrual of twenty days. Employees can accumulate vacation days up to twice their annual rate. 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>2014</u>	<u>2013</u>
<b><u>Investment income</u></b>		
Income-cash and investments	3,246,742	2,997,981
Net realized and unrealized gains	12,410,268	25,320,417
Equity in jointly owned companies	<u>6,054,657</u>	<u>4,529,132</u>
	21,711,667	32,847,530
<b><u>Investment expenses</u></b>		
Investment management and custody	515,868	591,561
Other	<u>424,868</u>	<u>419,738</u>
	<u>940,736</u>	<u>1,011,299</u>
<b>Net investment income</b>	<u>20,770,931</u>	<u>31,836,231</u>

**15. Funds Held for CLTCC Project**

The Foundation entered into an agreement in September 2014 with the City of Alexandria to act as an intermediary for the City in order to meet certain matching provisions required by the Louisiana Community and Technical College System (LCTCS) preparatory to the construction of Central Louisiana Technical Community College in Alexandria (CLTCC). Under the terms of the agreement, the City transferred to the Foundation \$2,600,000 to be used as matching funds for the acquisition of property on which CLTCC is to be built, together with options, title opinions, and appraisals necessary to facilitate the acquisition. The Foundation is obligated under this agreement to exercise the options and purchase the property upon the joint written instruction of the City and LCTCS; and, upon additional written instruction from the City, to transfer the property to the State of Louisiana for the benefit of LCTCS. This transaction is accounted for by the Foundation as a liability, as it has no variance power over the assets subject to the agreement.

**16. 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 27, 2015, 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, 2014

<u>ASSETS</u>	<u>The Rapides Foundation</u>	<u>C MAP Express</u>	<u>The Orchard Foundation</u>	<u>Eliminations Dr (Cr)</u>	<u>Consolidated</u>
<b><u>Assets:</u></b>					
Cash and cash equivalents	3,166,089	249,673	481,364	-	3,897,126
Marketable securities	213,430,786	-	-	-	213,430,786
Investments at cost plus equity in undistributed earnings	39,603,567	-	-	-	39,603,567
Grants receivable	49,754	23,275	575,000	(575,000)	73,029
Accounts receivable	22,000	64,557	54,689	-	141,246
Due from CMAP Express	98,315	-	-	(98,315)	-
Due from The Orchard Foundation	31,931	-	-	(31,931)	-
Prepaid expenses	28,646	13,604	1,331	-	43,581
Property and equipment, net	1,756,117	12,473	929	-	1,769,519
Funds held for CLTCC project	<u>2,600,296</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,600,296</u>
<b>Total assets</b>	<b><u>260,787,501</u></b>	<b><u>363,582</u></b>	<b><u>1,113,313</u></b>	<b><u>(705,246)</u></b>	<b><u>261,559,150</u></b>
 <b><u>LIABILITIES AND NET ASSETS</u></b>					
<b><u>Liabilities:</u></b>					
Accounts payable	205,009	21,485	119,912	-	346,406
Payroll, taxes and benefits	149,882	-	-	-	149,882
Grants payable	1,852,133	-	-	575,000	1,277,133
Due to The Rapides Foundation	-	98,315	31,931	130,246	-
Funds held for CLTCC project	<u>2,600,296</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,600,296</u>
Total liabilities	4,807,320	119,800	151,843	705,246	4,373,717
 <b><u>Net assets:</u></b>					
Unrestricted	255,921,558	66,225	148,204	-	256,135,987
Temporarily restricted	<u>58,623</u>	<u>177,557</u>	<u>813,266</u>	<u>-</u>	<u>1,049,446</u>
Total net assets	<b><u>255,980,181</u></b>	<b><u>243,782</u></b>	<b><u>961,470</u></b>	<b><u>-</u></b>	<b><u>257,185,433</u></b>
<b>Total liabilities and net assets</b>	<b><u>260,787,501</u></b>	<b><u>363,582</u></b>	<b><u>1,113,313</u></b>	<b><u>705,246</u></b>	<b><u>261,559,150</u></b>

THE RAPIDES FOUNDATION AND SUBSIDIARIES

DETAILS OF CONSOLIDATED STATEMENT OF ACTIVITIES-UNRESTRICTED

FOR THE YEAR ENDED DECEMBER 31, 2014

	<u>The Rapides Foundation</u>	<u>C M A P E x p r e s s</u>	<u>The O r c h a r d F o u n d a t i o n</u>	<u>Eliminations Dr (Cr)</u>	<u>Consolidated</u>
<b><u>Revenues, gains and other support:</u></b>					
Net investment income	20,770,871	-	60	-	20,770,931
Contributions	<u>-</u>	<u>907,307</u>	<u>578,491</u>	<u>829,467</u>	<u>656,331</u>
Total revenues, gains and other support	20,770,871	907,307	578,551	829,467	21,427,262
<b><u>Net assets released from restrictions</u></b>	<u>84,730</u>	<u>470,681</u>	<u>1,328,656</u>	<u>1,327,686</u>	<u>556,381</u>
Total revenues, gains and other support	20,855,601	1,377,988	1,907,207	2,157,153	21,983,643
<b><u>Program expenses:</u></b>					
Grants	4,836,000	-	-	(2,157,153)	2,678,847
Direct charitable activities	2,017,856	1,341,076	1,593,270	-	4,952,202
Program development	<u>625,051</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>625,051</u>
Total program expenses	7,478,907	1,341,076	1,593,270	(2,157,153)	8,256,100
<b><u>Administrative expenses</u></b>	<u>1,119,766</u>	<u>58,688</u>	<u>249,488</u>	<u>-</u>	<u>1,427,942</u>
<b><u>Change in net assets</u></b>	12,256,928	(21,776)	64,449	-	12,299,601
<b><u>Net assets, beginning of year</u></b>	<u>243,664,630</u>	<u>88,001</u>	<u>83,755</u>	<u>-</u>	<u>243,836,386</u>
<b><u>Net assets, end of year</u></b>	<u>255,921,558</u>	<u>66,225</u>	<u>148,204</u>	<u>-</u>	<u>256,135,987</u>

THE RAPIDES FOUNDATION AND SUBSIDIARIES

DETAILS OF CONSOLIDATED STATEMENT OF ACTIVITIES-TEMPORARILY RESTRICTED

FOR THE YEAR ENDED DECEMBER 31, 2014

	<u>The Rapides Foundation</u>	<u>CMAP Express</u>	<u>The Orchard Foundation</u>	<u>Eliminations Dr (Cr)</u>	<u>Consolidated</u>
<b><u>Revenues, gains and other support:</u></b>					
Net investment income	-	-	-	-	-
Contributions	<u>8,000</u>	<u>172,407</u>	<u>1,220,091</u>	<u>1,327,686</u>	<u>72,812</u>
Total revenues, gains and other support	8,000	172,407	1,220,091	1,327,686	72,812
<b><u>Net assets released from restrictions</u></b>					
	<u>(84,730)</u>	<u>(470,681)</u>	<u>(1,328,656)</u>	<u>(1,327,686)</u>	<u>(556,381)</u>
Total revenues, gains and other support	(76,730)	(298,274)	(108,565)	-	(483,569)
<b><u>Program expenses:</u></b>					
Grants	-	-	-	-	-
Direct charitable activities	-	-	-	-	-
Program development	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Total program expenses	-	-	-	-	-
<b><u>Administrative expenses</u></b>					
	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
<b><u>Change in net assets</u></b>	(76,730)	(298,274)	(108,565)	-	(483,569)
<b><u>Net assets, beginning of year</u></b>	<u>135,353</u>	<u>475,831</u>	<u>921,831</u>	<u>-</u>	<u>1,533,015</u>
<b><u>Net assets, end of year</u></b>	<u><u>58,623</u></u>	<u><u>177,557</u></u>	<u><u>813,266</u></u>	<u><u>-</u></u>	<u><u>1,049,446</u></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.

CLIENT'S COPY

TAXPAYER'S COPY



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

November 6, 2015

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

The Rapides Foundation:

Enclosed is the 2014 Exempt Organization return, as follows...

2014 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

We recommend that you use certified mail with post marked receipt for proof of timely filing.

Sincerely,

Postlethwaite & Netterville

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
December 31, 2014

<b>Prepared for</b>	The Rapides Foundation 1101 Fourth Street No. 300 Alexandria, LA 71301
<b>Prepared by</b>	Postlethwaite & Netterville 8550 United Plaza Blvd, Suite 1001 Baton Rouge, LA 70809
<b>Amount due or refund</b>	Not applicable
<b>Make check payable to</b>	Not applicable
<b>Mail tax return and check (if applicable) to</b>	Not applicable
<b>Return must be mailed on or before</b>	Not applicable
<b>Special Instructions</b>	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.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2014, or fiscal year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

2014

Department of the Treasury Internal Revenue Service

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

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

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.

Table with 5 rows (1a-5a) and 2 columns (b Total revenue/tax/balance due) and 3 columns (1b-5b). Row 1a is checked with amount 16,146,635.

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 2014 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

[X] 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 2014 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 2014 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 2014 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

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>THE RAPIDES FOUNDATION</b> Doing business as		<b>D Employer identification number</b> 72-0423603
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b> 318-443-3394
	City or town, state or province, country, and ZIP or foreign postal code <b>ALEXANDRIA, LA 71301</b>		<b>G Gross receipts \$</b> 16,146,635.
	<b>F Name and address of principal officer: JOE ROSIER, JR.</b> <b>1101 4TH STREET, ALEXANDRIA, LA 71301</b>		<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b>

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527  
**J Website:** WWW.RAPIDESFOUNDATION.ORG  
**K Form of organization:**  Corporation  Trust  Association  Other **L Year of formation:** 1924 **M State of legal domicile:** LA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL</b>		
	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 2014 (Part V, line 2a)	5	48
	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)	199,621.	8,000.
	9 Program service revenue (Part VIII, line 2g)	4,071,690.	5,728,966.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,651,355.	10,409,669.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,922,666.	16,146,635.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,526,870.	4,836,000.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,381,305.	1,428,394.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,850,826.	2,334,279.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,759,001.	8,598,673.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,836,335.	7,547,962.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 247,651,041.	End of Year 260,787,501.
	21 Total liabilities (Part X, line 26)	3,851,058.	4,807,320.
	22 Net assets or fund balances. Subtract line 21 from line 20	243,799,983.	255,980,181.

**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			
	<b>JOE ROSIER, JR., CEO</b> Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <b>RALPH STEPHENS</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00638118</b>
	Firm's name <b>POSTLETHWAITE &amp; NETTERVILLE</b>	Firm's EIN <b>72-1202445</b>	Firm's address <b>8550 UNITED PLAZA BLVD, SUITE 1001 BATON ROUGE, LA 70809</b>	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 or note to any line 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.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ 5,728,966.) ACUTE-CARE HOSPITAL SERVICES - THE RAPIDES FOUNDATION IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC (RHS), WHICH OWNS AND OPERATES RAPIDES REGIONAL MEDICAL CENTER (RRMC), A 325-BED HOSPITAL IN ALEXANDRIA, LA. AS AN OWNER OF RHS, TRF SEEKS TO PROVIDE THE HIGHEST STANDARD OF PATIENT CARE THAT IS SAFE, EFFECTIVE, EFFICIENT, TIMELY, PATIENT-CENTERED AND EQUITABLE. DURING THE TWELVE MONTHS ENDED DECEMBER 31, 2014, RRMC ADMITTED 15,945 PATIENTS, CARED FOR 72,005 PATIENTS IN THE EMERGENCY ROOM, AND WELCOMED 2,209 BABIES. RRMC'S CORE MEASURES RANKED IN THE TOP 10% NATIONALLY, AND ITS RISK-ADJUSTED COMPLICATIONS INDEX OF 0.57 AND MORTALITY INDEX OF 0.90 WERE BELOW THE EXPECTED MEASURE OF 1.0, DEMONSTRATING QUALITY PROCESSES AND TOP-LEVEL PATIENT CARE OUTCOMES.

4b (Code: ) (Expenses \$ 3,502,535. including grants of \$ 2,917,630.) (Revenue \$ ) EDUCATION -- DURING 2014 THE RAPIDES FOUNDATION PROVIDED \$1.3 MILLION IN GRANTS TO THE NINE PARISH SCHOOL DISTRICTS IN TRF'S AREA. THE GRANTS WERE USED FOR TARGETED COACHING AND MENTORING OF TEACHERS; LEADERSHIP DEVELOPMENT FOR ADMINISTRATORS; AND FUNDING TO ALLOW THE DISTRICTS TO PARTICIPATE IN INSTITUTES PROVIDED BY THE ORCHARD FOUNDATION. DURING 2014, THROUGH A \$200,000 GRANT FROM THE RAPIDES FOUNDATION, THE ORCHARD FOUNDATION, TRF'S SUPPORTING ORGANIZATION, SPONSORED KAGAN INSTRUCTIONAL INSTITUTES FOR 177 AREA EDUCATORS. THE INSTITUTES FEATURED HANDS-ON CURRICULUM AND MATERIALS THAT ARE ENGAGING, RIGOROUS AND MOTIVATING FOR STUDENTS AND THAT CAN IMMEDIATELY BE BROUGHT BACK INTO THE CLASSROOM AND IMPLEMENTED IN A COOPERATIVE LEARNING MODEL. ADDITIONALLY, 41 TEACHERS RECEIVED FOLLOW-UP ONE-ON-ONE COACHING IN THE

4c (Code: ) (Expenses \$ 2,639,137. including grants of \$ 956,652.) (Revenue \$ ) HEALTHY PEOPLE - TRF PROVIDED CHRONIC CARE PRESCRIPTION MEDICATIONS FOR PEOPLE WHO CANNOT AFFORD THEM THROUGH \$600,000 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 2014, APPROXIMATELY 3,443 PEOPLE IN CENTRAL LOUISIANA RECEIVED \$3.4 MILLION IN NO-COST PRESCRIPTION MEDICATIONS THEY NEEDED TO MAINTAIN THEIR HEALTH THROUGH CMAP'S PATIENT ASSISTANCE PROGRAM. ANOTHER 4,457 PEOPLE THROUGHOUT THE REST OF THE STATE RECEIVED \$9.0 MILLION WORTH OF NO-COST MEDICATIONS THROUGH CMAP'S CENTRAL FILL PHARMACY, WHICH HAD CONTRACTS TO PROVIDE PHARMACEUTICALS FROM THIRTEEN MAJOR COMPANIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,337,235. including grants of \$ 961,718.) (Revenue \$ )

4e Total program service expenses 7,478,907.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> 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	
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> 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	
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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	
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</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
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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> .....		
<b>36 Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> 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 or note to any line in this Part V

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Includes entries for 1a (67), 1b (0), 2a (48), 3a (X), 4a (X), 5a (X), 6a (X), 7a (X), 7c (X), 7e (X), 7f (X), 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a (X), 14b.



**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 16		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 15		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	
<b>16b</b>		X	

**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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JOE ROSIER, JR., PRESIDENT & CEO - 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) JOAN BRUNSON, M.D. TRUSTEE	0.50	X					0.	0.	0.	
(2) JACQUELYN DAENEN TRUSTEE	0.50	X		X			0.	0.	0.	
(3) LAURA DAUZAT TRUSTEE	0.50	X		X			0.	0.	0.	
(4) ROSA FIELDS TRUSTEE	0.50	X					0.	0.	0.	
(5) CURMAN GAINES, PH.D. TRUSTEE	0.50	X					0.	0.	0.	
(6) CYNTHIA A. GILLESPIE, PH.D. TRUSTEE	0.50	X		X			0.	0.	0.	
(7) ROBERT HUGHES TRUSTEE	0.50	X					0.	0.	0.	
(8) ERNEST KELLY, M.D. TRUSTEE	0.50	X					0.	0.	0.	
(9) ANNA MOREAU, D.D.S. TRUSTEE	0.50	X					0.	0.	0.	
(10) CRAIG PEARCE, M.D. TRUSTEE	0.50	X					0.	0.	0.	
(11) MICHAEL REESE TRUSTEE	0.50	X					0.	0.	0.	
(12) FRANKIE ROSENTHAL TRUSTEE	0.50	X					0.	0.	0.	
(13) TAMMI SALAZAR TRUSTEE	1.00	X		X			0.	0.	0.	
(14) EDWIN URBI, M.D. TRUSTEE	0.50	X					0.	0.	0.	
(15) DENNIS WIMMERT TRUSTEE	0.50	X					0.	0.	0.	
(16) JOSEPH R. ROSIER, JR. PRESIDENT & CEO	40.00	X		X			307,934.	0.	30,467.	
(17) KATHLEEN F. NOLEN DIR, ADMIN	40.00				X		188,422.	0.	22,084.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNETTE BEUCLER DIR, PROG & COMM	40.00				X			163,315.	0.	23,651.
(19) MAJORIE TAYLOR EXEC DIR, ORCHARD FDN	40.00					X		0.	103,305.	13,283.
(20) KEVIN BROWN PHARMACIST	32.00					X		0.	110,050.	18,116.
<b>1b Sub-total</b>								659,671.	213,355.	107,601.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								659,671.	213,355.	107,601.

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

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
LSU HEALTH IN SHREVEPORT 1501 KINGS HWY, SHREVEPORT, LA 71103	HEALTH SCREENING	178,706.
PRC 11326 P STREET, OMAHA, NE 68137	ASSESSMENT	164,580.
KALB-TV PO BOX 951, ALEXANDRIA, LA 71309	OUTREACH SERVICES	152,095.
CAPITAL ONE, N.A. P.O. BOX 60024, NEW ORLEANS, LA 70160	CREDIT CARD SERVICES	131,199.
FIDUCIARY MANAGEMENT, 100 EAST WISCONSIN AVENUE SUITE 2200, MILWAUKEE, WI 53202	INVESTMENT MANAGEMENT	107,432.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		<b>6</b>

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	8,000.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		8,000.				
<b>Program Service Revenue</b>	<b>2 a</b> _____		<b>Business Code</b>				
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....		623990	5,728,966.		5,728,966.	
	<b>g Total.</b> Add lines 2a-2f .....			5,728,966.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,631,637.		2,631,637.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		7,778,032.					
		<b>b</b> Less: cost or other basis and sales expenses .....		0.			
		<b>c</b> Gain or (loss) .....		7,778,032.			
	<b>d</b> Net gain or (loss) .....			7,778,032.		7,778,032.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			16,146,635.	0.	0.	16,138,635.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,836,000.	4,836,000.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	509,844.	184,588.	325,256.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	651,244.	347,482.	303,762.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	108,157.	49,833.	58,324.	
<b>9</b> Other employee benefits	86,650.	45,906.	40,744.	
<b>10</b> Payroll taxes	72,499.	34,743.	37,756.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	34,080.	33,340.	740.	
<b>c</b> Accounting	28,968.	10,488.	18,480.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	167,108.	167,108.		
<b>12</b> Advertising and promotion	692,891.	581,751.	111,140.	
<b>13</b> Office expenses	40,777.	21,516.	19,261.	
<b>14</b> Information technology	87,658.	37,121.	50,537.	
<b>15</b> Royalties				
<b>16</b> Occupancy	81,651.	45,688.	35,963.	
<b>17</b> Travel	32,051.	31,655.	396.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	105,190.	60,112.	45,078.	
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	38,257.	13,851.	24,406.	
<b>23</b> Insurance	30,972.	11,213.	19,759.	
<b>24</b> 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.)				
<b>a CONTRACT SERVICES</b>	858,759.	858,759.		
<b>b PROGRAM SUPPLIES</b>	80,776.	80,776.		
<b>c MEMBERSHIPS &amp; DUES</b>	36,473.	13,268.	23,205.	
<b>d PRINTING &amp; PUBLISHING</b>	6,657.	6,657.		
<b>e All other expenses</b>	12,011.	7,052.	4,959.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	8,598,673.	7,478,907.	1,119,766.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,713,782.	<b>1</b>	3,166,089.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	75,000.	<b>3</b>	49,754.
	<b>4</b> Accounts receivable, net .....	208,869.	<b>4</b>	152,246.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	27,592.	<b>9</b>	28,646.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,502,298.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,746,181.	<b>10c</b>	1,756,117.
	<b>11</b> Investments - publicly traded securities .....	202,523,424.	<b>11</b>	213,430,786.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	37,187,588.	<b>13</b>	39,603,567.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	65,645.	<b>15</b>	2,600,296.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	247,651,041.	<b>16</b>	260,787,501.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	456,980.	<b>17</b>	354,891.
	<b>18</b> Grants payable .....	3,394,078.	<b>18</b>	1,852,133.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	0.	<b>25</b>	2,600,296.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	3,851,058.	<b>26</b>	4,807,320.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	243,664,630.	<b>27</b>	255,921,558.
	<b>28</b> Temporarily restricted net assets .....	135,353.	<b>28</b>	58,623.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	243,799,983.	<b>33</b>	255,980,181.	
<b>34</b> Total liabilities and net assets/fund balances .....	247,651,041.	<b>34</b>	260,787,501.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,146,635.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,598,673.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,547,962.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	243,799,983.
5	Net unrealized gains (losses) on investments	5	4,632,236.
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	255,980,181.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
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
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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 X A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information with a large diagonal watermark reading 'TAXPAYER'S COPY'.

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

OMB No. 1545-0047

**2014**

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, 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) (2014)



Name of organization <b>THE RAPIDES FOUNDATION</b>	Employer identification number <b>72-0423603</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ALABAMA  1720 2ND AVENUE SOUTH AB 1170  BIRMINGHAM, AL 35294	\$ <u>6,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>THE RAPIDES FOUNDATION</b>	Employer identification number  <b>72-0423603</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>THE RAPIDES FOUNDATION</b>	Employer identification number <b>72-0423603</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. 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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

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

**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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

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

Name of organization <b>THE RAPIDES FOUNDATION</b>	Employer identification number <b>72-0423603</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ..... ▶ \$ \_\_\_\_\_

3 Volunteer hours ..... \_\_\_\_\_

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_

3 If the organization incurred a section 4955 tax, did it file Form 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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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432041  
10-21-14

**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												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	26,409.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	29,599.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	56,008.													
<b>d</b>	Other exempt purpose expenditures	8,542,665.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	8,598,673.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	579,934.													
<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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	144,984.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
<b>j</b>	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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	691,792.	686,596.	579,934.	2,958,322.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					4,437,483.
<b>c</b> Total lobbying expenditures	20,733.	22,770.	27,080.	56,008.	126,591.
<b>d</b> Grassroots nontaxable amount	250,000.	172,941.	171,649.	144,984.	739,574.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,109,361.
<b>f</b> Grassroots lobbying expenditures				26,409.	26,409.

Schedule C (Form 990 or 990-EZ) 2014

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?		

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<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 a 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) Revenue 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 Revenue 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, for escrow or custodial account liability?  Yes  No

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

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

	(a) Current year	(b) Prior year	(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	

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		59,900.		59,900.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,442,398.	1,746,181.	1,696,217.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,756,117.



**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) RHS PARTNERSHIP	39,159,567.	COST
(2) CENLA REHAB PARTNERSHIP	444,000.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	39,603,567.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) FUNDS HELD FOR CLTCC PROJECT	2,600,296.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,600,296.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	20,778,871.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	4,632,236.	
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	4,632,236.	
3	Subtract line 2e from line 1		3	16,146,635.
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	16,146,635.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	8,598,673.
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	8,598,673.
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	8,598,673.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 2B:**

THE RAPIDES FOUNDATION ENTERED INTO AN AGREEMENT IN SEPTEMBER 2014 WITH THE CITY OF ALEXANDRIA TO ACT AS AN INTERMEDIARY FOR THE CITY IN ORDER TO MEET CERTAIN MATCHING PROVISIONS REQUIRED BY THE LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM (LCTCS) PREPARATORY TO THE CONSTRUCTION OF CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE IN ALEXANDRIA (CLTCC). UNDER THE TERMS OF THE AGREEMENT, THE CITY TRANSFERRED TO THE FOUNDATION \$2,600,000 TO BE USED AS MATCHING FUNDS FOR THE ACQUISITION OF PROPERTY ON WHICH CLTCC IS TO BE BUILT, TOGETHER WITH OPTIONS, TITLE OPINIONS, AND APPRAISALS NECESSARY TO FACILITATE THE ACQUISITION. THE FOUNDATION IS OBLIGATED UNDER THIS AGREEMENT TO EXERCISE THE OPTIONS AND PURCHASE THE PROPERTY UPON THE JOINT WRITTEN INSTRUCTION OF THE CITY AND LCTCS; AND,

**Part XIII** Supplemental Information (continued)

UPON ADDITIONAL WRITTEN INSTRUCTION FROM THE CITY, TO TRANSFER THE PROPERTY TO THE STATE OF LOUISIANA FOR THE BENEFIT OF LCTCS. THIS TRANSACTION IS ACCOUNTED FOR BY THE FOUNDATION AS A LIABILITY, AS IT HAS NO VARIANCE POWER OVER THE ASSETS SUBJECT TO THE AGREEMENT.

PART X, LINE 2:

THE FOUNDATION AND ITS SUBSIDIARIES ARE NONPROFIT ORGANIZATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS, BUT EACH ENTITY IS REQUIRED TO FILE AN ANNUAL INFORMATION TAX RETURN. THEY ARE ALSO REQUIRED TO REVIEW VARIOUS TAX POSITIONS THEY HAVE TAKEN WITH RESPECT TO THEIR EXEMPT STATUS AND DETERMINE WHETHER IN FACT THEY ARE TAX EXEMPT ENTITIES. THE FOUNDATION AND ITS SUBSIDIARIES MUST ALSO CONSIDER WHETHER THEY HAVE NEXUS IN JURISDICTIONS IN WHICH THEY HAVE INCOME AND WHETHER A TAX RETURN IS REQUIRED IN THOSE JURISDICTIONS. IN ADDITION, AS TAX EXEMPT ENTITIES, EACH ENTITY MUST ASSESS WHETHER IT HAS ANY TAX POSITIONS ASSOCIATED WITH UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX. THE ENTITIES DO NOT EXPECT THEIR POSITIONS TO CHANGE SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS. ANY PENALTIES RELATED TO LATE FILING OR OTHER REQUIREMENTS WOULD BE RECOGNIZED AS EXPENSE IN THE ENTITIES' ACCOUNTING RECORDS.

THE FOUNDATION AND ITS SUBSIDIARIES EACH FILE U.S. FEDERAL FORM 990 FOR INFORMATIONAL PURPOSES. THEIR FEDERAL INCOME TAX RETURNS FOR THE TAX YEARS 2011 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

**Part XIII** Supplemental Information (continued)

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 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

**Part XIII** Supplemental Information (continued)

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.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2014**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> 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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)		3,582	1,740,659.	112,218.	1,628,441.	2.28%
<b>b</b> Medicaid (from Worksheet 3, column a)		13,807	14,733,415.	18,298,769.		.00%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						.00%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		17,389	16,474,074.	18,410,987.	1,628,441.	2.28%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			2,644,000.	0.	2,644,000.	3.71%
<b>f</b> Health professions education (from Worksheet 5)			946,857.	86,317.	860,540.	1.21%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			4,947,851.	0.	4,947,851.	6.94%
<b>j Total.</b> Other Benefits			8,538,708.	86,317.	8,452,391.	11.86%
<b>k Total.</b> Add lines 7d and 7j		17,389	25,012,782.	18,497,304.	10,080,832.	14.14%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

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

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	1,255,756.	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	0.	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	20,301,185.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	17,430,828.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	2,870,357.
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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="checked" type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %

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

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

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
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 letter of facility reporting group RAPIDES REGIONAL MEDICAL CTR

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

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

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p><b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p><b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of _____ %</p> <p><b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p><b>c</b> <input type="checkbox"/> Asset level</p> <p><b>d</b> <input checked="" type="checkbox"/> Medical indigency</p> <p><b>e</b> <input checked="" type="checkbox"/> Insurance status</p> <p><b>f</b> <input checked="" type="checkbox"/> Underinsurance status</p> <p><b>g</b> <input type="checkbox"/> Residency</p> <p><b>h</b> <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b> Explained the method for applying for financial assistance? .....	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p><b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p><b>c</b> <input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p><b>d</b> <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p><b>e</b> <input type="checkbox"/> Other (describe in Section C)</p>		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p><b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE NOTE IN SECTION C</u></p> <p><b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE NOTE IN SECTION C</u></p> <p><b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE NOTE IN SECTION C</u></p> <p><b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p><b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</p> <p><b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p><b>i</b> <input type="checkbox"/> Other (describe in Section C)</p>		

**Billing and Collections**

<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? .....	X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

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

	Yes	No
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> Non of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b> 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
<b>23</b> During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....	23		X
If "Yes," explain in Section C.			
<b>24</b> During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....	24		X
If "Yes," explain in Section C.			

**Part V Facility Information** (continued)

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

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 5: AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, FIVE FOCUS GROUPS WERE HELD AMONG KEY INFORMANTS IN THE SERVICE AREA, INCLUDING: REPRESENTATIVES FROM PUBLIC HEALTH; PHYSICIANS, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS; AND OTHER COMMUNITY LEADERS. ONE GROUP WAS HELD IN EACH OF GRANT AND AVOYELLES PARISHES, EACH INCLUDING A MIX OF THESE TYPES OF INDIVIDUALS. TWO GROUPS WERE HELD IN RAPIDES PARISH, ONE AMONG PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS, AND ONE AMONG SOCIAL SERVICE PROVIDERS AND OTHER COMMUNITY LEADERS. A FIFTH GROUP WAS HELD AMONG MEMBERS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COMMITTEE ESTABLISHED AS PART OF THIS PROCESS.

POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. PARTICIPANTS INCLUDED REPRESENTATIVES OF PUBLIC HEALTH, AS WELL AS SEVERAL INDIVIDUALS WHO WORK WITH LOW-INCOME, MINORITY OR OTHER MEDICALLY UNDERSERVED POPULATIONS, AND THOSE WHO WORK WITH PERSONS WITH CHRONIC DISEASE CONDITIONS.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 6A: CHRISTUS ST. FRANCES CABRINI HOSPITAL

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 7D: THE RAPIDES FOUNDATION OPERATES ONLY WITHIN THE STATE OF LOUISIANA, WHICH DOES NOT REQUIRE THE FILING OF A COMMUNITY

**Part V Facility Information** (continued)

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

BENEFIT REPORT. THE RAPIDES REGIONAL MEDICAL CENTER COMMUNITY BENEFIT

REPORT IS POSTED ON ITS WEBSITE AT

WWW.RAPIDESREGIONAL.COM/ABOUT/RAPIDES-CARES.DOT

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 11: (ALL DATA RAPIDES FOUNDATION 26% OWNERSHIP PERCENTAGE.) BASED ON PRIORITIES IDENTIFIED IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), RRM C IMPLEMENTED STRATEGIES TO INCREASE ACCESS TO HEALTH SERVICES. BY PARTNERING WITH LSUA, NORTHWESTERN STATE UNIVERSITY, LOUISIANA COLLEGE, THE LSU FAMILY PRACTICE RESIDENCY IN ALEXANDRIA AND PRIMARY CARE PHYSICIANS IN THE HOSPITAL'S SERVICE AREA, RRM C SEEKS TO INCREASE ACCESS TO CARE IN ITS SERVICE AREA, ASSIST INDIVIDUALS WITH IDENTIFYING PRIMARY CARE PROVIDERS, EDUCATE RESIDENTS ON AVAILABILITY OF FREE COMMUNITY RESOURCES AND PROVIDE FUNDING TO INCREASE THE GRADUATION RATE AND QUALITY OF THE HEALTHCARE WORKFORCE. ALL PATIENTS DISCHARGED FROM THE EMERGENCY DEPARTMENT ARE PROVIDED WITH A PRIMARY CARE PROVIDER REFERRAL AND A FREE COMMUNITY RESOURCE GUIDE (3,285 DISTRIBUTED IN 2014). PHYSICIAN DIRECTORIES ARE DISTRIBUTED AT COMMUNITY FUNCTIONS, HEALTH FAIRS AND SCREENINGS (1,238 DISTRIBUTED. FUNDS ARE PROVIDED FOR TRANSPORTATION OF CANCER PATIENTS (\$746 IN 2014), SUPPORT OF THE LSU FAMILY PRACTICE RESIDENCY PROGRAM (\$925,055) AND NURSING AND ALLIED HEALTH TRAINING AT AREA UNIVERSITIES (\$61,360 CONTRIBUTED IN 2014).

RRM C ALSO IMPLEMENTED STRATEGIES TO ADDRESS NUTRITION, PHYSICAL ACTIVITY AND WEIGHT IN BOTH ADULTS AND CHILDREN. BY PARTNERING WITH THE AMERICAN DIABETES ASSOCIATION, AMERICAN HEART ASSOCIATION AND AMERICAN CANCER SOCIETY, RRM C SEEKS TO INCREASE AWARENESS OF NUTRITION, PHYSICAL

**Part V Facility Information** (continued)

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

## ACTIVITY AND WEIGHT STATUS AS CONTRIBUTING FACTORS IN CHRONIC HEALTH

DISEASES (DIABETES, HEART DISEASE & CANCER). REGISTERED DIETITIANS AND

NURSES TEACH MONTHLY DIABETES/NUTRITION CLASSES (27 ATTENDEES IN 2014).

FREE DIABETIC SCREENINGS INCLUDE HEIGHT, WEIGHT BMI CALCULATIONS, BLOOD

PRESSURE, BLOOD GLUCOSE AND NUTRITIONAL CONSULTATIONS (30 ATTENDEES).

PHYSICAL ACTIVITY IS PROMOTED THROUGH SPONSORSHIP OF A 5K FUNDRAISER TO

BENEFIT ACS. (26 ATTENDEES IN 2014) NUTRITIONAL AND HEALTHY LIFESTYLE

RECOMMENDATIONS ARE PROVIDED AT COMMUNITY EVENTS AND HEALTH FAIRS (501

ATTENDEES). FOR CHILDREN, THE HOSPITAL PARTNERS WITH THE JUNIOR LEAGUE OF

ALEXANDRIA, FIT FAMILIES OF CENLA, AND LOUISIANA STATE POLICE TROOP E. THE

JUNIOR LEAGUE'S "KIDS IN THE KITCHEN" PROMOTES HEALTHY EATING HABITS AND

PHYSICAL ACTIVITY (228 ATTENDEES). FIT FOR FAMILIES EVENTS IN THE AREA

INCLUDE BICYCLE OUTINGS AND BICYCLE SAFETY EVENTS. TROOP E'S "KIDS SAFETY

EXPO" AND YWCA'S "HEALTHY KIDS DAYS" PROMOTE SAFETY AND PHYSICAL ACTIVITY

(189 ATTENDEES IN 2014).

RRMC'S STRATEGY TO IMPROVE MATERNAL, INFANT AND CHILD HEALTH INCLUDES

PARTNERSHIPS WITH NURSE FAMILY PARTNERSHIP, MARCH OF DIMES (MOD),

DEPARTMENT OF HEALTH & HOSPITALS/FIMR AND LA LECHE LEAGUE. THE HOSPITAL

PROVIDES FREE CHILDBIRTH CLASSES TO COMMUNITY RESIDENTS: ONE-DAY PREPARED

CHILDBIRTH, ONE-DAY BREASTFEEDING CLASS, SIBLING CLASS AND BREATHING AND

RELAXATION (114 ATTENDEES). BABY PACKETS ARE DISTRIBUTED TO EXPECTANT

MOTHERS, PROVIDING EDUCATION, COMMUNITY RESOURCES AND SAFE SLEEP

INFORMATION (244 DISTRIBUTED). EDUCATIONS MATERIALS ARE ALSO DISTRIBUTED

THAT PROMOTE 39 WEEKS GESTATION. AN EVENT PROMOTING 39 WEEKS GESTATION WAS

HELD WITH MOD IN 2014. A FREE PERINATAL LOSS SUPPORT GROUP IS MAINTAINED

(23 ATTENDEES).

RRMC'S STRATEGY TO EDUCATE RESIDENTS ON CANCER PREVENTION AND

**Part V Facility Information** (continued)

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

SCREENINGS INCLUDES THE FOLLOWING PARTNERS: THE RAPIDES FOUNDATION CANCER SCREENING PROJECT, AMERICAN CANCER SOCIETY, COLON CANCER ALLIANCE, AMERICAN ACADEMY OF DERMATOLOGY, NATIONAL COMPREHENSIVE CANCER NETWORK, SUSAN G. KOMEN AND NATIONAL COUNCIL ON SKIN CANCER PREVENTION. RRMC HOSTS EVENTS AND AWARENESS DATES TO EDUCATE RESIDENTS ON THE IMPORTANCE OF COLORECTAL SCREENING (20 ATTENDEES IN 2014). THE HOSPITAL INCREASES THE AWARENESS OF SIGNS AND SYMPTOMS OF SKIN CANCER BY PROMOTING "DON'T FRY DAY," (38 ATTENDEES) AND PROVIDES EDUCATIONAL MATERIALS ON CANCER (COLORECTAL, SKIN, BREAST, PROSTATE, LUNG) TO COMMUNITY GROUP/HEALTH FAIRS (720 ATTENDEES IN 2014). LASTLY, THE HOSPITAL PROVIDES MONETARY SUPPORT FOR CANCER RESEARCH AND PREVENTION TO ACS (\$2,600 CONTRIBUTED).

RRMC'S STRATEGY TO EDUCATE RESIDENTS ON CARDIOVASCULAR HEALTH INCLUDES PARTNERSHIPS WITH AMERICAN HEART ASSOCIATION, AMERICAN DIABETIC ASSOCIATION, AMERICAN STROKE ASSOCIATION, NATIONAL COALITION OF WOMEN WITH HEART DISEASE, NATIONAL INSTITUTES OF HEALTH (NIH) AND AMERICAN RED CROSS. THE HOSPITAL PROVIDES EDUCATIONAL MATERIALS, PRESENTATIONS AND SCREENINGS TO RESIDENTS ON CARDIOVASCULAR HEALTH (55 ATTENDEES IN 2014) AND EDUCATES THE COMMUNITY ON A FREE RESOURCE - HEART HEALTH PROFILER (36 PROFILES DONE). RRMC PROVIDES MONETARY SUPPORT FOR CARDIOVASCULAR HEALTH AND PREVENTION RESEARCH TO AHA (\$9,100 CONTRIBUTED IN 2014). RRMC ALSO PROVIDES BASIC LIFE SUPPORT TRAINING TO COMMUNITY ORGANIZATIONS, INCLUDING THROUGH PARTICIPATION IN "START A HEART CENLA." (295 TRAINED IN 2014)

RRMC DID NOT CHOOSE TO IMPLEMENT AN ACTION PLAN TO ADDRESS SUBSTANCE ABUSE AND TOBACCO BECAUSE IT HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ALCOHOL, TOBACCO AND OTHER DRUG ISSUES. OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED. OTHER ORGANIZATIONS ADDRESSING THE NEED INCLUDE:

**Part V Facility Information** (continued)

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

THE RAPIDES FOUNDATION, TOBACCO FREE LIVING, AMERICAN CANCER SOCIETY, RED RIVER TREATMENT CENTER, CHOICES OF LOUISIANA, ALCOHOL ABUSE DRUG REHAB, EDGEFIELD RECOVERY CENTER, PROJECT SUCCESS AND THE RECOVERY MISSION, REGION VI HUMAN SERVICES DISTRICT.

MENTAL HEALTH WAS ANOTHER AREA IN WHICH RRMV CHOSE NOT TO IMPLEMENT AN ACTION PLAN DUE TO LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS MENTAL HEALTH AND DISORDERS. OTHER COMMUNITY ORGANIZATIONS WHICH HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO MEET THIS NEED INCLUDE: CHRISTUS ST. FRANCES CABRINI HOSPITAL, LONGLEAF HOSPITAL, OCEANS HOSPITAL AND COMPASS PSYCHIATRIC CENTER, REGION VI HUMAN SERVICES DISTRICT.

RRMV ALSO CHOSE NOT IMPLEMENT AN ACTION PLAN FOR DEMENTIA BECAUSE IT HAS LIMITED RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS DEMENTIA. COMMUNITY ORGANIZATIONS IN THE REGION THAT HAVE PROGRAMS IN PLACE TO ADDRESS DEMENTIA INCLUDE: FRIENDSHIP HOUSE, COMPASS PSYCHIATRIC CENTER AND MULTIPLE NURSING HOMES WITH DEMENTIA/ALZHEIMER UNITS.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 13B: THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES NOT UTILIZE FPG AS CRITERIA FOR DISCOUNTED CARE. ANY INDIVIDUAL AT INCOME OF 200% OR LESS OF FPG QUALIFIES FOR THE RHS FINANCIAL ASSISTANCE POLICIES (FAP) AND RECEIVES A 100% DISCOUNT ON THEIR BILL. THERE IS NO PROVISION FOR PARTIAL DISCOUNTS ON PATIENT BILLS UNDER THE FAP. ALL UNINSURED PATIENTS WHO DO NOT QUALIFY UNDER THE FAP RECEIVE AN UNINSURED DISCOUNT ON THEIR BILLS.



**Part V** Facility Information (continued)

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

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 13H: UNINSURED PATIENTS MAY QUALIFY FOR 100% DISCOUNT ON THEIR BILL UNDER EXTENUATING CIRCUMSTANCES AFTER MANAGER REVIEW AND APPROVAL, IN CASES SUCH AS THE PATIENT IS NOT ABLE TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION OR PROVIDE SUPPORTING DOCUMENTATION, WHERE PATIENTS ARE IDENTIFIED AS UNDOCUMENTED RESIDENTS OR HOMELESS, OR PATIENTS THAT EXPIRE WITHOUT AN ESTATE.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 22D: THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES NOT OFFER DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICIES. ANY INDIVIDUAL AT INCOME OF 200% OR LESS OF FPG QUALIFIES FOR THE RHS FAP AND RECEIVES A 100% DISCOUNT ON THEIR BILL. THERE IS NO PROVISION FOR PARTIAL DISCOUNTS ON PATIENT BILLS UNDER THE FAP. ALL UNINSURED PATIENTS WHO DO NOT QUALIFY UNDER THE FAP RECEIVE AN UNINSURED DISCOUNT ON THEIR BILLS.

PART V, SECTION B, LINE 16A

RAPIDES REGIONAL MEDICAL CENTER MAKES ITS FINANCIAL ASSISTANCE POLICY, FAP APPLICATION, AND A PLAIN LANGUAGE SUMMARY OF THE FAP AVAILABLE AT WWW.RAPIDESREGIONAL.COM/PATIENTS-AND-VISITORS/INDEX.DOT.

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

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 7

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

Schedule H (Form 990) 2014

**Part VI Supplemental Information**

Provide the following information.

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

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**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.

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**PART I, LINE 6A:**

THE RAPIDES HEALTHCARE SYSTEM (EMPLOYER NO. 61-1267229) PREPARED A COMMUNITY BENEFIT REPORT DURING TAX YEAR 2014.

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**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

**Part VI** Supplemental Information (Continuation)

FAP-ELIGIBLE OUTPATIENT VISITS.

B. UNREIMBURSED MEDICAID COSTS WERE DERIVED USING A COST-TO-CHARGE RATIO FROM SCHEDULE H WORKSHEET 2 APPLIED IN WORKSHEET 3. PATIENT REVENUE IS BASED ON GAAP, AND BAD DEBT IS NOT INCLUDED IN THIS CALCULATION. NO EXTRAORDINARY ITEMS ARE INCLUDED IN THIS CALCULATION. PERSONS SERVED ARE THE TOTAL MEDICAID INPATIENT ADMISSIONS PLUS TOTAL MEDICAID OUTPATIENT VISITS.

PART III, LINE 2:

RRMC RECORDS INSURANCE CONTRACTUAL DISCOUNTS TO PATIENT ACCOUNTS AS WELL AS 100% DISCOUNTS FOR FAP-ELIGIBLE PATIENTS AND PARTIAL DISCOUNTS FOR UNINSURED NON-FAP-ELIGIBLE PATIENTS. THEN NON-FAP ELIGIBLE PATIENTS ARE BILLED, AND RRMC RECORDS A PROVISION FOR BAD DEBT ACCOUNTS ON THE RECEIVABLES BASED UPON ITS HISTORICAL COLLECTION EXPERIENCE. THE METHODOLOGY TO DETERMINE THE BAD DEBT EXPENSE REPORTED AT COST ON PART III, LINE 2 IS TO TAKE THE RATIO OF PATIENT CARE COSTS TO GROSS PATIENT CHARGES AND MULTIPLY THIS RESULTING RATIO BY THE GROSS CHARGES FOR BAD DEBT ACCOUNTS.

PART III, LINE 4:

EXCERPT FROM 2014 NOTES TO AUDITED FINANCIAL STATEMENTS OF RAPIDES HEALTHCARE SYSTEM, LLC:

"THE SYSTEM PROVIDES CARE WITHOUT CHARGE OR AT AMOUNTS LESS THAN ITS ESTABLISHED RATES TO PATIENTS MEETING CERTAIN CRITERIA UNDER ITS CHARITY CARE POLICY. BECAUSE THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THESE AMOUNTS ARE NOT REPORTED AS NET PATIENT SERVICE REVENUE. THE SYSTEM'S DIRECT AND INDIRECT COSTS FOR SERVICES FURNISHED UNDER ITS CHARITY CARE POLICY ARE INCLUDED IN NOTE 3.

**Part VI** Supplemental Information (Continuation)

ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL ACCOUNTS. IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYER SOURCES OF REVENUES TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS AND PROVISION FOR UNCOLLECTIBLE ACCOUNTS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYER SOURCES OF REVENUES IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR UNCOLLECTIBLE ACCOUNTS, IF NECESSARY (E.G., FOR EXPECTED UNCOLLECTIBLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYER HAS NOT YET PAID, OR FOR PAYERS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY).

FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (WHICH INCLUDES BOTH PATIENTS WITHOUT INSURANCE AND PATIENTS WITH DEDUCTIBLE AND COPAYMENT BALANCES DUE FOR WHICH THIRD-PARTY COVERAGE EXISTS FOR PART OF THE BILL), THE SYSTEM RECORDS A SIGNIFICANT PROVISION FOR UNCOLLECTIBLE ACCOUNTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE, WHICH INDICATES THAT MANY PATIENTS ARE UNABLE OR UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR THE DISCOUNTED RATES IF NEGOTIATED OR PROVIDED BY POLICY) AND THE AMOUNTS ACTUALLY COLLECTED AFTER ALL REASONABLE COLLECTION EFFORTS HAVE BEEN EXHAUSTED IS CHARGED OFF AGAINST THE ALLOWANCE FOR DOUBTFUL ACCOUNTS.

THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS APPROXIMATELY 95% OF SELF-PAY ACCOUNTS RECEIVABLE AT BOTH DECEMBER 31,

**Part VI** Supplemental Information (Continuation)

2014 AND 2013, RESPECTIVELY. THE SYSTEM'S WRITE-OFFS INCREASED 16% IN 2014 AS COMPARED TO 2013 DUE TO AN INCREASE IN REVENUES GENERATED FROM PROVIDING SERVICES TO UNINSURED PATIENTS.

PART III, LINE 8:

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

PART III, LINE 9B:

UNINSURED PATIENTS ARE FIRST SCREENED TO DETERMINE IF THEY ARE ELIGIBLE FOR FEDERAL OR STATE GOVERNMENTAL HEALTHCARE PROGRAMS (MEDICAID, MEDICARE). WHILE ELIGIBILITY IS BEING DETERMINED, THEIR ACCOUNT IS "PENDING," AND NO BILL IS SENT TO THE PATIENT. IF THE PATIENT IS FOUND NOT TO BE ELIGIBLE FOR SUCH A PROGRAM, THEN THEY ARE SCREENED FOR FINANCIAL ASSISTANCE UNDER THE DISCOUNT CHARITY POLICY FOR PATIENTS.

RHS DOES NOT PURSUE COLLECTION OF ACCOUNTS WHILE IT ATTEMPTS TO DETERMINE WHETHER UNINSURED OR UNDERINSURED PATIENTS MEET ITS GUIDELINES TO QUALIFY FOR GOVERNMENT ASSISTANCE OR CHARITY CARE UNDER ITS FINANCIAL ASSISTANCE POLICY (FAP). THE RAPIDES HEALTHCARE SYSTEM CHARITY CARE POLICY CLEARLY DESCRIBES IN DETAIL THE PROCESS THAT IS FOLLOWED IN DETERMINING WHETHER A PATIENT IS QUALIFIED FOR CHARITY CARE. UNTIL IT IS DETERMINED WHETHER A PATIENT ACCOUNT QUALIFIES FOR CHARITY CARE, THE ACCOUNT IS HELD IN A "PENDING" STATE, AND THE ACCOUNT IS NOT BILLED. ONCE AN ACCOUNT IS APPROVED AS FAP-ELIGIBLE BY AN AUTHORIZED MANAGER, THE

**Part VI** Supplemental Information (Continuation)

APPROPRIATE CODE IS POSTED TO THE ACCOUNT IN THE BILLING SYSTEM, THE ACCOUNT IS WRITTEN OFF, AND NO BILL IS SENT TO THE PATIENT.

IF AN UNINSURED OR UNDERINSURED PATIENT DOES NOT COMPLETE A FINANCIAL ASSISTANCE APPLICATION INITIALLY, THEY WILL BE BILLED, HOWEVER, THEY WILL RECEIVE A NOTICE OF THE FINANCIAL ASSISTANCE POLICY WITH THEIR BILLS ENCOURAGING THEM TO APPLY. ACCOUNTS ARE NOT SUBMITTED FOR COLLECTION PRIOR TO 120 DAYS FOLLOWING THE ISSUANCE OF THE FIRST PATIENT BILLING. PATIENTS HAVE A TOTAL OF 240 DAYS FOLLOWING THE FIRST BILLING TO SUBMIT AN APPLICATION FOR FINANCIAL ASSISTANCE, AND SHOULD ANY COLLECTION ACTION BE IN PROCESS AT THE TIME AN APPLICATION IS SUBMITTED, SUCH ACTION WILL BE SUSPENDED WHILE THE APPLICATION IS PROCESSED.

PART VI, LINE 2:

IN ADDITION TO THE FORMAL COMMUNITY HEALTH NEEDS ASSESSMENT DIRECTED BY THE RAPIDES HEALTHCARE SYSTEM COMMUNITY BENEFIT COMMITTEE, THERE ARE A NUMBER OF WAYS THAT RAPIDES REGIONAL MEDICAL CENTER (RRMC) STAFF AND TRUSTEES ASSESS THE HEALTH CARE NEEDS OF ITS COMMUNITY ON AN ONGOING BASIS.

RRMC TRUSTEES, EXECUTIVES AND MANAGERS NETWORK EXTENSIVELY WITH OTHERS IN THE COMMUNITY WHO SERVE POPULATIONS IN NEED, SUCH AS OTHER HEALTH CARE PROVIDERS, LAW ENFORCEMENT AGENCIES AND GOVERNMENT OFFICIALS. KEY EXECUTIVES AND MANAGERS ALSO SERVE ON BOARDS OF NON-PROFIT ORGANIZATIONS IN THE COMMUNITY WHO PROVIDE SERVICES TO POPULATIONS IN NEED.

IN LATE 2012, RRMC AND THE OTHER LARGE ACUTE-CARE HOSPITAL IN THE COMMUNITY (A CHRISTUS FACILITY) BEGAN DISCUSSIONS WITH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS ABOUT THE DESIGN OF A NEW HEALTH CARE SAFETY-NET SOLUTION FOR THE CENTRAL LOUISIANA REGION IN RESPONSE TO THE

**Part VI** Supplemental Information (Continuation)

LOUISIANA GOVERNOR'S DECISION TO DISMANTLE THE STATE'S LONG-STANDING CHARITY HOSPITAL SYSTEM AND MOVE THE RESPONSIBILITY FOR PROVISION OF ALL HEALTH CARE FOR THE INDIGENT TO THE PRIVATE SECTOR. RRMC DISCUSSIONS WERE SPECIFICALLY ABOUT THE TRANSITION OF SERVICES PREVIOUSLY PERFORMED AT THE STATE-RUN HUEY P. LONG HOSPITAL FACILITY IN PINEVILLE, IN RAPIDES PARISH. BEGINNING IN DECEMBER 2013, THE PROVISION OF ACUTE CARE MEDICAL, PSYCHIATRIC, URGENT CARE AND EMERGENCY SERVICES, AS WELL AS PRIMARY CARE AND SPECIALTY CLINIC SERVICES FOR THE UN- AND UNDERINSURED AND MEDICAID POPULATIONS OF CENTRAL LOUISIANA BEGAN TO TRANSITION TO RRMC AND CHRISTUS HOSPITAL ORGANIZATIONS.

AS A PRIMARY DIRECT PROVIDER OF SAFETY NET SERVICES TO THE INDIGENT POPULATION WITHIN THE SERVICE AREA, RRMC STAFF IS NOW INTERFACING MORE REGULARLY WITH THAT POPULATION WHILE PROVIDING ROUTINE CLINIC CARE AND IS ABLE TO BETTER ASSESS AND ANTICIPATE SPECIALTY AND ACUTE MEDICAL NEEDS AND OFFER BOTH PREVENTIVE AND ACUTE SERVICES.

PART VI, LINE 3:

THE CHARITY CARE POLICY (FINANCIAL ASSISTANCE POLICY), A PLAIN LANGUAGE SUMMARY OF THE POLICY, AND A CHARITY CARE APPLICATION ARE ALL AVAILABLE ON THE HOSPITAL WEBSITE.

A PLAIN LANGUAGE SUMMARY OF THE POLICY IS ALSO DISPLAYED FOR DISTRIBUTION IN ALL ADMITTING LOCATIONS IN THE HOSPITAL, ALL WAITING ROOMS AT THE HOSPITAL, THE EMERGENCY ROOM, URGENT CARE FACILITIES, AND HOSPITAL CLINICS FOR THE INDIGENT. ALSO IN THESE LOCATIONS IS A SIGN READING "RAPIDES REGIONAL MEDICAL CENTER PROVIDES FREE (CHARITY) CARE TO PATIENTS WHO NEED HEALTHCARE, BUT ARE UNABLE TO PAY. ASK US FOR MORE INFORMATION." THERE IS ALSO A POSTED NOTICE TO PATIENTS CONTAINING THE CURRENT POVERTY GUIDELINES SO THAT THEY MAY SEE WHETHER THEY WOULD QUALIFY BASED ON THEIR



**Part VI** Supplemental Information (Continuation)

INCOME. IT READS: "OUR FACILITY OFFERS A CHARITY PROGRAM TO THOSE THAT ARE < 200% OF THE POVERTY GUIDELINES AS DEFINED BELOW. [FPG CHART] ASK THE REPRESENTATIVE FOR A COPY OF OUR PLAIN LANGUAGE FINANCIAL ASSISTANCE POLICY AND APPLICATION IF YOU ARE INTERESTED."

AT ADMISSION ALL PATIENTS RECEIVE, A PLAIN LANGUAGE SUMMARY OF THE CHARITY CARE POLICY AND A CHARITY CARE APPLICATION. AS SOON AS POSSIBLE AFTER ADMISSION, ALL UNINSURED PATIENTS ARE SCREENED BY AN ON-SITE THIRD-PARTY FIRM HIRED SPECIFICALLY TO DETERMINE IF PATIENTS MEET GOVERNMENT PROGRAM ELIGIBILITY CRITERIA. THE FIRM'S PERSONNEL ARE SPECIFICALLY TRAINED IN MEDICAID, MEDICARE AND OTHER GOVERNMENT PROGRAM ELIGIBILITY CRITERIA AND APPLICATION PROCEDURES. IF THE PATIENT MEETS PROGRAM ELIGIBILITY CRITERIA, THEN ASSISTANCE IS PROVIDED TO THE PATIENT FOR ENROLLMENT. IF THE PATIENT DOES NOT MEET PROGRAM QUALIFICATIONS, THE PATIENT IS ENCOURAGED TO APPLY FOR FINANCIAL ASSISTANCE.

IF THE PATIENT DOES NOT COMPLETE A CHARITY CARE APPLICATION AT THE TIME OF SERVICE, HE RECEIVES A NOTICE ABOUT APPLYING FOR FINANCIAL ASSISTANCE WITH HIS BILLS. HE IS ALSO REMINDED OF THE HOSPITAL'S CHARITY CARE POLICY IN ANY CONVERSATION WITH STAFF CONCERNING BILLING.

PART VI, LINE 4:

RAPIDES REGIONAL MEDICAL CENTER'S PRIMARY COMMUNITY SERVED INCLUDES A THREE-PARISH (COUNTY) SERVICE AREA IN CENTRAL LOUISIANA, INCLUDING AVOYELLES, GRANT AND RAPIDES PARISHES. THIS DEFINED COMMUNITY CONSISTS OF THE AREA COMPOSED OF THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS AT LEAST 75 PERCENT OF ITS INPATIENTS.

THE POPULATION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED AT 196,000 PEOPLE. IT IS PREDOMINANTLY NON-HISPANIC AND WHITE (OVER TWO-THIRDS), BUT ALSO HAS SUBSTANTIAL AFRICAN AMERICAN POPULATION (NEARLY ONE-THIRD IN

**Part VI** Supplemental Information (Continuation)

AVOUELLES AND RAPIDES PARISHES).

AS THROUGHOUT THE STATE AND NATION, OUR POPULATION IS AGING, WITH MORE THAN 12% CURRENTLY AGE 65 AND OLDER. THIS IS PROJECTED TO INCREASE IN COMING YEARS, AS IS THE NEED FOR SERVICES TO MEET THE HEALTH NEEDS OF THIS OLDER POPULATION.

MEDIAN HOUSEHOLD INCOMES (\$32,321 TO \$40,470) ARE BELOW THE STATE AVERAGE AND FAR BELOW THE US MEDIAN HOUSEHOLD INCOME OF \$52,762.

ADDITIONALLY, 16.4%-23.9% OF OUR POPULATION REMAINS BELOW THE POVERTY LEVEL.

IN TERMS OF EDUCATION LEVEL, ONLY 70.2% OF 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.

IN 2014, 30.7% OF RRMIC PATIENTS WERE COVERED BY MEDICAID, 7.1% WERE UNINSURED AND 40.1% WERE COVERED BY MEDICARE.

ALL THREE PARISHES ARE DESIGNATED AS PRIMARY CARE HRSAS (HEALTH PROFESSIONAL SHORTAGE AREAS). THE THREE PARISHES ARE SERVED BY TWO TERTIARY-CARE, ACUTE-CARE HOSPITALS - RRMIC AND ONE OTHER. ALSO IN THE REGION ARE A VETERAN'S ACUTE-CARE HOSPITAL, A PHYSICIAN-OWNED SURGICAL HOSPITAL, A RURAL CRITICAL-ACCESS FACILITY, AND ONE SMALL RURAL ACUTE-CARE FACILITY.

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

**Part VI** Supplemental Information (Continuation)

HOSPITAL MAINTAINS AN OPEN EMERGENCY ROOM, TREATING ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL ACCEPTS MEDICARE, MEDICAID AND OTHER GOVERNMENT-INSURED PATIENTS, DESPITE THE FACT THAT PAYMENTS FROM THESE PROGRAMS DO NOT NORMALLY REIMBURSE THE HOSPITAL FULLY FOR THE COSTS OF SERVICES RENDERED TO PATIENTS. THE BOARD OF DIRECTORS OF THE RAPIDES HEALTHCARE SYSTEM (RHS) AND THE BOARD OF TRUSTEES OF RAPIDES REGIONAL MEDICAL CENTER BOTH INCLUDE MEMBERS OF THE LOCAL COMMUNITY, WHO ARE FOCUSED ON THE QUALITY OF HEALTHCARE AND AVAILABILITY OF MEDICAL SERVICES IN THEIR COMMUNITY. THE RHS BOARD HAS A STANDING COMMUNITY BENEFIT COMMITTEE.

BEGINNING IN DECEMBER 2013, RAPIDES REGIONAL (UNDER A CONTRACT WITH THE STATE OF LOUISIANA AND IN PARTNERSHIP WITH CHRISTUS ST. FRANCES CABRINI HOSPITAL) PROVIDES SAFETY-NET ACUTE CARE INPATIENT MEDICAL, URGENT CARE AND EMERGENCY SERVICES, AS WELL AS PRIMARY CARE AND SPECIALTY CARE CLINIC SERVICES FOR THE UN- AND UNDERINSURED, MEDICAID AND MEDICARE POPULATIONS OF CENTRAL LOUISIANA. DURING 2014 RAPIDES PROVIDED CLINIC SERVICES TO 31,386 INDIGENT, MEDICAID AND MEDICARE PATIENTS.

BOTH BOARDS OF DIRECTORS AND THE HOSPITAL MANAGEMENT TEAM ARE HEAVILY FOCUSED ON QUALITY AND SAFETY, AND THE HOSPITAL INVESTS IN SERVICES AND TECHNOLOGY NECESSARY TO PROVIDE THE BEST CARE POSSIBLE FOR PATIENTS. FOR THE FOURTH YEAR IN A ROW, THE HOSPITAL WAS NAMED A TOP PERFORMER ON KEY QUALITY MEASURES FOR EXCELLENCE IN ACCOUNTABILITY MEASURE PERFORMANCE BY THE JOINT COMMISSION; RAPIDES IS ONE OF JUST 147 HOSPITALS NATIONWIDE TO HAVE BEEN NAMED A TOP PERFORMER EVERY YEAR SINCE THE PROGRAM BEGAN. RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED AS LOUISIANA'S ONLY LEVEL II TRAUMA CENTER, WHICH BENEFITS CENTRAL LOUISIANA BY PROVIDING ACCESS TO TRAUMA CARE DURING THE CRITICAL FIRST 60 MINUTES FOLLOWING A TRAUMATIC INJURY, THEREBY REDUCING MORTALITY RATES FROM SUCH INJURIES IN THE REGION.

**Part VI** Supplemental Information (Continuation)

THE FACILITY IS ALSO CERTIFIED AS AN ADVANCED PRIMARY STROKE CENTER AND AN ACCREDITED CYCLE IV CHEST PAIN CENTER - THE ONLY ONES IN CENTRAL LOUISIANA. THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS HAS DESIGNATED RAPIDES REGIONAL A "WELLSPOT" FACILITY. THE ORGANIZATION DEMONSTRATED TO DHH THAT IT IS COMMITTED TO IMPROVING WELLNESS OUTCOMES BY ADHERING TO HEALTH-FOCUSED POLICIES THAT INCLUDE BEING A TOBACCO-FREE FACILITY.

WITH AN ANNUAL PAYROLL OF \$22.6 MILLION (RAPIDES FOUNDATION 26% OWNERSHIP SHARE), RHS IS A SIGNIFICANT EMPLOYER IN ITS COMMUNITIES AND PAID \$545,104 (RAPIDES FOUNDATION 26% SHARE) IN PROPERTY TAXES DURING 2014 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 2014 PHILANTHROPIC ACTIVITIES PROVIDED AN ADDITIONAL \$9.6 MILLION IN COMMUNITY BENEFIT TO ITS NINE-PARISH SERVICE AREA. THIS INCLUDED GRANTS OF \$4.8 MILLION AND DIRECT CHARITABLE ACTIVITIES OF \$4.7 MILLION IN THREE PRIMARY AREAS OF FOCUS: HEALTHY PEOPLE, HEALTHY COMMUNITIES, AND EDUCATION.

**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.

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

OMB No. 1545-0047

**2014**

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 Domestic Organizations and Domestic Governments.** 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALLEN PARISH SCHOOL BOARD P.O. DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	110,300.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
AVOYELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	125,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
CATAHOULA PARISH SCHOOL BOARD P.O. BOX 690 HARRISONBURG, LA 71340	72-6000268	GOVERNMENT AGENCY	83,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
GRANT PARISH SCHOOL BOARD P.O. BOX 208 COLFAX, LA 71417	72-6000494	GOVERNMENT AGENCY	98,600.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
LASALLE PARISH SCHOOL BOARD P.O. DRAWER 90 JENA, LA 71342	72-6000656	GOVERNMENT AGENCY	86,900.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
NATCHITOCHE PARISH SCHOOL BOARD P.O. BOX 16 NATCHITOCHE, LA 71458	72-0629556	GOVERNMENT AGENCY	138,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 14.

**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) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

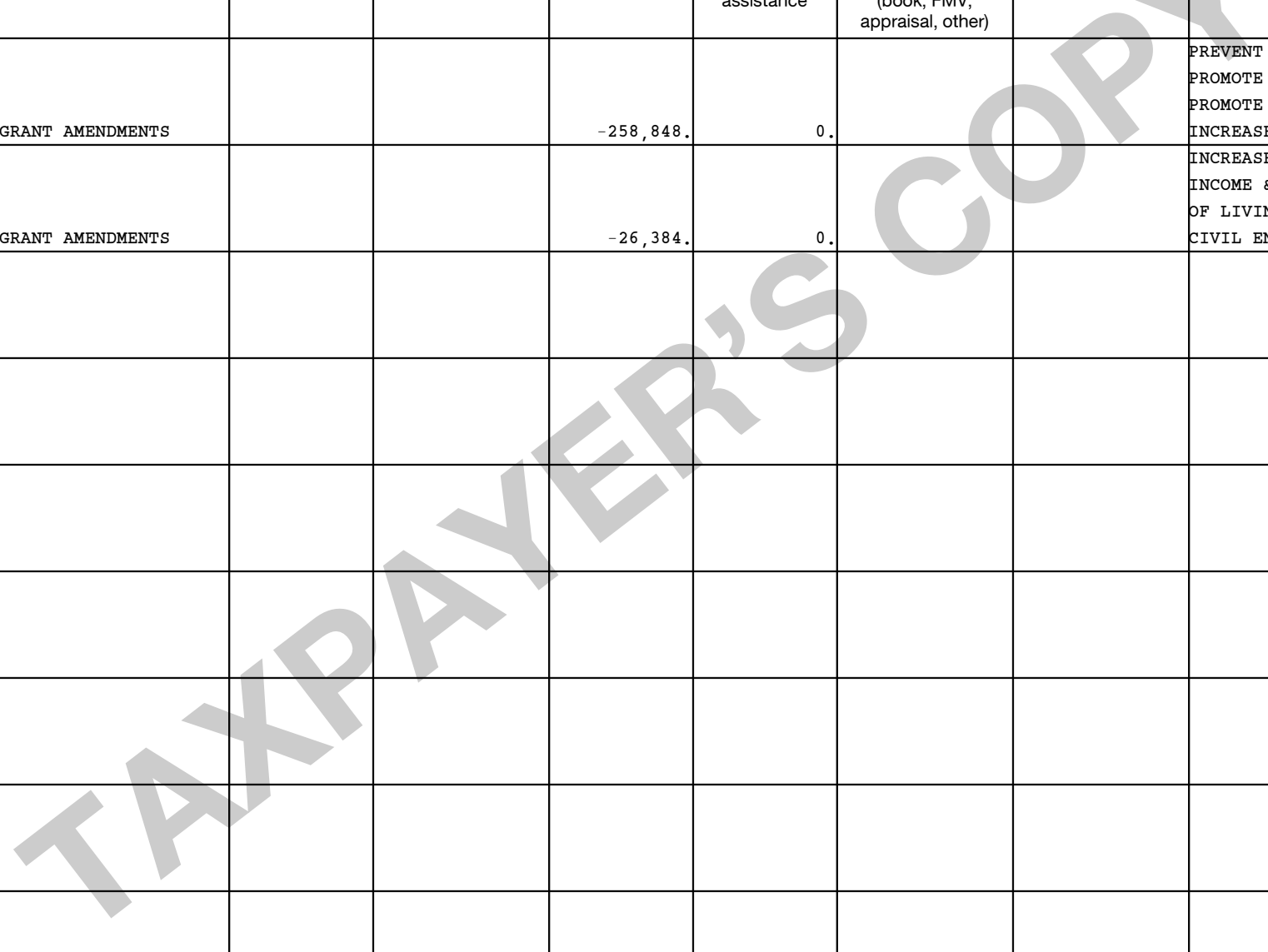
**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
RAPIDES PARISH SCHOOL BOARD P.O. BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOVERNMENT AGENCY	380,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
THE ORCHARD FOUNDATION 1101 FOURTH STREET, SUITE 101C ALEXANDRIA, LA 71301	87-0730768	509(A)(1)	1,700,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	190,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
WINN PARISH SCHOOL BOARD P.O. BOX 430 WINNFIELD, LA 71483	72-6001620	GOVERNMENT AGENCY	88,200.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT
CENTRAL LA ECONOMIC DEVELOPMENT ALLIANCE - P.O. BOX 465 - ALEXANDRIA, LA 71309	65-1267691	509(A)(1)	735,150.	0.			INCREASE MEDIUM HOUSEHOLD INCOME & RAISE STANDARD OF LIVING
AMERICAN HEART ASSOCIATION 11207 BLUE HERON BLVD. NORTH ST. PETERSBURG, FL 33716	13-5613797	501(C)(3)	150,000.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING
CMAP EXPRESS 1101 FOURTH STREET, SUITE 101A ALEXANDRIA, LA 71301	02-0751416	509(A)(1)	775,000.	0.			IMPROVE PRIMARY CARE ACCESS & PROMOTE EARLY CANCER DETECTION
EMORY UNIVERSITY 1518 CLIFTON ROAD, NE ATLANTA, GA 30322	58-0566256	509(A)(1)	275,000.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
VARIOUS 2014 GRANT AMENDMENTS			-102,270.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHEIVEMENT

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
VARIOUS 2014 GRANT AMENDMENTS			-258,848.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING & PROMOTE EATING HEALTHY & INCREASED PHYSICAL
VARIOUS 2014 GRANT AMENDMENTS			-26,384.	0.			INCREASE MEDIUM HOUSEHOLD INCOME & RAISE STANDARD OF LIVING & INCREASE CIVIL ENGAGEMENT & SOCIAL



**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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



**Part IV** Supplemental Information

APPROVED BUDGETS. UNSPENT FUNDS MUST BE REPAID TO THE FOUNDATION IN ACCORDANCE WITH WRITTEN GRANT AGREEMENTS.

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

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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: VARIOUS 2014 GRANT AMENDMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE & PROMOTE QUITTING & PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

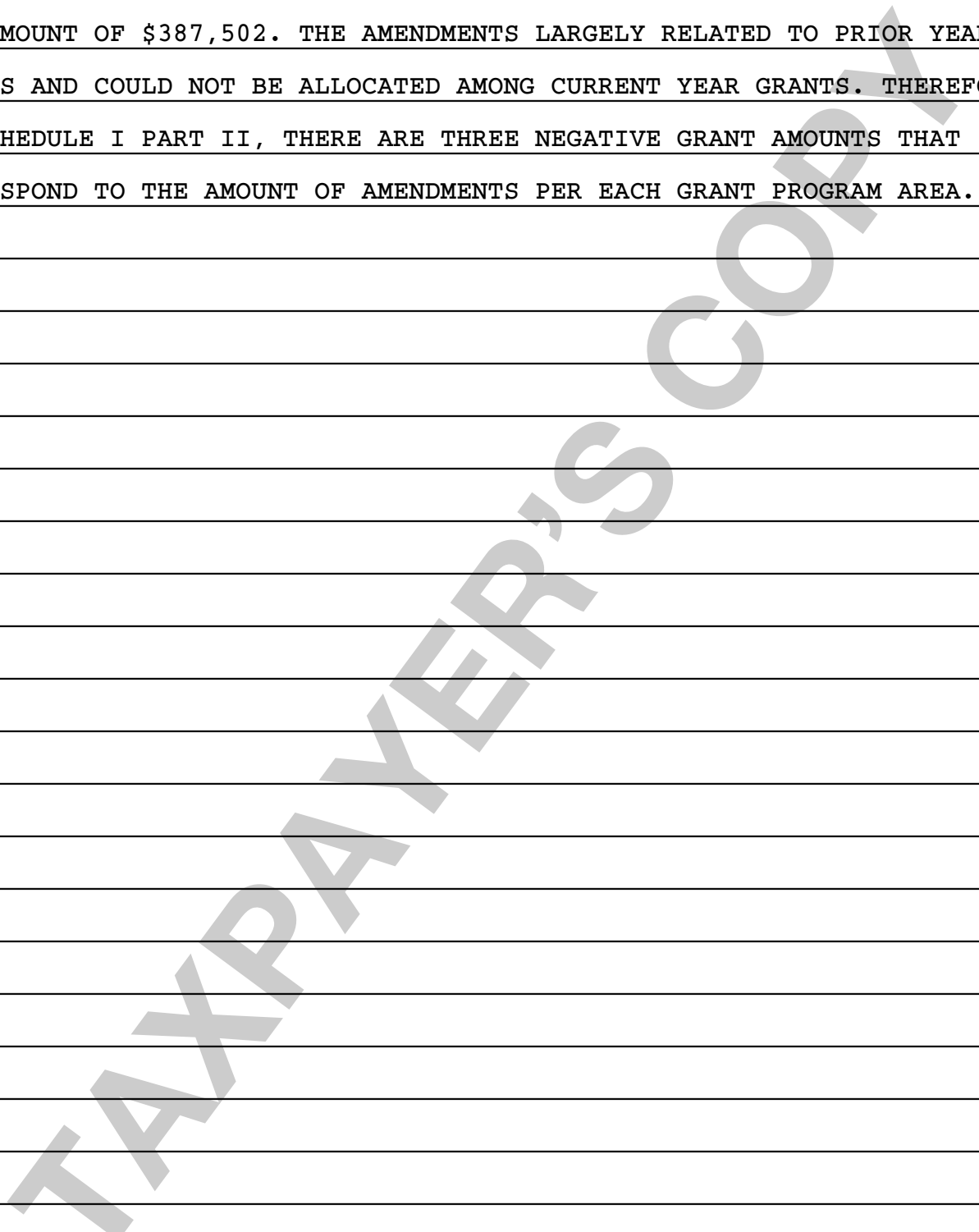
NAME OF ORGANIZATION OR GOVERNMENT: VARIOUS 2014 GRANT AMENDMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE MEDIUM HOUSEHOLD INCOME & RAISE STANDARD OF LIVING & INCREASE CIVIL ENGAGEMENT & SOCIAL CAPITAL NETWORKS

**Part IV** Supplemental Information

SCHEDULE I, PART II

DURING 2014, THE RAPIDES FOUNDATION RECORDED AMENDMENTS TO GRANTS IN THE AMOUNT OF \$387,502. 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 PROGRAM AREA.



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**THE RAPIDES FOUNDATION**

Employer identification number

**72-0423603**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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 .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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 .....	<b>7</b>	<b>X</b>
<b>8</b> 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 .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2014

**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 in column (B) 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)	307,934.	0.	0.	23,000.	7,467.	338,401.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHLEEN F. NOLEN DIR, ADMIN	(i)	188,422.	0.	0.	18,842.	3,242.	210,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNETTE BEUCLER DIR, PROG & COMM	(i)	163,315.	0.	0.	16,331.	7,320.	186,966.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 325-BED HOSPITAL IN  
ALEXANDRIA. ADDITIONALLY, TRF PROVIDES FUNDING FOR PROJECTS WHICH  
EFFECTIVELY ADDRESS THE FOLLOWING PHILANTHROPIC OBJECTIVES:

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

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

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

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

FOR THE FOURTH YEAR IN A ROW, THE HOSPITAL WAS NAMED A TOP  
PERFORMER ON KEY QUALITY MEASURES FOR EXCELLENCE IN ACCOUNTABILITY  
MEASURE PERFORMANCE BY THE JOINT COMMISSION; RAPIDES IS ONE OF JUST 147  
HOSPITALS NATIONWIDE TO HAVE BEEN NAMED A TOP PERFORMER EVERY YEAR  
SINCE THE PROGRAM BEGAN. RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED  
AS LOUISIANA'S ONLY LEVEL II TRAUMA CENTER, WHICH BENEFITS CENTRAL  
LOUISIANA BY PROVIDING ACCESS TO TRAUMA CARE DURING THE CRITICAL FIRST  
60 MINUTES FOLLOWING A TRAUMATIC INJURY, THEREBY REDUCING MORTALITY

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

RATES FROM SUCH INJURIES IN THE REGION. THE FACILITY IS ALSO CERTIFIED AS AN ADVANCED PRIMARY STROKE CENTER AND AN ACCREDITED CYCLE IV CHEST PAIN CENTER - THE ONLY ONES IN CENTRAL LOUISIANA. THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS HAS DESIGNATED RAPIDES REGIONAL A "WELLSPOT" FACILITY. THE ORGANIZATION DEMONSTRATED TO DHH THAT IT IS COMMITTED TO IMPROVING WELLNESS OUTCOMES BY ADHERING TO HEALTH-FOCUSED POLICIES THAT INCLUDE BEING A TOBACCO-FREE FACILITY.

RAPIDES HEALTHCARE SYSTEM SUPPORTS THE LOUISIANA STATE UNIVERSITY FAMILY PRACTICE RESIDENCY PROGRAM NEAR ITS CAMPUS. IN 2014 THE PROGRAM GRADUATED 6 PHYSICIANS AND ACCEPTED 6 NEW RESIDENTS INTO ITS THREE-YEAR PROGRAM. SINCE THE PROGRAM BEGAN IN 1993, THE PROGRAM HAS GRADUATED 93 PRIMARY CARE PHYSICIANS, AND 37.6% OF THEM CURRENTLY PRACTICE IN CENTRAL LOUISIANA, WHICH IS DESIGNATED A PRIMARY MEDICAL CARE HEALTH PROFESSIONAL SHORTAGE AREA (HPSA).

IN 2012 THE LOUISIANA GOVERNOR ANNOUNCED THAT THE STATE'S SYSTEM OF CHARITY HOSPITALS WOULD BE PRIVATIZED. IN LATE 2012, REPRESENTATIVES OF RAPIDES HEALTHCARE SYSTEM, THE RAPIDES FOUNDATION AND THE OTHER LARGE COMMUNITY HOSPITAL IN THE REGION BEGAN DISCUSSIONS WITH STATE LEADERS ABOUT A REPLACEMENT HEALTHCARE SOLUTION FOR INDIGENT PATIENTS BEING CARED FOR BY THE CHARITY HOSPITAL IN THE RAPIDES FOUNDATION'S REGION. AN AGREEMENT BETWEEN THE TWO HOSPITALS WAS REACHED IN LATE 2013, WHICH RESULTED IN PLANS TO CLOSE THE CHARITY HOSPITAL AND MOVE SERVICES TO THE TWO EXISTING HOSPITALS. ACCORDINGLY, THE TWO HOSPITALS AGREED TO PROVIDE EMERGENCY AND INPATIENT SERVICES AS WELL AS ESTABLISH NEW URGENT, PRIMARY AND SPECIALTY CARE CLINICS IN THE COMMUNITY FOR INDIGENT PATIENTS. RAPIDES' FIRST CLINIC, AN URGENT CARE CLINIC, OPENED IN DECEMBER 2013, AND THE REMAINING CLINICS OPENED DURING 2014.

THE CHARITY HOSPITAL CLOSED IN MID-2014, WITH STATE LEGISLATIVE

432212  
08-27-14

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

APPROVAL. DURING 2014 RAPIDES PROVIDED URGENT CARE, PRIMARY CARE, GENERAL SURGERY, CARDIOLOGY, PULMONARY, SPORT MEDICINE, GYNECOLOGY AND PHYSICAL THERAPY SERVICES TO 31,386 INDIGENT, MEDICAID AND MEDICARE PATIENTS WHO EITHER HAD BEEN CHARITY HOSPITAL PATIENTS OR WHO PREVIOUSLY HAD BEEN UNABLE TO ACCESS HEALTH CARE. WAIT TIMES FOR SERVICES AT THE CHARITY HOSPITAL HAD RANGED FROM 6 MONTHS TO OVER ONE YEAR. RAPIDES' CLINIC WAIT TIMES AVERAGE 2 WEEKS, WITH SAME-DAY APPOINTMENTS IF NECESSARY. ADDITIONALLY, THE RAPIDES FOUNDATION'S CENLA MEDICATION ACCESS PROGRAM (CMAP) PROVIDED 10,925 NO-COST MEDICATIONS TO THESE PATIENTS (AT A VALUE OF \$3,966,705) THROUGH ITS PAP PROGRAM AND CENTRAL FILL PHARMACY. RAPIDES PROVIDED AN ADDITIONAL 4,893 PRESCRIPTIONS TO PATIENTS FOR \$4 EACH THROUGH A PRESCRIPTION CARD PROGRAM.

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

THE LEADING FOR BETTER INSTRUCTION PROGRAM ALLOWS PRINCIPALS TO DEVELOP THEIR LEADERSHIP SKILLS IN GUIDING AND SUPPORTING TEACHERS' PROFESSIONAL LEARNING. PRINCIPALS WERE ALSO TRAINED IN THE 5 DIMENSIONS OF TEACHING AND LEARNING.

A SUPERINTENDENTS' NETWORK WAS ESTABLISHED TO PROVIDE SESSIONS FOR SUPERINTENDENTS AND KEY CENTRAL OFFICE LEADERS, FOCUSED ON THE ROLE OF



Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

CENTRAL OFFICE LEADERSHIP IN DEVELOPING AND SUPPORTING PRINCIPAL

INSTRUCTIONAL LEADERSHIP (IN A COMMON CORE AND COMPASS ENVIRONMENT).

IN 2014 154 PARTICIPANTS ATTENDED LEADERSHIP DEVELOPMENT ACTIVITIES.

TRF AWARDED \$300,000 IN GRANTS TO THE ORCHARD FOUNDATION TO SUPPORT ITS

LEADERSHIP INSTITUTES.

IN 2010 LOUISIANA STATE UNIVERSITY RECEIVED AN \$8 MILLION, FIVE-YEAR

GRANT FROM THE U.S. DEPARTMENT OF EDUCATION TO RETRAIN CENTRAL

LOUISIANA PROFESSIONALS HOLDING A BACHELORS' DEGREE IN A MATH- OR

SCIENCE-RELATED FIELD TO TEACH HIGH SCHOOL ADVANCED PLACEMENT MATH AND

SCIENCE CLASSES. THE CENTRAL LOUISIANA ACADEMIC RESIDENCY FOR TEACHERS

(CART) GRANT IS A COLLABORATIVE EFFORT BETWEEN TRF, THE ORCHARD

FOUNDATION, NINE CENTRAL LOUISIANA PARISH SCHOOL DISTRICTS, LSUA AND

LSU. DURING 2014, THE PROGRAM'S FOURTH COHORT OF 9 RESIDENTS COMPLETED

THEIR CO-TEACHING YEAR, EARNED THEIR MASTER'S DEGREES, AND BEGAN

TEACHING IN CENTRAL LOUISIANA SCHOOLS. THE FIFTH COHORT OF 6 STUDENTS

BEGAN THEIR CO-TEACHING YEAR AND MASTERS' PROGRAM STUDY.

DURING 2014 THE ORCHARD FOUNDATION FACILITATED GRANT AWARDS FOR

AVOYELLES AND NATCHITOCHE PUBLIC SCHOOL DISTRICTS TOTALING OVER \$1.2

MILLION AS PART OF THE LOUISIANA DEPARTMENT OF EDUCATION BELIEVE AND

SUCCEED PROGRAM. BOTH DISTRICTS RECEIVED SCHOOL IMPROVEMENT GRANTS TO

FUND THE TRAINING OF SCHOOL LEADERS WHO WILL TURN AROUND STRUGGLING

SCHOOLS IN THEIR DISTRICTS. PROFESSIONAL DEVELOPMENT ACTIVITIES FUNDED

IN NATCHITOCHE PARISH DURING 2014 INCLUDED INSTRUCTIONAL LEADERSHIP

WORK WITH THE URBAN LEARNING AND LEADERSHIP CENTER. PROFESSIONAL

DEVELOPMENT ACTIVITIES FUNDED IN AVOYELLES PARISH DURING 2014 INCLUDED

INSTRUCTION LEADERSHIP WORK WITH UNIVERSITY OF WASHINGTON'S CENTER FOR

EDUCATIONAL LEADERSHIP AS WELL AS A KAGAN COOPERATIVE LEARNING

INSTITUTE.

432212  
08-27-14

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

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TRF GRANTED \$500,000 DURING 2014 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 2014, ALL PUBLIC HIGH SCHOOLS IN THE FOUNDATION'S SERVICE AREA ACCESSED CAREER READY 101, A CAREER TRAINING COURSE THAT PREPARES STUDENTS FOR CERTIFICATION WITH WORKKEYS ASSESSMENTS. WORKKEYS IS A JOB SKILLS ASSESSMENT SYSTEM MEASURING REAL WORLD SKILLS THAT EMPLOYERS BELIEVE ARE CRITICAL TO JOB SUCCESS. WORKKEYS ASSESSMENT SCORES IN THREE CORE AREAS: APPLIED MATHEMATICS, READING FOR INFORMATION, AND LOCATING INFORMATION, DETERMINE A STUDENT'S NATIONAL CAREER READINESS CERTIFICATE (NCRC) LEVEL, AN OBJECTIVE DOCUMENTATION OF AN EMPLOYEE'S SKILLS THAT CAN BE ACCEPTED NATIONWIDE. DURING THE 2013-2014 SCHOOL YEAR, 4,740 STUDENTS PARTICIPATED IN CAREER READY 101 TRAINING, AND 2,809 STUDENTS ACHIEVED NCRC CERTIFICATION.

IN 2014 THE ORCHARD FOUNDATION ALSO PARTNERED WITH THE CENTRAL LOUISIANA ECONOMIC DEVELOPMENT AUTHORITY TO ASSIST EMPLOYERS IN UTILIZING WORKKEYS AND NCRC IN THEIR HIRING PROCESSES. BOTH RAPIDES AND AVOYELLES PARISHES BECAME ACT CERTIFIED WORK READY COMMUNITIES IN 2014 AS PART OF AN ACT PILOT PROJECT. ALLEN, CATAHOULA, CONCORDIA, GRANT, LASALLE, NATCHITOCHEs, VERNON AND WINN PARISHES BEGAN TO WORK TOWARD THEIR CERTIFICATION IN SEPTEMBER 2014 AS PART OF ACT'S SECOND ROUND OF CERTIFICATION.

THE ORCHARD FOUNDATION FACILITATED A CONSTRUCTION TECHNOLOGY COURSE (CTC), WHICH IS A COMBINATION OF HANDS-ON AND TEXTBOOK INSTRUCTION AND UTILIZES TEXT BOOKS CERTIFIED AND APPROVED BY THE NATIONAL CENTER FOR CONSTRUCTION EDUCATION AND RESEARCH (NCCER) TO INSTRUCT STUDENTS.

CO-SPONSORED BY TWO LOCAL EMPLOYERS, IT IS DESIGNED TO HELP STUDENTS

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GAIN TECHNICAL AND INDUSTRIAL KNOWLEDGE AND ENCOURAGE THEM TO PURSUE A CAREER IN CONSTRUCTION. THE COURSE WAS OFFERED IN 6 AREA HIGH SCHOOLS, AND 79 STUDENTS COMPLETED THE CTC COURSE IN 2014.

A WELDING CURRICULUM THAT PREPARES HIGH SCHOOL STUDENTS FOR WELDING CAREERS IN VARIOUS INDUSTRIAL SETTINGS, WAS OFFERED IN 3 CENTRAL LOUISIANA SCHOOLS. THE PROGRAM PROVIDES TRAINING IN INDUSTRY FUNDAMENTALS, PRINT READING, LAYOUT/FABRICATION AND THERMAL CUTTING. HIGH SCHOOL STUDENTS THAT SUCCESSFULLY COMPLETE THE COURSE ARE REGISTERED INTO THE NCCER DATABASE FOR POTENTIAL EMPLOYMENT IN WELDING. DURING 2014, 116 STUDENTS COMPLETED THE WELDING COURSE.

IN 2014, THE ORCHARD FOUNDATION ASSISTED RAPIDES PARISH IN WINNING A \$150,000 STATE "JUMP START" GRANT. IN JANUARY 2015, ORCHARD FACILITATED A CAREER EXPO FOR 2,194 8TH GRADE STUDENTS WHICH BROUGHT STUDENTS IN TO LEARN ABOUT THE SKILLS AND EDUCATION NEEDED TO PURSUE CAREERS WITH 30 EMPLOYERS THROUGH HANDS ON EXPLORATION, DEMONSTRATIONS AND DISCUSSION. ORCHARD WILL COORDINATE A TEACHER EXTERNSHIP IN 2015 TO ALLOW AREA TEACHERS LEARN MORE ABOUT THE REGION'S EMPLOYERS AND THEIR WORKFORCE SKILL NEEDS.

UTILIZING A \$350,000 GRANT FROM THE RAPIDES FOUNDATION, IN 2014 THE ORCHARD FOUNDATION PARTNERED WITH THE CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE, PROCTOR AND GAMBLE AND SCHOOL DISTRICTS TO LEVERAGE RESOURCES TO PROVIDE COLLEGE AND CAREER COACHING SERVICES IN ALL HIGH SCHOOLS IN THE SERVICE REGION. THE PARTNERS CONTRACTED WITH CAREER COMPASS OF LA TO PROVIDE THESE SERVICES. THE SCOPE OF SERVICES INCLUDED ONE-ON-ONE COACHING WORK WITH EACH SENIOR IN 45 HIGH SCHOOLS AS WELL AS CAREER AWARENESS SEMINARS TARGETED TO THE NINTH AND ELEVENTH GRADE LEVELS, WITH THE TOPICS INCLUDING DUAL ENROLLMENT AND ACT. DURING THE 2013-2014 SCHOOL YEAR, 3,210 STUDENTS WERE SEEN, 2,941 SIGNED OFF ON

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COLLEGE SUCCESS PLANS, AND 2,900 (98%) APPLIED TO A POSTSECONDARY INSTITUTION OF LEARNING. A TOTAL OF 527 COLLEGE AWARENESS SEMINARS WERE CONDUCTED ON THE MIDDLE AND HIGH SCHOOL CAMPUSES.

THE RAPIDES FOUNDATION'S GOALS FOR ITS EDUCATION WORK ARE:

6-10 YEAR IMPACTS:

> INCREASE GRADUATION RATES FROM 73% IN 2012 TO 86% BY 2023.

(18% IMPROVEMENT)

> INCREASE PERCENTAGE OF ADULTS 25 YEARS AND OLDER WITH

POST-SECONDARY DEGREES FROM 2-YEAR AND 4-YEAR INSTITUTES FROM 21% IN 2012 TO 26% IN 2023. (24% IMPROVEMENT)

3-5 YEAR LONG-TERM OUTCOMES:

> INCREASE THE PERCENTAGE OF 3-8 GRADE STUDENTS AT GRADE LEVEL OR ABOVE FROM 68.8% IN 2012 TO 75% IN 2018. (9% IMPROVEMENT)

> INCREASE PERCENTAGE OF 3-8 GRADE STUDENTS ABOVE GRADE LEVEL FROM 23.6% IN 2014 TO 27.6% IN 2018. (17% IMPROVEMENT)

> INCREASE AVERAGE ACT SCORE FROM 18.7 IN 2013 TO 19.2 IN 2018.

(2.7% IMPROVEMENT)

> INCREASE THE PERCENTAGE OF GRADUATES ENROLLED IN 2-YEAR AND 4-YEAR COLLEGES AS FIRST-TIME FRESHMEN IN THE FIRST FALL FOLLOWING HIGH SCHOOL GRADUATION FROM 50% IN 2012 TO 55% IN 2018. (10% IMPROVEMENT)

> INCREASE THE PERCENTAGE OF STUDENTS READY FOR KINDERGARTEN FROM 53% IN FALL OF 2012 TO 65% IN FALL OF 2018. (23% IMPROVEMENT)

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

IN DECEMBER 2013, UPON THE DISCONTINUATION OF SERVICES AT THE LOCAL STATE HOSPITAL SERVING THE INDIGENT, CMAP CONTRACTED WITH RAPIDES REGIONAL MEDICAL CENTER (RRMC) TO PROVIDE OUTPATIENT PHARMACY SERVICES TO THE PATIENTS OF OUTPATIENT CLINICS ESTABLISHED BY RRMC FOR PATIENTS

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OF THE FORMER STATE HOSPITAL. DURING 2014, CMAP PROVIDED 10,925 FREE PRESCRIPTION MEDICATIONS TO 1,833 PATIENTS OF THESE CLINICS, SAVING THEM ABOUT \$3.9 MILLION.

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 2014, 517 PATIENTS WERE SEEN, 121 PAP SMEARS DONE, 138 PELVIC EXAMS COMPLETED, 486 MAMMOGRAMS DONE, 164 CLINICAL BREAST EXAMS COMPLETED, AND 226 TAKE-HOME COLORECTAL CANCER TESTS DISTRIBUTED.

OVER \$675,000 IN GRANTS WERE AWARDED TO NORTHWESTERN STATE UNIVERSITY, LOUISIANA STATE UNIVERSITY AT ALEXANDRIA AND CENTRAL LOUISIANA COMMUNITY AND TECHNICAL COLLEGE IN 2013 TO SUPPORT THEIR NURSING EDUCATION PROGRAMS OVER 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. AT NSU, SINCE TRF BEGAN THE BSN FACULTY POSITION SUPPORT, BSN GRADUATES HAVE INCREASED FROM 81 TO 121. AT LSUA, THE FUNDING GOAL WAS TO ACHIEVE 25% OF ASN GRADUATES TRANSITIONING INTO THE RN-BSN PROGRAM; HOWEVER, IN 2014, 33% OF ASN GRADUATES ENROLLED IN THE RN-BSN PROGRAM. AT CLTCC 159 PRACTICAL NURSES GRADUATED IN 2014, UP FROM 61 THE PRIOR YEAR. THROUGH MAY 2015, 14 NURSE PRACTITIONERS HAVE GRADUATED NSU AS A RESULT OF THE TRF GRANT.

IN 2013 TRF BECAME THE FISCAL AGENT FOR THE LOUISIANA ACTION COALITION FOR THE FUTURE OF NURSING AND PROVIDED A TWO-YEAR, \$150,000 MATCHING GRANT TO THE ORGANIZATION. THE COALITION RECEIVED A \$150,000 GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION TO LEAD CHANGE IN

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HEALTHCARE, WORKING ALONGSIDE PHYSICIANS, HEALTHCARE PROVIDERS AND OTHER STAKEHOLDERS TO HELP TRANSFORM THE HEALTHCARE DELIVERY SYSTEM IN LOUISIANA. SUSTAINABILITY WAS ENSURED BY FINDING A PERMANENT FISCAL AGENT, THE LOUISIANA NURSES FOUNDATION.

IN 2013 TRF ENTERED INTO A TWO-YEAR, \$180,000 CONTRACT 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.

A \$400,000, MULTI-YEAR GRANT WAS PROVIDED TO THE LOUISIANA PRIMARY CARE ASSOCIATION IN 2012 TO SUPPORT AN INTEGRATED BEHAVIORAL HEALTH PROGRAM IN A COMMUNITY CLINIC SETTING. THE IBH PROGRAM IS NOW BEING IMPLEMENTED INTO PRIMARY CARE AT 4 SITES: WINN, GRANT, NATCHITOCHES AND LEESVILLE. TWO OF THE FOUR LOCATIONS UTILIZE TELE-PSYCH SERVICES THROUGH TULANE UNIVERSITY. PSYCHIATRIC SERVICES HAVE BEEN PROVIDED TO 1,132 ADULTS AND CHILDREN WHO OTHERWISE WERE NOT RECEIVING SERVICES.

IN 2014 TRF LAUNCHED ITS HEALTHY PLACES PROGRAM, WHICH PROVIDES TRAINING AND EXPERT ASSISTANCE TO COMMUNITY-BASED ORGANIZATIONS COMMITTED TO REDUCING THE MAJOR CAUSES OF CHRONIC DISEASES. THE GOALS OF THE PROGRAM ARE TO INCREASE COMMITMENT TO PARTNERSHIPS AND POLICES AND SERVICES KNOWN TO ADDRESS TOBACCO USE, HEALTHY EATING, PHYSICAL ACTIVITY AND ALCOHOL AND SUBSTANCE ABUSE. TRF ACCEPTED TEN APPLICATIONS FROM COMMUNITY COLLABORATIVES AND AWARDED A \$275,000 GRANT TO EMORY UNIVERSITY FOR ASSISTANCE TO THESE COMMUNITIES IN DEVELOPING STRATEGIC PLANS THAT ADDRESS HEALTH BEHAVIORS IN THEIR COMMUNITIES.

IN 2013, EIGHT SCHOOL DISTRICTS WERE AWARDED TWO-YEAR GRANTS TOTALING \$216,000 TO IMPROVE HEALTHY EATING AND PHYSICAL ACTIVITY OPPORTUNITIES THROUGH INNOVATIVE SCHOOL HEALTH MODEL PROGRAMS SUCH AS

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CATCH, SPARK AND SMART IN GRADES K-8.

TRF FUNDED A TWO-YEAR, \$700,000 GRANT IN 2013 TO CMAP'S HEALTHY LIFESTYLES PROGRAM. ONE ASPECT PROVIDES ONE-ON-ONE COUNSELING TO INDIVIDUALS WHO ARE REFERRED BY THEIR DOCTORS. IN 2014, 368 PEOPLE RECEIVED COACHING FROM A REGISTERED DIETITIAN AND EXERCISE SPECIALIST. IN 2013 TRF IMPLEMENTED DASH FOR A HEALTHY LIFESTYLE AT 32 CHURCHES IN THE REGION INVOLVING 377 PARTICIPANTS. THE 18-MONTH NUTRITION AND EXERCISE PLAN IS A PROVEN, EVIDENCE-BASED PROGRAM STUDIED AT PENNINGTON BIOMEDICAL RESEARCH CENTER IN BATON ROUGE, LA. OVER THE 18-MONTH PROGRAM, PARTICIPANTS LOST A TOTAL OF 2,527 POUNDS AND 1,782 INCHES AND REPORTED AN IMPROVED OVERALL LIFESTYLE.

THE FOUNDATION PROVIDED A \$250,000, THREE-YEAR MATCHING GRANT IN 2012 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 2014, AS PART OF TRF'S WORK IN TOBACCO PREVENTION AND CONTROL, TRF INVESTED \$325,000 ON HARD-HITTING CAMPAIGNS ON TV, RADIO, BILLBOARD AND FACEBOOK TARGETING SECONDHAND SMOKE, YOUTH AND YOUNG ADULT USE AND THE HEALTH CONSEQUENCES OF TOBACCO USE. MEDIA SPOTS DIRECT SMOKERS TO LOUISIANA'S QUITLINE. IN 2014, 366 CALLS TO THE QUITLINE WERE MADE BY INDIVIDUALS IN THE RAPIDES FOUNDATION SERVICE AREA. TRF'S CESSATION INTERVENTION PROGRAM FEATURES ELEMENTS OF PROVIDER EDUCATION, PROVIDER REMINDER/REFERRAL TOOLS, AND PATIENT EDUCATION. IN LATE 2014, CMAP PARTNERED WITH THE LOUISIANA SMOKING CESSATION TRUST TO PROVIDE TOBACCO CESSATION COUNSELING TO INDIVIDUALS IN ITS SERVICE AREA. A 2013 \$150,000 COMMUNITY AND SCHOOL GRANT TO CENTRAL LOUISIANA AREA HEALTH EDUCATION CENTER SUPPORTED 2014 PROGRAMS SUCH AS "TARS WARS" AND "KICK

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BUTTS DAY" EVENTS IN THE SCHOOLS, WORKPLACE OUTREACH AND "GREAT AMERICAN SMOKEOUT" ACTIVITIES. TRF ALSO FUNDED AND FACILITATED A 2014 YOUTH SUMMIT ON HEALTHY BEHAVIORS, ATTENDED BY 400 YOUTH AND SCHOOL COORDINATORS. IN 2014 TRF ISSUED A \$410,000 GRANT TO THE AMERICAN HEART ASSOCIATION AS A FISCAL AGENT FOR THE COALITION FOR A TOBACCO FREE LOUISIANA TO CONDUCT GRASS-ROOTS EDUCATION ON TOBACCO TAXATION AND ITS EFFECT ON TOBACCO USAGE. IN JUNE 2015, THE LOUISIANA LEGISLATIVE RAISED THE STATE TOBACCO TAX BY 50 CENTS PER PACK.

THE RAPIDES FOUNDATION'S GOALS FOR HEALTHY PEOPLE ARE:

10-YEAR IMPACTS (2012-2023):

> REDUCE ALL-CAUSE MORTALITY FROM 929.7 PER 100,000 TO 757.2. (19% IMPROVEMENT)

> REDUCE HEART DISEASE MORTALITY RATES FROM 246.6 PER 100,000 TO 158.9. (36% IMPROVEMENT)

> REDUCE CANCER MORTALITY RATES FROM 203.6 PER 100,000 TO 169.0. (17% IMPROVEMENT)

> REDUCE DIABETES MORTALITY RATES FROM 24.0 PER 100,000 TO 20.5. (15% IMPROVEMENT)

> DECREASE SMOKING RATES IN YOUTH FROM 23.9% IN 2013 TO 17%. (29% IMPROVEMENT)

> DECREASE SMOKING RATES IN ADULTS FROM 23.0% IN 2013 TO 20%. (13% IMPROVEMENT)

> DECREASE PERCENTAGE OF HOUSEHOLDS WITH CHILDREN WITH A SMOKER FROM 17% IN 2013 TO 15%. (12% IMPROVEMENT)

> DECREASE THE PERCENTAGE OF ADULTS OVERWEIGHT FROM 73% IN 2013 TO 67%. (8% IMPROVEMENT)

> DECREASE THE PERCENTAGE OF ADOLESCENTS (9-12 GRADERS) OVERWEIGHT FROM 34.5% IN 2013 TO 31%. (10% IMPROVEMENT)



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## 5-YEAR LONG-TERM OUTCOMES (2018):

- > REDUCE THE AVERAGE NUMBER OF DAYS IN THE PAST MONTH WHEN PHYSICAL HEALTH WAS NOT GOOD FROM 5 TO 3.6 DAYS. (28% IMPROVEMENT)
- > REDUCE THE AVERAGE NUMBER OF DAYS IN THE PAST MONTH WHEN MENTAL HEALTH WAS NOT GOOD FROM 4.3 TO 3.0 DAYS. (30% IMPROVEMENT)
- > INCREASE NUMBER OF ADULTS IN CENTRAL LOUISIANA REPORTING GOOD OR BETTER OVERALL HEALTH FROM 77.7% TO 80%. (3% IMPROVEMENT)
- > MAINTAIN LEVEL OF 9.8% ADULTS DIAGNOSED WITH HEART DISEASE.
- > MAINTAIN LEVEL OF 6.7% OF ADULTS DIAGNOSED WITH CANCER.
- > MAINTAIN LEVEL OF 14.1% OF ADULTS DIAGNOSED WITH DIABETES.
- > DECREASE PERCENTAGE OF ADOLESCENTS INITIATING CIGARETTE USE BEFORE AGE 13 FROM 16.2% IN 2013 TO 11%. (32% IMPROVEMENT)
- > DECREASE PERCENTAGE OF ADOLESCENTS EVER SMOKED FROM 47.3% IN 2013 TO 38%. (20% IMPROVEMENT)
- > INCREASE PERCENTAGE OF ADOLESCENTS WHO ATTEMPTED TO QUIT FROM 58.5% IN 2013 TO 64%. (9% IMPROVEMENT)
- > INCREASE PERCENTAGE OF ADULTS WHO ATTEMPTED TO QUIT IN LAST 12 MONTHS FROM 54.9% TO 60%. (9% IMPROVEMENT)
- > INCREASE THE PERCENTAGE OF ADULTS AT HEALTHY WEIGHT FROM 26% IN 2013 TO 27%. (4% IMPROVEMENT)
- > INCREASE THE PERCENTAGE OF ADULTS MEETING RECOMMENDED PHYSICAL ACTIVITY GUIDELINES FROM 45.7% IN 2013 TO 48%. (5% IMPROVEMENT)
- > INCREASE THE PERCENTAGE OF ADOLESCENTS MEETING RECOMMENDED PHYSICAL ACTIVITY GUIDELINES FROM 26.4% IN 2013 TO 28%. (6% IMPROVEMENT)
- > INCREASE THE PERCENTAGE OF ADULTS CONSUMING 5 OR MORE SERVINGS OF FRUITS OR VEGETABLES DAILY FROM 34.9% IN 2013 TO 38.5%. (10% IMPROVEMENT)
- > INCREASE THE PERCENTAGE OF ADOLESCENTS CONSUMING 3 OR MORE FRUITS

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DAILY FROM 16.5% IN 2013 TO 19%. (15% IMPROVEMENT)

> INCREASE THE PERCENTAGE OF ADOLESCENTS CONSUMING 3 OR MORE VEGETABLES

DAILY FROM 13% IN 2013 TO 15%. (15% IMPROVEMENT)

1-3 YEAR LONG-TERM OUTCOMES (2016):

> DECREASE PERCENTAGE OF ADULTS GOING TO EMERGENCY ROOM MORE THAN ONCE

IN PAST YEAR FROM 12.2 % IN 2013 TO 10.0%. (18% IMPROVEMENT)

> INCREASE PERCENTAGE OF ADULTS WITH A PRIMARY SOURCE OF HEALTHCARE

FROM 73.8% IN 2013 TO 77% IN 2016. (4% IMPROVEMENT)

> INCREASE THE PERCENTAGE OF WOMEN AGE 40 AND OLDER WHO HAVE HAD A

MAMMOGRAM IN THE PAST TWO YEARS FROM 71.9% TO 76%. (6% IMPROVEMENT)

> INCREASE THE PERCENTAGE OF WOMEN AGE 21-65 WHO HAVE HAD A PAP SMEAR

IN THE PAST 3 YEARS FROM 78.5% TO 82%. (4% IMPROVEMENT)

> INCREASE THE PERCENTAGE OF ADULTS AGE 50-75 WHO HAVE HAD COLORECTAL

SCREENING WITHIN RECOMMENDED TIMELINE FROM 67.7% TO 71%. (5%

IMPROVEMENT)

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

HEALTHY COMMUNITIES -- IN 2014 TRF PROVIDED \$300,000 IN FUNDING TO THE

BUSINESS ACCELERATOR SYSTEM (BAS), A PROGRAM OF THE

ALEXANDRIA/PINEVILLE CHAMBER OF COMMERCE AND THE CENTRAL LOUISIANA

ECONOMIC DEVELOPMENT ALLIANCE (CLEDA). BAS OFFERS COACHING SERVICES AND

ENTREPRENEURSHIP CLASSES FOR EARLY-STAGE ENTREPRENEURS, SUCH AS

FINANCE, MARKETING, AND OPERATIONS. IN 2014 BAS PROVIDED COACHING

SERVICES TO 52 ENTREPRENEURS AND PROVIDED CLASSES AND SEMINARS TO 472

PARTICIPANTS.

IN 2014 TRF PROVIDED \$435,000 IN MATCHING FUNDS TO CLEDA DEDICATED

TO ECONOMIC AND WORKFORCE DEVELOPMENT IN THE REGION. DURING THE YEAR

CLEDA'S ECONOMIC DEVELOPMENT WORK BROUGHT AN ESTIMATED 508 NEW

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PERMANENT JOBS AND \$425 MILLION IN NEW CONSTRUCTION. FOURTEEN CENTRAL LOUISIANA PROFESSIONALS GRADUATED FROM CENLA BOARDBUILDERS IN 2014, 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 2014 TO LEARN THE ROLES AND RESPONSIBILITIES OF BEING EFFECTIVE BOARD MEMBERS. AFTER COMPLETING THE TRAINING, THEY WERE EACH MATCHED WITH A NONPROFIT ORGANIZATION AND WILL NOW SERVE ON THEIR BOARDS.

CENLA EXECBUILDERS, AN INSTITUTE FOR EXECUTIVE DIRECTORS OF LOCAL NONPROFIT ORGANIZATIONS, TRAINED 8 EXECUTIVE DIRECTORS IN 2014. THE EXECUTIVE DIRECTORS CONTINUE A PEER NETWORKING ARRANGEMENT ONCE TRAINING IS COMPLETE.

THROUGH ITS FREE TRAINING CLASSES, CDW TRAINED LOCAL NONPROFIT ORGANIZATIONS AND INDIVIDUALS IN ISSUES THAT THEY DEAL WITH EVERY DAY, INCLUDING GRANT WRITING, PROGRAM PLANNING, FINANCIAL MANAGEMENT, FUNDRAISING AND MARKETING. 275 INDIVIDUALS TOOK THESE FREE COURSES IN 2014.

THE CDW LEARNING LAB RESPONDED TO NEARLY 415 INQUIRIES THROUGH CDW'S WEBSITE, THE ELIBRARY, A CUSTOMIZED NONPROFIT MANAGEMENT LIBRARY, THE FOUNDATION CENTER GRANTS DATABASE, TECHNICAL ASSISTANCE ON NONPROFIT MANAGEMENT TOPICS, AND INFORMATIONAL WORKSHOPS.

UNDER CDW'S NONPROFIT WORKS PROGRAM, 3 LOCAL NON-PROFIT ORGANIZATIONS COMPLETED A TWO-YEAR PROGRAM OF PERSONALIZED TECHNICAL ASSISTANCE AND TRAINING THAT EXPANDED THE GOVERNANCE, ORGANIZATIONAL DEVELOPMENT AND LEADERSHIP CAPACITIES OF THE ORGANIZATIONS.

THE RAPIDES FOUNDATION'S GOALS FOR HEALTHY COMMUNITIES ARE:

10-YEAR IMPACTS (2012-2023):

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> ACHIEVE A REAL AVERAGE ANNUAL MEDIAN HOUSEHOLD INCOME GROWTH RATE OF 0.8%, OR A MEDIAN HOUSEHOLD INCOME OF \$42,184.

> INCREASE CENTRAL LOUISIANA'S MEDIAN HOUSEHOLD INCOME TO 92% OF THE SOUTHERN MEDIAN HOUSEHOLD INCOME.

> INCREASE CENTRAL LOUISIANA'S MEDIAN HOUSEHOLD INCOME TO 80% OF THE U.S MEDIAN HOUSEHOLD INCOME.

> INCREASE PERCENTAGE OF POST-SECONDARY DEGREES FROM 2 AND 4-YEAR INSTITUTES FROM 21% IN 2012 TO 26%. (24% IMPROVEMENT)

> INCREASE POST-SECONDARY GRADUATION RATES FROM 73% IN 2012 TO 86%. (18% IMPROVEMENT)

3-5-YEAR OUTCOMES (2018):

> INCREASE PER CAPITA GROSS REGIONAL PRODUCT (GRP) BY 6% FROM 2011.

> INCREASE TOTAL EMPLOYMENT BY 5% FROM 2011.

> MAINTAIN 2010 LEVEL OF STAGE 2 ESTABLISHMENTS (10-99 EMPLOYEES).

EXPENSES \$ 1,337,235. INCLUDING GRANTS OF \$ 961,718. 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 FURNISHED TO THE AUDIT COMMITTEE OF THE RAPIDES FOUNDATION BOARD (TRF) FOR REVIEW AND APPROVAL, AND A MEETING IS

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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.

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.

FORM 990, PART VI, SECTION B, LINE 15:

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Schedule O (Form 990 or 990-EZ) (2014)

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THE RAPIDES FOUNDATION BOARD COMPENSATION COMMITTEE, WHICH IS COMPOSED OF THE INDEPENDENT MEMBERS OF ITS EXECUTIVE COMMITTEE, PERIODICALLY ENGAGES A THIRD-PARTY COMPENSATION CONSULTANT TO PROVIDE MARKET INFORMATION CONCERNING PAY AND BENEFITS AND MAKE COMPENSATION STRUCTURE RECOMMENDATIONS FOR ALL ORGANIZATION POSITIONS. THE CONSULTANT IS PROVIDED WITH JOB DESCRIPTIONS FOR ALL JOB POSITIONS. THE CONSULTANT THEN COMPARES THOSE JOBS WITH SIMILAR POSITIONS AT SIMILAR TYPES AND SIZES OF ORGANIZATIONS. THE CONSULTANT MEETS WITH THE COMPENSATION COMMITTEE AND PROVIDES THE COMPARISON DATA, ALONG WITH THEIR RECOMMENDATIONS FOR PAY RANGES FOR EACH POSITION (MINIMUM, MIDPOINT, MAXIMUM). RECOMMENDATIONS ARE BASED UPON MARKET AVERAGES OF SIMILAR TYPES AND SIZES OF ORGANIZATIONS. IN INTERIM YEARS, INCREASES IN PAY RANGES ARE RECOMMENDED TO THE BOARD BY MANAGEMENT BASED ON SURVEY INFORMATION OF SIMILAR ORGANIZATIONS.

THE CEO AND TWO DIRECTORS OF THE ORGANIZATION ARE CONSIDERED KEY EMPLOYEES. THE CEO RECOMMENDS THE PAY FOR THE TWO DIRECTORS AND A SALARY BUDGET FOR THE REMAINING EMPLOYEES TO THE COMPENSATION COMMITTEE FOR APPROVAL. THE COMPENSATION COMMITTEE INDEPENDENTLY DISCUSSES ITS RECOMMENDATIONS FOR CEO PAY. MINUTES OF ALL MEETINGS ARE RECORDED AND MAINTAINED.

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](http://WWW.RAPIDESFOUNDATION.ORG).

FORM 990, PART XII, LINE 2C

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

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**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

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

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

Schedule R (Form 990) 2014





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

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

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

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....	X	
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> 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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

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

Lined area for supplemental information.

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