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October 12, 2012

THE RAPIDES FOUNDATION
1101 FOURTH STREET, Suite 300
ALEXANDRIA, LA 71301

Dear Ladies and Gentlemen,

I have prepared your 2011 Form 990 based on the information you provided. Please review the enclosed copy for THE RAPIDES FOUNDATION and if you agree, please sign the IRS e-file Signature Authorization Form 8879 and return it to me. When I receive the signed authorization I will e-file your return.

There are no taxes or fees due with the return.

If you have any questions about the return(s) or about THE RAPIDES FOUNDATION's tax situation during the year, please do not hesitate to call me.

I appreciate this opportunity to serve you.

Sincerely,

Marvin H Easley, MA, CPA, CFP
M H Easley Consulting, LLC

IRS e-file Signature Authorization for an Exempt Organization

Department of the Treasury
Internal Revenue Service

For calendar year 2011, or fiscal year beginning _____, 2011, and ending _____, 20_____

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions on back.**

2011

Name of exempt organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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Name and title of officer JOE ROSIER	PRESIDENT & CEO
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Part I Type of Return and Return Information (Whole Dollars Only)

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	55,022,021
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize M H Easley Consulting, LLC to enter my PIN 30632 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2011 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 2011 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.

72877508142 <small>do not enter all zeros</small>

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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 ▶ Marvin H Easley, MA, CPA, CFP Date ▶ 10/12/2012

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 black lung benefit trust or private foundation)

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , **and ending**

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **THE RAPIDES FOUNDATION**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1101 FOURTH STREET 300
 City or town, state or country, and ZIP + 4
ALEXANDRIA LA 71301

D Employer identification number
72-0423603

E Telephone number
(318) 443-3394

G Gross receipts \$ **55,022,021**

F Name and address of principal officer:
JOE ROSIER, CEO 1101 4TH STREET, ALEXANDRIA, LA 71301

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

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**

H(c) Group exemption number ▶

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>The mission of The Rapides Foundation (TRF) is to improve the health status of Central Louisiana. TRF is a member of Rapides Healthcare System LLC, which owns and operates Rapides Regional Medical Center, a 320-bed hospital in Alexandria. Additionally, TRF provides funding for projects (see Schedule O).</u>		
	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 2011 (Part V, line 2a)	5	33
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	-7,280	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	51,065,672	54,051,377
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,893,264	970,644
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	73,951,656	55,022,021
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,460,044	5,362,337
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,315,441	1,642,078
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	54,878,326	57,226,392
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	60,653,811	64,230,807	
19 Revenue less expenses. Subtract line 18 from line 12	13,297,845	-9,208,786	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	220,129,389	215,889,564
	22 Net assets or fund balances. Subtract line 21 from line 20	6,126,093	6,982,203
		214,003,296	208,907,361

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 _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name _____ Preparer's signature _____ Date _____ Check if self-employed PTIN _____

Marvin H Easley, MA, CPA, CFP Marvin H Easley, MA, CPA, CFP 10/12/2012 P00293042

Firm's name ▶ M H Easley Consulting, LLC Firm's EIN ▶ 01-0704790

Firm's address ▶ 1006 Calais Circle, Alexandria, LA 71303 Phone no. (318) 767-1455

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: The mission of The Rapides Foundation (TRF) is to improve the health status of Central Louisiana. TRF is a member of Rapides Healthcare System LLC, which owns and operates Rapides Regional Medical Center, a 320-bed hospital in Alexandria, La. Additionally, TRF provides funding for projects (see Schedule O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 53,970,578 including grants of \$ 0) (Revenue \$ 0) Acute-care Hospital Services - The Rapides Foundation is a member of Rapides Healthcare System LLC (RHS), which owns and operates Rapides Regional Medical Center (RRMC), a 320-bed hospital in Alexandria, LA. As an owner of RHS, TRF seeks to provide the highest standard of patient care that is safe, effective, efficient, timely, patient-centered and equitable. With a 2011 overall risk-adjusted complications index of 0.84, RHS provided top-level patient-care outcomes. In 2011, for the fifth year in a row, RRMC received the state's highest level healthcare quality award from eQHealth Solutions - the "Capstone Quality Award," one of only 24 Louisiana hospitals to receive the award. Additionally, the hospital was one of only 405 U.S. hospitals and critical access hospitals named a Top Performer on Key Quality Measures for excellence in accountability measure performance by The Joint Commission in 2011. U.S. News and World Reports' 2011-12 rankings of Best Hospitals recognized RRMC as No. 3 in Louisiana. In 2009 the Hospital achieved certification as an (see Schedule O)

4b (Code:) (Expenses \$ 3,349,219 including grants of \$ 1,562,074) (Revenue \$ 0) Healthy People Initiative - TRF provides chronic care prescription medications for people who cannot afford them through \$550,000 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 2011, approximately 1,234 people in Central Louisiana received \$5.2 million in prescription medications they needed to maintain their health. Another 1,786 people throughout the rest of the state received \$4 million worth of medications through a partnership with the Bureau of Primary Care and Rural Health under the Louisiana Department of Health and Hospitals. Additionally, CMAP provided \$125,000 in funding to support the Huey P. Long Hospital outpatient Pharmacy in Alexandria, LA. The Outpatient Center is a program of Huey P. Long Hospital, a Louisiana public hospital, which provides medical care for lower-income citizens of Central Louisiana. The pharmacy plays a (see Schedule O).

4c (Code:) (Expenses \$ 2,573,038 including grants of \$ 1,864,214) (Revenue \$ 0) Education Initiative -- During 2011 the nine parish school districts in TRF's area continued to work under their strategic plan focused on science, technology, engineering and math, and career and technical education. TRF awarded a total of \$1.3 million in grants to the school districts to support professional development to enhance classroom instruction and administrative leadership. The grants also supported the purchase of instructional materials and technology to be used in math and science classes. The Orchard Foundation, TRF's supporting organization, continued its work during 2011 hosting instructional institutes for high school and elementary science and math teachers. The Orchard Foundation offered AIMS science and math workshops for elementary, middle and high school teachers. Students are eager to experiment, investigate, explore and inquire. In the workshops teachers learn to restructure their lessons to capture this student enthusiasm and to help students use tools to better understand the world that surrounds them. AIMS workshops incorporate exciting, (see Schedule O)

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,369,992 including grants of \$ 1,540,866) (Revenue \$ 0)

4e Total program service expenses 62,262,827

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, gaming winnings, Form W-3, foreign accounts, prohibited transactions, and charitable trusts.

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed _____
- 18** Section 6104 requires an organization to make its 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
- 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: _____ (318) 443-3394

 1101 FOURTH STREET, ALEXANDRIA, LA 71301

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES R. BAKER, JR. TRUSTEE	0.50	X					0	0	0	
(2) BRUCE BARTON, M.D. TRUSTEE	1.00	X		X			0	0	0	
(3) JOAN BRUNSON, M.D. TRUSTEE	0.50	X					0	0	0	
(4) LAURA DAUZAT TRUSTEE	0.50	X					0	0	0	
(5) ROSA FIELDS TRUSTEE	0.50	X					0	0	0	
(6) DAVID R. GILCHRIST TRUSTEE	0.50	X					0	0	0	
(7) CYNTHIA A. GILLESPIE, PhD TRUSTEE	0.50	X					0	0	0	
(8) ERNEST KELLY, M.D. TRUSTEE	0.50	X					0	0	0	
(9) DONALD KRAMER TRUSTEE	0.50	X		X			0	0	0	
(10) DONALD R. MALLETT TRUSTEE	0.50	X		X			0	0	0	
(11) NANCY McCABE TRUSTEE	0.50	X					0	0	0	
(12) MIKE NEWTON TRUSTEE	0.50	X		X			0	0	0	
(13) FRANKIE ROSENTHAL TRUSTEE	0.50	X					0	0	0	
(14) TAMMI SALAZAR TRUSTEE	0.50	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) HOWARD WOLD, M.D. TRUSTEE	0.50	X					0	0	0	
(16) JOSEPH R. ROSIER, JR. PRESIDENT & CEO	40.00	X		X			281,896	0	34,653	
(17) KATHLEEN F. NOLEN DIR. ADMIN	40.00				X		169,950	0	20,576	
(18) ANNETTE BEUCHLER DIR. PROG & COMM	40.00					X	138,600	0	20,882	
(19) KEVIN BROWN PHARMACIST	32.00					X	0	102,644	17,069	
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							590,446	102,644	93,180	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							590,446	102,644	93,180	

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
KALB TV P.O. BOX 951, ALEXANDRIA, LA 71309	OUTREACH SERVICES	180,870
RTI INTERNATIONAL BOX 900002, RALEIGH, NC 27675-9000	CONSULTING	167,321
BLUE CROSS/SHIELD LA P.O. BOX 65007, DALLAS, TX 75265-007	HEALTH INSURANCE	131,834
		0
		0

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

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0					
	b Membership dues	1b	0					
	c Fundraising events	1c	0					
	d Related organizations	1d	0					
	e Government grants (contributions)	1e	0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0					
	g Noncash contributions included in lines 1a-1f: \$		0					
	h Total. Add lines 1a-1f		0					
	Program Service Revenue	2a Hospital Revenues						623990
b				0				
c				0				
d				0				
e				0				
f All other program service revenue				0				
g Total. Add lines 2a-2f				54,051,377				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)			970,644			970,644
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)	0	0				
	d Net rental income or (loss)				0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses			0	0		
		c Gain or (loss)			0	0		
		d Net gain or (loss)				0		
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a			0			
		b Less: direct expenses	b			0		
		c Net income or (loss) from fundraising events				0		
	9a Gross income from gaming activities. See Part IV, line 19	a			0			
		b Less: direct expenses	b			0		
		c Net income or (loss) from gaming activities				0		
10a Gross sales of inventory, less returns and allowances	a			0				
	b Less: cost of goods sold	b			0			
	c Net income or (loss) from sales of inventory				0			
Miscellaneous Revenue		Business Code						
11a				0				
b				0				
c				0				
d All other revenue				0				
e Total. Add lines 11a-11d				0				
12 Total revenue. See instructions				55,022,021	54,051,377	0	970,644	

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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	5,362,337	5,362,337		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	449,102	300,200	148,902	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	882,496	435,426	447,070	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	129,957	71,930	58,027	
9	Other employee benefits	96,961	54,401	42,560	
10	Payroll taxes	83,562	46,973	36,589	
11	Fees for services (non-employees):				
a	Management	1,337,145	1,337,145		
b	Legal	13,798	7,034	6,764	
c	Accounting	353,726	324,634	29,092	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	842,841		842,841	
g	Other	6,487,909	6,466,083	21,826	
12	Advertising and promotion	713,103	630,948	82,155	
13	Office expenses	265,177	221,539	43,638	
14	Information technology	83,200	49,987	33,213	
15	Royalties	0			
16	Occupancy	1,684,678	1,642,649	42,029	
17	Travel	35,510	34,229	1,281	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	174,582	108,258	66,324	
20	Interest	21,196	13,564	7,632	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,149,151	3,114,284	34,867	0
23	Insurance	1,056,958	1,036,695	20,263	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a		0			
b	HOSPITAL TAXES AND LICENSES	792,216	792,216		
c	HOSPITAL REIMBURSEMENT TO LLC MEMBER	25,210,206	25,210,206		
d	HOSPITAL SUPPLIES	11,763,081	11,763,081		
e	All other expenses	3,241,915	3,239,008	2,907	
25	Total functional expenses. Add lines 1 through 24e	64,230,807	62,262,827	1,967,980	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-50,049	1	5,164,674
	2 Savings and temporary cash investments	2,323,418	2	2,912,715
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	10,561,457	4	11,346,330
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,726,583	8	1,801,382
	9 Prepaid expenses and deferred charges	126,602	9	529,186
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,527,515		
	b Less: accumulated depreciation	10b 41,630,789	25,802,561	10c 23,886,506
	11 Investments—publicly traded securities	170,710,410	11	161,588,198
	12 Investments—other securities. See Part IV, line 11	524,791	12	444,946
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	8,076,591	14	8,076,323
	15 Other assets. See Part IV, line 11	327,025	15	139,304
16 Total assets. Add lines 1 through 15 (must equal line 34)	220,129,389	16	215,889,564	
Liabilities	17 Accounts payable and accrued expenses	1,801,441	17	4,969,476
	18 Grants payable	2,008,716	18	2,012,727
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,315,936	25	0
	26 Total liabilities. Add lines 17 through 25	6,126,093	26	6,982,203
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	214,003,296	27	208,907,361
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	214,003,296	33	208,907,361	
34 Total liabilities and net assets/fund balances	220,129,389	34	215,889,564	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,022,021
2	Total expenses (must equal Part IX, column (A), line 25)	2	64,230,807
3	Revenue less expenses. Subtract line 2 from line 1	3	-9,208,786
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	214,003,296
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,112,851
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	208,907,361

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

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

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

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

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.**
▶ **See separate instructions.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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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 ▶ \$0
- 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-.
(1)		0	0
(2)		0	0
(3)		0	0
(4)		0	0
(5)		0	0
(6)		0	0

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	20,733	0												
c	Total lobbying expenditures (add lines 1a and 1b)	20,733	0												
d	Other exempt purpose expenditures	64,230,807	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	64,251,540	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	31,497	29,170	28,784	20,733	110,184
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	0	0	0	0	0

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	0

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; 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. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

THE RAPIDES FOUNDATION

72-0423603

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
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?

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?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 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:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other	0	
(A)	0	
(B)	0	
(C)	0	
(D)	0	
(E)	0	
(F)	0	
(G)	0	
(H)	0	
(I)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

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

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) OTHER LIABILITIES	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
(11)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	55,022,021
2	Total expenses (Form 990, Part IX, column (A), line 25)	64,230,807
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-9,208,786
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	4,112,848
9	Total adjustments (net). Add lines 4 through 8	4,112,848
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-5,095,938

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	58,057,024
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d 3,035,003
e	Add lines 2a through 2d	2e 3,035,003
3	Subtract line 2e from line 1	3 55,022,021
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 XIV.)	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 55,022,021

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	63,152,962
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 XIV.)	2d
e	Add lines 2a through 2d	2e 0
3	Subtract line 2e from line 1	3 63,152,962
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 XIV.)	4b 1,077,845
c	Add lines 4a and 4b	4c 1,077,845
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 64,230,807

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X Line 2 The Foundation is a nonprofit organization and exempt from federal income taxes under Section 501c3 of the Internal Revenue Code. Therefore, no provision for income taxes has been made in the financial statements, but the Foundation is required to file an annual information tax return. The Foundation is also required to review various tax positions it has taken with respect to its exempt status and determine whether in fact it is a tax exempt entity. The Foundation must also consider whether it has nexus in jurisdictions in which it has income and whether a tax return is required in those jurisdictions. In addition, as a tax exempt entity, the Foundation must assess whether it

Part XIV Supplemental Information (continued)

has any tax positions associated with unrelated business income subject to income tax.

Part X Line 2 The Foundation does not expect its positions to change significantly over the next twelve months. Any penalties related to late filing or other requirements would be recognized as expense in the Foundation's accounting records.

Part X Line 2 The Foundation files U.S. federal Form 990 for informational purposes. The Foundation's federal income tax returns for the tax years 2008 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 501c3 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.

Part X Line 2 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.

Part X Line 2 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.

Part X Line 2 It should be noted that even if the Foundation's public charity status

Part XIV Supplemental Information (continued)

should not continue, the Foundation believes that it would continue to be exempt from
income tax under Section 501c3 of the Code as a private foundation.

Part X Line 2 Private foundations are subject to more restrictions under the Code than are
public charities. These restrictions include statutory prohibitions against self-dealing,
excess business holdings, jeopardy investments, and taxable expenditures. In addition,
private foundations are subject to an excise tax on their net investment income and are
required to make annual distributions of five percent -5%- of the average market value of
their non-charitable-use assets for charitable, educational, scientific, and similar
purposes. Non-charitable-use assets are assets that are not used or held for use directly
in carrying on the organization's exempt purpose; they include assets held for investment
and the production of investment income. Private foundations are required to publish a
notice that their annual reports are available for inspection.

Part X Line 2 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.

Part X Line 2 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.

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**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
THE RAPIDES FOUNDATION

Employer identification number
72-0423603

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free care</i> ? 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 Did the organization use FPG to determine eligibility for providing <i>discounted care</i> ? 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
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		606	915,155	208,791	706,364	1.10%
b Medicaid (from Worksheet 3, column a)		11,812	13,633,856	9,101,051	4,532,805	7.06%
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00%
d Total Financial Assistance and Means-Tested Government Programs	0	12,418	14,549,011	9,309,842	5,239,169	8.16%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,391,254	0	3,391,254	5.28%
f Health professions education (from Worksheet 5)			946,857	89,496	857,361	1.33%
g Subsidized health services (from Worksheet 6)			0	0	0	0.00%
h Research (from Worksheet 7)			0	0	0	0.00%
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,125,425	0	5,125,425	7.98%
j Total. Other Benefits	0	0	9,463,536	89,496	9,374,040	14.59%
k Total. Add lines 7d and 7j	0	12,418	24,012,547	9,399,338	14,613,209	22.75%

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					0	0.00%
2 Economic development					0	0.00%
3 Community support					0	0.00%
4 Environmental improvements					0	0.00%
5 Leadership development and training for community members					0	0.00%
6 Coalition building					0	0.00%
7 Community health improvement advocacy					0	0.00%
8 Workforce development					0	0.00%
9 Other					0	0.00%
10 Total	0	0	0	0	0	0.00%

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
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	2	1,121,000
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3	0
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		
Section B. Medicare			
5	Enter total revenue received from Medicare (including DSH and IME)	5	20,833,011
6	Enter Medicare allowable costs of care relating to payments on line 5	6	17,454,143
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	3,378,868
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="" 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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1		0.00%	0.00%	0.00%
2		0.00%	0.00%	0.00%
3		0.00%	0.00%	0.00%
4		0.00%	0.00%	0.00%
5		0.00%	0.00%	0.00%
6		0.00%	0.00%	0.00%
7		0.00%	0.00%	0.00%
8		0.00%	0.00%	0.00%
9		0.00%	0.00%	0.00%
10		0.00%	0.00%	0.00%
11		0.00%	0.00%	0.00%
12		0.00%	0.00%	0.00%
13		0.00%	0.00%	0.00%

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 and address

1 RAPIDES REGIONAL MEDICAL CTR
211 FOURTH STREET
ALEXANDRIA LA 71301

2

3

4

5

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11

12

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16

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 RAPIDES REGIONAL MEDICAL CTR 211 FOURTH STREET ALEXANDRIA LA 71301	X	X		X			X		
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: RAPIDES REGIONAL MEDICAL CTR

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	X
9	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free care</i> ? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200.00</u> % If "No," explain in Part VI the criteria the hospital facility used.	9	X

Part V Facility Information (continued)

RAPIDES REGIONAL MEDICAL CTR

		Yes	No
10	Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>0.00</u> % If "No," explain in Part VI the criteria the hospital facility used.		X
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input checked="" type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input checked="" type="checkbox"/> Other (describe in Part VI)		
12	Explained the method for applying for financial assistance?	X	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
15	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 patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		X
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Part VI)		

Part V Facility Information (continued)

RAPIDES REGIONAL MEDICAL CTR

Policy Relating to Emergency Medical Care

		Yes	No
18	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	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 Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	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 Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and 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?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information *(continued)*

Section C. 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? _____ 0

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I line 7, a-The Cost for Charity Care was derived using a cost-to-charge ratio from Schedule H,
 Worksheet 2 applied in Worksheet 1. 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
 Charity inpatient admissions plus total Charity 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 4, Excerpt from 2011 Notes to Audited Financial Statements of Rapides Healthcare System-The
 Company does not pursue collection of amounts related to patients who meet the guidelines to qualify as
 charity care; therefore, they are not reported in revenues. Patients treated at the Company's hospitals
 for non-elective care, who have income at or below 200 per cent of the federal poverty level, are
 eligible for charity care. The deferral poverty level is established by the federal government and is
 based on income and family size. The Company provides discounts to uninsured patients who do not qualify
 for Medicaid or charity care. These discounts are similar to those provided too many local managed care
 plans. After the discounts are applied, if the Company is still unable to collect a significant portion
 of uninsured patient's accounts, the Company will record significant provisions for doubtful accounts
 (based upon the Company's historical collection experience) related to uninsured patients in the period
 the services are provided.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part III line 4, The revenue deductions related to uninsured accounts (charity care and uninsured discounts) generally have the inverse effect on the provision for doubtful accounts. To quantify the total impact of and trends related to uninsured accounts, the Company believes it is beneficial to view these revenue deductions and provision for doubtful accounts in combination, as well as separately. The provision for doubtful accounts, as a percentage of net patient service revenues, increased from 5.5% for 2010 to 10% for 2011. The sum of the provision for doubtful accounts, uninsured discounts and charity care, as a percentage of the sum of net patient service revenues, uninsured discounts and charity care increased from 15.8% for 2010 to 21.9% for 2011.

Part III line 4, 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. The provision for doubtful accounts and the allowance for doubtful accounts relate primarily to amounts due directly from patients. An estimated allowance for doubtful accounts is recorded for all uninsured accounts, regardless of the aging of those accounts. This allowance is based upon historic experience of collections and charity approvals. No allowance is made for amounts attributable to patients who would likely qualify for charity care if documentation had been available. Accounts are written off when all reasonable internal and external collections efforts have been performed.

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

non-allowable expenses. The amounts reported on Part III, Lines 5-7 have been determined from the

individual facility cost report for the hospital operated by RHS.

Part III line 9b, Collection of outstanding receivables from third-party payers (Medicare, managed-care

payors, etc.) is Rapides Healthcare System's (RHS's) primary source of cash and is critical to its

ability to fund operations. The primary collection risks relate to uninsured patient accounts, including

patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable

agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding.

Part III line 9b, RHS collection policies include a review of all accounts against certain standard

collection criteria, upon completion of internal collection efforts. Accounts determined to possess

positive collectability attributes are forwarded to a secondary external collections agency, and the

other accounts are written off. The accounts that are not collected by the secondary external collection

agency are written off when they are returned by the collection agency (usually within 12 months).

Write-offs are based upon specific identification, and the write-off process requires a write-off

adjustment entry to the patient accounting system.

Part III line 9b, RHS does not pursue collection of accounts while it attempts to determine whether

uninsured or underinsured patients meet its guidelines to qualify for free charity care under its

financial assistance policy (FAP). The Rapides Healthcare System Discount Charity Policy for Patients

clearly describes in detail the process that is followed in determining whether a patient is qualified

for charity care. Until it is determined whether a patient account qualifies for charity care, the

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

account is held in a pending state, and the account is not submitted for collection.

Part III line 9b, Once an account is approved as FAP-eligible by an authorized manager, the appropriate

code is posted to the account in the billing system, the account is written off, and no bill is sent to

the patient.

Part V, Line 10: The Rapides Healthcare System (RHS) does not utilize FPG as criteria for discounted

care. Any individual at income of 200% or less of FPG qualifies for the RHS financial assistance policies

(FAP) and receives a 100% discount on their bill, or free care. There is no provision for partial

discounts on patient bills under the FAP. All uninsured patients who do not qualify under the FAP receive

an uninsured discount on their bills.

Part V, Line 11: Uninsured patients may qualify for 100% discount on their bill under extenuating

circumstances after manager review and approval, in cases such as if the patient is not able to complete

the financial assistance application or provide supporting documentation, where medical indigence is

determined by medical debt outweighing 25% of the patient's annual income, patients identified as

undocumented residents or homeless, or patients that expire without an estate.

Part V, Line 19: The Rapides Healthcare System (RHS) does offer discounted care under its financial

assistance policies. Any individual at income of 200% or less of FPG qualifies for the RHS FAP and

receives a 100% discount on their bill, or free care. Thus, FAP-eligible individuals are not charged for

care. There is no provision for partial discounts on patient bills under the FAP. All uninsured patients

who do not qualify under the FAP receive an uninsured discount on their bills.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part VI Line 2, The Rapides Foundation (TRF) engages a national expert firm to perform a Community Health

Assessment every three years. The assessment is a systematic, data-driven approach to identifying the

health status, behaviors and needs of the members of the community within the nine-parish (county) TRF

service area. Sample data is compiled through random telephone interviews within the service area and

benchmarked against data from the Centers for Disease Control and Prevention, the U.S. Department of

Health - Human Services, and the PRC National Health Survey. Secondary data are gathered from the Centers

for Disease Control and Prevention, the ESRI BIS Demographic Portfolio, Louisiana Commission on Law

Enforcement, Louisiana Department of Health - Hospitals and the National Center for Health Statistics.

The assessment results are reviewed by TRF management and its Board and inform the organization's

philanthropic efforts. The assessment is used by Rapides Healthcare System management and its Board's

Community Benefit Committee for its hospital's community benefit planning.

Part VI Line 2, Lastly, results are made available to others in the community to assist them in planning

their community-directed efforts. The Community Health Assessment results are available on the TRF

website. TRF completed its last assessment in 2010. In accordance with new requirements for Community

Health Needs Assessments (CHNA) for Exempt Hospital Facilities effective for tax years beginning after

March 24, 2012, Rapides Regional Medical Center is partnering with another exempt community hospital in

2012 to begin the process of conducting a CHNA to be completed in 2013.

Part VI Line 3, A Notice to Patients is posted at inpatient and emergency department admitting locations.

The notice contains the following language- An uninsured discount policy is available to patients without

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

insurance coverage for medically necessary services. A charity care discount policy is available for certain qualifying patients. Charity care and discount policies are available on the organization's website in both English and Spanish. As soon as possible after admission, all uninsured patients are screened by an on-site third-party firm hired specifically to determine if patients meet government program eligibility criteria. The firm's personnel are specifically trained in Medicaid, Medicare and other government program eligibility criteria and application procedures. If the patient meets program eligibility criteria, then assistance is provided to the patient for enrollment. If the patient does not meet program qualifications, the patient is given a financial assistance application and letter. Hospital staff explains the hospital's financial assistance policy, what the qualifications are for assistance, and

Part VI Line 3, Hospital staff explain the hospital's financial assistance policy, what the qualifications are for assistance, and what documentation is required in order for patients to receive assistance. Hospital registrar staff is trained in financial assistance policies and procedures. The patient is then asked to complete and return the documentation. A patient qualifies for charity care if household income is at or below 200 per cent of the Federal Poverty level.

Part VI Line 4, The Rapides Foundation (TRF) serves a largely rural nine-parish (county) area of central Louisiana. These parishes include Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides, Vernon, and Winn. Eight of the nine parishes in the service area are federally designated as medically underserved in terms of primary care access. According to 2010 census figures, the median household income level in the nine-parish region ranged between \$31,325 in Catahoula Parish to \$43,752 in Vernon

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Parish, all below the US median household income of \$50,046. An estimated 34.3 per cent of all

households in the TRF service area have annual incomes below \$25,000, compared to 23.6 per cent

nationally. The population of the region was 67.8 per cent white, 29.1 per cent black and 3.1 per cent

other. In 2010, at the time of TRF's latest Community Health Assessment, 22.0 per cent of adults aged 18

to 64 in the TRF service area self reported that they had no health insurance coverage.

Part VI Line 4, Another 18.6 per cent reported coverage by Medicaid and Medicare. Challenges in the

region include infant mortality of 10.1 per cent in 2004-2006, compared to 6.9 per cent nationally,

births to unwed mothers of 45.3 per cent (33.5 per cent nationally) and births to teenagers under age 20

of 15.3 per cent (10.3 per cent nationally).

Part VI Line 5, Rapides Regional Medical Center maintains an open medical staff; medical staff

credentialing is strictly based upon education, certification and other generally accepted objective

professional requirements. The hospital maintains an open emergency room, treating all patients

regardless of their ability to pay. The hospital accepts Medicare, Medicaid and other Government-insured

patients, despite the fact that payments from these programs do not normally reimburse the hospital fully

for the costs of services rendered to patients. The Board of Directors of the Rapides Healthcare System

(RHS) and the Board of Trustees of Rapides Regional Medical Center both include members of the local

community, who are focused on the quality of healthcare and availability of medical services in their

community. The RHS Board has a standing Community Benefit Committee.

Part VI Line 5, Both boards of directors and the hospital management team are heavily focused on quality

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

and safety, and the hospital invests in services and technology necessary to provide the best care

possible for patients. With a 2011 overall risk-adjusted complications index of 0.84, RHS provided

top-level patient-care outcomes. In 2011, for the fifth year in a row, RPMC received the state's highest

level healthcare quality award from eQHealth Solutions - the Capstone Quality Award, one of only 24

Louisiana hospitals to receive the award.

Part VI Line 5, Additionally, the hospital was one of only 405 U.S. hospitals and critical access

hospitals named a Top Performer on Key Quality Measures for excellence in accountability measure

performance by The Joint Commission in 2011. U.S. News and World Reports 2011-12 rankings of Best

Hospitals recognized RPMC as No. 3 in Louisiana. In 2009 the Hospital achieved certification as an

Advanced Primary Stroke Center, and in 2010 it became an Accredited Cycle III Chest Pain Center - the

only one in Central Louisiana. In 2011, the Hospital was certified as Louisiana's only Level II Trauma

Center, which will benefit 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 Line 5, In 2011, RPMC implemented an initiative to reduce elective deliveries between 37 and 39

weeks gestation through education of expectant mothers concerning fetal development and premature birth

complications. In fourth quarter 2010, elective deliveries between 37 and 39 weeks were 47.2 per cent of

all deliveries, but by fourth quarter 2011, elective deliveries prior to 39 weeks had fallen to 4.8 per

cent. During the first two quarters of 2012, there were no such elective deliveries at RPMC.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part VI Line 5, With an annual payroll of \$20 million (Rapides Foundation ownership percentage share),
 RHS is a significant employer in its communities and paid \$0.5 million (Rapides Foundation share) in
 property taxes during 2011 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 2011 philanthropic activities provided an additional \$8.3 million in community benefit to
 the nine-parish service area. This included grants of \$5.0 million and direct charitable activities of
 \$3.3 million in three primary areas of focus: Healthy People, Healthy Communities, and Education.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

Employer identification number

THE RAPIDES FOUNDATION

72-0423603

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A.L. HAYWARD, SR. CDC P.O. BOX 1331 BUNKIE, LA 7132	22-3891941	501(c)(3)	24,550	0	Book		HEALTHY PEOPLE
(2) ALEXANDRIA MUSEUM-ART 933 MAIN STREET ALEXANDRIA	27-3943710	GOV	40,000	0	Book		H. COMMUNITIES
(3) ALLEN PARISH SCHOOL BOA P.O. DRAWER C OBERLIN, LA 7	72-6000020	GOV	101,250	0	Book		EDUCATION
(4) ALLEN PARISH SCHOOL BOA P.O. DRAWER C OBERLIN, LA 7	72-6000020	GOV	24,300	0	Book		H. COMMUNITIES
(5) AMERICAN RED CROS 425 BOLTON AVENUE ALEXAND	52-9000039	501(c)(3)	40,000	0	Book		H. COMMUNITIES
(6) AVOYELLES 4-H FOUNDATIO 8592 HWY 1 MANSURA, LA 7135	72-0981119	501(c)(3)	25,000	0	Book		HEALTHY PEOPLE
(7) AVOYELLES PARISH SCHOO 221 TUNICA DRIVE WEST MARK	72-6000115	GOV	125,000	0	Book		EDUCATION
(8) AVOYELLES PARISH SCHOO 221 TUNICA DRIVE WEST MARK	72-6000115	GOV	30,000	0	Book		H COMMUNITIES
(9) CANE RIVER NAT. HERITAGE P.O. BOX 1201 NATCHITOCHE	27-2052059	501(c)(3)	25,000	0	Book		HEALTHY PEOPLE
(10) CASA OF WEST CENLA, INC. P.O. BOX 146 DERIDDER, LA 70	82-0554504	501(c)(3)	35,000	0	Book		H COMMUNITIES
(11) CATAHOULA PARISH SCHOC P.O. BOX 290 HARRISONBURG,	72-6000268	GOV	75,000	0	Book		EDUCATION
(12) CATAHOULA PARISH SCHOC P.O. BOX 290 HARRISONBURG,	72-6000268	GOV	18,000	0	Book		H COMMUNITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 43

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

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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 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.

Part I Line 2 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

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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.

Continuation Sheet for Schedule I (Form 990)

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(13) CENLA ADVANTAGE PARTNER P.O. BOX 465 ALEXANDRIA, LA 71309	65-1267691	501(c)(3)	646,000	0	Book		H COMMUNITIES
(14) CENTRAL LOUISIANA AHEC 2225 NORTH BOLTON AVENUE ALEXA	72-1204210	501(c)(3)	150,000	0	Book		HEALTHY PEOPLE
(15) CENTRAL LA COM. FOUNDATION P.O. BOX 66 ALEXANDRIA, LA 71309	72-1446378	501(c)(3)	25,000	0	Book		HEALTHY PEOPLE
(16) CITY OF NATCHITOCHE PARKS 660 MLK DRIVE NATCHITOCHE, LA 7	72-6000931	GOV	25,000	0	Book		HEALTHY PEOPLE
(17) CLOUTIERVILLE SCHOOL 155 SCHOOL HOUSE ROAD CLOUTIER	72-0629556	GOV	17,500	0	Book		HEALTHY PEOPLE
(18) CMAP EXPRESS 1101 FOURTH STREET #101A ALEXAN	02-0751416	501(c)(3)	787,500	0	Book		HEALTHY PEOPLE
(19) FRIENDS OF ALEXANDRIA ZOO P.O. BOX 6015 ALEXANDRIA, LA 71307	58-1647938	501(c)(3)	40,000	0	Book		H COMMUNITIES
(20) GRANT PARISH SCHOOL BOARD P.O. BOX 208 COLFAX, LA 71417	72-6000494	GOV	90,000	0	Book		EDUCATION
(21) GRANT PARISH SCHOOL BAORD P.O. BOX 208 COLFAX, LA 71417	72-6000494	GOV	21,600	0	Book		H COMMUNITIES
(22) ALEXANDRIA ECONOMIC DEV AT 201 JOHNSTON STREET #601 ALEXAN	43-2039628	501(c)(3)	25,000	0	Book		HEALTHY PEOPLE
(23) LA COMMUNITY-TECH COLLEGE 265 SOUTH FOSTER DRIVE BATON RO	20-5432053	GOV	93,024	0	Book		HEALTHY PEOPLE
(24) LASALLE PARISH SCHOOL BD P.O. DRAWER 90 JENA, LA 71342	72-6000656	GOV	81,900	0	Book		EDUCATION
(25) LASALLE PARISH SCHOOL BD P.O. DRAWER 90 JENA, LA 71342	72-6000656	GOV	15,750	0	Book		H COMMUNITIES
(26) LASALLE RECREATION DIST. #10 P.O. BOX 1852 JENA, LA 71342	72-1232963	GOV	25,000	0	Book		HEALTHY PEOPLE
(27) LA STATE UNIVERSITY AT ALEX. 8100 HWY 71 SOUTH ALEXANDRIA, LA	72-6000848	GOV	109,200	0	Book		HEALTHY PEOPLE
(28) LSU AGRICULTURAL CENTER P.O. BOX 25071 BATON ROUGE, LA 70	72-6000848	GOV	25,000	0	Book		HEALTHY PEOPLE
(29) MANNA HOUSE P.O. BOX 6011 ALEXANDRIA, LA 71307	72-0491102	501(c)(3)	25,000	0	Book		HEALTHY PEOPLE

Continuation Sheet for Schedule I (Form 990)

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(30) MONTESSORI EDU. CENTER INC. 4209 NORTH BOLTON AVENUE ALEXA	72-1142136	501(c)(3)	35,000	0	Book		H COMMUNITIES
(31) NATCHITOCHES PARISH SCH BD. P.O. BOX 16 NATCHITOCHES, LA 7145	72-0629556	GOV	137,500	0	Book		EDUCATION
(32) NATCHITOCHES PARISH SCH BD. P.O. BOX 16 NATCHITOCHES, LA 7145	72-0629556	GOV	33,000	0	Book		H COMMUNITIES
(33) NATCHITOCHES PARISH SCH BD. P.O. BOX 16 NATCHITOCHES, LA 7145	72-0629556	GOV	18,500	0	Book		HEALTHY PEOPLE
(34) NEW PROSPECT BAPTIST CHURCH 111 PROSPECT CHURCH RD. DRY PR	72-0984304	501(c)(3)	25,000	0	Book		HEALTHY PEOPLE
(35) NORTHWESTERN STATE UNIV. OFFICE OF THE PRESIDENT NATCHIT	72-6000783	GOV	100,500	0	Book		HEALTHY PEOPLE
(36) PHOENIX MAGNET ELEM. SCH. 4500 LINCOLN ROAD ALEXANDRIA, LA	72-6001133	GOV	25,000	0	Book		HEALTHY PEOPLE
(37) RAPIDES PARISH SCHOOL BD. P.O. BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOV	375,000	0	Book		EDUCATION
(38) RAPIDES PARISH SCHOOL BD. P.O. BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOV	90,000	0	Book		H COMMUNITIES
(39) RAPIDES PARIISH SCHOOL BD. P.O. BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOV	8,000	0	Book		HEALTHY PEOPLE
(40) RAPIDES SENIOR CITIZENS CTR. 209 E. SHAMROCK PINEVILLE, LA 713	23-7348908	501(c)(3)	24,900	0	Book		HEALTHY PEOPLE
(41) SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETT	72-1191867	501(C)(3)	29,000	0	Book		HEALTHY PEOPLE
(42) ST. MARY'S RESIDENTIAL SCH. P.O. DRAWER 7768 ALEXANDRIA, LA 7	72-1108412	GOV	12,500	0	Book		HEALTHY PEOPLE
(43) HEALTH ENRICHMENT NETWORK P.O. BOX 566 OAKDALE, LA 71463	72-1454434	501(c)(3)	25,000	0	Book		HEALTHY PEOPLE
(44) THE ORCHARD FOUNDATION 1101 FOURTH STREET #101C ALEXAN	87-0830768	501(c)(3)	670,000	0	Book		EDUCATION
(45) THE ORCHARD FOUNDATION 1101 FOURTH STREET #101C ALEXAN	87-0830768	501(c)(3)	400,000	0	Book		H COMMUNITIES
(46) TOWN OF JENA P.O. BOX 26 JENA, LA 71342	72-6000598	GOV	25,000	0	Book		HEALTHY PEOPLE

Continuation Sheet for Schedule I (Form 990)

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(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
(47) TOWN OF OLLA P.O. BOX 223 OLLA, LA 71465	72-6001034	GOV	25,000	0	Book		HEALTHY PEOPLE
(48) TOWN OF URANIA P.O. BOX 339 URANIA, LA 71480	72-0687727	GOV	25,000	0	Book		HEALTHY PEOPLE
(49) VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71	72-6001443	GOV	195,000	0	Book		EDUCATION
(50) VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71	72-6001443	GOV	37,500	0	Book		H COMMUNITIES
(51) VILLAGEE OF HESSMER P.O. BOX 125 HESSMER, LA 71341	72-6012044	GOV	20,000	0	Book		HEALTHY PEOPLE
(52) VILLAGE OF NATCHEZ P.O. BOX 229 NATCHEZ, LA 71456	72-1074207	GOV	25,000	0	Book		HEALTHY PEOPLE
(53) WINN COMMUNITY HEALTH CTR. 431 WEST LAFAYETTE STREET WINN	20-5823527	501(c)(3)	25,000	0	Book		HEALTHY PEOPLE
(54) WINN PARISH SCHOOL BOARD P.O. BOX 430 WINNFIELD, LA 71483	72-6001620	GOV	80,000	0	Book		EDUCATION
(55) WINN PARISH SCHOOL BOARD P.O. BOX 430 WINNFIELD, LA 71483	72-6001620	GOV	19,200	0	Book		H COMMUNITIES
(56)			0	0			
(57)			0	0			
(58)			0	0			
(59)			0	0			
(60)			0	0			
(61)			0	0			
(62)			0	0			
(63)			0	0			

Continuation Sheet for Schedule I (Form 990)

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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Part III Continuation of Grants and Other Assistance to Individuals in the United States

(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
8	0	0	0		
9	0	0	0		
10	0	0	0		
11	0	0	0		
12	0	0	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE RAPIDES FOUNDATION

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Employer identification number

72-0423603

Part I Questions Regarding Compensation

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

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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOSEPH R. ROSIER, JR.	(i) 281,896	(ii) 0	(iii) 1,109	24,500	9,044	316,549	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
2	KATHLEEN F. NOLEN	(i) 169,950	(ii) 0	(iii) 373	16,995	3,208	190,526	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
3	ANNETTE BEUCLER	(i) 138,600	(ii) 0	(iii) 187	13,860	6,835	159,482	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
4		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
5		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
6		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
7		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
8		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
9		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
10		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
11		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
12		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
13		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
14		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
15		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0
16		(i) 0	(ii) 0	(iii) 0	0	0	0	0
		(ii) 0	(ii) 0	(iii) 0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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THE RAPIDES FOUNDATION

72-0423603

Form 990 Part I Section 1 Line 1 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 Section 1 Line 1 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 Section 1 Line 4a Advanced Primary Stroke Center, and in 2010 it became an Accredited Cycle III Chest Pain Center - the only one in Central Louisiana. In 2011, the Hospital was certified as Louisiana's only Level II Trauma Center, which will benefit 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. In 2011, RRMC implemented an initiative to reduce elective deliveries between 37 and 39 weeks gestation through education of expectant mothers concerning fetal development and premature birth complications. In fourth quarter 2010, elective deliveries between 37 and 39 weeks were 47.2% of all deliveries, but by fourth quarter 2011, elective deliveries prior to 39 weeks had fallen to 4.8%. During the first two quarters of 2012, there were no such elective deliveries at RRMC.

Form 990 Part III Section 1 Line 4a TRF also seeks to assert, develop and support access to non-urgent care for the uninsured and underserved populations. In 2011, RHS provided charity care and other community benefits totaling \$6.3 million, as included on Schedule H, Part I,

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Line 7k attached hereto. This included \$5.2 million of unreimbursed patient care costs, \$0.2 million in community education, community programs and community donations; and \$0.9 million in support of the LSU Family Practice Residency Program.

Form 990 Part III Section 1 Line 4b critical role by enabling patients access to chronic care medications prescribed by physicians in the Outpatient Center. In 2011, Huey P. Long enrolled or re-enrolled 956 patients and filled 39,975 prescriptions, for a cost savings of \$3.8 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.

Form 990 Part III Section 1 Line 4b Its cancer screening van, through a partnership with Louisiana State University, brought these tests to rural areas. In 2011, 386 patients were seen, 139 Pap smears done, 182 pelvic exams completed, 343 mammograms done, 144 clinical breast exams completed, and 200 take-home colorectal cancer tests distributed. More than \$275,000 in grants was awarded to Louisiana State University at Alexandria, Northwestern State University and Central Louisiana Community and Technical College to support their nursing education programs and build healthcare access in the Central Louisiana region. In 2011 TRF contracted with The American Cancer Society to implement and manage a Community Health Advisor network to help educate individuals in the benefits of screening as well as assist in access screening for breast, cervical, and colorectal cancers.

Form 990 Part III Section 1 Line 4b TRF awarded over \$550,000 in grants during 2011 to 24 communities in nine parishes as part of TRF's Diet and Physical Activity Initiative. These funds were used to increase healthy eating and physical activity opportunities for adults and youth through implementation of walking trails, playgrounds, farmer's markets and community gardens. Additionally, eight school districts continued to work with the \$840,000 in two-year funding awarded in 2010 to improve healthy eating and physical activity opportunities. The school districts used these funds to implement innovative school health model programs such as CATCH, SPARK and SMART and Healthy Lifestyles.

Form 990 Part III Section 1 Line 4b TRF invested \$250,000 in an innovative high school program

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held in spring 2011, The Get Healthy Cenla Video Challenge, which involved 39 high schools, whose student teams produced videos promoting healthy eating and exercise. TRF posted the resulting videos on its website, resulting in 44,599 website hits and over 20,000 votes for the winning videos. The top ten videos were viewed and recognized at a Hollywood-style award ceremony. The grand prize winner was professionally produced, with the original student team involved, and used in TRF's 2011 outreach campaigns. Also in 2011, TRF began its Healthy Lifestyles Program, which has both a workplace education component as well as a physician referral one-on-one exercise and healthy eating consultation program.

Form 990 Part III Section 1 Line 4b In 2011, as part of TRF's Tobacco Prevention and Control Initiative, TRF ran hard-hitting campaigns such as Cigarettes Are Eating You Alive, Reverse the Damage - Heart Attack, and Reverse the Damage - Lung Cancer. TRF's cessation intervention program features elements of provider education, provider reminder/referral tools, and patient education. Physicians and other healthcare providers are encouraged to refer patients directly to the state's Quitline through use of informational cards and other collaterals displaying the Quitline number. Community and school grants totaling \$219,000 supported programs such as Tar Wars and Kick Butts Day events in the schools, workplace outreach and Great American Smokeout activities. TRF facilitated a Youth Summit on Tobacco and Prevention and Control, attended by 110 youth, representing 18 area schools.

Form 990 Part III Section 1 Line 4b Selected long-term goals (2012) for the Healthy People Initiative include: Decrease current smoking among youth from 24.6% in 2007 to 17.1%; Decrease current smoking in adults from 24.9% in 2005 to 20%; Decrease the percentage of overweight adults from 68% to 67%; Decrease the percentage of adolescents who are overweight from 32% to 27.7%; Increase percentage of adults participating in moderate physical activity for at least 30 minutes per day 5 days per week from 24% to 35%; Increase the percentage of adolescents engaging in moderate physical activity for 30 minutes 5 days per week from 20% to 30%; Increase the percentage of adults who eat 5 servings of fruits and vegetables per day from 32% to 43.5%; Increase the percentage of adolescents who eat 5 servings of fruits and vegetables per day from 14% to 17.5%; Increase the percentage of adults with a specific source of ongoing

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primary care from 72% in 2005 to 85%.

Form 990 Part III Section 1 Line 4c hands-on activities that develop students' deeper understanding of the content. This approach also helps ensure that students acquire the necessary skills to succeed and be productive in the 21st century. During 2011, 210 teachers participated in AIMS training. Also during 2011, the Orchard Foundation sponsored Kaqan instructional institutes for high school, middle and elementary school educators. The institutes featured hands-on curriculum and materials that were engaging, rigorous and motivating for students and that could immediately be brought back into the classroom and implemented in a cooperative learning model. A total of 312 teachers attended the institutes.

TRF awarded \$200,000 in grants to the Orchard Foundation to support its instructional institutes.

Form 990 Part III Section 1 Line 4c 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 2011, the program's first cohort of 12 residents completed their co-teaching year, earned their masters degrees, and began teaching in Central Louisiana schools. The second cohort of 12 students began their co-teaching year and masters program study. In addition to ongoing in-kind support, in 2011 TRF provided \$220,000 in cash matching funds to support the CART program.

Form 990 Part III Section 1 Line 4c TRF has set the following long-term goals for its Education Initiative: By 2012: iLEAP (Louisiana's standardized achievement test) test results will increase to 55% from 52.3%; 75% of students will attain "Approaching Basic" or above in language arts, math and science on the iLEAP test; 25% of students will achieve "Advanced/Mastery" level on the iLEAP test; The demographically adjusted performance score will increase from 0.63% to 1.98%; The Graduation Cohort Rate will increase to 77% from 68.4%.

Form 990 Part III Section 1 Line 4d The Rapides Foundation's (TRF's) other program services

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primarily consists of its Healthy Communities Initiative -- In 2011 TRF provided \$400,000 in funding to the Business Accelerator System (BAS), a program of the Alexandria/Pineville Chamber of Commerce and the Central Louisiana Economic Development Authority. BAS partnered with Louisiana State University at Alexandria and the Central Louisiana Business Incubator to offer entrepreneurship classes for early-stage entrepreneurs, such as finance, marketing, operations, and opportunity engineering. BAS also offers coaching services to entrepreneurs. As of December 21, 2011, BAS was providing services to 46 entrepreneurs in the emerging level and 13 in the advanced level. In 2011 TRF provided \$646,000 in matching funds to Cenla Advantage Partnership, a Central Louisiana business coalition dedicated to economic development in the region.

Form 990 Part III Section 1 Line 4d In 2011 TRF provided \$300,000 to support the Orchard Foundation's Cenla Work Ready Network, a system designed to link education with workforce development efforts and align them with regional economic needs. During 2011, Orchard enabled all high schools in its service area to access Career Ready 101, a career training course that prepares students for certification with WorkKeys assessments. WorkKeys is a job skills assessment system measuring real world skills that employers believe are critical to job success. WorkKeys assessment scores in three core areas: applied mathematics, reading for information, and locating information, determine a student's National Career Readiness Certificate (NCRC) level, an objective documentation of an employee's skills that can be accepted nationwide. During 2011 2,318 students participated in Career Ready 101 training, and 90 students achieved NCRC certification.

Form 990 Part III Section 1 Line 4d A portion of TRF's 2011 funding to the Orchard Foundation supported a Workforce Summit, which provided an opportunity for employers, educators and economic development professionals to collaborate and share the benefits of using the National Career Readiness Certificate (NCRC) to build a work-ready region in Central Louisiana. The summit brought nationally recognized best practices in manufacturing, healthcare, career and technical education to Central Louisiana. 209 educators and business leaders attended the summit. Also during 2011, grants totaling \$300,000 were made to nine Central Louisiana parish

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school districts to support career and technical training in the schools. Thirteen Central Louisiana professionals graduated from Cenla Boardbuilders in 2010, 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 2011 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.

Form 990 Part III Section 1 Line 4d Through its free training classes, CDW trained local nonprofit organizations and individuals in issues that they deal with every day, including grant writing, financial management, fundraising and marketing. In 2011 CDW began offering some of its classes online. 254 individuals took these free courses in 2011. Under its Nonprofit Works program, CDW awarded grants totaling \$190,000 to five local organizations. The grants will be used to expand the governance, organizational development and leadership capacities of the organizations through personalized technical assistance and training over a two-year period. Also during 2011, four organizations who received grants during 2010 completed their development work under the two-year program.

Form 990 Part III Section 1 Line 4d Selected long-term goals (2012) for the Healthy Communities Initiative include: Grow the real median household income to \$34,000. (5-yr growth rate of 1.2%); Increase the importance of citizen-led efforts in the community to 85%; Increase the number of residents who volunteer frequently to 25%; Increase the number of residents who engage frequently in fundraising for community efforts to 72%; Increase the number of leaders who regularly partner with other organizations to accomplish their missions to 58%; Increase the number of community groups achieving excellence in best practices for nonprofit management to 58%.

Form 990 Part VI Section 1 Line 11b A final copy of the Form 990 is furnished to the Audit Committee of The Rapides Foundation Board (TRF) for review and approval, and a meeting is held to discuss the Form 990 in detail. The meeting is attended by staff that assisted in compiling the form, as well as, representatives of the external accounting firm who compiled the form.

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All TRF Board members receive the final Form 990 copy when it is sent to the Audit Committee, and all Board members are invited to attend the Audit Committee meeting to review the Form in detail if they so choose.

Form 990 Part VI Section 1 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.

Form 990 Part VI Section 1 Line 12c 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 interests.

Form 990 Part VI Section 1 Line 15a/b The Rapides Foundation Board Compensation Committee, which is composed of the independent members of its Executive Committee, 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. The process is conducted every

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three years. In interim years, the consultant recommends inflationary adjustments to pay ranges.

Form 990 Part VI Section 1 Line 15a/b 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 consultant meets with the Compensation Committee independently to discuss recommendations for CEO pay.

Form 990 Part VI Section 1 Line 19 The Rapides Foundation Mission, Philanthropic Objectives, Guiding Organizational Objectives, Staff Code of Ethics and Conduct, Trustee Code of Ethics and Conduct, and Annual Report (including financial statements) are all available on the organization's website at www.rapidesfoundation.org.

Form 990 Section Sch. H, Part VI Line 8 The Rapides Foundation operates only within the state of Louisiana, which does not require the filing of a community benefit report. The Rapides Regional Medical Center Community Benefit Report is posted on its website at www.rapidesregional.com.

[Dotted lines for additional text entry]

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
(1)			0	0	
(2)			0	0	
(3)			0	0	
(4)			0	0	
(5)			0	0	
(6)			0	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CMAP EXPRESS 02-0751416 1101 FOURTH STREET, ALEXANDRIA, LA 71301	HEALTH ACCESS	LA	501(c)(3)	11, TYPE 1	RAPIDES FOUN.		X
(2) THE ORCHARD FOUNDATION 87-0730768 1101 FOURTH STREET, ALEXANDRIA, LA 71301	EDUCATION	LA	501(c)(3)	11, TYPE 1	RAPIDES FOUN.		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) RAPIDES HEALTH CARE SYSTEM, LLC,		LA	NA		0	0		X	0		X	%
(2) 211 4TH STREET ALEXANDRIA, LA, AL		LA	NA		0	0		X	0		X	%
(3) 71301 61-1267229, ALEXANI	HOSPITAL	LA	NA	Related	26	43,426,687		X	0		X	26.00%
(4)					0	0			0			%
(5)					0	0			0			%
(6)					0	0			0			%
(7)					0	0			0			%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)						0	0 %
(2)						0	0 %
(3)						0	0 %
(4)						0	0 %
(5)						0	0 %
(6)						0	0 %
(7)						0	0 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization (s)		X
i Lease of facilities, equipment, or other assets to related organization(s)	X	
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)		X
l Performance of services or membership or fundraising solicitations by related organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
n Sharing of paid employees with related organization(s)		X
o Reimbursement paid to related organization(s) for expenses		X
p Reimbursement paid by related organization(s) for expenses		X
q Other transfer of cash or property to related organization(s)		X
r Other transfer of cash or property from related organization(s)	X	

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

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ORCHARD FOUNDATION	b	836,247	GRANT AGREEMEN
(2) THE ORCHARD FOUNDATION	i	304,925	COST ACCOUNTING
(3) CMAP EXPRESS	i	673,544	COST ACCOUNTING
(4) CMAP EXPRESS	l	812,500	WRITTEN CONTRAC
(5) RAPIDES HEALTHCARE SYSTEM	r	5,057,818	LETTER AGREEMEN
(6)		0	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)						0	0			0			%
(2)						0	0			0			%
(3)						0	0			0			%
(4)						0	0			0			%
(5)						0	0			0			%
(6)						0	0			0			%
(7)						0	0			0			%
(8)						0	0			0			%
(9)						0	0			0			%
(10)						0	0			0			%
(11)						0	0			0			%
(12)						0	0			0			%
(13)						0	0			0			%
(14)						0	0			0			%
(15)						0	0			0			%
(16)						0	0			0			%

Part I, Line 7a (Sch H (990)) - Financial Assistance at Cost**Gross patient charges**

1	Amount of gross patient charges written off pursuant to charity care policies	1	<u>5,193,842</u>
Total community benefit expense			
2	Ratio of patient care cost to charges (from Ratio worksheet, if used)	2	<u>17.62%</u>
3	Estimated cost (multiply line 1 by line 2, or obtain from cost accounting)	3	<u>915,155</u>
4	Medicaid provider taxes	4	<u> </u>
5	Total community benefit expense (add lines 3 and 4; enter on Part I, line 7a, column (c))	5	<u>915,155</u>
Direct offsetting revenue			
6	Revenue from uncompensated care pools or programs	6	<u>208,791</u>
7	Other direct offsetting revenue	7	<u> </u>
8	Total direct offsetting revenue (add lines 6 and 7; enter on Part I, line 7a, column (d))	8	<u>208,791</u>
9	Net community benefit expense (subtract line 8 from line 5; enter on Part I, line 7a, column (e))	9	<u>706,364</u>
10	Total expense (enter amount from Form 990, Part IX, Line 25, column (A), including the organization's share of joint venture expenses, and excluding any bad debt expense included in Part IX, line 25)	10	<u>64,230,807</u>
11	Percent of total expense (divide line 7 by line 8; enter on Part I, line 7a, column (f))	11	<u>1.10%</u>

Part I, Lines 7b and 7c (Sch H (990)) - Medicaid and Other Means-Tested Government Programs

		Medicaid (A)	Other means- tested government programs (B)
1	Gross patient charges from the programs	77,377,161	1
Total community benefit expense			
2	Ratio of patient cost to charges (from Ratio worksheet, if used)	17.62%	2
3	Cost (multiply line 1 by line 2, or obtain from cost accounting)	13,633,856	3
4	Medicaid provider taxes, fees, and assessments		4
5	Total community benefit expense (add lines 3 and 4): Enter col (A) on Part I, Line 7b, col (c); enter col (B) on Part I, line 7c, col (c)	13,633,856	5
Direct offsetting revenue			
6	Net patient service revenue	8,914,779	6
7	Payments from uncompensated care pools or programs	186,272	7
8	Other revenue		8
9	Total direct offsetting revenue (add lines 6 through 8): Enter col (A) on Part I, line 7b, col (d); enter col (B) on Part I, line 7c, col (d)	9,101,051	9
10	Net community benefit expense (subtract line 9 from line 5): Enter col (A) on Part I, line 7b, col (e); enter col (B) on Part I, line 7c, col (e)	4,532,805	10
11	Total expense (enter amount from Form 990, Part IX, line 25, Column (A), including the organization's share of joint venture expenses, and excluding any bad debt expense included in Part IX, line 25, in both columns (A) and (B))	64,230,807	11
12	Percent of total expense (line 10 divided by line 11): Enter col (A) on Part I, line 7b, col (f); enter col (B) on Part I, line 7c, col (f)	7.06%	12

Part I, Line 7e (Sch H (990)) - Community Health Improvement Services and Benefit Operations

	Total Community Benefit Expense (A)	Direct Offsetting Revenue (B)	Net Community Benefit Expense (C)=(A)-(B)
1 Community Health Improvement Services			
a HEALTHY PEOPLE GRANTS	1a 1,562,074	1a	1a 1,562,074
b HEALTHY PEOPLE DPA	1b 438,310	1b	1b 438,310
c TOBACCO	1c 262,428	1c	1c 262,428
d CANCER SCREENING	1d 164,681	1d	1d 164,681
e EVALUATION	1e 496,715	1e	1e 496,715
f PROGRAM DEVELOPMENT ASSESSMENT	1f 230,645	1f	1f 230,645
g PROGRAM DEVELOPMENT INTERVENTION-ACCESS	1g 193,486	1g	1g 193,486
h OTHER	1h 42,915	1h	1h 42,915
i	1i	1i	1i 0
j	1j	1j	1j 0
2 Subtotal (add lines 1a through 1j)	2 3,391,254	2 0	2 3,391,254
3 Community Benefit Operations			
a	2a	2a	2a 0
b	2b	2b	2b 0
c	2c	2c	2c 0
d	2d	2d	2d 0
4 Subtotal (add lines 3a through 3d)	4 0	4 0	4 0
5 Total (add lines 2 and 4; enter on Part I, line 7e, cols (c), (d), (e))	5 3,391,254	5 0	5 3,391,254
6 Total expense (enter amount from Form 990, Part IX, Line 25, column (A)), including the organization's share of joint venture expenses, and excluding any bad debt expense included in Part IX, line 25)			6 64,230,807
7 Percent of total expense (line 5, column (C) divided by line 6; enter on Part I, line 7e, column (f))			7 5.28%

Part I, Line 7f (Sch H (990)) - Health Professions Education

	Total
Total community benefit expense	
1 Medical students	1
2 Interns, residents and fellows	2 946,857
3 Nursing	3
4 Other allied health professions	4
5 Continuing health professions education	5
6 Other students	6
7 Total community benefit expense (add lines 1 through 6; enter on Part I, line 7f, column (c))	7 946,857
Direct offsetting revenue	
8 Medicare reimbursement for direct GME	8 89,496
9 Medicaid reimbursement for direct GME	9
10 Continuing health professions education reimbursement / tuition	10
11 Other revenue	11
12 Total direct offsetting revenue (add lines 8 through 11; enter on Part I, line 7f, column (d))	12 89,496
13 Net community benefit expense (line 7 minus line 12; enter on Part I, line 7f, column (e))	13 857,361
14 Total expense (enter amount from Form 990, Part IX, Line 25, column (A), including the organization's share of joint venture expenses, and excluding any bad debt expense included in Part IX, line 25)	14 64,230,807
15 Percent of total expense (line 13 divided by line 14; enter amount on Part I, line 7f, column (f))	15 1.33%

Part I, Line 7g (Sch H (990)) - Subsidized Health Services

Program Name: _____	Total subsidized health service program (A)	Bad debt (B)	Medicaid and other means tested government programs (C)	Financial assistance (D)	Total (E)=(A)-(B)-(C)-(D)
1 Gross patient charges from program(s)	1	1	1	1	1
Total community benefit expense					
2 Ratio of patient cost to charges (from Ratio worksheet, if used)	2	2	2	2	2
3 Cost (multiply line 1 by line 2, or obtain from cost accounting):					
Enter column (E) on Part I, line 7g, column (c)	3	3	3	3	3
Direct offsetting revenue					
4 Net patient service revenue	4	4	4	4	
5 Other revenue	5	5	5	5	
6 Total direct offsetting revenue (add lines 4 and 5):					
Enter column (E) on Part I, line 7g, column (d)	6	6	6	6	6
7 Net community benefit expense (subtract line 6 from line 3):					
Enter column (E) on Part I, line 7g, column (e)	7	7	7	7	7
8 Total expense (enter amount from Form 990, Part IX, line 25, column (A), including the organization's share of joint venture expenses, and excluding any bad debt expense included in Part IX, line 25)					8
9 Percent of total expense (line 7, column (E) divided by line 8; enter on Part I, line 7g, column (f))					9
					0
					17.62%
					0
					0
					0
					64,230,807
					0.00%

Part I, Line 7h (Sch H (990)) - Research

Total Community Benefit Expense		Total
1	Direct costs	1
2	Indirect costs	2
3	Total community benefit expense (add lines 1 and 2; enter on Part I, line 7h, column (c))	3 0
4	License fees and royalties	4
5	Other revenue	5
6	Total Direct offsetting revenue (add lines 4 and 5; enter on Part I, line 7h, column (d))	6 0
7	Net community benefit expense (subtract line 6 from line 3; enter on Part I, line 7h, column (e))	7 0
8	Total expense (enter amount from Form 990, Part IX, Line 25, column (A), including the organization's share of joint venture expenses, and excluding any bad debt expense included in Part IX, line 25)	8 64,230,807
9	Percent of total expense (divide line 7 by line 8; enter on Part I, line 7h, column (f))	9 0.00%

Part I, Line 7i (Sch H (990)) - Cash and In-Kind Contributions for Community Groups

	Cash Contributions (A)	In-Kind Contributions (B)	Total (C)=(A)+(B)
1	Total community benefit expense: Enter amount from column (C) on Part I, line 7i, column (c) 1 4,740,589		
2	Direct Offsetting Revenue (enter column (C) on Part I, line 7i, column (d)) 2 0		
3	Net community benefit expense (subtract line 2 from line 1): Enter on Part I, line 7i, column (e) 3 4,740,589		
4	Total expense (enter amount from Form 990, Part IX, line 25, column (A), including the organization's share of joint venture expenses, and excluding any bad debt expense included in Part IX, line 25) 4 64,230,807		
5	Percent of total expense (divide line 3 by line 4; enter on Part I, line 7i, column (f)) 5 7.98%		

Ratio of Patient Care Cost to Charges (Sch H (990))

Patient Care Cost		
1	Total operating expense	1 53,997,612
Less: Adjustments		
2	Non patient-care activities	2 230,541
3	Medicaid provider taxes	3
4	Total community benefit expense	4 1,171,053
5	Total community building expense	5
6	Total adjustments (add lines 2 through 5)	6 1,401,594
7	Adjusted patient care cost (subtract line 6 from line 1)	7 52,596,018
Patient Care Charges		
8	Gross patient charges	8 298,545,794
Less: Adjustments		
9	Gross charges for community benefit programs	9
10	Adjusted patient care charges (subtract line 9 from line 8)	10 298,545,794
Calculation of Ratio of Patient Care Costs to Charges		
11	Ratio of patient care costs to charges (divide line 7 by line 10)	11 17.62%

Part III, Line 6 (Sch H (990)) - Medicare Allowable Costs

1	Total Medicare allowable costs (from Medicare Cost Report)	1 17,543,639
2	Total Medicare allowable costs (from line 1) included in Subsidized Health Services Worksheet, Line 3A	2 0
3	Total Medicare allowable costs (from line 1) included in Health Professions Education Worksheet, Line 8 (direct GME)	3 89,496
4	Total adjustments to Medicare allowable costs (line 2 plus line 3)	4 89,496
5	Total Medicare allowable costs (line 1 minus line 4). Enter in Part III, line 6	5 17,454,143

LIST		Total:	2,930,649
1	EDUCATION CART	1	45,000
2	EDUCATION EVALUATION	2	343,328
3	HEALTHY COMMUNITIES GRANTS	3	1,540,866
4	HEALTHY COMMUNITIES CDW	4	383,753
5	HEALTHY COMMUNITIES EVALUATION	5	49,694
6	PROGRAM DEVELOPMENT ASSESSMENT	6	88,645
7	PROGRAM DEVELOPMENT INTERVENTION WORKFORCE DEVELOPMENT	7	82,056
8	PROGRAM DEVELOPMENT INTERVENTION ECONOMIC DEVELOPMENT	8	19,621
9	PROGRAM DEVELOPMENT INTERVENTION ENTREPRENEURIAL INFRASTRUCTURE	9	16,592
10	PROGRAM DEVELOPMENT INTERVENTION EARLY STAGE CAPITAL	10	9,365
11	MRI CONTRIBUTION	11	351,729
12		12	