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GOVERNMENT COPY

TAXPAYER'S COPY

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

November 10, 2014

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

The Rapides Foundation:

Enclosed is the 2013 Exempt Organization return, as follows...

2013 Form 990

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

Please review the return for completeness and accuracy.

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

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

Sincerely,

Postlethwaite & Netterville

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2013

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

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning _____, 2013, and ending _____, 20____

2013

Department of the Treasury
Internal Revenue Service

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

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

Name of exempt organization

Employer identification number

THE RAPIDES FOUNDATION

72-0423603

Name and title of officer

**JOE ROSIER
CEO**

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

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

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	8,922,666.
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 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2013 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 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

72610912312
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

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

2013

Department of the Treasury
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	THE RAPIDES FOUNDATION		72-0423603	
	Doing Business As			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number	
1101 FOURTH STREET 300		318-443-3394		
City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
ALEXANDRIA, LA 71301		8,922,666.		
F Name and address of principal officer: JOE ROSIER		H(a) Is this a group return		
1101 4TH STREET, ALEXANDRIA, LA 71301		for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶		
J Website: WWW.RAPIDESFOUNDATION.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1924 M State of legal domicile: LA		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL</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 2013 (Part V, line 2a)	5	35
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	50,728.	199,621.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,378,057.	4,071,690.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,929,326.	4,651,355.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,358,111.	8,922,666.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,867,090.	6,526,870.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,556,548.	1,381,305.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,411,608.	2,850,826.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,835,246.	10,759,001.
19 Revenue less expenses. Subtract line 18 from line 12	-1,477,135.	-1,836,335.	
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)	226,094,641.	247,651,041.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,525,548.	3,851,058.
		222,569,093.	243,799,983.

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL LOUISIANA. TRF IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC, WHICH OWNS AND OPERATES RAPIDES REGIONAL MEDICAL CENTER, A 325-BED HOSPITAL IN ALEXANDRIA, LA. ADDITIONALLY, TRF PROVIDES

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

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

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

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ 3,480,129.) ACUTE-CARE HOSPITAL SERVICES - THE RAPIDES FOUNDATION IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC (RHS), WHICH OWNS AND OPERATES RAPIDES REGIONAL MEDICAL CENTER (RRMC), A 325-BED HOSPITAL IN ALEXANDRIA, LA. AS AN OWNER OF RHS, TRF SEEKS TO PROVIDE THE HIGHEST STANDARD OF PATIENT CARE THAT IS SAFE, EFFECTIVE, EFFICIENT, TIMELY, PATIENT-CENTERED AND EQUITABLE. DURING THE TWELVE MONTHS ENDED DECEMBER 31, 2013, RRMC'S CORE MEASURES RANKED IN THE TOP 10% NATIONALLY, AND ITS RISK-ADJUSTED COMPLICATIONS INDEX OF 0.83 AND MORTALITY INDEX OF 0.90 WERE BELOW EXPECTED MEASURES OF 1.0, DEMONSTRATING QUALITY PROCESSES AND TOP-LEVEL PATIENT CARE OUTCOMES. FOR THE THIRD YEAR, U.S. NEWS AND WORLD REPORTS' 2012-2013 RANKINGS OF BEST HOSPITALS RECOGNIZED RAPIDES REGIONAL AS NO. 3 IN

4b (Code:) (Expenses \$ 4,960,450. including grants of \$ 2,853,223.) (Revenue \$) HEALTHY PEOPLE INITIATIVE - TRF PROVIDED CHRONIC CARE PRESCRIPTION MEDICATIONS FOR PEOPLE WHO CANNOT AFFORD THEM THROUGH \$600,000 IN GRANTS TO ITS SUPPORTING ORGANIZATION, CENLA MEDICATION ACCESS PROGRAM (CMAP). CMAP'S GOAL IS TO ENSURE APPROPRIATE MEDICATION ACCESS AND EDUCATION AND ALSO PROMOTE OTHER PREVENTIVE HEALTH PRACTICES AMONG RESIDENTS WITH LIMITED INCOMES. IN 2013, APPROXIMATELY 1,828 PEOPLE IN CENTRAL LOUISIANA RECEIVED \$3.2 MILLION IN PRESCRIPTION MEDICATIONS THEY NEEDED TO MAINTAIN THEIR HEALTH THROUGH CMAP'S PATIENT ASSISTANCE PROGRAM. ANOTHER 5,800 PEOPLE THROUGHOUT THE REST OF THE STATE RECEIVED \$7.9 MILLION WORTH OF MEDICATIONS THROUGH CMAP'S CENTRAL FILL PHARMACY, WHICH HAD CONTRACTS TO PROVIDE PHARMACEUTICALS FROM NINE MAJOR COMPANIES. CMAP BEGAN PROVIDING NO- OR LOW-COST MEDICATIONS TO PATIENTS

4c (Code:) (Expenses \$ 2,368,595. including grants of \$ 1,752,554.) (Revenue \$) EDUCATION INITIATIVE -- DURING 2013 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. DURING 2013 THROUGH A \$245,000 GRANT FROM THE RAPIDES FOUNDATION, THE ORCHARD FOUNDATION, TRF'S SUPPORTING ORGANIZATION, SPONSORED KAGAN INSTRUCTIONAL INSTITUTES FOR 397 AREA EDUCATORS. THE INSTITUTES FEATURED HANDS-ON CURRICULUM AND MATERIALS THAT ARE ENGAGING, RIGOROUS AND MOTIVATING FOR STUDENTS AND THAT CAN IMMEDIATELY BE BROUGHT BACK INTO THE CLASSROOM AND IMPLEMENTED IN A COOPERATIVE LEARNING MODEL.

4d Other program services (Describe in Schedule O.) (Expenses \$ 2,276,253. including grants of \$ 1,921,093.) (Revenue \$)

4e Total program service expenses 9,605,298.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b			
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d			
25a	Section 501(c)(3) 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
25b			X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		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
28a			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
28b			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
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
29			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
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
31			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
32			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
33			X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
34		X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a			X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36			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
37			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	
38		X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with rows 1a-14b and columns for Yes/No and numerical values.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES R. BAKER, JR. TRUSTEE	0.50	X		X				0.	0.	0.
(2) JOAN BRUNSON, M.D. TRUSTEE	0.50	X						0.	0.	0.
(3) JACQUELYN DAENEN 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		X				0.	0.	0.
(7) CYNTHIA A. GILLESPIE, PHD TRUSTEE	0.50	X						0.	0.	0.
(8) ROBERT HUGHES TRUSTEE	0.50	X						0.	0.	0.
(9) ERNEST KELLY, M.D. TRUSTEE	0.50	X						0.	0.	0.
(10) CRAIG PEARCE, M.D. TRUSTEE	0.50	X						0.	0.	0.
(11) MICHAEL REESE TRUSTEE	0.50	X						0.	0.	0.
(12) FRANKIE ROSENTHAL TRUSTEE	0.50	X						0.	0.	0.
(13) TAMMI SALAZAR TRUSTEE	0.50	X		X				0.	0.	0.
(14) DENNIS WIMMERT TRUSTEE	0.50	X						0.	0.	0.
(15) HOWARD WOLD, M.D. TRUSTEE	1.00	X		X				0.	0.	0.
(16) JOSEPH R. ROSIER, JR. PRESIDENT & CEO	40.00	X		X				329,064.	0.	32,553.
(17) KATHLEEN F. NOLEN DIR, ADMIN	40.00				X			181,175.	0.	21,358.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNETTE BEUCLER DIR, PROG & COMM	40.00				X			157,034.	0.	22,633.
(19) MAJORIE TAYLOR EXEC DIR, ORCHARD FDN	40.00					X		0.	100,296.	12,972.
(20) KEVIN BROWN PHARMACIST	32.00					X		0.	106,937.	17,486.
1b Sub-total								667,273.	207,233.	107,002.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								667,273.	207,233.	107,002.

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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
KALB-TV PO BOX 951, ALEXANDRIA, LA 71309	OUTREACH SERVICES	190,905.
BLUE CROSS BLUE SHIELD OF LA PO BOX 65007, DALLAS, TX 75265-0007	HEALTH INSURANCE	150,909.
EVALWORKS 150 SOLTERRA WAY, DURHAM, NC 27705	EVALUATION	142,677.
PRC 11326 P STREET, OMAHA, NE 68137	ASSESSMENT	118,073.
LAURA LINNAN 118 CAROL STREET, CARRBORO, NC 27510	EVALUATION	112,430.

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 **5**

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 199,621.				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		199,621.			
	Program Service Revenue	Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue		623990	4,071,690.		4,071,690.	
g Total. Add lines 2a-2f		4,071,690.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,927,252.		2,927,252.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,724,103.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	0.			
		c Gain or (loss)	1,724,103.			
	d Net gain or (loss)		1,724,103.		1,724,103.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		8,922,666.	0.	0.	8,723,045.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,526,870.	6,526,870.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	417,884.	145,080.	272,804.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	709,425.	361,922.	347,503.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,645.	48,425.	59,220.	
9 Other employee benefits	75,323.	34,733.	40,590.	
10 Payroll taxes	71,028.	33,241.	37,787.	
11 Fees for services (non-employees):				
a Management				
b Legal	4,585.	1,657.	2,928.	
c Accounting	40,216.	14,535.	25,681.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	276,219.	276,219.		
12 Advertising and promotion	456,293.	366,525.	89,768.	
13 Office expenses	43,145.	22,557.	20,588.	
14 Information technology	82,562.	36,382.	46,180.	
15 Royalties				
16 Occupancy	125,739.	61,156.	64,583.	
17 Travel	25,986.	25,591.	395.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	138,777.	69,279.	69,498.	
20 Interest	6,585.	2,380.	4,205.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	49,744.	17,980.	31,764.	
23 Insurance	26,143.	9,449.	16,694.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	1,410,533.	1,410,533.		
b PROGRAM SUPPLIES	127,546.	127,546.		
c MEMBERSHIPS & DUES	20,879.	7,750.	13,129.	
d REFERENCE MATERIALS	4,400.	3,829.	571.	
e All other expenses	11,474.	1,659.	9,815.	
25 Total functional expenses. Add lines 1 through 24e	10,759,001.	9,605,298.	1,153,703.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	2,375,914.	1	5,713,782.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3	75,000.	
	4 Accounts receivable, net	126,631.	4	208,869.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	23,096.	9	27,592.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,450,640.			
	b Less: accumulated depreciation	10b 1,601,499.			
	11 Investments - publicly traded securities	181,524,125.	11	202,523,424.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	39,517,545.	13	36,743,588.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	548,294.	15	509,645.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	226,094,641.	16	247,651,041.		
Liabilities	17 Accounts payable and accrued expenses	627,401.	17	456,980.	
	18 Grants payable	2,898,147.	18	3,394,078.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	3,525,548.	26	3,851,058.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	222,569,093.	27	243,664,630.	
	28 Temporarily restricted net assets		28	135,353.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	222,569,093.	33	243,799,983.	
34 Total liabilities and net assets/fund balances	226,094,641.	34	247,651,041.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,922,666.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,759,001.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,836,335.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	222,569,093.
5	Net unrealized gains (losses) on investments	5	23,067,225.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	243,799,983.

Part XII Financial Statements and Reporting

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

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

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

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

Lined area for supplemental information.

TAXPAYER'S COPY

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2013

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOUISIANA STATE UNIVERSITY 222 PRESCOTT HALL BATON ROUGE, LA 70803	\$ 45,899.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT WOOD JOHNSON FOUNDATION PO BOX 2316 PRINCETON , NJ 08543	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOUISIANA CENTER FOR NURSING 17373 PERKINS ROAD BATON ROUGE, LA 70810	\$ 3,722.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

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**

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2013

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11-08-13

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)		0.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)		27,080.	
c Total lobbying expenditures (add lines 1a and 1b)		27,080.	
d Other exempt purpose expenditures		10,731,921.	
e Total exempt purpose expenditures (add lines 1c and 1d)		10,759,001.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		687,950.	
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)		171,988.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	691,762.	687,950.	3,379,712.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,069,568.
c Total lobbying expenditures	28,784.	20,733.	22,770.	27,080.	99,367.
d Grassroots nontaxable amount	250,000.	250,000.	172,941.	171,988.	844,929.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,267,394.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment %
 - b Permanent endowment %
 - c Temporarily restricted endowment %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		59,900.		59,900.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,390,740.	1,601,499.	1,789,241.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,849,141.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) RHS PARTNERSHIP	36,743,588.	COST
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 36,743,588.		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	31,989,891.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	23,067,226.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	23,067,226.
3	Subtract line 2e from line 1	3	8,922,665.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	8,922,665.

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

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

1	Total expenses and losses per audited financial statements	1	10,759,001.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,759,001.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,759,001.

Part XIII Supplemental Information.

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

PART X, LINE 2:

EXPLANATION: THE FOUNDATION AND ITS SUBSIDIARIES ARE NONPROFIT ORGANIZATIONS AND ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS, BUT EACH ENTITY IS REQUIRED TO FILE AN ANNUAL INFORMATION TAX RETURN. THEY ARE ALSO REQUIRED TO REVIEW VARIOUS TAX POSITIONS THEY HAVE TAKEN WITH RESPECT TO THEIR EXEMPT STATUS AND DETERMINE WHETHER IN FACT THEY ARE TAX EXEMPT ENTITIES. THE FOUNDATION AND ITS SUBSIDIARIES MUST ALSO CONSIDER WHETHER THEY HAVE NEXUS IN JURISDICTIONS IN WHICH THEY HAVE INCOME AND WHETHER A TAX RETURN IS REQUIRED IN THOSE JURISDICTIONS. IN ADDITION, AS TAX EXEMPT ENTITIES, EACH ENTITY MUST ASSESS WHETHER IT HAS ANY TAX POSITIONS

Part XIII Supplemental Information (continued)

ASSOCIATED WITH UNRELATED BUSINESS INCOME SUBJECT TO INCOME TAX. THE ENTITIES DO NOT EXPECT THEIR POSITIONS TO CHANGE SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS. ANY PENALTIES RELATED TO LATE FILING OR OTHER REQUIREMENTS WOULD BE RECOGNIZED AS EXPENSE IN THE ENTITIES' ACCOUNTING RECORDS.

THE FOUNDATION AND ITS SUBSIDIARIES EACH FILE U.S. FEDERAL FORM 990 FOR INFORMATIONAL PURPOSES. THEIR FEDERAL INCOME TAX RETURNS FOR THE TAX YEARS 2010 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

SINCE ITS INITIAL INCORPORATION IN 1924, THE FOUNDATION HAS BEEN EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS A PUBLIC CHARITY OPERATING A HOSPITAL. DUE TO ITS CONTRIBUTION OF ITS HOSPITAL OPERATIONS TO THE PARTNERSHIP AND ITS NEW GRANT MAKING ACTIVITIES, IT REQUESTED A PRIVATE LETTER RULING FROM THE INTERNAL REVENUE SERVICE TO CONFIRM THE CONTINUATION OF ITS PUBLIC CHARITY STATUS. THE SERVICE DECLINED TO ISSUE SUCH A RULING DUE TO THE NUMBER OF SIMILAR TRANSACTIONS AND ISSUED A REVENUE RULING (REV. RUL. 98-15) DEFINING THE REQUIREMENTS FOR WHOLE HOSPITAL JOINT VENTURES SUCH AS RAPIDES HEALTH SERVICES, LLC. THE SERVICE DECLINED THE FOUNDATION'S REQUEST TO EXAMINE ITS OPERATIONS AND ENTER INTO A CLOSING AGREEMENT.

AFTER REV. RUL. 98-15, TWO COURT CASES FOCUSED ON THE CONTROL ISSUE IDENTIFIED BY THE RULING AS DETERMINATIVE OF WHETHER THE JOINT VENTURE JEOPARDIZED THE EXEMPT STATUS OF THE EXEMPT ORGANIZATION. ONE OF THESE, ST. DAVID'S HEALTH CARE SYSTEM, INC. V. UNITED STATES, INVOLVED FACTS VERY SIMILAR TO THOSE PRESENT IN THE FOUNDATION'S OWNERSHIP OF THE LLC, AND WAS

Part XIII Supplemental Information (continued)

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

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

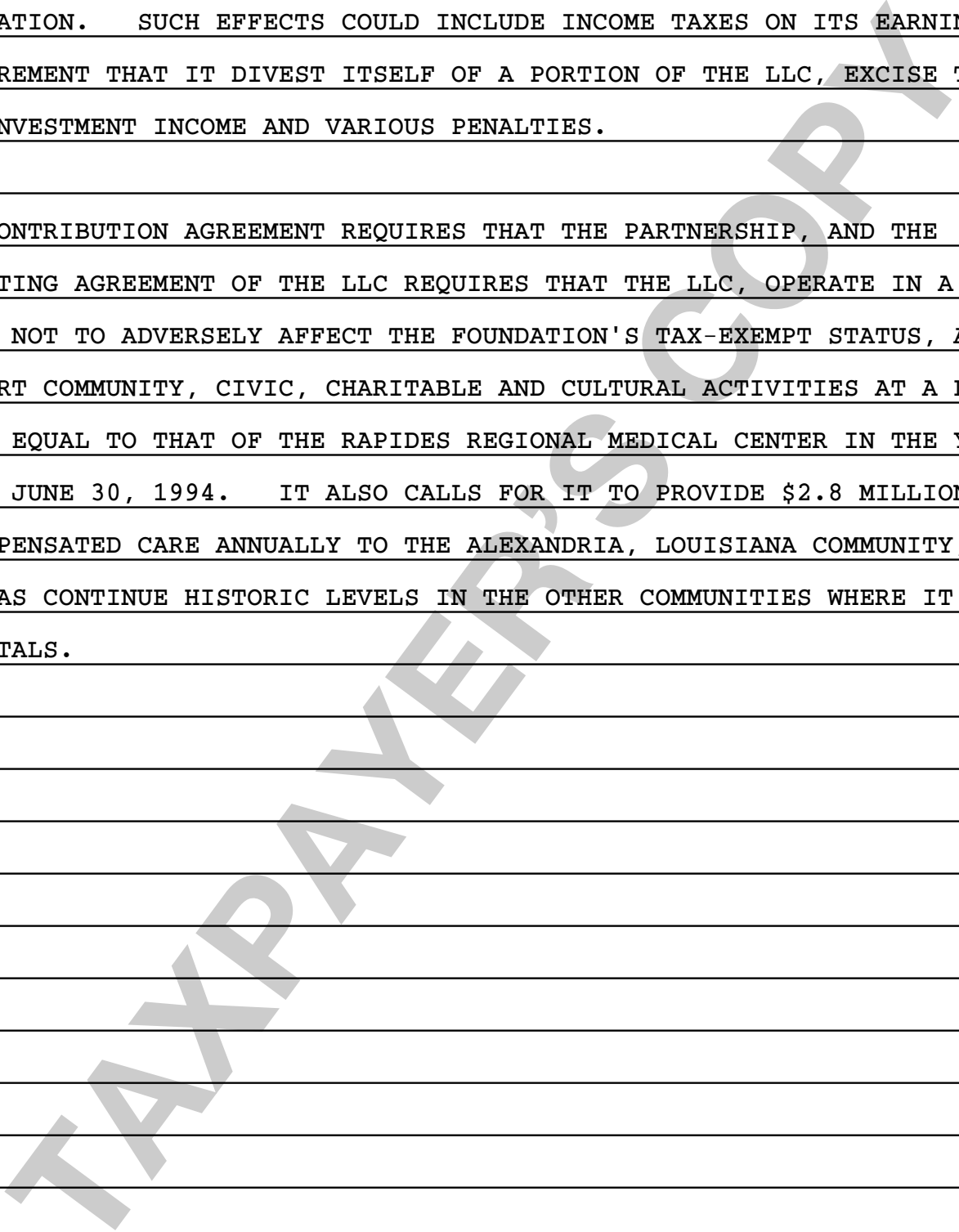
NON-CHARITABLE-USE ASSETS ARE ASSETS THAT ARE NOT USED OR HELD FOR USE DIRECTLY IN CARRYING ON THE ORGANIZATION'S EXEMPT PURPOSE; THEY INCLUDE ASSETS HELD FOR INVESTMENT AND THE PRODUCTION OF INVESTMENT INCOME. PRIVATE FOUNDATIONS ARE REQUIRED TO PUBLISH A NOTICE THAT THEIR ANNUAL REPORTS ARE AVAILABLE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

THESE FINANCIAL STATEMENTS DO NOT CONSIDER THE EFFECTS OF A POSSIBLE

Part XIII Supplemental Information (continued)

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

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



**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

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

**Open to Public
Inspection**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		335	684,330.	10,357.	673,973.	.99%
b Medicaid (from Worksheet 3, column a)		11,997	14,655,181.	12,303,670.	2,351,511.	3.45%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		12,332	15,339,511.	12,314,027.	3,025,484.	4.44%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,961,698.	0.	4,961,698.	7.29%
f Health professions education (from Worksheet 5)			946,857.	88,747.	858,110.	1.26%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			4,823,261.	0.	4,823,261.	7.08%
j Total. Other Benefits			10,731,816.	88,747.	10,643,069.	15.63%
k Total. Add lines 7d and 7j		12,332	26,071,327.	12,402,774.	13,668,553.	20.07%

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

Table with 6 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Form for Section A. Bad Debt Expense. Includes questions 1-4 regarding bad debt reporting, amount, and methodology. Includes a 'Yes No' column and a table for amounts: 2 (4,910,049), 3, 5 (77,882,905), 6 (68,296,607), 7 (9,586,298).

Section B. Medicare

Form for Section B. Medicare. Includes questions 5-8 regarding Medicare revenue, allowable costs, and shortfall. Includes a table for amounts: 5 (77,882,905), 6 (68,296,607), 7 (9,586,298). Includes checkboxes for Cost accounting system, Cost to charge ratio, and Other (checked).

Section C. Collection Practices

Form for Section C. Collection Practices. Includes questions 9a and 9b regarding debt collection policy. Includes 'Yes No' columns with 'X' marks.

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

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

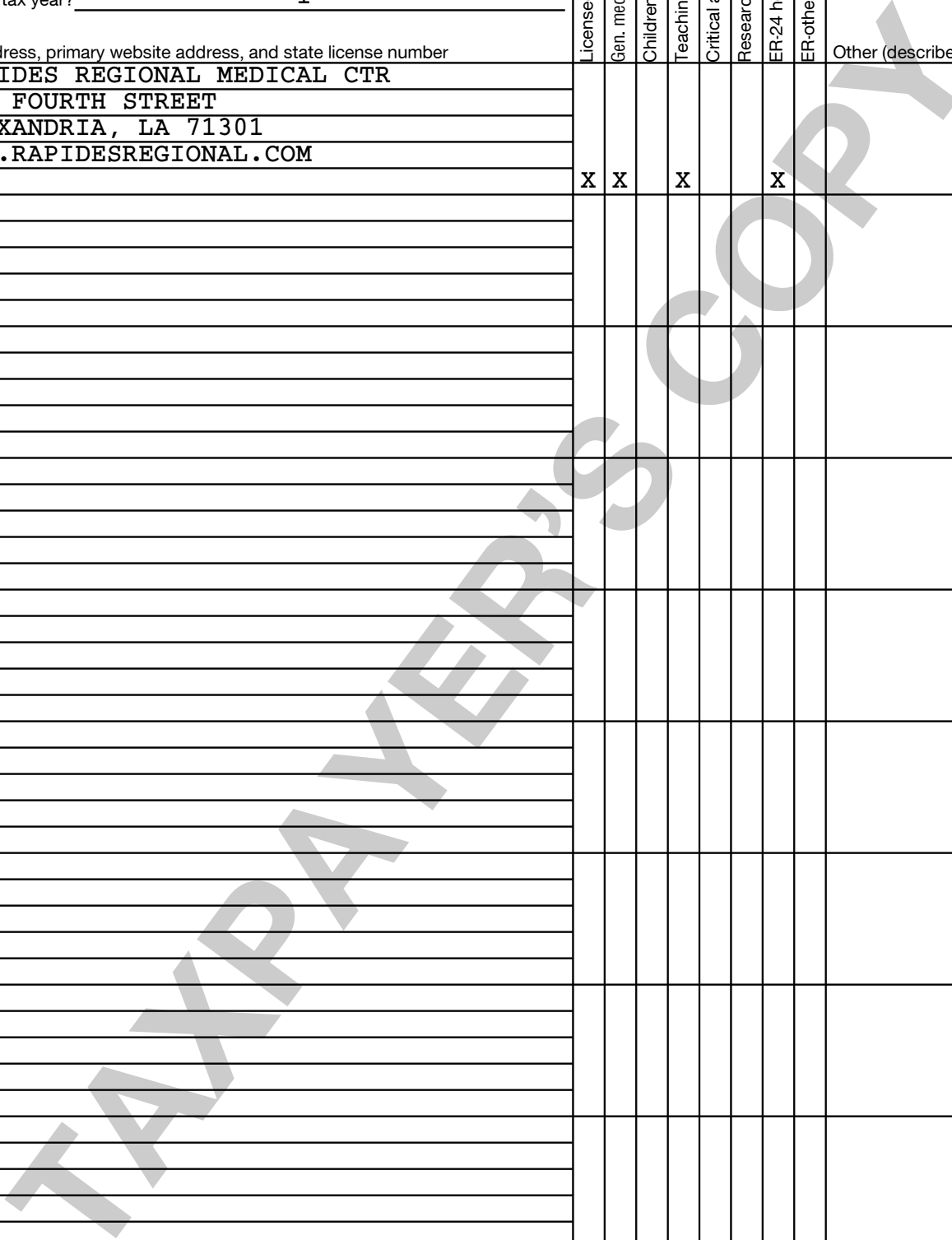
(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number

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

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1: X, X, X, X, X.



Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A)

1

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>13</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4 X	
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.RAPIDESREGIONAL.COM</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7	X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

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

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

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

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a Notified individuals of the financial assistance policy on admission
- b Notified individuals of the financial assistance policy prior to discharge
- c Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e Other (describe in Section C)

Policy Relating to Emergency Medical Care

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

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

If "No," indicate why:

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

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

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

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

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 3: AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT, FIVE FOCUS GROUPS WERE HELD AMONG KEY INFORMANTS IN THE SERVICE AREA, INCLUDING: REPRESENTATIVES FROM PUBLIC HEALTH; PHYSICIANS, OTHER HEALTH PROFESSIONALS; SOCIAL SERVICE PROVIDERS; AND OTHER COMMUNITY LEADERS. ONE GROUP WAS HELD IN EACH OF GRANT AND AVOUELLES PARISHES, EACH INCLUDING A MIX OF THESE TYPES OF INDIVIDUALS. TWO GROUPS WERE HELD IN RAPIDES PARISH, ONE AMONG PHYSICIANS AND OTHER HEALTHCARE PROFESSIONALS, AND ONE AMONG SOCIAL SERVICE PROVIDERS AND OTHER COMMUNITY LEADERS. A FIFTH GROUP WAS HELD AMONG MEMBERS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT ADVISORY COMMITTEE ESTABLISHED AS PART OF THIS PROCESS.

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

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 4: CHRISTUS ST. FRANCES CABRINI HOSPITAL

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 7: RRMC DID NOT CHOOSE TO IMPLEMENT AN ACTION PLAN TO ADDRESS SUBSTANCE ABUSE AND TOBACCO BECAUSE IT HAS LIMITED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

RESOURCES, SERVICES AND EXPERTISE AVAILABLE TO ADDRESS ALCOHOL, TOBACCO AND OTHER DRUG ISSUES. OTHER COMMUNITY ORGANIZATIONS HAVE INFRASTRUCTURE AND PROGRAMS IN PLACE TO BETTER MEET THIS NEED. OTHER ORGANIZATIONS ADDRESSING THE NEED INCLUDE: THE RAPIDES FOUNDATION, TOBACCO FREE LIVING, AMERICAN CANCER SOCIETY, RED RIVER TREATMENT CENTER, CHOICES OF LOUISIANA, ALCOHOL ABUSE DRUG REHAB, EDGEFIELD RECOVERY CENTER, PROJECT SUCCESS AND THE RECOVERY MISSION, REGION VI HUMAN SERVICES DISTRICT.

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

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

RAPIDES REGIONAL MEDICAL CTR:

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

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

UNINSURED PATIENTS WHO DO NOT QUALIFY UNDER THE FAP RECEIVE AN UNINSURED DISCOUNT ON THEIR BILLS.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 12I: UNINSURED PATIENTS MAY QUALIFY FOR 100% DISCOUNT ON THEIR BILL UNDER EXTENUATING CIRCUMSTANCES AFTER MANAGER REVIEW AND APPROVAL, IN CASES SUCH AS THE PATIENT IS NOT ABLE TO COMPLETE THE FINANCIAL ASSISTANCE APPLICATION OR PROVIDE SUPPORTING DOCUMENTATION, WHERE PATIENTS ARE IDENTIFIED AS UNDOCUMENTED RESIDENTS OR HOMELESS, OR PATIENTS THAT EXPIRE WITHOUT AN ESTATE.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 14G: THE FINANCIAL ASSISTANCE POLICY IS ALSO POSTED IN THE HOSPITAL'S OUTPATIENT CLINICS AND ITS MEDICAL OFFICES. THE OUTPATIENT CLINICS INCLUDE THOSE SPECIFICALLY SERVING THE UNINSURED, UNDERINSURED AND MEDICAID POPULATION.

RAPIDES REGIONAL MEDICAL CTR:

PART V, SECTION B, LINE 20D: THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES NOT OFFER DISCOUNTED CARE UNDER ITS FINANCIAL ASSISTANCE POLICIES. ANY INDIVIDUAL AT INCOME OF 200% OR LESS OF FPG QUALIFIES FOR THE RHS FAP AND RECEIVES A 100% DISCOUNT ON THEIR BILL, OR FREE CARE. THUS, FAP-ELIGIBLE INDIVIDUALS ARE NOT CHARGED FOR CARE. THERE IS NO PROVISION FOR PARTIAL DISCOUNTS ON PATIENT BILLS UNDER THE FAP. ALL UNINSURED PATIENTS WHO DO

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

NOT QUALIFY UNDER THE FAP RECEIVE AN UNINSURED DISCOUNT ON THEIR BILLS.

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Part V Facility Information (continued)

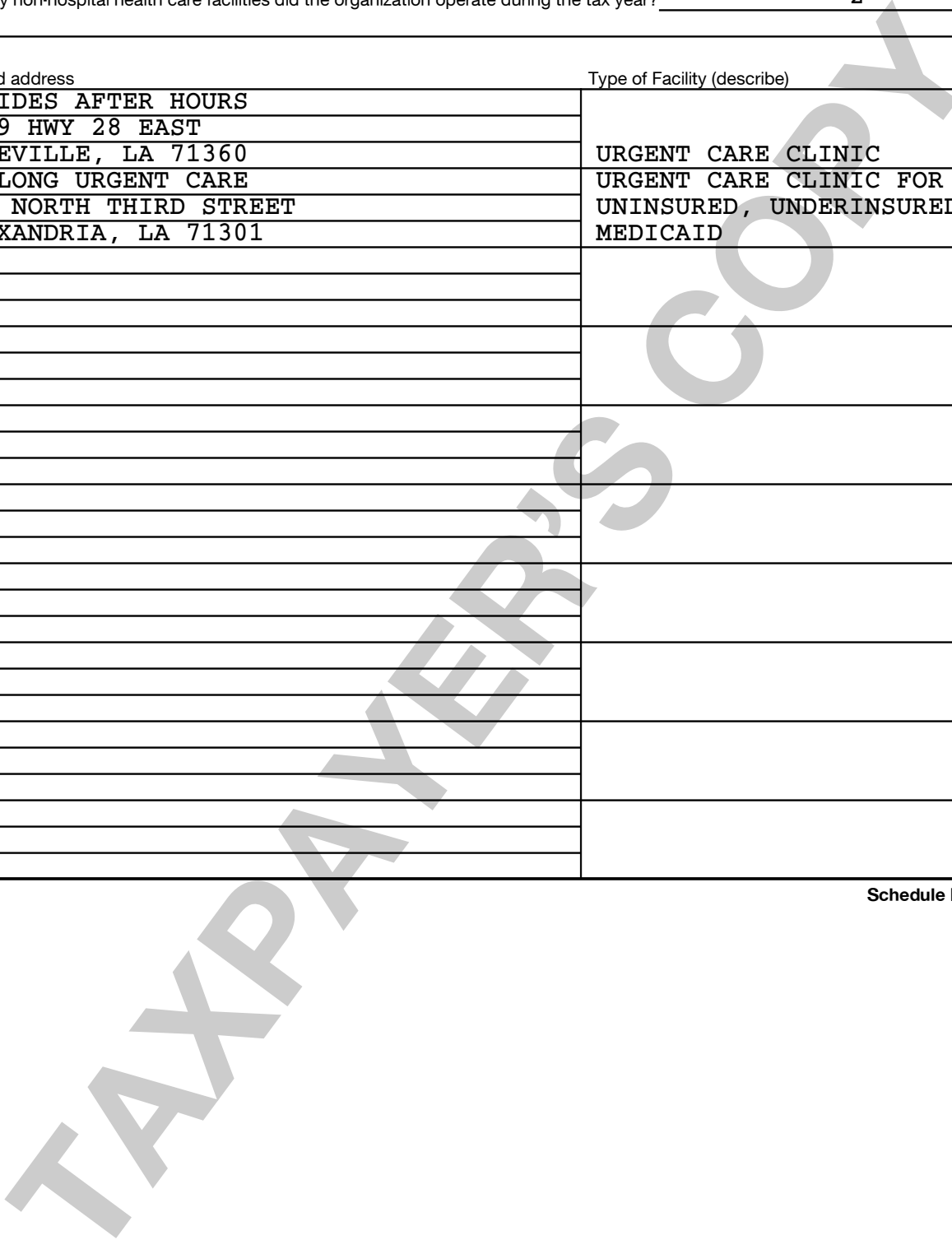
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

How many non-hospital health care facilities did the organization operate during the tax year? 2

Name and address	Type of Facility (describe)
1 RAPIDES AFTER HOURS 2389 HWY 28 EAST PINEVILLE, LA 71360	URGENT CARE CLINIC
2 HP LONG URGENT CARE 105 NORTH THIRD STREET ALEXANDRIA, LA 71301	URGENT CARE CLINIC FOR UNINSURED, UNDERINSURED, AND MEDICAID

Schedule H (Form 990) 2013



Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

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

PART I, LINE 6A:

EXPLANATION: THE COMMUNITY BENEFIT REPORT IS PREPARED BY RAPIDES HEALTHCARE SYSTEM, TAX ID #61-1267229.

PART I, LINE 7:

EXPLANATION: A. THE COST FOR FINANCIAL ASSISTANCE WAS DERIVED USING A COST-TO-CHARGE RATIO FROM SCHEDULE H, WORKSHEET 2 APPLIED IN WORKSHEET 1. FAP-ELIGIBLE PATIENT REVENUE IS BASED ON GAAP, AND BAD DEBT IS NOT INCLUDED IN THIS CALCULATION. NO EXTRAORDINARY ITEMS ARE INCLUDED IN THIS

Part VI Supplemental Information (Continuation)

CALCULATION. PERSONS SERVED ARE THE TOTAL FAP-ELIGIBLE INPATIENT ADMISSIONS PLUS TOTAL FAP-ELIGIBLE OUTPATIENT VISITS.

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

PART III, LINE 4:

EXPLANATION: EXCERPT FROM 2013 NOTES TO AUDITED FINANCIAL STATEMENTS OF RAPIDES HEALTHCARE SYSTEM, LLC:

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

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

FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND

Part VI Supplemental Information (Continuation)

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

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

THE SYSTEM'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS APPROXIMATELY 95% OF SELF-PAY ACCOUNTS RECEIVABLE AT BOTH DECEMBER 31, 2013 AND 2012, RESPECTIVELY. THE SYSTEM'S WRITE-OFFS INCREASED 25% IN 2013 AS COMPARED TO 2012 DUE TO AN INCREASE IN REVENUES GENERATED FROM PROVIDING SERVICES TO UNINSURED PATIENTS.

PART III, LINE 8:

EXPLANATION: EVEN THOUGH THE AMOUNT REPORTED FOR MEDICARE ACTIVITY IN SECTION B REFLECTS A SURPLUS FOR THE YEAR, IT SHOULD BE NOTED THAT THE AMOUNT OF PATIENT CARE COSTS DO NOT INCLUDE MEDICARE NON-ALLOWABLE EXPENSES WHICH WERE INCURRED BY THE SYSTEM IN TREATING MEDICARE PATIENTS.

THE AMOUNTS REPORTED ON PART III, LINES 5-7 HAVE BEEN DETERMINED FROM THE

Part VI Supplemental Information (Continuation)

INDIVIDUAL FACILITY COST REPORT FOR RAPIDES REGIONAL MEDICAL CENTER.

PART III, LINE 9B:

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

RHS DOES NOT PURSUE COLLECTION OF ACCOUNTS WHILE IT ATTEMPTS TO DETERMINE WHETHER UNINSURED OR UNDERINSURED PATIENTS MEET ITS GUIDELINES TO QUALIFY FOR GOVERNMENT ASSISTANCE OR FREE CHARITY CARE UNDER ITS FINANCIAL ASSISTANCE POLICY (FAP). THE RAPIDES HEALTHCARE SYSTEM CHARITY CARE POLICY CLEARLY DESCRIBES IN DETAIL THE PROCESS THAT IS FOLLOWED IN DETERMINING WHETHER A PATIENT IS QUALIFIED FOR CHARITY CARE. UNTIL IT IS DETERMINED WHETHER A PATIENT ACCOUNT QUALIFIES FOR CHARITY CARE, THE ACCOUNT IS HELD IN A "PENDING" STATE, AND THE ACCOUNT IS NOT BILLED. ONCE AN ACCOUNT IS APPROVED AS FAP-ELIGIBLE BY AN AUTHORIZED MANAGER, THE APPROPRIATE CODE IS POSTED TO THE ACCOUNT IN THE BILLING SYSTEM, THE ACCOUNT IS WRITTEN OFF, AND NO BILL IS SENT TO THE PATIENT.

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

Part VI Supplemental Information (Continuation)

THE APPLICATION IS PROCESSED.

PART VI, LINE 2:

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

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

IN LATE 2012, RRMC AND THE OTHER LARGE ACUTE-CARE HOSPITAL IN THE COMMUNITY (A CHRISTUS FACILITY) BEGAN DISCUSSIONS WITH THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS ABOUT THE DESIGN OF A NEW HEALTH CARE SAFETY-NET SOLUTION FOR THE CENTRAL LOUISIANA REGION IN RESPONSE TO THE LOUISIANA GOVERNOR'S DECISION TO DISMANTLE THE STATE'S LONG-STANDING CHARITY HOSPITAL SYSTEM AND MOVE THE RESPONSIBILITY FOR PROVISION OF ALL HEALTH CARE FOR THE INDIGENT TO THE PRIVATE SECTOR. RRMC DISCUSSIONS WERE SPECIFICALLY ABOUT THE TRANSITION OF SERVICES PREVIOUSLY PERFORMED AT THE STATE-RUN HUEY P. LONG HOSPITAL FACILITY IN PINEVILLE, IN RAPIDES PARISH. BEGINNING IN DECEMBER 2013, THE PROVISION OF ACUTE CARE MEDICAL, PSYCHIATRIC, URGENT CARE AND EMERGENCY SERVICES, AS WELL AS PRIMARY CARE AND SPECIALTY CLINIC SERVICES FOR THE UN- AND UNDERINSURED AND MEDICAID POPULATIONS OF CENTRAL LOUISIANA BEGAN TO TRANSITION TO RRMC AND CHRISTUS HOSPITAL ORGANIZATIONS.

Part VI Supplemental Information (Continuation)

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

PART VI, LINE 3:

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

A PLAIN LANGUAGE SUMMARY OF THE POLICY IS ALSO DISPLAYED FOR DISTRIBUTION IN ALL ADMITTING LOCATIONS IN THE HOSPITAL, ALL WAITING ROOMS AT THE HOSPITAL, THE EMERGENCY ROOM, URGENT CARE FACILITIES, HOSPITAL-OWNED PHYSICIAN OFFICES, AND HOSPITAL CLINICS. ALSO IN THESE LOCATIONS IS A SIGN READING "RAPIDES REGIONAL MEDICAL CENTER PROVIDES FREE (CHARITY) CARE TO PATIENTS WHO NEED HEALTHCARE, BUT ARE UNABLE TO PAY. ASK US FOR MORE INFORMATION." THERE IS ALSO A POSTED NOTICE TO PATIENTS CONTAINING THE CURRENT POVERTY GUIDELINES SO THAT THEY MAY SEE WHETHER THEY WOULD QUALIFY BASED ON THEIR INCOME. IT READS: "OUR FACILITY OFFERS A CHARITY PROGRAM TO THOSE THAT ARE <200% OF THE POVERTY GUIDELINES AS DEFINED BELOW. [FPG CHART] ASK THE REPRESENTATIVE FOR A COPY OF OUR PLAIN LANGUAGE FINANCIAL ASSISTANCE POLICY AND APPLICATION IF YOU ARE INTERESTED."

AT ADMISSION ALL PATIENTS RECEIVE THE CHARITY CARE POLICY, A PLAIN LANGUAGE SUMMARY AND A CHARITY CARE APPLICATION. AS SOON AS POSSIBLE AFTER ADMISSION, ALL UNINSURED PATIENTS ARE SCREENED BY AN ON-SITE THIRD-PARTY FIRM HIRED SPECIFICALLY TO DETERMINE IF PATIENTS MEET GOVERNMENT PROGRAM ELIGIBILITY CRITERIA. THE FIRM'S PERSONNEL ARE SPECIFICALLY TRAINED IN

Part VI Supplemental Information (Continuation)

MEDICAID, MEDICARE AND OTHER GOVERNMENT PROGRAM ELIGIBILITY CRITERIA AND APPLICATION PROCEDURES. IF THE PATIENT MEETS PROGRAM ELIGIBILITY CRITERIA, THEN ASSISTANCE IS PROVIDED TO THE PATIENT FOR ENROLLMENT. IF THE PATIENT DOES NOT MEET PROGRAM QUALIFICATIONS, THE PATIENT IS ENCOURAGED TO APPLY FOR FINANCIAL ASSISTANCE.

IF THE PATIENT DOES NOT COMPLETE A CHARITY CARE APPLICATION AT THE TIME OF SERVICE, HE RECEIVES A COPY OF THE POLICY, A PLAIN LANGUAGE SUMMARY, AND AN APPLICATION WITH HIS BILLS. HE IS ALSO REMINDED OF THE HOSPITAL'S CHARITY CARE POLICY IN ANY CONVERSATION WITH STAFF CONCERNING BILLING.

PART VI, LINE 4:

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

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

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

MEDIAN HOUSEHOLD INCOMES (\$32,321 TO \$40,470) ARE BELOW THE STATE AVERAGE AND FAR BELOW THE US MEDIAN HOUSEHOLD INCOME OF \$52,762. ADDITIONALLY, 16.4%-23.9% OF OUR POPULATION REMAINS BELOW THE POVERTY LEVEL.

Part VI Supplemental Information (Continuation)

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

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

PART VI, LINE 5:

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

BEGINNING IN DECEMBER 2013, RAPIDES REGIONAL (UNDER A CONTRACT WITH THE

Part VI Supplemental Information (Continuation)

STATE OF LOUISIANA AND IN PARTNERSHIP WITH CHRISTUS CABRINI HOSPITAL) PROVIDES ACUTE CARE MEDICAL, URGENT CARE AND EMERGENCY SERVICES, AS WELL AS PRIMARY CARE AND SPECIALTY CARE CLINIC SERVICES FOR THE UN- AND UNDERINSURED AND MEDICAID POPULATIONS OF CENTRAL LOUISIANA.

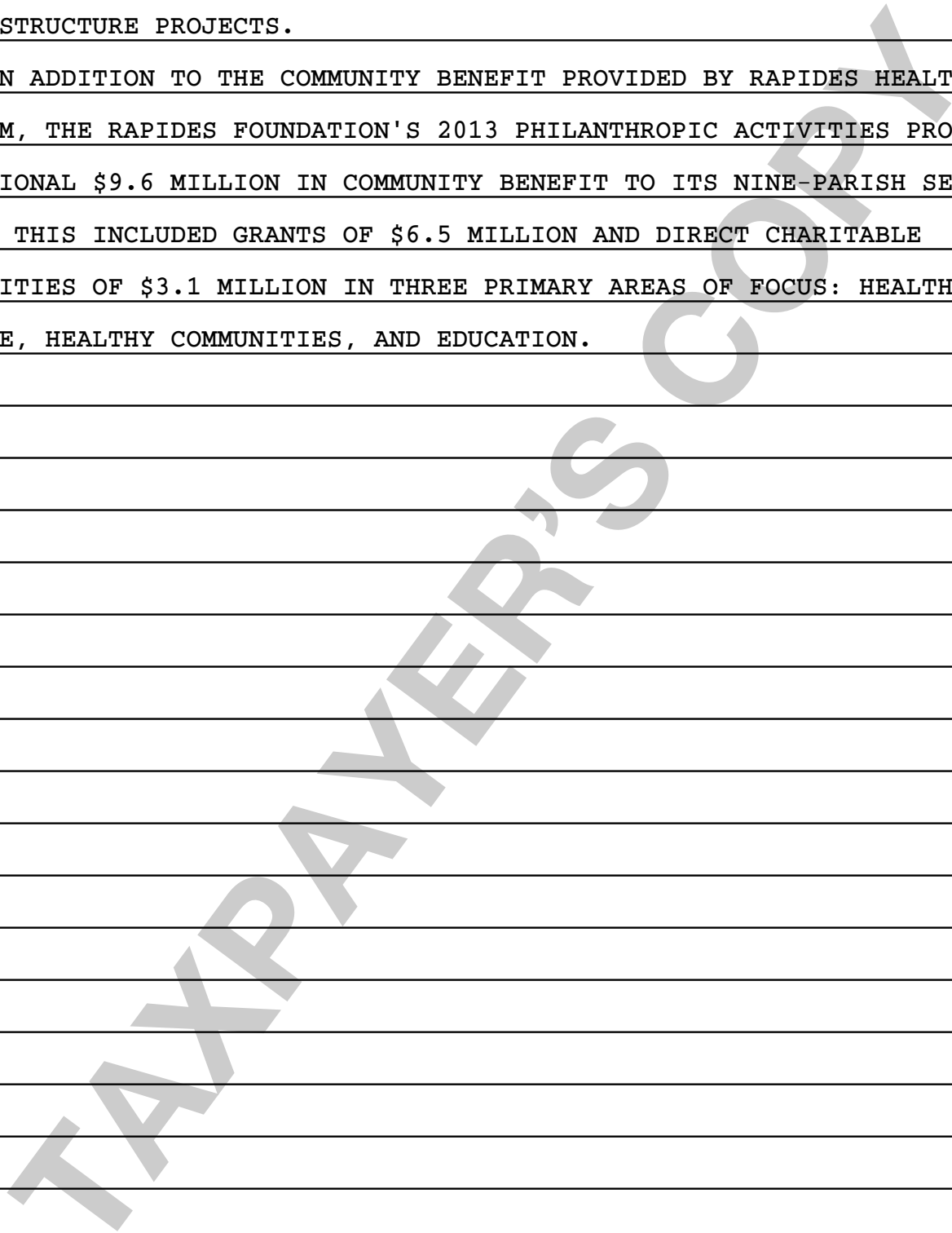
BOTH BOARDS OF DIRECTORS AND THE HOSPITAL MANAGEMENT TEAM ARE HEAVILY FOCUSED ON QUALITY AND SAFETY, AND THE HOSPITAL INVESTS IN SERVICES AND TECHNOLOGY NECESSARY TO PROVIDE THE BEST CARE POSSIBLE FOR PATIENTS. FOR THE THIRD YEAR, U.S. NEWS AND WORLD REPORTS' 2012-2013 RANKINGS OF BEST HOSPITALS RECOGNIZED RAPIDES REGIONAL AS NO. 3 IN LOUISIANA. ADDITIONALLY, FOR THE THIRD YEAR, THE HOSPITAL WAS NAMED A TOP PERFORMER ON KEY QUALITY MEASURES FOR EXCELLENCE IN ACCOUNTABILITY MEASURE PERFORMANCE BY THE JOINT COMMISSION. FOR THE SECOND YEAR, RAPIDES REGIONAL WAS RECOGNIZED IN MODERN HEALTHCARE MAGAZINE AS RECEIVING THE 2013/2014 CONSUMER CHOICE AWARD IN ITS MARKET BASED ON NATIONAL RESEARCH CORPORATION CONSUMER SURVEYS ON QUALITY HEALTHCARE SERVICES. THE HOSPITAL RECEIVED THE 2013 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD, WHICH RECOGNIZES HOSPITALS THAT ARE IN THE TOP 10% IN THE NATION FOR PATIENT SAFETY. RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED AS LOUISIANA'S ONLY LEVEL II TRAUMA CENTER, WHICH BENEFITS CENTRAL LOUISIANA BY PROVIDING ACCESS TO TRAUMA CARE DURING THE CRITICAL FIRST 60 MINUTES FOLLOWING A TRAUMATIC INJURY, THEREBY REDUCING MORTALITY RATES FROM SUCH INJURIES IN THE REGION. THE FACILITY IS ALSO CERTIFIED AS AN ADVANCED PRIMARY STROKE CENTER AND AN ACCREDITED CYCLE III CHEST PAIN CENTER - THE ONLY ONES IN CENTRAL LOUISIANA. RAPIDES WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AND THE AMERICAN STROKE ASSOCIATION WITH THE 2013 "SILVER PLUS GET WITH THE GUIDELINES" AWARD FOR ADHERENCE TO STROKE PERFORMANCE ACHIEVEMENT INDICATORS.

WITH AN ANNUAL PAYROLL OF \$22.2 MILLION (RAPIDES FOUNDATION 26% OWNERSHIP SHARE), RHS IS A SIGNIFICANT EMPLOYER IN ITS COMMUNITIES AND

Part VI Supplemental Information (Continuation)

PAID \$508,163 (RAPIDES FOUNDATION 26% SHARE) IN PROPERTY TAXES DURING 2013 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 2013 PHILANTHROPIC ACTIVITIES PROVIDED AN ADDITIONAL \$9.6 MILLION IN COMMUNITY BENEFIT TO ITS NINE-PARISH SERVICE AREA. THIS INCLUDED GRANTS OF \$6.5 MILLION AND DIRECT CHARITABLE ACTIVITIES OF \$3.1 MILLION IN THREE PRIMARY AREAS OF FOCUS: HEALTHY PEOPLE, HEALTHY COMMUNITIES, AND EDUCATION.



**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLEN PARISH SCHOOL BOARD P.O. DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	145,800.	0.			INCREASE EDUCATION ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE & PROMOTE PHYSICAL
AVOUELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	158,500.	0.			INCREASE EDUCATION ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE & PROMOTE PHYSICAL
BATON ROUGE AIDS SOCIETY 4560 NORTH BLVD., STE 100 BATON ROUGE, LA 70806	72-1436877	501(C)(3)	134,000.	0.			TEEN PREGNANCY PREVENTION
BAYOU DES GLAISES BAPTIST CHURCH 6434 HWY 451 MOREAUVILLE, LA 71355	72-0990530	501(C)(3)	8,000.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
CATAHOULA PARISH SCHOOL BOARD P.O. BOX 690 HARRISONBURG, LA 71340	72-6000268	GOVERNMENT AGENCY	95,500.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE, PROMOTE PHYSICAL
CENLA EDUCATIONAL COMMUNITY SERVICE FOUNDATION - P.O. BOX 208 - ALEXANDRIA, LA 71309	92-0188753	501(C)(3)	25,000.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 31.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LA ECONOMIC DEVELOPMENT ALLIANCE - P.O. BOX 465 - ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	884,750.	0.			INCREASE MEDIUM HOUSEHOLD INCOME AND TO RAISE STANDARD OF LIVING.
CENTRAL LOUISIANA AHEC 2225 NORTH BOLTON AVENUE ALEXANDRIA, LA 71303	72-1204210	501(C)(3)	150,000.	0.			PREVENT TOBACCO USE AND PROMOTE QUITTING
CENTRAL LOUISIANA AIDS SUPPORT SERVICES - 1785 JACKSON STREET - ALEXANDRIA, LA 71301	72-1097079	501(C)(3)	9,287.	0.			TEEN PREGNANCY PREVENTION
CMAP EXPRESS 1101 FOURTH STREET, SUITE 101A ALEXANDRIA, LA 71301	02-0751416	509(A)(1)	1,475,000.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY, IMPROVE ACCESS TO AND USE OF PRIMARY
FAMILY COUNSELING AGENCY 1604 MURRAY STREET ALEXANDRIA, LA 71301	72-0677893	501(C)(3)	50,000.	0.			TO INCREASE CIVIC ENGAGEMENT AND SOCIAL CAPITAL NETWORKS
FIRST PENTECOSTAL CHURCH OF ALEXANDRIA - 2817 RAPIDES AVENUE - ALEXANDRIA, LA 71301	72-0678432	501(C)(3)	8,000.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
GRACE CHRISTIAN SCHOOL 4900 JACKSON STREET ALEXANDRIA, LA 71301	72-6063680	501(C)(3)	7,000.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
GRANT PARISH SCHOOL BOARD P. O. BOX 208 COLFAX, LA 71417	72-6000494	GOVERNMENT AGENCY	125,100.	0.			PREVENT TOBACCO USE; PROMOTE PHYSICAL ACTIVITY, INCREASE EDUCATIONAL ATTAINMENT &
HOUSE OF PRAISE FULL GOSPEL 2521 ENGLAND DRIVE ALEXANDRIA, LA 71301	90-0783748	501(C)(3)	25,000.	0.			PROMOTE INCREASED PHYSICAL ACTIVITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA COMMUNITY & TECH COLLEGE SYSTEM 265 SOUTH FOSTER DRIVE BATON ROUGE, LA 70806	20-5432053	GOVERNMENT AGENCY	200,000.	0.			IMPROVE ACCESS TO AND USE OF PRIMARY CARE
LOUISIANA STATE UNIVERSITY ALEXANDRIA - 8100 HWY 71 SOUTH - ALEXANDRIA, LA 71302	72-6000848	501(C)(3)	277,428.	0.			IMPROVE ACCESS TO AND USE OF PRIMARY CARE
LASALLE PARISH SCHOOL BOARD P. O. DRAWER 90 JENA, LA 71342	72-6000656	GOVERNMENT AGENCY	86,900.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
NATCHITOCHE PARISH SCHOOL BOARD P.O. BOX 16 NATCHITOCHE, LA 71458	72-0629556	GOVERNMENT AGENCY	184,500.	0.			PREVENT TOBACCO USE; PROMOTE PHYSICAL ACTIVITY, INCREASE EDUCATIONAL ATTAINMENT &
NSU COLLEGE OF NURSING 1800 LINE AVENUE SHREVEPORT, LA 71101	72-6000783	GOVERNMENT AGENCY	200,000.	0.			IMPROVE ACCESS TO AND USE OF PRIMARY CARE
RAPIDES PARISH SCHOOL BOARD P. O. BOX 1230 ALEXANDRIA, LA 71309	72-6001133	GOVERNMENT AGENCY	446,500.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE; PROMOTE PHYSICAL
SOUTHERN UNIVERSITY AGRICULTURAL RESEARCH & EXTENSION CENTER - PO BOX 10010 - BATON ROUGE, LA 70813	72-6000817	509(A)(1)	16,311.	0.			PROMOTE HEALTHY EATING
SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	72-1191867	501(C)(3)	30,000.	0.			PREVENT TOBACCO USE AND PROMOTE QUITTING
THE ORCHARD FOUNDATION 1101 FOURTH STREET, SUITE 101C ALEXANDRIA, LA 71301	87-0730768	509(A)(1)	1,695,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT, INCREASE MEDIUM HOUSEHOLD INCOME AND TO RAISE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
T.A.S.T.E. OF SAINT JOHN 531 SAINT JOHN STREET MARKSVILLE, LA 71351	27-0561552	501(C)(3)	25,000.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
TOWN OF OLLA PO BOX 223 OLLA, LA 71465	72-6001034	GOVERNMENT AGENCY	25,000.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
TOWN OF TULLOS P. O. BOX 749 TULLOS, LA 71479	72-0568783	GOVERNMENT AGENCY	20,406.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY
VERNON PARISH SCHOOL BOARD 201 BELVIEW ROAD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	221,500.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE; PROMOTE PHYSICAL
VILLAGE OF MOREAUVILLE P. O. BOX 57 MOREAUVILLE, LA 71355	72-0720280	GOVERNMENT AGENCY	25,000.	0.			PREVENT TOBACCO USE; PROMOTE PHYSICAL ACTIVITY.
WINN PARISH SCHOOL BOARD P. O. BOX 430 WINNFIELD, LA 71483	72-6001620	GOVERNMENT AGENCY	88,200.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
YMCA OF CENTRAL LOUISIANA 724 SCOTT STREET ALEXANDRIA, LA 71301	72-0408980	501(C)(3)	50,000.	0.			TO INCREASE CIVIC ENGAGEMENT AND SOCIAL CAPITAL NETWORKS
VARIOUS 2013 GRANT AMENDMENTS			-179,336.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
VARIOUS 2013 GRANT AMENDMENTS			-211,990.	0.			TO INCREASE CIVIC ENGAGEMENT AND SOCIAL CAPITAL NETWORKS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VARIOUS 2013 GRANT AMENDMENTS			-231,371.	0.			PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

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

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: 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

Part IV Supplemental Information

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.

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALLEN PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE EDUCATION ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE & PROMOTE PHYSICAL ACTIVITY.

NAME OF ORGANIZATION OR GOVERNMENT: AVOYELLES PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE EDUCATION ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE & PROMOTE PHYSICAL ACTIVITY.

NAME OF ORGANIZATION OR GOVERNMENT: CATAHOULA PARISH SCHOOL BOARD

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE, PROMOTE PHYSICAL ACTIVITY.

NAME OF ORGANIZATION OR GOVERNMENT: CMAP EXPRESS

(H) PURPOSE OF GRANT OR ASSISTANCE: PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY, IMPROVE ACCESS TO AND USE OF PRIMARY CARE, PROMOTE EARLY DETECTION OF CANCER AMONG ADULTS

NAME OF ORGANIZATION OR GOVERNMENT: GRANT PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE; PROMOTE PHYSICAL ACTIVITY, INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT

NAME OF ORGANIZATION OR GOVERNMENT: NATCHITOCHE PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE; PROMOTE PHYSICAL ACTIVITY, INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT

NAME OF ORGANIZATION OR GOVERNMENT: RAPIDES PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE; PROMOTE PHYSICAL ACTIVITY.

NAME OF ORGANIZATION OR GOVERNMENT: THE ORCHARD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT, INCREASE MEDIUM HOUSEHOLD INCOME AND TO RAISE STANDARD OF LIVING.

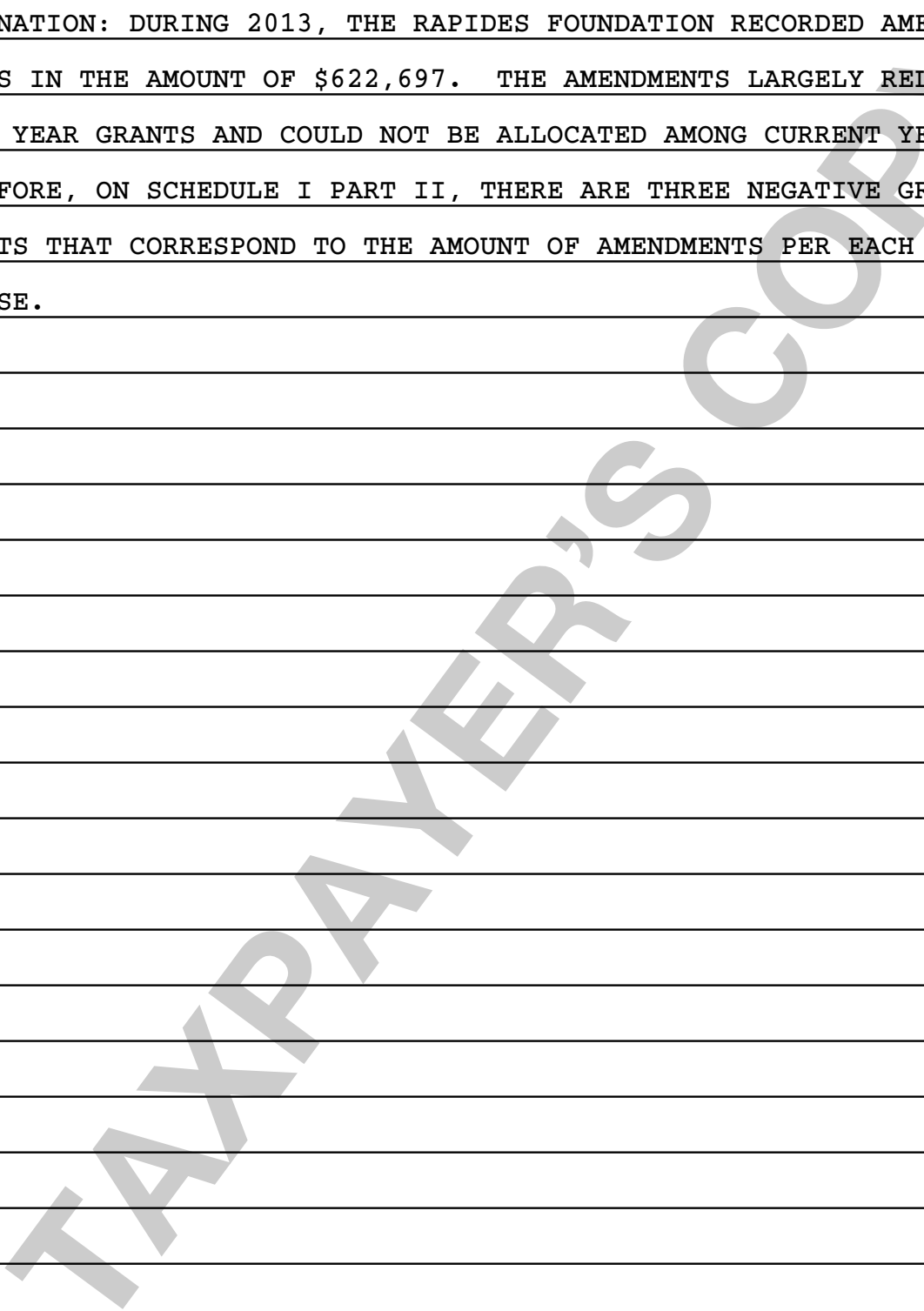
NAME OF ORGANIZATION OR GOVERNMENT: VERNON PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT, PREVENT TOBACCO USE; PROMOTE PHYSICAL ACTIVITY.

Part IV Supplemental Information

SCHEDULE I, PART II

EXPLANATION: DURING 2013, THE RAPIDES FOUNDATION RECORDED AMENDMENTS TO GRANTS IN THE AMOUNT OF \$622,697. THE AMENDMENTS LARGELY RELATED TO PRIOR YEAR GRANTS AND COULD NOT BE ALLOCATED AMONG CURRENT YEAR GRANTS. THEREFORE, ON SCHEDULE I PART II, THERE ARE THREE NEGATIVE GRANT AMOUNTS THAT CORRESPOND TO THE AMOUNT OF AMENDMENTS PER EACH GRANT PURPOSE.



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH R. ROSIER, JR. PRESIDENT & CEO	(i)	299,064.	30,000.	0.	25,500.	7,053.	361,617.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHLEEN F. NOLEN DIR, ADMIN	(i)	181,175.	0.	0.	18,118.	3,240.	202,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ANNETTE BEUHLER DIR, PROG & COMM	(i)	157,034.	0.	0.	15,703.	6,930.	179,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Lined area for supplemental information with horizontal ruling lines.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

LOUISIANA. TRF IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC, WHICH OWNS
AND OPERATES RAPIDES REGIONAL MEDICAL CENTER, A 325-BED HOSPITAL IN
ALEXANDRIA. ADDITIONALLY, TRF PROVIDES FUNDING FOR PROJECTS WHICH
EFFECTIVELY ADDRESS THE FOLLOWING PHILANTHROPIC OBJECTIVES:

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

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

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

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

FUNDING FOR PROJECTS WHICH EFFECTIVELY ADDRESS THE FOLLOWING
PHILANTHROPIC OBJECTIVES:

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

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

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

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

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

LOUISIANA. CARECHEX, A DIVISION OF COMPARION MEDICAL ANALYTICS, RANKED RRMC SECOND IN LOUISIANA IN TRAUMA CARE AND HIP FRACTURE REPAIR, AND THIRD IN MAJOR CARDIAC SURGERY AND CORONARY BYPASS SURGERY.

ADDITIONALLY, FOR THE THIRD YEAR, THE HOSPITAL WAS NAMED A TOP PERFORMER ON KEY QUALITY MEASURES FOR EXCELLENCE IN ACCOUNTABILITY MEASURE PERFORMANCE BY THE JOINT COMMISSION; RAPIDES IS ONE OF JUST 182 HOSPITALS NATIONWIDE TO HAVE BEEN NAMED A TOP PERFORMER EVERY YEAR SINCE THE PROGRAM BEGAN. FOR THE SECOND YEAR, RAPIDES REGIONAL WAS RECOGNIZED IN MODERN HEALTHCARE MAGAZINE AS RECEIVING THE 2013/2014 CONSUMER CHOICE AWARD IN ITS MARKET BASED ON NATIONAL RESEARCH CORPORATION CONSUMER SURVEYS ON QUALITY HEALTHCARE SERVICES. THE HOSPITAL RECEIVED THE 2013 HEALTHGRADES PATIENT SAFETY EXCELLENCE AWARD, WHICH RECOGNIZES HOSPITALS THAT ARE IN THE TOP 10% IN THE NATION FOR PATIENT SAFETY. RAPIDES REGIONAL MEDICAL CENTER IS CERTIFIED AS LOUISIANA'S ONLY LEVEL II TRAUMA CENTER, WHICH BENEFITS CENTRAL LOUISIANA BY PROVIDING ACCESS TO TRAUMA CARE DURING THE CRITICAL FIRST 60 MINUTES FOLLOWING A TRAUMATIC INJURY, THEREBY REDUCING MORTALITY RATES FROM SUCH INJURIES IN THE REGION. THE FACILITY IS ALSO CERTIFIED AS AN ADVANCED PRIMARY STROKE CENTER AND AN ACCREDITED CYCLE IV CHEST PAIN CENTER - THE ONLY ONES IN CENTRAL LOUISIANA. RAPIDES WAS RECOGNIZED BY THE AMERICAN HEART ASSOCIATION AND THE AMERICAN STROKE

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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ASSOCIATION WITH THE 2013 "SILVER PLUS GET WITH THE GUIDELINES" AWARD FOR ADHERENCE TO STROKE PERFORMANCE ACHIEVEMENT INDICATORS.

TRF ALSO SEEKS TO ASSERT, DEVELOP AND SUPPORT ACCESS TO NON-URGENT CARE FOR THE UNINSURED AND UNDERSERVED POPULATIONS. IN 2013 TRF CHARITY CARE AND OTHER COMMUNITY BENEFITS TOTALED \$13.67 MILLION, AS INCLUDED ON SCHEDULE H, PART I, LINE 7K ATTACHED HERETO. THIS INCLUDED \$3 MILLION OF UNREIMBURSED PATIENT CARE COSTS AND \$10.64 MILLION IN HEALTH PROFESSIONS EDUCATION, COMMUNITY EDUCATION, COMMUNITY PROGRAMS AND COMMUNITY DONATIONS.

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

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

AT THE NEW RAPIDES REGIONAL MEDICAL CENTER INDIGENT CLINICS IN DECEMBER 2013.

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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TRF PROVIDED \$175,000 IN FUNDING TO CMAP'S CANCER SCREENING PROJECT, WHICH PROVIDED FREE MAMMOGRAMS, PAP SMEARS, PELVIC EXAMS AND COLORECTAL CANCER TESTS TO UNINSURED PATIENTS WHO COULDN'T AFFORD THESE CRITICAL SCREENINGS. ITS CANCER SCREENING VAN, THROUGH A PARTNERSHIP WITH LOUISIANA STATE UNIVERSITY, BROUGHT THESE TESTS TO RURAL AREAS. IN 2013, 486 PATIENTS WERE SEEN, 164 PAP SMEARS DONE, 190 PELVIC EXAMS COMPLETED, 469 MAMMOGRAMS DONE, 217 CLINICAL BREAST EXAMS COMPLETED, AND 200 TAKE HOME COLORECTAL CANCER TESTS DISTRIBUTED.

OVER \$675,000 IN GRANTS WERE AWARDED TO NORTHWESTERN STATE UNIVERSITY, LOUISIANA STATE UNIVERSITY AT ALEXANDRIA AND CENTRAL LOUISIANA COMMUNITY AND TECHNICAL COLLEGE TO SUPPORT THEIR NURSING EDUCATION PROGRAMS OVER THE NEXT TWO YEARS AND BUILD HEALTHCARE ACCESS IN THE CENTRAL LOUISIANA REGION. ALSO IN 2012, TRF AWARDED A FOUR-YEAR GRANT TOTALING \$700,000 TO NORTHWESTERN STATE UNIVERSITY TO SUPPORT THE TRAINING OF A TOTAL OF 24 NURSE PRACTITIONERS.

IN 2013 TRF BECAME THE FISCAL AGENT FOR THE LOUISIANA ACTION COALITION FOR THE FUTURE OF NURSING AND PROVIDED A TWO-YEAR, \$150,000 MATCHING GRANT TO THE ORGANIZATION. THE COALITION RECEIVED A \$150,000 GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION TO LEAD CHANGE IN HEALTHCARE, WORKING ALONGSIDE PHYSICIANS, HEALTHCARE PROVIDERS AND OTHER STAKEHOLDERS TO HELP TRANSFORM THE HEALTHCARE DELIVERY SYSTEM IN LOUISIANA.

IN 2013 TRF CONTINUED ITS \$180,000 CONTRACT WITH THE AMERICAN CANCER SOCIETY TO IMPLEMENT AND MANAGE A COMMUNITY HEALTH ADVISOR NETWORK TO HELP EDUCATE INDIVIDUALS IN THE BENEFITS OF SCREENING AS WELL AS ASSIST IN ACCESS TO SCREENING FOR BREAST, CERVICAL, AND COLORECTAL CANCERS.

IN 2012 TRF AWARDED A TWO-YEAR \$400,000 GRANT TO THE LOUISIANA PRIMARY CARE ASSOCIATION TO ENHANCE AN INTEGRATED BEHAVIORAL HEALTH

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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PROGRAM AT THREE FEDERALLY QUALIFIED HEALTH CENTERS IN THE FOUNDATION'S SERVICE AREA. THROUGH THIS PROGRAM, A PRIMARY CARE PROVIDER, BEHAVIORAL HEALTH SPECIALIST, PATIENT NAVIGATOR AND PSYCHIATRIST WORK TOGETHER TO ADDRESS PATIENTS' MENTAL HEALTH ISSUES.

TRF AWARDED APPROXIMATELY \$137,000 IN GRANTS DURING 2013 TO 6 COMMUNITIES AND ORGANIZATIONS AS PART OF ITS DIET AND PHYSICAL ACTIVITY INITIATIVE. THESE FUNDS WERE USED TO INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY OPPORTUNITIES FOR ADULTS AND YOUTH THROUGH IMPLEMENTATION OF WALKING TRAILS, PLAYGROUNDS, FARMERS MARKETS, COMMUNITY GARDENS AND OTHER PROJECTS. ADDITIONALLY, 8 SCHOOL DISTRICTS WERE GRANTED \$216,000 IN FUNDS TO IMPROVE HEALTHY EATING AND PHYSICAL ACTIVITY OPPORTUNITIES THROUGH INNOVATIVE SCHOOL HEALTH MODEL PROGRAMS SUCH AS CATCH, SPARK AND SMART IN GRADES K-8. A TRF FACILITATED YOUTH SUMMIT ON HEALTHY LIFESTYLES AND TOBACCO PREVENTION WAS ATTENDED BY 350 YOUTH AND COORDINATORS.

TRF FUNDED A TWO-YEAR, \$700,000 GRANT IN 2013 TO ITS HEALTHY LIFESTYLES PROGRAM. ONE ASPECT PROVIDES ONE-ON-ONE COUNSELING TO INDIVIDUALS WHO ARE REFERRED BY THEIR DOCTORS. IN 2013, 331 PEOPLE RECEIVED COACHING FROM A REGISTERED DIETITIAN AND EXERCISE SPECIALIST. IN 2013 TRF IMPLEMENTED DASH FOR A HEALTHY LIFESTYLE AT 32 CHURCHES IN THE REGION INVOLVING 377 PARTICIPANTS. THE 18-MONTH NUTRITION AND EXERCISE PLAN IS A PROVEN, EVIDENCE-BASED PROGRAM STUDIED AT PENNINGTON BIOMEDICAL RESEARCH CENTER IN BATON ROUGE, LA.

THE FOUNDATION PROVIDED A \$250,000, THREE-YEAR MATCHING GRANT IN 2012 TO THE CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE TO CREATE THE CENTRAL LOUISIANA LOCAL FOODS INITIATIVE. THE PROJECT CREATES A SUSTAINABLE AGRICULTURAL ECONOMY IN THE REGION AND ENCOURAGES LOCAL FARMERS TO PROVIDE LOCALLY GROWN FOOD FOR THE COMMUNITY.

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AT HOLIDAY TIME, THE FOUNDATION PRODUCED A MEDIA CAMPAIGN, "MAKE A HEALTHY HOLIDAY HABIT," AIMED AT REMINDING THE COMMUNITY TO CONTINUE HEALTHY HABITS DURING THE HOLIDAYS.

IN 2013, AS PART OF TRF'S TOBACCO PREVENTION AND CONTROL INITIATIVE, TRF RAN HARD-HITTING CAMPAIGNS ON TV, RADIO, BILLBOARD AND FACEBOOK TARGETING SECONDHAND SMOKE, YOUTH AND YOUNG ADULT USE AND THE HEALTH CONSEQUENCES OF TOBACCO USE. TRF'S CESSATION INTERVENTION PROGRAM FEATURES ELEMENTS OF PROVIDER EDUCATION, PROVIDER REMINDER/REFERRAL TOOLS, AND PATIENT EDUCATION. APPROXIMATELY 285 PARTICIPATING 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. IN 2013, 487 CALLS TO THE QUITLINE WERE MADE BY INDIVIDUALS IN THE RAPIDES FOUNDATION SERVICE AREA. COMMUNITY AND SCHOOL GRANTS TOTALING OVER \$223,500 SUPPORTED PROGRAMS SUCH AS "TARS WARS" AND "KICK BUTTS DAY" EVENTS IN THE SCHOOLS, WORKPLACE OUTREACH AND "GREAT AMERICAN SMOKEOUT" ACTIVITIES.

AT THE BEGINNING OF ITS INITIATIVES, THE RAPIDES FOUNDATION SET LONG-TERM IMPACT GOALS. IN 2013 TRF COMPLETED A PRIMARY DATA ASSESSMENT TO DETERMINE ITS PROGRESS TOWARD ITS LONG-TERM GOALS. SELECTED GOALS FOR THE HEALTHY PEOPLE INITIATIVE ARE:

- DECREASE CURRENT SMOKING AMONG YOUTH FROM 24.6% IN 2007 TO 17.1%. IN 2013, YOUTH SMOKING HAD DROPPED TO 23%
- DECREASE CURRENT SMOKING IN ADULTS FROM 24.9% IN 2005 TO 20%. IN 2013 ADULT SMOKING HAD DROPPED TO 23%.
- DECREASE THE PERCENTAGE OF OVERWEIGHT ADULTS FROM 68% IN 2005 TO 67%. BY 2013 73% OF ADULTS WERE OVERWEIGHT.
- DECREASE THE PERCENTAGE OF ADOLESCENTS WHO ARE OVERWEIGHT FROM 31% IN

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2007 TO 27.7%. BY 2013 35% OF ADOLESCENTS WERE OVERWEIGHT.

- INCREASE PERCENTAGE OF ADULTS PARTICIPATING IN MODERATE PHYSICAL ACTIVITY FOR AT LEAST 30 MINUTES PER DAY 5 DAYS PER WEEK FROM 24% IN 2005 TO 35%. IN 2013 27% OF ADULTS REPORTED SUCH EXERCISE.

- INCREASE THE PERCENTAGE OF ADOLESCENTS ENGAGING IN MODERATE PHYSICAL ACTIVITY FOR 30 MINUTES 5 DAYS PER WEEK FROM 20% IN 2007 TO 30%. IN 2013 27% OF ADOLESCENTS REPORTED SUCH EXERCISE.

- INCREASE THE PERCENTAGE OF ADULTS WHO EAT 5 SERVINGS OF FRUITS AND VEGETABLES PER DAY FROM 32% IN 2005 TO 43.5%. BY 2013 35% WERE EATING 5 SERVINGS PER DAY.

- INCREASE THE PERCENTAGE OF ADOLESCENTS WHO EAT 5 SERVINGS OF FRUITS AND VEGETABLES PER DAY FROM 14% IN 2007 TO 17.5%. IN 2013 16% OF ADOLESCENTS WERE EATING 5 SERVINGS PER DAY.

- INCREASE THE PERCENTAGE OF ADULTS WITH A SPECIFIC SOURCE OF ONGOING PRIMARY CARE FROM 72% IN 2005 TO 85%. IN 2013 74% OF ADULTS REPORTED A SOURCE OF ONGOING CARE.

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

ADDITIONALLY, 107 TEACHERS RECEIVED 3 ROUNDS OF FOLLOW-UP ONE-ON-ONE COACHING IN THE CLASSROOM.

THE ORCHARD FOUNDATION ALSO HELD TRAININGS FOR NEW AND ASPIRING LEADERS IN AREA SCHOOLS. THE PROGRAM IS DESIGNED FOR ASSISTANT PRINCIPALS OR TEACHERS WHO ARE DEDICATED TO IMPROVING THE BEST PRACTICES IN INSTRUCTION AND LEADERSHIP. THESE PARTICIPANTS WERE TRAINED IN THE 5 DIMENSIONS OF TEACHING AND LEARNING FRAMEWORK BY THE UNIVERSITY OF WASHINGTON CENTER FOR EDUCATIONAL LEADERSHIP. THROUGHOUT THE YEAR THEY HAD THE OPPORTUNITY TO COLLABORATE AND OBSERVE OTHERS TO DEVELOP THE EXPERTISE NEEDED TO RECOGNIZE HIGH QUALITY INSTRUCTION.

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THE LEADING FOR BETTER INSTRUCTION PROGRAM ALLOWS PRINCIPALS TO DEVELOP THEIR LEADERSHIP SKILLS IN GUIDING AND SUPPORTING TEACHERS' PROFESSIONAL LEARNING. PRINCIPALS WERE ALSO TRAINED IN THE 5 DIMENSIONS OF TEACHING AND LEARNING. THEY SPENT TIME DURING THE SCHOOL YEAR WITH FACILITATORS TO MODEL AND COACH THE 5D'S IN THEIR SCHOOL.

A SUPERINTENDENTS' NETWORK WAS ESTABLISHED TO PROVIDE SESSIONS FOR SUPERINTENDENTS AND KEY CENTRAL OFFICE LEADERS, FOCUSED ON THE ROLE OF CENTRAL OFFICE LEADERSHIP IN DEVELOPING AND SUPPORTING PRINCIPAL INSTRUCTIONAL LEADERSHIP.

IN 2013 126 PARTICIPANTS ATTENDED LEADERSHIP DEVELOPMENT ACTIVITIES. TRF AWARDED \$190,000 IN GRANTS TO THE ORCHARD FOUNDATION TO SUPPORT ITS LEADERSHIP INSTITUTES.

IN 2010 LOUISIANA STATE UNIVERSITY RECEIVED AN \$8 MILLION, FIVE-YEAR GRANT FROM THE U.S. DEPARTMENT OF EDUCATION TO RETRAIN CENTRAL LOUISIANA PROFESSIONALS HOLDING A BACHELORS' DEGREE IN A MATH- OR SCIENCE-RELATED FIELD TO TEACH HIGH SCHOOL ADVANCED PLACEMENT MATH AND SCIENCE CLASSES. THE CENTRAL LOUISIANA ACADEMIC RESIDENCY FOR TEACHERS (CART) GRANT IS A COLLABORATIVE EFFORT BETWEEN TRF, THE ORCHARD FOUNDATION, NINE CENTRAL LOUISIANA PARISH SCHOOL DISTRICTS, LSUA AND LSU. DURING 2013, THE PROGRAM'S THIRD COHORT OF 12 RESIDENTS COMPLETED THEIR CO-TEACHING YEAR, EARNED THEIR MASTER'S DEGREES, AND BEGAN TEACHING IN CENTRAL LOUISIANA SCHOOLS. THE FOURTH COHORT OF 9 STUDENTS BEGAN THEIR CO-TEACHING YEAR AND MASTERS' PROGRAM STUDY. TRAINING ON THE NEW COMMON CORE MATHEMATICS REQUIREMENTS WAS PROVIDED TO 56 TEACHERS. IN ADDITION TO ONGOING IN-KIND SUPPORT, IN 2013 TRF PROVIDED \$160,000 IN CASH MATCHING FUNDS TO SUPPORT THE CART PROGRAM.

DURING 2013 THE ORCHARD FOUNDATION FACILITATED GRANT AWARDS FOR AVOYELLES AND NATCHITOCHE PUBLIC SCHOOL DISTRICTS TOTALING OVER \$1.2

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MILLION AS PART OF THE LOUISIANA DEPARTMENT OF EDUCATION BELIEVE AND SUCCEED PROGRAM. BOTH DISTRICTS RECEIVED SCHOOL IMPROVEMENT GRANTS TO FUND THE TRAINING OF SCHOOL LEADERS WHO WILL TURN AROUND STRUGGLING SCHOOLS IN THEIR DISTRICTS. PROFESSIONAL DEVELOPMENT ACTIVITIES FUNDED THROUGH BELIEVE AND SUCCEED BEGAN IN 2013 IN NATCHITOCHE PARISH WITH URBAN LEARNING AND LEADERSHIP CENTER. PROFESSIONAL DEVELOPMENT ACTIVITIES FUNDED THROUGH BELIEVE AND SUCCEED BEGAN IN 2013 IN AVOYELLES PARISH WITH UNIVERSITY OF WASHINGTON'S CENTER FOR EDUCATIONAL LEADERSHIP.

AT THE BEGINNING OF ITS INITIATIVES, THE RAPIDES FOUNDATION SET LONG-TERM IMPACT GOALS. IN 2013 TRF COMPLETED AN ASSESSMENT TO DETERMINE ITS PROGRESS TOWARD ITS LONG-TERM GOALS. SELECTED GOALS FOR THE EDUCATION INITIATIVE ARE:

- 75% OF STUDENTS WILL ATTAIN "BASIC" OR ABOVE IN LANGUAGE ARTS, MATH AND SCIENCE ON THE ILEAP TEST. IN 2013, SCORES ROSE: ELA (71% FROM 64% IN 2006), MATH (65% FROM 63% IN 2006) AND SCIENCE (65% FROM 56% IN 2006).
- 25% OF STUDENTS WILL ACHIEVE "ADVANCED/MASTERY" LEVEL ON THE ILEAP TEST. 2013 SCORES INCREASED: ELA (26% FROM 17% IN 2006), MATH (21% FROM 18% IN 2006) AND SCIENCE (21% FROM 14% IN 2006)
- THE GRADUATION COHORT RATE WILL INCREASE TO 77% FROM 68.4% IN 2006. THE 2012 GRADUATION RATE WAS UP TO 73%.

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

THE RAPIDES FOUNDATION'S (TRF'S) OTHER PROGRAM SERVICES PRIMARILY CONSISTS OF ITS HEALTHY COMMUNITIES INITIATIVE -- IN 2013 TRF PROVIDED \$300,000 IN FUNDING TO THE BUSINESS ACCELERATOR SYSTEM (BAS), A PROGRAM OF THE ALEXANDRIA/PINEVILLE CHAMBER OF COMMERCE AND THE CENTRAL

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LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE (CLEDA). BAS OFFERS COACHING SERVICES AND ENTREPRENEURSHIP CLASSES FOR EARLY-STAGE ENTREPRENEURS, SUCH AS FINANCE, MARKETING, AND OPERATIONS. IN 2013 BAS PROVIDED COACHING SERVICES TO 70 ENTREPRENEURS AND PROVIDED 66 CLASSES AND SEMINARS TO 1,284 PARTICIPANTS.

IN 2013 TRF PROVIDED ALMOST \$230,000 IN MATCHING FUNDS TO CLEDA DEDICATED TO ECONOMIC AND WORKFORCE DEVELOPMENT IN THE REGION. DURING THE YEAR CLEDA'S ECONOMIC DEVELOPMENT WORK BROUGHT 875 DIRECT JOBS TO THE COMMUNITY AND GENERATED \$725 MILLION IN NEW CONSTRUCTION.

IN 2013 TRF PROVIDED \$500,000 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 2013, 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 THE 2012-2013 SCHOOL YEAR, 5,963 STUDENTS PARTICIPATED IN CAREER READY 101 TRAINING, AND 2,714 STUDENTS ACHIEVED NCRC CERTIFICATION. THE ORCHARD ALSO PARTNERED WITH THREE BUSINESSES IN THE REGION TO OFFER CONSTRUCTION TECHNOLOGY, WELDING AND HORTICULTURE TECHNICAL EDUCATION AT AREA HIGH SCHOOLS. IN 2013, 209 STUDENTS RECEIVED CERTIFICATIONS IN ONE OF THESE THREE AREAS OF STUDY.

ALSO DURING 2013 TRF PROVIDED A \$300,000 GRANT TO ORCHARD TO

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PROVIDE COLLEGE AND CAREER COACHING FOR 12TH GRADE STUDENTS IN 45 HIGH SCHOOLS. COLLEGE AND CAREER AWARENESS SEMINARS WERE PROVIDED FOR 9TH AND 11TH GRADES AT SELECT SCHOOLS.

WITH A \$35,000 TRF GRANT, CLEDA COMPLETED 11 JOB PROFILES FOR 9 EMPLOYERS IN CENTRAL LOUISIANA. THESE PROFILES DESCRIBE JOB REQUIREMENTS IN TERMS OF COMPETENCIES TESTED IN THE NCRC CERTIFICATION EXAM, SO EMPLOYERS CAN APPROPRIATELY MATCH NCRC CERTIFICATE HOLDERS WITH JOBS.

BOTH RAPIDES AND AVOYELLES PARISHES ARE PART OF ACT'S CERTIFIED WORK READY COMMUNITIES PILOT PROJECT. AVOYELLES PARISH HAS OBTAINED THEIR CERTIFICATION, AND RAPIDES PARISH HAS MET 97% OF THEIR GOALS FOR CERTIFICATION. THE CENTRAL LOUISIANA CHAMBER OF COMMERCE HAS SET A GOAL TO HAVE 20% OF ITS MEMBERS (200 BUSINESS) UTILIZING NCRC IN THEIR HIRING BY THE END OF 2014.

FIFTEEN CENTRAL LOUISIANA PROFESSIONALS GRADUATED FROM CENLA BOARDBUILDERS IN 2013, 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 2013 TO LEARN THE ROLES AND RESPONSIBILITIES OF BEING EFFECTIVE BOARD MEMBERS. AFTER COMPLETING THE TRAINING, THEY WERE EACH MATCHED WITH A NONPROFIT ORGANIZATION AND WILL NOW SERVE ON THEIR BOARDS.

CENLA EXECBUILDERS, AN INSTITUTE FOR EXECUTIVE DIRECTORS OF LOCAL NONPROFIT ORGANIZATIONS, TRAINED 7 EXECUTIVE DIRECTORS IN 2013. THE EXECUTIVE DIRECTORS CONTINUE A PEER NETWORKING ARRANGEMENT ONCE TRAINING IS COMPLETE.

THROUGH ITS FREE TRAINING CLASSES, CDW TRAINED LOCAL NONPROFIT ORGANIZATIONS AND INDIVIDUALS IN ISSUES THAT THEY DEAL WITH EVERY DAY,

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INCLUDING GRANT WRITING, PROGRAM PLANNING, FINANCIAL MANAGEMENT, FUNDRAISING AND MARKETING. 295 INDIVIDUALS TOOK THESE FREE COURSES IN 2013. CLASS REGISTRATIONS WERE UP 24% OVER 2012 AS CDW HAS EXTENDED ITS ONLINE WEBINAR OFFERINGS, MAKING TRAININGS MORE ACCESSIBLE TO THOSE IN THE SERVICE AREA FARTHER AWAY FROM ITS TRAINING FACILITIES.

THE CDW LEARNING LAB EXPANDED ITS LIBRARY OFFERINGS TO EBOOKS AND AUDIOBOOKS IN MID-2013, AGAIN MAKING ITS MATERIALS MORE CONVENIENTLY ACCESSIBLE TO INDIVIDUALS FARTHER AWAY FROM ITS FACILITIES.

UNDER ITS NONPROFIT WORKS PROGRAM, CDW AWARDED GRANTS TOTALING \$100,000 TO TWO LOCAL ORGANIZATIONS. THE GRANTS ARE USED TO EXPAND THE GOVERNANCE, ORGANIZATIONAL DEVELOPMENT AND LEADERSHIP CAPACITIES OF THE ORGANIZATIONS THROUGH PERSONALIZED TECHNICAL ASSISTANCE AND TRAINING OVER A TWO-YEAR PERIOD.

AT THE BEGINNING OF ITS INITIATIVES, THE RAPIDES FOUNDATION SET LONG-TERM IMPACT GOALS. IN 2013 TRF COMPLETED A PRIMARY DATA ASSESSMENT TO DETERMINE ITS PROGRESS TOWARD ITS LONG-TERM GOALS. SELECTED GOALS FOR THE HEALTHY COMMUNITIES INITIATIVE ARE:

- GROW THE REAL MEDIAN HOUSEHOLD INCOME TO \$40,505 FROM \$36,818 IN 2005. THE LATEST REAL INCOME WAS \$36,917.

- INCREASE THE IMPORTANCE OF CITIZEN-LED EFFORTS IN THE COMMUNITY TO 85% FROM 76% IN 2007. IN 2013 THE IMPORTANCE WAS MEASURED AT 78%.

- INCREASE THE NUMBER OF RESIDENTS WHO VOLUNTEER FREQUENTLY TO 25% FROM 15% IN 2007. IN 2013, FREQUENT VOLUNTEERS WERE TALLIED AT 12%.

- INCREASE THE NUMBER OF RESIDENTS WHO ENGAGE FREQUENTLY IN FUNDRAISING FOR COMMUNITY EFFORTS TO 72% FROM 69% IN 2007. IN 2013 FREQUENT FUNDRAISERS TOTALED 59%.

- INCREASE THE NUMBER OF LEADERS WHO REGULARLY PARTNER WITH OTHER

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ORGANIZATIONS TO ACCOMPLISH THEIR MISSIONS TO 58% FROM 48% IN 2007.

LEADERS WHO PARTNER WERE 34% IN 2013.

- INCREASE THE NUMBER OF COMMUNITY GROUPS ACHIEVING EXCELLENCE IN BEST PRACTICES FOR NONPROFIT MANAGEMENT TO 58% FROM 48% IN 2007. IN 2013 46% OF COMMUNITY GROUPS WERE ACHIEVING EXCELLENCE IN BEST PRACTICES.

EXPENSES \$ 2,276,253. INCLUDING GRANTS OF \$ 1,921,093. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE RAPIDES FOUNDATION'S TRUSTEES ARE THE MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A:

EXPLANATION: THE RAPIDES FOUNDATION'S TRUSTEES, WHO ARE THE MEMBERS OF THE ORGANIZATION, HOLD AN ANNUAL MEETING EACH DECEMBER TO ELECT NEW MEMBERS OF THE ORGANIZATION. EACH TRUSTEE, OR MEMBER, IS ELECTED FOR A TERM OF THREE YEARS AND MAY BE RE-ELECTED FOR ONE ADDITIONAL TERM.

FORM 990, PART VI, SECTION B, LINE 11:

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

FORM 990, PART VI, SECTION B, LINE 12C:

332212
09-04-13

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EXPLANATION: THE RAPIDES FOUNDATION HAS BOTH A "STAFF CODE OF ETHICS AND CONDUCT" AND A "TRUSTEE CODE OF ETHICS AND CONDUCT", BOTH OF WHICH DEFINE AND DESCRIBE ACTIONS TO BE TAKEN IN THE EVENT OF CONFLICTS OF INTEREST. THE "STAFF CODE OF ETHICS AND CONDUCT" IS MONITORED AND ENFORCED THROUGH ORGANIZATIONAL PROCEDURES, CONTROLS AND DAILY SUPERVISION OF EMPLOYEES BY THE NEXT LEVEL OF MANAGEMENT. THE "TRUSTEE CODE OF ETHICS AND CONDUCT" IS MONITORED AT EACH TRUSTEE BOARD AND COMMITTEE MEETING, BECAUSE THE FIRST AGENDA ITEM IS ONE IN WHICH THE MEETING CHAIRMAN ASKS TRUSTEES TO DISCLOSE ANY POTENTIAL CONFLICTS WITH LISTED AGENDA ITEMS. A TRUSTEE THAT HAS A POTENTIAL CONFLICT OF INTEREST WITH A MATTER THAT COMES BEFORE THE BOARD OR COMMITTEE IS REQUIRED TO LEAVE THE ROOM BEFORE THE MATTER IS DISCUSSED, AND A MAJORITY VOTE OF THE REMAINING DISINTERESTED BOARD TRUSTEES DETERMINE WHETHER A CONFLICT ACTUALLY EXISTS. IF A CONFLICT IS DETERMINED TO EXIST, THEN THE CONFLICTED TRUSTEE IS NOT ALLOWED TO BE PRESENT DURING BOARD DISCUSSION NOR VOTE ON THE ISSUE CREATING THE CONFLICT. EACH YEAR, TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE TO DISCLOSE BUSINESS AND PERSONAL RELATIONSHIPS THAT COULD BE POTENTIAL CONFLICTS OF INTEREST.

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

EXPLANATION: THE RAPIDES FOUNDATION BOARD COMPENSATION COMMITTEE, WHICH IS COMPOSED OF THE INDEPENDENT MEMBERS OF ITS EXECUTIVE COMMITTEE, PERIODICALLY ENGAGES A THIRD-PARTY COMPENSATION CONSULTANT TO PROVIDE MARKET INFORMATION CONCERNING PAY AND BENEFITS AND MAKE COMPENSATION STRUCTURE RECOMMENDATIONS FOR ALL ORGANIZATION POSITIONS. THE CONSULTANT IS PROVIDED WITH JOB DESCRIPTIONS FOR ALL JOB POSITIONS. THE CONSULTANT THEN COMPARES THOSE JOBS WITH SIMILAR POSITIONS AT SIMILAR TYPES AND SIZES OF ORGANIZATIONS. THE CONSULTANT MEETS WITH THE COMPENSATION COMMITTEE AND

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PROVIDES THE COMPARISON DATA, ALONG WITH THEIR RECOMMENDATIONS FOR PAY RANGES FOR EACH POSITION (MINIMUM, MIDPOINT, MAXIMUM). RECOMMENDATIONS ARE BASED UPON MARKET AVERAGES OF SIMILAR TYPES AND SIZES OF ORGANIZATIONS. IN INTERIM YEARS, INCREASES IN PAY RANGES ARE RECOMMENDED TO THE BOARD BY MANAGEMENT BASED ON SURVEY INFORMATION OF SIMILAR ORGANIZATIONS.

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

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

FORM 990, PART XII, LINE 2C
EXPLANATION: THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

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

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

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

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

Schedule R (Form 990) 2013

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
RAPIDES HEALTHCARE SYSTEM, LLC - 61-1267229, 211 4TH STREET, ALEXANDRIA, LA 71301	HOSPITAL	LA	N/A	RELATED	6,260,731.	39,440,756.	X		N/A	X		26.00%

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ORCHARD FOUNDATION	B	1,393,233.	GRANT AGREEMENT
(2) THE ORCHARD FOUNDATION	J	345,747.	COST ACCOUNTING SYSTEM
(3) CMAP EXPRESS	B	1,086,503.	GRANT AGREEMENT
(4) CMAP EXPRESS	J	709,602.	COST ACCOUNTING SYSTEM
(5) CMAP EXPRESS	M	47,992.	WRITTEN CONTRACT
(6) RAPIDES HEALTHCARE SYSTEM	F	7,259,089.	LETTER AGREEMENT

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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	

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Part VII Supplemental Information

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

Lined area for supplemental information.

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