	~	20		Return of Organization Exempt From Income	_	L	OMB No. 15	45-004	7
Forn	, <b>9</b> 9	90		2009					
				Under section 501(c), 527, or 4947(a)(1) of the internal Revenue Code (exc benefit trust or private foundation)	ept black lung:				_
Depa	rtment of t	he Treasury		Open to		С			
Inter	al Revenu	le Service		The organization may have to use a copy of this return to satisfy state reporting			Inspec	tion	
_				ar, or tax year beginning , and ending					
	Check if ap	plicable.	Piease use IRS	C Name of organization CMAP EXPRESS	D Employer		ation number		
	Address	change I	label or	Doing Business As	02-0751416				
''	Name cha	ange	print or type.	Number and street (or P.O. box if mail is not delivered to street address) Room/su					
!	nitial retu		See	1101 FOURTH STREET 300	318-443-339	94			
	rerminate		Specific Instruc-	City or town, state or country, and ZIP + 4				470	
/	Amended	l return		ALEXANDRIA LA 71301	G Gross rece	ipts \$		478	-
/	Applicatio	on pending	F N	ame and address of principal officer: H(a)	is this a group retu	n for affil	liates?	/es X	No
		J	IOE RC	SIER 1101 FOURTH STREET, ALEXANDRIA, LA 71301 H(b)	Are all affiliates inc	luded?	<u>. [ ]</u> v	/es	No
1 1	ax-exer	mpt status:	X 50	1(c) ( 3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list	t. (see ins	structions)		
		: ► NA			Group exemption n	umber	•		
		rganization:		rporation Trust Association Other ▶ L Year of fo		1	ate of legal dom	icile:	LA
		<u> </u>			2005				
Ĺ	art I	Sum	mary	he organization's mission or most significant activities: THE CENLA				M	
	1	Briefly des		ANDRIA, LOUISIANA, WAS ESTABLISHED IN 2001 AND INCORPO				288	
e		BASEDIN	NALEX	ANDRIA, LOUISIANA, WAS ESTABLISHED IN 2001 AND INCORPOR				-999 M	
anc		(CMAP) I	O PRO	VIDE CHRONIC CARE PRESCRIPTION MEDICATIONS FOR PEOP					
Activities & Governance				S TO ENSURE APPROPRIATE MEDICATION ACCESS AND EDUCA				<u></u>	
õ	2			if the organization discontinued its operations or disposed of mo			assets.		
.∞ ∞	3			members of the governing body (Part VI, line 1a)		3			4
ies	4	Number o	of indep	endent voting members of the governing body (Part VI, line 1b)		4			2
tivit	5			employees (Part V, line 2a)		5			0
Ac	6	Total num	nber of	volunteers (estimate if necessary)		6			
	7a	Total gros	ss unre	ated business revenue from Part VIII, column (C), line 12.		7a			0
	b	Net unrela	ated bu	siness taxable income from Form 990-T, line 34	<u></u>	7b			0
					Prior Year		Current		
	8	Contributi	ions an	d grants (Part VIII, line 1h)	2,539	9,602			,000
ше	9			revenue (Part VIII, line 2g)	0		0 473,06		,060
Revenue	10			ne (Part VIII, column (A), lines 3, 4, and 7d)		0			0
Re	11			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0			0
	12			d lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,539	9,602		478	,060
	13	Grants an	nd simil	ar amounts paid (Part IX, column (A), lines 1–3)		0			0
	14			or for members (Part IX, column (A), line 4)		0			0
	15			ompensation, employee benefits (Part IX, column (A), lines 5-10)	446	5,284		514	<u>,713</u>
Expenses	16a	Profession	nai fun	draising fees (Part IX, column (A), line 11e)		0			0
pen	Ь			expenses (Part IX, column (D), line 25)					
Ĕ	17			(Part IX, column (A), lines 11a–11d, 11f–24f) .	1,037	7,535		344,	,479
	18	Total expe	enses	Add lines 13–17 (must equal Part IX, column (A), line 25)	1,483	3,819		859,	,192
	19			penses. Subtract line 18 from line 12	1,055	5,783		-381,	,132
2 4					ginning of Current	Year	End of `	/ear	
ets o	20	Total asse	ets (Pa	rt X, line 16)	1,896	5,349		1,546,	,862
Ass	21			Part X, line 26)	206	5,574		238	, <u>219</u>
Net Assets or Fund Ralances	22			nd balances. Subtract line 21 from line 20	1,689	9,775		1,308,	<u>,643</u>
	rt II	Sian	ature	Block					
		Under	penalties	of periury, I declare that I have examined this return, including accompanying schedules ar	nd statements, and t	o the bes	st of my knowled	lge	
		and bei	elief, it is t	rue, correct, and complete. Declaration of preparer (other than officer) is based on all inform	nation of which prep	arer has	any knowledge.		
			_		10	1,21	$\mathcal{O}$		
Sig	in		10	2 ( 02/2	0/.	[61]	$\mathcal{O}$		
-			Signature		Date				
Не	16			DSIER, OFA					
				int name and title		Dress	ما م الما م الم		
	_	Prepare		Marunt Carley Date Check is	·	Prepare   (see instr	er's identifying nu ructions)	imper	
Pai		signatu		MARVIN H. EASLEY, MA, CPA, CFF, GFP 8/12/2010 employe	ed ►	P0029			
	parer'	1 644151	name (or			01-070			
Us	e Only	if self-e	employed				767-1455		
			s, and Zi						NL -
Ма	y the IF	RS discuss	s this re	turn with the preparer shown above? (see instructions) .			. X Yes		] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. (HTA)

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Form	990 (2009)	CMAP EXPRESS	02-0751416	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		
1	THE CE 2001 AN CMAP'S PREVEN	escribe the organization's mission: NLA MEDICATION ACCESS PROGRAM (CMAP), BASED IN ALEXANDRIA, LOUISIANA WIND PROVIDES CHRONIC CARE PRESCRIPTION MEDICATIONS FOR PEOPLE WHO CAN GOAL IS TO ENSURE APPROPRIATE MEDICATION ACCESS AND EDUCATION AND AI NTIVE HEALTH PRACTICES AMONG RESIDENTS WITH LIMITED INCOMES. (CONTINUE	INOT AFFORD THE SO PROMOTE OTI D ON SCH. O)	M.
2	the prior	organization undertake any significant program services during the year which were not listed Form 990 or 990-EZ?		X No
3	services	organization cease conducting, or make significant changes in how it conducts, any program	Yes	X No
4	Describe Section &	describe these changes on Schedule O. e the exempt purpose achievements for each of the organization's three largest program serv 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ns to others, the total expenses, and revenue, if any, for each program service reported.		ld
<b>4</b> a	CMAP'S CMAP'S WHO AF DRUG M PHYSIC	) (Expenses \$ 401,031 including grants of \$ 0 ) (Reve PATIENT ASSISTANCE PROGRAM (PAP) LOCATES CMAP STAFF NEAR PHYSICIAN O PRIMARY NINE-PARISH SERVICE AREA. THESE PAP SPECIALISTS COMPLETE APPL RE UNABLE TO AFFORD THEIR MEDICATION TO RECEIVE FREE CHRONIC CARE MED MANUFACTURERS' PATIENT ASSISTANCE PROGRAMS. THE PAP SPECIALISTS WORF IANS AND OVER 1,500 PATIENTS DURING 2009 AND COMPLETED MORE THAN 10,000 DST SAVINGS FOR PATIENTS OF OVER \$6 MILLION DOLLARS.	FFICES THROUGH ICATIONS FOR PA ICATIONS THROUG CED WITH 223 APPLICATIONS	TIENTS GH
4b	IN 2009 AND RU CMAP'S AS OF T COMPA	) (Expenses \$ 196,895 including grants of \$ 0 ) (Reve CMAP EXTENDED ITS REACH STATEWIDE THROUGH A PARTNERSHIP WITH THE BU JRAL HEALTH UNDER THE LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS. P & PRIMARY SERVICE AREA RECEIVE MEDICATIONS THROUGH CMAP'S CENTRAL FILL FHE END OF 2009 HAD CONTRACTS TO WORK WITH AND PROVIDE PHARMACEUTICA NIES. CMAP'S PHARMACY DISPENSED 7,930 PRESCRIPTIONS TO 500 PEOPLE DURI COST SAVINGS TO PATIENTS OF APPROXIMATELY \$2.5 MILLION.	REAU OF PRIMARY ATIENTS OUTSIDE PHARMACY, WHIC LS FROM EIGHT M	CARE OF OF
4c	CENTER CARE FO ENABLIN CENTER	) (Expenses \$ 125,000 including grants of \$ 0 ) (Rever- ROVIDES FUNDING FOR THE HUEY P. LONG OUTPATIENT PHARMACY IN ALEXANDR R IS A PROGRAM OF HUEY P. LONG HOSPITAL, A LOUISIANA PUBLIC HOSPITAL, WHI- OR LOWER-INCOME CITIZENS OF CENTRAL LOUISIANA. THE PHARMACY PLAYS A C NG PATIENTS ACCESS TO CHRONIC CARE MEDICATIONS PRESCRIBED BY PHYSICLA R. IN 2009, HUEY P. LONG ENROLLED OR RE-ENROLLED 1,020 PATIENTS AND FILLE RIPTIONS, FOR A COST SAVINGS OF MORE THAN \$7 MILLION.	IA. THE OUTPATIE CH PROVIDES MED RITICAL ROLE BY NS IN THE OUTPA	
	(Expense		0)	
4e	Total pr	ogram service expenses		
			Form S	<b>990</b> (2009)

Form 9	0 (2009) CMAP EXPRESS 02-	0751416	F	Page 3
Par	IV Checklist of Required Schedules			
			Yes	No
1	s the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A		X	<u></u>
2	is the organization required to complete Schedule B, Schedule of Contributors?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		<u>  x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C	<i>'</i> , <b>4</b>		x
_	Part $\ $			$\uparrow$
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	. 6		<u>  ×</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	. 7		x
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	·		$\vdash$
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	. 8		x
•	complete Schedule D, Part III			
9	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
10	guasi-endowments? If "Yes," complete Schedule D, Part V.	. 10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	. 11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI.			
٠	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
٠	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
٠	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
٠	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? If "Yes," complete Schedule D, Part >			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	X	
	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax Yes	the second se		
12A	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.			
42	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	. 13		X
13	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		X
i 4a h	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	. <u>14b</u>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			·
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	<u> </u>	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		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? If "Yes," complete Schedule G, Part I	. 17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	. 19		x
	If "Yes," complete Schedule G, Part III			Â
20	Did the organization operate one or more nospitals ( If Yes, complete Schedule H,	<u> </u>	000	(2220)

21       Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II       21         21       Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III       22         21       Did the organization answer "Yes" to Part IVI. Section A, Iine 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J       23         214       Did the organization answer "Yes" to Part I.       10 about compensated       23         215       Decide organization answer mytes of tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24 and complete Schedule I. If "No", " on the during the year?       24a         216       Did the organization avera exo acount other than a refunding ecrow at any time during the year?       24a         226       Section 501(c)(3) and 501(c)(4) organizations. Did the organization avera san "on behalf of issuer for bonds outstanding at any time during the year?       24a         226       Section 501(c)(3) and 501(c)(4) organizations. Did the organization avera shall on thindividual?       25	Pa	51416	51416	Page
21       Did the organization report more than \$5,000 of grants and other assistance to givenments and organizations prices in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and III.       21         21       Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.       22         21       Did the organization answer "Yes" to Part IV, Section A, Iline 3. 4, or 5 about compensated employees, II "Yes," complete Schedule J.       23         24a       Did the organization answer "Yes" to Part IX.       10 in 26.       23         24a       Did the organization answer 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 Decomber 31, 2002? If "Yes," answer lines       24a         24b throught 24d and complete Schedule L, I Nov," go to line 25.       24a       24d       24d<	<u></u>	T		
in the United States on Part IX, column (A), line 11 /f "Yes," complete Schedule I, Parts I and III       21         22 Did the organization report more than S5000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 /f "Yes," complete Schedule I, Parts I and III       22         23 Did the organization haves" "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization in exercise is checkule J.       23         24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than S100,000 as of the last day of the year, that was lesued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25       24a         25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         27 Did the organization may bonds?       24a         28 Section 601(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction has not been reported Schedule L, Part I       25a         27 Bid the organization provide a grant or other andicer director, trustee, key employee, or disqualified person outstanding as of the end of the organization in verson in the organization and part to a business transaction with an education provide agrant or other another director, trustee, key employee, or disqualified person outstanding a	Yes		<sup>Y</sup>	/es No
22       Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.       22         23       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J.       23         24a       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J.       23         24b       Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensated employees? If "Yes," complete Schedule J.       24         24a       Did the organization answer account other date a December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25       24a         25a       Did the organization answer account other than a refunding servor at any time during the year?       24d         25a       Section 601(c)(3) and 501(c)(4) organizations. Did the organization aver 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 server and that the queet of ther assistance to an officer, director, trustee, key employee, or disqualified person outstanding at the end of the organization's aver. If "Yes," complete Schedule L, Part I       25a         25b       Did the organization aver. If there schedule schedule schedule L, Part I       26b				
United States on Part IX, column (A), line 27 if "riss," complete Schedule I, Parts I and III       22         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? If "Yes," complete Schedule J.       23         24 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25       24a         25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?       24d         26 Did the organization on the half of" issuer for bonds outstanding at any time during the year?       24d         26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         27 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         28 Section 601(c)(3) and 501(c)(4) organizations. Did the organization in age in an excess benefit transaction with a disqualified person in a priory ear, and that the transaction has not been reported on any of the organization's correct Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I       25b         290 Use organization approve a grant or other assistance to an of the organization stay year If "Yes," complete Schedule L, Part I       26b         210 the organization provide a grant or ot		21	21	<u> </u>
<ul> <li>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? If "Yes," compilete Schedule J.</li> <li>24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</li> <li>24a Did the organization initian an eccore account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.</li> <li>24b Did the organization anitian an escrow account other than a refunding escrow at any time during the year?</li> <li>24c Did the organization avance that it engaged in an excess benefit transaction with a disqualified person as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization subtantiat 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-E27 If "Yes," complete Schedule L, Part I</li> <li>25a Did the organization avance that it engaged in an excess benefit transaction with a disqualified person on a prior year, and that the transaction committee member, or to a person related to such an individual?</li> <li>27 Did the organization avalue that it engaged in an excess to an officer, director, trustee, key employee, or disqualified person on ustanding as of the end of the organization's avar? If "Yes," complete Schedule L, Part II</li> <li>28 Complex Schedule L, Part I</li> <li>29 Did the organization avalue to former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>29 A current of former officer, director, trustee, or key employee? If "Yes," co</li></ul>				
arganization's current and former officers, directors, trustees, key employees, and highest compensated       23         24a       Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than       310,000 as of the last day of the year, that was issued after December 31,2002? If "Yes," enswer lines       24a         24b       Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than       310,000 as of the last day of the year, that was issued after December 31,2002? If "Yes," enswer lines       24a         24b       Did the organization nave at ax-exempt bond's		22	22	<u> </u>
<ul> <li>employees? If "Yes," complete Schedule J.</li> <li>24a Did the organization have a tax-exempt bond issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</li> <li>b Did the organization invest any proceeded of tax-exempt bonds beyond a temporary period exception?.</li> <li>24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.</li> <li>d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization at a sean "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization at a sean "on behalf of" issuer for bonds outstanding at any time during the year?</li> <li>24d Did the organization at a sean on the angaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization starts. Exercise 1, 27d 11.</li> <li>25b Was a loan to or by a current or former officer, director, trustee, they employee, ighty compensated employee, or disqualified person outstanding as of the end of the organization at party to a business transaction with one of the following parties (see Schedule L, Part I).</li> <li>27 Was the organization apply to a business transaction with one of the following parties (see Schedule L, Part IV.</li> <li>28 A curren</li></ul>				
<ul> <li>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, 20027 if "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</li></ul>				<b>v</b>
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines       24a         24b through 24d and complete Schedule K. If "No," go to line 25       24a         2b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24a         2c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24c         2d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24c         2d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?       24d         2d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 forms 900 or 909.E27 if "Yes," complete Schedule L, Part I       25b         2d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?       26t         27       Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.       28a         28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.       28a         29 Did the organization receive more than \$25,000 In non-cash contributions? If "Yes," complete Schedule M, Part IV.	X	23	23	<u> </u>
24b through 24d and complete Schedule K. If "No," go to line 25.       244         b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?       24b         c Did the organization analitatin an escrow account other than a refunding escrow at any time during the year       24c         d Did the organization and sa an "on behalf of" issue for bonds outstanding at any time during the year?       24d         25a Section 601(c)(3) and 601(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I       24d         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-E27 If "Yes," complete Schedule L, Part I       25b         17 Uid the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II       26         17 Uid the organization aparty to a business transaction with one of the following parties (see Schedule L, Part II)       26         18 Acurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         28 Acurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV       28a         29 Did the organization receive contributions of art, historical				
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<ul> <li>prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I</li> <li>26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II</li> <li>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III</li> <li>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):</li> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>28 A an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>28 A an entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I</li> <li>29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I</li> <li>30 Did the organization celated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, IV, and V, line 1</li> <li>31 Did the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part I, III, IV, and V, line 1</li> <li>34 S as any related organizations. Did the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedul</li></ul>		<u>25a</u>	25a	<u> </u>
<ul> <li>990-EZ? If "Yes," complete Schedule L, Part I</li> <li>28 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II</li> <li>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III</li> <li>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):</li> <li>a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV</li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.</li> <li>20 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.</li> <li>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.</li> <li>31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</li> <li>If "Yes," complete Schedule N, Part I</li> <li>33 Ua the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, Ine 1</li> <li>34 Was the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule organization a controlled entity within the meaning of section 5</li></ul>				
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<ul> <li>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></li></ul>				
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Schedule L, Part IV       28b         c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV       28c         29       Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M       29         30       Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M       30         31       Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?       31         32       Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I       32         33       Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part SII, III, IV, and V, line 1       33         34       Was the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35         35       Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36         36       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 purpose		28a	<u>28a</u>	<u> </u>
<ul> <li>c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.</li> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.</li> <li>29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.</li> <li>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.</li> <li>31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.</li> <li>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?</li> <li>33 If "Yes," complete Schedule N, Part II.</li> <li>34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part S II, III, IV, and V, line 1</li> <li>34 Was the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2</li> <li>35 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? If "Yes," complete Schedule R, Part</li> </ul>				
<ul> <li>family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.</li> <li>Part IV.</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>.</li> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>.</li> <li>Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i>, <i>Part 1</i>.</li> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part 1</i>.</li> <li>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 1</i>.</li> <li>Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part I</i>.</li> <li>Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>.</li> <li>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>.</li> <li>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</i></li> </ul>		28b	28b	<u> </u>
<ul> <li>Part IV.</li> <li>Part IV.</li> <li>28c</li> <li>29</li> <li>Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>.</li> <li>30</li> <li>30</li> <li>31</li> <li>32</li> <li>33</li> <li>34</li> <li>34</li> <li>35</li> <li>35 section 501(c)(3) organizations. Did the organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i></li> <li>36</li> </ul>				
<ul> <li>29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M</li></ul>				
<ul> <li>Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i></li></ul>		28c	28c	<u> </u>
<ul> <li>conservation contributions? If "Yes," complete Schedule M</li></ul>		29	29	X
<ul> <li>conservation contributions? If "Yes," complete Schedule M</li></ul>				
<ul> <li>Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I</li></ul>		30	30	<u> </u>
<ul> <li>Part 1</li></ul>				
If "Yes," complete Schedule N, Part II       32         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? If "Yes," complete Schedule R, Part I       33         34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1       34         35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35         36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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? If "Yes," complete Schedule R, Part       36		31	31	<u> </u>
If "Yes," complete Schedule N, Part II       32         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? If "Yes," complete Schedule R, Part I       33         34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1       34         35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2       35         36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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? If "Yes," complete Schedule R, Part				
<ul> <li>sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I</li></ul>		32	32	<u> </u>
<ul> <li>sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I</li></ul>				
<ul> <li>34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</li></ul>		33	33	<u> </u>
<ul> <li><i>III, IV, and V, line 1</i></li></ul>				
<ul> <li>35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2</li> <li>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2</li> <li>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? If "Yes," complete Schedule R, Part</li> </ul>	X	34	34	<u>x  </u>
Schedule R, Part V, line 2       35         36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2       36         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? If "Yes," complete Schedule R, Part       36				
<ul> <li>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></li></ul>	X	35	35	x 📃
organization? If "Yes," complete Schedule R, Part V, line 2       36         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? If "Yes," complete Schedule R, Part				
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i>		36	36	X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part				
VI, , , , , , , , , , , , , , , , , , ,		37	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and				
19? Note. All Form 990 filers are required to complete Schedule O	x	38	38	x
				90 (200

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance		
		The sales is shown	Yes No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		
	U.S. Information Returns. Enter -0- if not applicable	위	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	의하네	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
0-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	IC	and and a
2a		0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
b	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see		
	instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by		
	this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		
	account)?	4a	
b	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
<b>F</b> -	and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
D D	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding		
v	Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		
	organization solicit any contributions that were not tax deductible?	6a	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		
	gifts were not tax deductible?	6b	alebaara daritsi 24
7	Organizations that may receive deductible contributions under section 170(c).		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	X
ь.	and services provided to the payor?	7a 7b	
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
U	required to file Form 8282?	7c	x
d	If "Yes," indicate the number of Forms 8282 filed during the year	and strength	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		
	benefit contract?	7e	<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	76	
-	required?	7h	
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		
	organization, have excess business holdings at any time during the year?	8	ALLEY STATES
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	20022000x2012209422577774
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 1999 - 26 - 19	
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).		
42-	against amounts due or received from them.)	12a	nere siere
12a b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		and an

Form	990	(2009)
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Yes No

Х

Х

Х

Х

Х

х

Х

X X

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.

Sect	ion A. Governing Body and Management						
4.	Matautha number of untime manda a of the contraction body.	ا مه	I		01258025		
1a	Enter the number of voting members of the governing body	<u>1a</u>		4			
b	Enter the number of voting members that are independent	1b		2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship or a business relationship or a business relationship or a business relation of the second s	ationsh	ip with				
	any other officer, director, trustee, or key employee?						
3	Did the organization delegate control over management duties customarily performed by or u	nder th	ne direct				
	supervision of officers, directors or trustees, or key employees to a management company or	other	person?.		3		
4	Did the organization make any significant changes to its organizational documents since the prior Form §				4		
5	Did the organization become aware during the year of a material diversion of the organization	's ass	ets?		5		
6	Does the organization have members or stockholders?				6		
7a	Does the organization have members, stockholders, or other persons who may elect one or n						
	of the governing body?				7a		
b	Are any decisions of the governing body subject to approval by members, stockholders, or oth	ner pe	rsons?		7b		
8	Did the organization contemporaneously document the meetings held or written actions unde	rtaken	during				
	the year by the following:						
а	The governing body?				8a		
b	Each committee with authority to act on behalf of the governing body?				<b>8</b> b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno						
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	∍O,			9a		
Sect	ion B. Policies (This Section B requests information about policies not required by th						

Revenue Code.)

11010				
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	- Constant States
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	the proversions a	and the second se	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u>X</u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	<u>X</u>	
13	Does the organization have a written whistleblower policy?	13	<u>X</u>	
14	Does the organization have a written document retention and destruction policy?	14	<u>X</u>	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	15a	<u> </u>	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.).	$\{1, 2, 2\}$ $\{1, 2, 2\}$ $\{1, 2\}$ $\{1, 2\}$ $\{1, 2\}$ $\{1, 2\}$ $\{1, 2\}$ $\{1, 2\}$ $\{1, 2\}$ $\{2, 3\}$ $\{1, 2\}$ $\{2, 3\}$ $\{1, 2\}$ $\{2, 3\}$ $\{1, 2\}$ $\{2, 3\}$ $\{1, 2\}$ $\{2, 3\}$ $\{1, 3\}$ $\{2, 3\}$ $\{2, 3\}$ $\{2, 3\}$ $\{3, $		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		er er Start sin	
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	$\frac{1}{2} \left[ \frac{1}{2} \right]_{1} \left[ \frac{1}{2} \right]_{2} \left[ \frac{1}{2} \left[ \frac{1}{2} \right]_{2} \left[ \frac{1}{2} \left[ \frac{1}{2} \right]_{2} \left[ \frac{1}{2} \left[ \frac{1}{2} \left[ \frac{1}{2} \right]_{2} \left[ \frac{1}{2} \left[$	an În A	
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
		-1.3		

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

 Own website
 X
 Another's website
 X
 Upon request

19	Describe in Sched	lule O whether (and if so,	how), the organization	makes its governing	documents,	conflict of interest
	policy, and financi	al statements available to	the public.			

20	State the name, p	hysical address, and telephone nur	mber of the person who possesses the b	ooks and records of the
	organization: 🕨	JOE ROSIER		318-443-3394
	•			

Form 990 (2009) CMAP EXPRESS

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

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. Use Schedule J-2 if additional space is needed.

• 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. 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)	(C)				(D)	(E)	(F)		
Name and Title	Average		Position (check all that apply)				Reportable compensation	Reportable compensation	Estimated amount of	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Joseph R. Rosier, Jr. Chairman	4.	x		x				0	245,122	46,388
Annette Beuchler Trustee	8.	x						0	115,885	11,600
Michael Buck, M.D. Trustee	0.5	x						0	0	0
Maxine Pickens Trustee	0.5	x						0	0	0
	-									

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Form	990 (2009)	CMAP EXPRESS									02-075	
Pa	rt VII	Section A. Officers, Directors, Tr	ustees, Key En	ploy	yees	, anc	l Hig	ghest	Cor	npensated Em	ployees (conti	nued)
		(A)	(B)				C)			(D)	(E)	(F)
		Name and title	Average hours per week	or director		Officer		Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC	Estimated amount of other compensation from the organization and related organizations
• • • • • •												
											-	
					<u> </u>							
						<u> </u>						
						<u> </u>						
									•	0	361,00	7 57,988
<u>1b</u> 2		umber of individuals (including but no ble compensation from the organization		se lis	ted a	ibove 0	 e) wł	no rec		-		•
3	Did the	organization list any <b>former</b> officer, ee on line 1a? <i>If "Yes," complete Sc</i>	director or trust	ee, k ch ind	key e dividi	mplo ual .	yee,			st compensated		Yes No 3 X
4	For any the org	/ individual listed on line 1a, is the su anization and related organizations g <i>ial</i>	m of reportable preater than \$15	com 50,00	npen: 07 /	satioi f "Ye	n an <i>s," c</i> 	d othe comple	er co ete S	ompensation from Schedule J for s	m uch	4 X
5	Did any service	/ person listed on line 1a receive or a s rendered to the organization? <i>If</i> "γ	accrue compens <i>'es," complete S</i>	satior Sched	n fror d <i>ule</i> :	n an <i>J for</i>	y un <i>sucl</i>	relate h pers	d or son	ganization for		5 X
Sec	tion B.	ndependent Contractors										
1		ete this table for your five highest cor nsation from the organization.	npensated inde	penc	lent	contr	acto	rs tha	nt rec	ceived more that	n \$100,000 of	
		(A) Name and business	address							(B) Description of ser	vices (	(C) Compensation
		EALTH SCIENCE ER AT HUEY P. P.O. BO	X 5352.									0 0
		MEDICAL PINEVIL	LE, LA 71360						PH/	ARMACY SERV	CIES	<u>125,000</u> 0
												0
2		umber of independent contractors (ir nan \$100,000 in compensation from			ed to	thos	se lis	sted a	bove	e) who received		

Form 99	90 (200 VIII	9) CMAP EXPRESS Statement of Revenue				<b></b>	02-0751	416 Page <b>9</b>
		outement of fevenue			(A) Total revenue	<b>(B)</b> Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tributions, gifts, grants other similar amounts		Federated campaigns		and the second se				
gra	b	Membership dues						A state of the sta
gifts, lar an	C	Fundraising events						
ilar	d	Related organizations			- 10 C			
sim	e	Government grants (contributions)	. <u>1</u> e		4		1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -	
utic Ter	Т	All other contributions, gifts, grants, and	1f	5,000				
ott		similar amounts not included above Noncash contributions included in lines 1a-11						
Contributions, and other simi	y h	Total. Add lines 1a–1f			5,000			
				Business Code	3,000			
Program Service Revenue	2a	MEDICAL SERVICES		621990	473,060	473,060		
Revi	b				0			
ice ice	c				0			
ŝerv	d				0			
E S	е				0			
ogra	f	All other program service revenue			0			
ŗ	g	Total. Add lines 2a–2f		►	473,060	(1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,		
	3	Investment income (including dividends, inter	rest, ar	nd				
		other similar amounts)		🕨	0			
	4	Income from investment of tax-exempt bond	procee	eds	0			
	5	Royalties		<u>, , , , , ,  ►</u>	0			
		(i) R(	eal	(ii) Personal				
	6a	Gross Rents						
	b	Less: rental expenses						
	C	Rental income or (loss)	(					
	d	Net rental income or (loss)			0			
	7a	Gross amount from sales of (i) Secu		(ii) Other				
		assets other than inventory	(	<u> </u>			Annal Annala	
	b	Less: cost or other basis				<ul> <li>Construction</li> </ul>		
	_	and sales expenses	(		1.4			
		Gain or (loss)			0			
	d 8a	Net gain or (loss)	• • •	· · · · · · · · · · · · · · · · · · ·	U			200
en	oa	events (not including \$0						
eu		of contributions reported on line 1c).						
Ş		See Part IV, line 18	а					1.
r F	b	Less: direct expenses						The set of the set of the
Other Revenue		Net income or (loss) from fundraising events			0			
0		Gross income from gaming activities.						$[1,1] \in H_2(\mathbb{R}^3) \to \mathbb{R}^3$
		See Part IV, line 19	а	0				
	b	Less: direct expenses			11			
	С	Net income or (loss) from gaming activities .			0			
	10a	Gross sales of inventory, less					18 - F	
		returns and allowances		0				
		Less: cost of goods sold						
ļ	C	Net income or (loss) from sales of inventory .			0		100 - <b>1</b> 00 - 100	
ŀ	44	Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	c d	All other revenue			0			
	a e	<b>Total.</b> Add lines 11a–11d		L	0		· · · · ·	
	12	Total revenue. See instructions.			478,060	473,060	0	n
			<u>· · ·</u>				Ú.	Form <b>990</b> (2009)

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column not include amounts reported on lines 6b, 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	1	<u> </u>	general expenses	expenses
	organizations in the U.S. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	o		in the second	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16.	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	o			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	414,841	385,005	29,836	
8	Pension plan contributions (include section 401(k)			20,000	
-	and section 403(b) employer contributions)	37,571	34,587	2,984	
9	Other employee benefits	30,744	27,036		······································
10	Payroll taxes	31,557	29,275		
11	Fees for services (non-employees):	51,007	29,210	2,202	
a	Management	0			
			E 250	07	
b		5,387	5,350	37	
С С					
d	Lobbying	0	sanan ang sanan kalendaran ka	rt i stander der stander i der bestander	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees	0			
g	Other	127,147	127,147		
2	Advertising and promotion	0	10.010		
3	Office expenses	10,557	10,318	239	
14	Information technology	0			
15	Royalties	0			
6	Occupancy	16,695	15,746		
7	Travel	22,383	22,341	42	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	0			
0	Interest	0			
1	Payments to affiliates	0			
2	Depreciation, depletion, and amortization	9,708		9,708	(
3		5,628	3,315	2,313	
4	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together	ing a start of the			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)		an a		使了这些人们就是有任何
	PROGRAM MARKETING	67,558	67,558		
	TELEPHONE	21,009	21,009		
С	PROGRAM SUPPLIE	37,434	37,434		
	PUBLISHING AND PRINTING	7,817	7,678	139	
е	EQUIPMENT AND SOFTWARE	6,528	6,528		
f	All other expenses	6,628	6,146	482	
	Total functional expenses. Add lines 1 through 24f	859,192	806,473	52,719	0
	Joint costs. Check here  if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising		1		

	990 (20				02-0751416 Page <b>11</b>
Pa	art X	Balance Sheet	Г		Г
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	132,288		374,110
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	0		0
	4	Accounts receivable, net	1,718,436	4	1,128,675
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of		r til game i	
		Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L.	0	6	
s	-	Notes and loans receivable, net	0	-	0
Assets	7			8	
As	8 9	Prepaid expenses and deferred charges		9	8,160
	9 10a	Land, buildings, and equipment: cost or <b>10a</b> 66,299			
	IUa	other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b 30,382	45,625	10c	35,917
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11.	0		0
	13	Investments—program-related. See Part IV, line 11.	0	13	0
	14	Intangible assets	14	0	
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,896,349	16	1,546,862
	17	Accounts payable and accrued expenses	127,960	17	6,203
	18	Grants payable		18	
	19	Deferred revenue.		19	
	20	Tax-exempt bond liabilities	0		
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
lab		employees, highest compensated employees, and disqualified		\$ 2.2	
Ĩ		persons. Complete Part II of Schedule L	0		
	23	Secured mortgages and notes payable to unrelated third parties .	0		0
	24	Unsecured notes and loans payable to unrelated third parties	in the second		232,016
	25	Other liabilities. Complete Part X of Schedule D.	78,614 206,574		238,219
	26	Total liabilities. Add lines 17 through 25	200,074		230,219
s		Organizations that follow SFAS 117, check here $\blacktriangleright$ X and			
Ce		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	1,607,051	27	1,303,643
Ba	28	Temporarily restricted net assets	82,724		5,000
pu	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ► and complete lines 30 through 34.			
iets	30	Capital stock or trust principal, or current funds		30	
<b>A</b> SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds .		32	1 000 0 10
Ż	33	Total net assets or fund balances	1,689,775		1,308,643
	34	Total liabilities and net assets/fund balances .	1,896,349	34	1,546,862 Form <b>990</b> (2009)

Form	990 (2009) CMAP EXPRESS	02-0751416	F	Page 12
Par	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			Cart Sector
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. <u>2a</u>		X
b	Were the organization's financial statements audited by an independent accountant?	. <u>2b</u>	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in			31. 30
	Schedule O.		の時代になった。	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis X Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
σu	the Single Audit Act and OMB Circular A-133?	. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)	Pu	blic Charity S	Status	and F	Public	Supp	ort	-	OMB No. 1545-0047
Department of the Treasury									2009 Open to Public
Internal Revenue Service	► Att	ach to Form 990 or For	m 990-EZ.	. ► Se	e separate	e instructi			Inspection
Name of the organization							Employe		tion number
CMAP EXPRESS	for Public Cl	narity Status (All or	anizatio	ne muet	complet	e this na	l rt) See i		751416
The organization is not								100000	10.
		rches, or association of						i).	
2 A school des	cribed in section	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule E.)					
3 🔲 A hospital or	a cooperative h	nospital service organi	zation des	scribed in	section	170(b)(1)	(A)(iii).		
	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:								
		r the benefit of a collec (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental un	it described
6 🔲 A federal, sta	ate, or local gov	ernment or governmer	ntal unit d	escribed i	in sectio	n 170(b)(	1)(A)(v).		
Š Š		y receives a substanti (1)(A)(vi). (Complete I	•	its suppor	t from a g	jovernme	ntal unit o	r from the	e general public
		l in section 170(b)(1)							
receipts from support from	n activities relate gross investme	y receives: (1) more the ed to its exempt function ent income and unrelate a after June 30, 1975.	onssubj ted busine	ect to cer ess taxabl	tain excer e income	otions, an (less sec	d (2) no n tion 511 t	nore than	33 1/3 % of its
10 🗌 An organizat	tion organized a	nd operated exclusive	ly to test	for public	safety. Se	ee <b>sectio</b>	n 509(a)(	4).	
purposes of 509(a)(3). C a X Type e X By checking	one or more put heck the box that I b this box, I certif	nd operated exclusive blicly supported organ at describes the type o ] Type II c y that the organization on managers and othe	izations d of supporti	escribed i ing organi e III–Fund ntrolled di	in section zation an ctionally in irectly or i	509(a)(1) d complet ntegrated ndirectly l	) or sectio te lines 11 by one or	n 509(a)( le through d 1 more disc	2). See <b>section</b> n 11h. ſype III–Other qualified
509(a)(1) or	section 509(a)(2	2).							
-		a written determinatior	n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting
		the organization acce	pted any g	gift or con	tribution f	rom any o	of the		· · · · · · L]
(i) A pers	on who directly	or indirectly controls, o							Yes No
(ii) A fami (iii) A 35%	ly member of a controlled entit	verning body of the su person described in (i) y of a person describe	) above? . d in (i) or	 (ii <b>)</b> above	· · · · ·				11g(i)         X           11g(ii)         X           11g(iii)         X
(i) Name of supported	following inform: (ii) EIN	ation about the suppor (iii) Type of organization (described on lines 1–9	ted organization(s). (iv) Is the organization (v) Did you notify in col. (i) listed in your the organization in				Is the tion in col.	(vii) Amount of support	
organization		above or IRC section		document?	col. (i)	of your	(i) organi	ized in the	
		(see instructions))	Yes	No	Sup Yes	port? No	Yes	S.? No	-
<b>Lander and Constant of Consta</b>									
THE RAPIDES									0
FOUNDATION	72-0423603	3	x		x		x		0
<u></u>									0
									0
		1	1					÷	0
Total					1				0
For Privacy Act and Paperw Form 990 or 990-EZ. (HTA)	ork Reduction Act	Notice, see the Instructions	s for				Sc	hedule A (F	orm 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 CMAP EXPRESS

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02-0751416 Page 2

	rt II Support Schedule for Organi (Complete only if you checked	the box on lin	e 5, 7, or 8 o	tions 170(b) f Part I.)	(1)(A)(iv) and	l 170 <b>(</b> b)(1)(A)	(vi)
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0	0				0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0				0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each		NE 2017 140	The local and the second	之前: 公司法律师		<u>`</u>
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the				$T_{\rm eff} = \frac{1}{2} $		
	amount shown on line 11, column (f) .	0.62 (4	and a state				
6	Public support. Subtract line 5 from line 4.			and the particular	T Contraction of the		0
	tion B. Total Support	() 0005	(1) 0000	( )			
	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						_
9	sources	0	0				0
5	activities, whether or not the business is						
	regularly carried on						0
10	Other income. Do not include gain or	-					0
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	о				0
11		(1,2,2,2) = (1,2,2,2) = (1,2,2) =	的公式的复数	$ \begin{array}{l} \sum_{i=1}^{n} \left\{ \frac{1}{2} + 1$	$\frac{1}{2} = \frac{1}{2} $		0
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or	ganization's fire	st, second, thir	d, fourth, or fift	h tax year as a	section 501(c)(	3)
	organization, check this box and stop here	- 					.́▶□]
Sect	ion C. Computation of Public Support						
14	Public support percentage for 2009 (line 6, c		d by line 11, c	olumn (f)) .		14	0.00%
15	Public support percentage from 2008 Sched					15	0.00%
16a	33 1/3% support test-2009. If the organizat					or more, check	
	and stop here. The organization qualifies as	a publicly sup	ported organization	ation			
b	33 1/3% support test-2008. If the organizat						
	box and stop here. The organization qualifie						
17a	10%-facts-and-circumstances test-2009.	If the organizati	on did not che	ck a box on lin	e 13, 16a, or 1	6b, and line 14 i	s 10%
	or more, and if the organization meets the "fa	acts-and-circum	stances" test,	check this box	and stop her	e. Explain in Pa	rt IV how
	the organization meets the "facts-and-circum	stances" test. T	The organizatic	on qualifies as	a publicly supp	orted organizati	on 🕨 🥅
b	10%-facts-and-circumstances test-2008.	If the organizati	on did not che	ck a box on lin	e 13, 16a, 16b.	or 17a, and line	e 15 is 10%
	or more, and if the organization meets the "fa	acts-and-circum	stances" test,	check this box	and stop her	e. Explain in Pa	art IV how
	the organization meets the "facts-and-circum	stances" test. 7	he organizatio	n qualifies as	a publicly supp	orted organizati	on 🕨 🦳
18	Private foundation. If the organization did not che					-	
	the second se		10, 100, 100, 17		and box and 50		· · · F 🗖

Schedule A (Form 990 or 990-EZ) 2009

### Schedule A (Form 990 or 990-EZ) 2009 CMAP EXPRESS

Par	t III Support Schedule for Organiz (Complete only if you checked the			ion 509(a)(2)			
	tion A. Public Support				1	······	
Cal	endar year (or fiscal year beginning in) 🕨 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0				0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	0	0				0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0				0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0				0
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disgualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						_
с 8	amount on line 13 for the year	0	0	0	0	0	0 0 0
Sec	tion B. Total Support			910-25-14	International Control of Control Control Control of Con		
	endar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6 . Gross income from interest, dividends, payments received on securities loans,	0	0	0	0	0	0
b	rents, royalties and income from similar sources						0
с 11	acquired after June 30, 1975	0	0	0	0	0	0
	activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.).	0	0				00
13 14	Total support. (Add lines 9, 10c, 11, and 12.)	0 anization's first.	0 second, third,	0 fourth, or fifth			0
	organization, check this box and stop here						
Sec	tion C. Computation of Public Support	Percentage					
15	Public support percentage for 2009 (line 8, co					15	0.00%
16 Sec	Public support percentage from 2008 Schedu tion D. Computation of Investment Inco			<u></u>	· · · ·	16	0.00%
17 18 19a	Investment income percentage for 2009 (line Investment income percentage from 2008 Sci 33 1/3% support tests-2009. If the organizati not more than 33 1/3%, check this box and st	hedule A, Part I tion did not cheo t <b>op here.</b> The o	II, line 17.. ck the box on l rganization qu	ine 14, and lin alifies as a pu	e 15 is more th blicly supported	d organization .	0.00% 0.00% 1 line 17 is ►
b	33 1/3% support tests-2008. If the organization di line 18 is not more than 33 1/3%, check this box an						► 🕅
20	Private foundation. If the organization did no						

Schedule A (Form 990 or 990-EZ) 2009

	990 or 990-EZ) 2009	CMAP EXPRE	SS			C	2-0751416	Page 4
Part IV	Supplemental I	nformation. C	Complete this p	art to provide	the explanation	ns required b	y Part II, line 1	0;
	Part II, line 17a	or 170; and Pa	art III, line 12. P	rovide any ou	ier additional ir	normation. S		•

#### Schedule B (Form 990, 990-EZ,

or 990-PF)

Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

2009

Name of the organization

 Employer identification	number

CMAP EXPRESS	02-0751416				
Organization type (check or	ne):				
Filers of:	Section:				
Form 990 or 990-EZ	∑ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, aggregate 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 aggregate 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

### Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization CMAP EXPRESS Page\_\_1\_ of \_1\_ of Part I

Employer identification number

02-0751416

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNION PACIFIC FOUNDATION 412 4TH STREET, SUITE 210 BATON ROUGE LA 70802 Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	Foreign State or Province: Foreign Country:	\$0.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$0	Person Payroll Payroll On Payroll Payroll Payroll Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Department of the Treasury Internal Revenue Service			the organizatio Part IV, line 6,				C	MB No. 1545-0047 <b>2009</b> Open to Public nspection	
	of the organization					Employe	r identification		
The second se	P EXPRESS	ofiene Maintaining Den	r Advised E	undo or Oth	or Similar Eur		02-075		
Par		ations Maintaining Dono nization answered "Yes" t				us or Ac	counts.	complete fi	
	the olga			Donor advised fund		(b) F	unds and other	r accounts	—
1	Total number a	tend of year	(-/		0	<b>V</b> =7 *			0
2		ributions to (during year)							_
3		its from (during year) .							_
4		e at end of year						,	
5		ation inform all donors and d							
6	Did the organiz used only for ch	rganization's property, subject ation inform all grantees, dor naritable purposes and not fo	ors, and dono r the benefit o	r advisors in wi f the donor or d	riting that grant fu lonor advisor, or f	inds can l for any ot	be her	Yes	
Dev		ring impermissible private be vation Easements. Comp							
Par						F0111 93	o, Pantiv	, inte 7.	—
1	Preservation	onservation easements held on of land for public use (e.g. of natural habitat			I that apply). Preservation of Preservation of				
•		on of open space 2a through 2d if the organiza	tion hold a qu	alified conserve	ation contribution	in the for	m of a cons	envation	
2		e last day of the tax year.	uon neiu a qu	anneu conserva					
	cuscinent on a	o last day of the tax your.					Held at the	End of the Tax Yea	r r
а	Total number o	f conservation easements .				2a			0
b	Total acreage r	estricted by conservation eas	ements			2b			
C	Number of cons	servation easements on a ce	tified historic	structure includ	ed in (a)				
d		servation easements included							
3		servation easements modified	d, transferred,	released, extin	guished, or termi	nated by	the organiz	ation	
	during the tax y	ear <b>P</b> subject to	oppopulation of	assement is loc	atod 🕨				
4 5		ization have a written policy				handling	of		
J		enforcement of the conservat						Yes 🗌 No	,
6		teer hours devoted to monito						year	
-	•		0, 1		-		-	-	
7	Amount of expe	enses incurred in monitoring,	inspecting, an	d enforcing cor	nservation easem	ients duri	ng the year		
8	170(h)(4)(B)(i) a	servation easement reported and section 170(h)(4)(B)(ii)?					[	Yes 🛄 No	
9		scribe how the organization re							
		and include, if applicable, the			ganization's finar	icial state	ments that	aescribes	
Part	the organization	n's accounting for conservation Itions Maintaining Collection	In easements.	storical Treasu	Ires or Other Si	milar Ae	sets		
ran		if the organization answered							
12	and the second s	on elected, as permitted und				ment and	l balance sh	neet works of	
, u	art, historical tre	easures, or other similar asse	ts held for put	olic exhibition, e	education, or rese	earch in fu	urtherance of	of public	
	service, provide	e, in Part XIV, the text of the f	ootnote to its f	inancial statem	ents that describ	es these	items.		
b	historical treasu	on elected, as permitted und ires, or other similar assets h	eld for public e	exhibition, educ	evenue statemer ation, or researc	nt and bal h in furthe	ance sheet erance of pu	works of art, ublic	
	service, provide	the following amounts relation	ng to these ite	ms:					
	(i) Revenues in	cluded in Form 990, Part VII ded in Form 990, Part X .	, line 1				▶ \$		õ
	(ii) Assets inclue	ded in Form 990, Part X..					▶ \$		<u>0</u>
2		on received or held works of				s for finan	icial gain, p	rovide the	
_		nts required to be reported un					▶ ¢		
a h		ded in Form 990, Part VIII, lir I in Form 990, Part X...							
b						• • • •	*		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (HTA)

Schedule D'form 1991 200         Page 2           Cart III         Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)           I         Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):         Image of the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):         Image of the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply):         Image of the organization's acquisition accession, and other records, check any of the following that are a significant use of the organization's collections 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'.         Image of the organization and the organization answered "Yes" to Form 990, Part IV.           I         During the year, did the organization answered many for contributions or other assets not included in form 990, Part X, line 21.         Image of the assets not included an frame grammers. Complete if the organization answered "Yes" to Form 990, Part X, line 21.           I         Is the organization include an amount on Form 990, Part X, line 21?         Image of the organization answered "Yes" to Form 990, Part X, line 10.           I         End of the arganization include an amount on Form 990, Part X, line 21?         Image of the organization answered "Yes" to Form 990, Part X, line 10. <t< th=""><th></th><th>CMAP EXPRESS</th><th></th><th></th><th></th><th></th><th>02-0</th><th>751416</th><th></th><th></th><th></th></t<>		CMAP EXPRESS					02-0	751416			
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): <ul> <li>a</li> <li>D'ublic exhibition</li> <li>b</li> <li>Scholarity research</li> <li>e</li> <li>Cher</li> <li>Provise a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.</li> <li>During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIV.</li> <li>During the year, did the organization's collections of art, historical treasures, or other similar assets to be soid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part XV.</li> <li>Berrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XV: in e.0.</li> <li>Pressivation the arrangement in Part XIV and complete the following table:</li> <li>C</li> <li>Beginning balance.</li> <li>d</li> <li>Additions during the year.</li> <li>fe ding balance.</li> <li>d the organization include an amount on Form 990, Part X, line 217.</li> <li>Yes XNo</li> <li>D'Yes Xolain the arrangement in Part XIV.</li> <li>Perryser 40 (Pirry year 160 (Yers) Part IV, line 10.</li> <li>d Grants or scholarships</li> <li>d of the organization and the organization answered "Yes" to Form 990, Part XV.</li> <li>Part W</li> <li>End organization include an amount on Form 990, Part X, line 217.</li> <li>Yes XNo</li> <li>b ft"yes" to plance.</li> <li>d (0) Firry year 10 (0) firry year</li></ul>	Sched	ule D (Form 990) 2009									Page <b>2</b>
use of its collection items (check all that apply):       d       Loan or exchange programs         b       Scholarly research       e       Other         c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Par XV.         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 answered "Yes" to Form 990, Part IV.         Fact IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part X.         1a       Is the organization and agent, fundsec, outsdoin or other intermediary for contributions or other assets not included on Form 990, Part XV.         14	Par	t III Organizations Maintainin	g Collections of	f Art, His	storical 1	reasures, o	or Oth	er Similar A	ssets (a	continu	ued)
a       Public exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other         c       Preservation for future generations         4       Provide a description of 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 soliciton?	3			ther reco	ords, chec	k any of the f	ollowin	g that are a s	ignificant		
b       Scholarly research       e       Other         c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV. Ine 9, or reported an amount on Form 990, Part X, line 21.         1       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ine 21.         1       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ine 21.         1       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included an Form 990, Part X.       Ine 41.         0       Additions during the year.       1d       0         1       Ending balance.       1d       0         2       Distributions during the year.       1d       0         1       Scholarity the arrangement in Part XIV.       1d       0         2       Distributions during the year.       1d       0         2       Distributions during the year.       1d       <	а		(nut uppiy).	чГ	loan	or exchange	progra	ms			
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XV.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?					-	-					
4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization solection?				е <u>[</u>							
Part XIV.         5       During the year, did the organization solid: 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?	C										
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?. Yes No Part V 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, fusitee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?. b If "Yes" explain the arrangement in Part XIV and complete the following table: c Beginning balance. c Beginning balance. c Beginning balance. c Beginning balance. c Beginning of year Data amount on Form 990, Part X, line 21? c Beginning of year Data complete if the organization answered "Yes" to Form 990, Part IV, line 10. 2a Did the organization include an amount on Form 990, Part X, line 21? c Beginning of year Dalance. c Beginning of year Dalance. c Beginning of year balance. c Beginning brigger and balance held as: a Board designated or quasizations listed as required on Schedule R?. c Beginning brigger and brigger and balance held as: a Board designated or quasizations listed as required on Schedule R?. c Beginning brigger and brigger and balance held as: a Board designated or ganizations. c Beginning brigger and balance held as: a Board designated or ganizations listed as required on Schedule R?. c Bron ganization brigger brigger brigger brigger brigger brigger b	4	Part XIV.				-	_			ose in	
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 XIV and complete the following table:       C       Beginning balance       Yes No         C       Beginning balance       Yes No         14       O         O       Additions during the year       14         C       Beginning the year       14         O       O       O         O       O       Yes No         If "Yes, "explain the arrangement in Part XIV.         Part XV       Part XV         Part XV       Part XV         Part XV       Part XV         Part XV         Part XV       Part XV         Part XV       Part XV         Part XV       Part XV         Part XV       Part XV <th< th=""><th>5</th><th>assets to be sold to raise funds rath</th><th>er than to be mair</th><th>ntained as</th><th>s part of th</th><th>ne organizatio</th><th>on's co</th><th>llection?</th><th><u> </u></th><th></th><th></th></th<>	5	assets to be sold to raise funds rath	er than to be mair	ntained as	s part of th	ne organizatio	on's co	llection?	<u> </u>		
included on Form 990, Part X?       Yes       No         b       If 'Yes," explain the arrangement in Part XIV and complete the following table:       Amount         c       Beginning balance.       1c       0         d       Additions during the year.       1d       0         f       Ending balance.       1d       0         2a       Did the organization include an amount on Form 990, Part X, line 21?       If 'Yes,'' wolk in the arrangement in Part XIV.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance.       0         b       Contributions       0         c       Not was and losses.       0         d       Grants or scholarships.       0         e       Other expenditures for facilities and programs.       0         g       End of year balance.       0         g       End of spance.       0         g       End of year balance.       0         g	Par	IV, line 9, or reported an ar	mount on Form §	990, Par	t X, line 2	21.				0, Par	rt
b       If "Yes," explain the arrangement in Part XIV and complete the following table: <ul> <li>Amount</li> <li>Amount</li> <li>C</li> <li>Beginning balance.</li> <li>Id</li> <li>Distributions during the year.</li> <li>Ending balance.</li> <li>If "Yes," explain the arrangement in Part XIV.</li> </ul> 2a         Did the organization include an amount on Form 990, Part X, line 21?         Image: Complete If the organization answered "Yes" to Form 990, Part IV, line 10.           Part V         Endowment Funds. Complete If the organization answered "Yes" to Form 990, Part IV, line 10.           1a         Beginning of year balance.         0	1a									_	,
c       Beginning balance.       1c       0         d       Additions during the year.       1d       0         e       Distributions during the year.       1e       1f       0         f       Ending balance.       1f       0       0         2a       Did the organization include an amount on Form 990, Part X, line 21?       1f       0         2a       Did the organization include an amount on Form 990, Part X, line 21?       1f       0         2a       Did the organization include an amount on Form 990, Part X, line 21?       1f       0         2a       Did the organization include an amount on Form 990, Part X, line 21?       1f       0         b       If "Yes," explain the arrangement in Part XIV.       1f       0         Part V       End ownernt Funds, Complete If the organization answered "Yes" to Form 990, Part IV, line 10.       1f         c       Not investment earnings, gains, and losses       0       0       1f         and losses       0       0       0       0       0       1f         c       Other expenditures for facilities and programs       0       0       1f       0       0         g       End of year balance       0       0       0       0       1f       1f	b						•••		ĽΥ	es 🔄	No
d       Additions during the year.       1d         e       Distributions during the year.       1f         f       Ending balance.       1f         2a       Did the organization include an amount on Form 990, Part X, line 21?       Image: Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         (a) Current year       (b) Proryear         (a) Contributions       0         (b) Contributions       0         (c) Two years back       (d) Three years back         (d) Grants or scholarships       0         (e) Guter expenditures for facilities       0         and losses       0         and programs       0         (f) Administrative expendes       0         (g) Grants or scholarships       0 <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th>Amount</th><th></th><th></th></t<>									Amount		
e       Distributions during the year       1e       1f       0         2a       Did the organization include an amount on Form 990, Part X, line 21?       1f       0       0         2a       Did the organization include an amount on Form 990, Part X, line 21?       1f       0       0         9a       Did the organization include an amount on Form 990, Part XV.       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance       0       <	С	Beginning balance					. <u>1c</u>				0
f       Ending balance	d	Additions during the year					1d				
2a       Did the organization include an amount on Form 990, Part X, line 21?       Image: Constraint of the organization answered "Yes" to Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         (a) Current year       (b) Prior year         (b) for year       (c) Two years back         (c) Two years back       (d) Prior years back         (c) Two years back       (d) Prior years back         (c) Net investment earnings, gains, and losses       0         (c) Additions       0         (c) The expenditures for facilities and programs       0         (c) Other expenditures for facilities and programs       0         (c) Term endowment	е										
b       If "Yes," explain the arrangement in Part XIV.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         1a       Beginning of year balance	f	Ending balance	· · · · · · · ·				<b>1</b> f				0
Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.         Image: Imag	2a	Did the organization include an amo	unt on Form 990,	Part X, li	ne 21? .				LΥ	es 🔀	No
1a       Beginning of year balance       (a) Current year       (b) Prior years back.       (d) Three years back.       (e) Four years back.         1a       Contributions       0       0       0       0       0         b       Contributions       0       0       0       0       0       0         c       Net investment earnings, gains, and losses       0	b	If "Yes," explain the arrangement in	Part XIV.								
1a       Beginning of year balance       0       0       0       0         b       Contributions       0       0       0       0       0         c       Net investment earnings, gains, and losses       0       0       0       0       0         d       Grants or scholarships       0       0       0       0       0       0         d       Grants or scholarships       0       0       0       0       0       0         e       Other expenditures for facilities and programs       0 <th>Part</th> <th>V Endowment Funds. Com</th> <th></th> <th><u>ization a</u></th> <th>answered</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	Part	V Endowment Funds. Com		<u>ization a</u>	answered						
b Contributions.       0						(c) Two years	back (	(d) Three years ba	ick (e) Fo	our years	s back
c       Net investment earnings, gains, and losses	1a		0		0	and a statistical statistics		이 가지 않는 것		and a start	
and losses	b				0						
d       Grants or scholarships	С								and a star		
e       Other expenditures for facilities and programs									nan di Kalèngéné Kalèngéné di Kalèngéné		alada bayan Alada sanaka
and programs						the second s	2 - 47 A	in an			
f       Administrative expenses	е										
g       End of year balance	£					27. 19. 19. 19. 19. 17. 19. 19. 19. 19.		an an an the state of the second s		an an letter Su failtet	arteilent. Heilent
2       Provide the estimated percentage of the year end balance held as:         a       Board designated or quasi-endowment      %         b       Permanent endowment      %         c       Term endowment      %         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:        %         (i)       unrelated organizations      %         3a       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?      3b         4       Describe in Part XIV the intended uses of the organization's endowment funds.      3b         Part VI       Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.		·				and the second se			and a state of the	in the second	ants and the Margin Cont
a       Board designated or quasi-endowment      %         b       Permanent endowment      %         c       Term endowment      %         c       Term endowment      %         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(iii) related organizations listed as required on Schedule R?</li> <li>(iii) ag(ii)</li> <li>(ii) ag(ii), are the related organization's endowment funds.</li> </ul> <li>Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.</li> <li>Description of investment         <ul> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> </ul> </li> <li>1a Land</li> <li>Land</li> <li>0</li>	. –						ni ja king ing	an an an an Anglanda an Ang			
b       Permanent endowment       %         c       Term endowment       %         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) relate</li></ul>		• –	-								
c       Term endowment       %         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li< th=""><th>h</th><th></th><th>%</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li<></ul>	h		%								
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)       3u(i)       3u(i	ĉ		%								
organization by:       Yes       No         (i)       unrelated organizations       3a(i)       3b       3c				he organi	zation tha	it are held an	d admi	inistered for th	ne		
(i)       unrelated organizations       3a(i)         (ii)       related organizations       3a(i)         b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIV the intended uses of the organization's endowment funds.         Part VI       Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.         Description of investment       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       0       0       0       0       0         b       Buildings       0       0       0       0       0         c       Leasehold improvements       0       0       0       0       0         d       Equipment       0       0       0       0       0       0         c       Leasehold improvements       0       0       0       0       0       0         d       Equipment       0       0       0       0       0       0       0         b       Buildings       0       0       0       0       0       0       0         b       C										Yes	No
(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 XIV the intended uses of the organization's endowment funds.         Part VI       Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.         Description of investment       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       0       0       0       0       0         b       Buildings       0 <t< th=""><th></th><th>•</th><th></th><th></th><th></th><th></th><th></th><th></th><th>3a(i)</th><th></th><th></th></t<>		•							3a(i)		
b       If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIV the intended uses of the organization's endowment funds.       Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.         Part VI       Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.       (c) Accumulated depreciation         Description of investment       (a) Cost or other basis (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       0       0       0         b       Buildings       0       0       0         c       Leasehold improvements       0       0       0         d       Equipment       0       66,299       30,382       35,917         e       Other       0       0       0       0											
Part VI       Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.         Description of investment       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a       Land       0       0       0       0         b       Buildings       0       0       0       0         c       Leasehold improvements       0       0       0       0         d       Equipment       0       66,299       30,382       35,917         e       Other       0       0       0       0	b								3b		
Description of investment(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1aLand0000bBuildings00000cLeasehold improvements00000dEquipment066,29930,38235,917eOther0000	4	Describe in Part XIV the intended us	es of the organization	ation's en	dowment	funds.					
Independent of the system of the sy	Part	VI Investments—Land, Build	dings, and Equi	ipment.	See For	<u>m 990, Part</u>	X, line	e 10.			
b         Buildings         0		Description of investment							( <b>d</b> ) Bo	ok value	e
b         Buildings         0	1a	Land		0		o	turkt in				0
c         Leasehold improvements         0				0		0		0			0
d         Equipment         0         66,299         30,382         35,917           e         Other         0				0		0		0			
e Other	d	-		0		66,299		30,382		35	5,917
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 35,917		Other		-							0
	Tota	. Add lines 1a through 1e. (Column (	d) must equal Fon	m 990, P	art X, colu	ımn (B), line	10(c).)	►		35	5,917

Schedule D (Form 990) 2009

CMAP EXPRESS		02-0751416	
Schedule D (Form 990) 2009			Page 3
Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valu Cost or end-of-year ma	
Financial derivatives	(		
Closely-held equity interests		)	
Other	(	0	
	(	D	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		) 	and a start start through the
Part VIII Investments—Program Relate			
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
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	(	)	
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Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, P			(b) Book value
(i	a) Description		(b) DOOK VANCE 0
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			0
Total. (Column (b) must equal Form 990, Part X, c	col. (B) line 15.)		0
Part X Other Liabilities. See Form 990			
1. (a) Description of liability	(b) Amount		

1. (a) Description of liability	(b) Amount	
Federal income taxes	0	
DUE TO RAPIDES FOUNDATION	232,016	
	0	
	0	
	0	
	0	
	0	
	0	
	0	e de la constante de la consta La constante de la constante de
	0	
	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	232,016	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	CMAP EXPRESS 0	2-0751416	
Sched	dule D (Form 990) 2009		Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Audited Fi	nancial Staten	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		478,060
2	Total expenses (Form 990, Part IX, column (A), line 25)		859,192
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-381,132
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities		
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.		-381,132
Par	t XII Reconciliation of Revenue per Audited Financial Statements With R		
1	Total revenue, gains, and other support per audited financial statements	1	478,060
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d		0
3	Subtract line 2e from line 1	3	478,060
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>		0
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		478,060
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With F	Expenses per H	
1	Total expenses and losses per audited financial statements	1	859,192
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines <b>2a</b> through <b>2d</b>	-	0
3	Subtract line 2e from line 1.	3	859,192
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV.)		
С	Add lines <b>4a</b> and <b>4b</b>		0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	859,192
Par	t XIV Supplemental Information		

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

PART X, LINE 2: THE ORGANIZATION IS A NONPROFIT ORGANIZATION AND EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE NO PROVISION FOR INCOME TAXES

HAS BEEN MADE IN THE FINANCIAL STATEMENTS, BUT THE ORGANIZATION IS REQUIRED TO FILE AN ANNUAL

INFORMATION TAX RETURN. THE ORGANIZATION IS ALSO REQUIRED TO REVIEW VARIOUS TAX POSITIONS IT HAS

TAKEN WITH RESPECT TO ITS EXEMPT STATUS AND DETERMINE WHETHER IN FACT IT IS A TAX EXEMPT ENTITY.

THE ORGANIZATION MUST ALSO CONSIDER WHETHER IT HAS NEXUS IN JURISDICTIONS IN WHICH IT HAS INCOME

AND WHETHER A TAX RETURN IS REQUIRED IN THOSE JURISDICTIONS. IN ADDITION, AS A TAX EXEMPT ENTITY,

Schedule D (Form 990) 2009

THE ORGANIZATION MUST ASSESS WHETHER IT HAS ANY TAX POSITIONS ASSOCIATED WITH UNRELATED BUSINESS
INCOME SUBJECT TO INCOME TAX. THE ORGANIZATION DOES NOT EXPECT ITS POSITIONS TO CHANGE
SIGNIFICANTLY OVER THE NEXT TWELVE MONTHS. ANY PENALTIES RELATED TO LATE FILING OR OTHER
REQUIREMENTS WOULD BE RECOGNIZED AS EXPENSE IN THE ORGANIZATION'S ACCOUNTING RECORDS. THE
ORGANIZATION FILES U.S. FEDERAL FORM 990 FOR INFORMATIONAL PURPOSES. THE ORGANIZATION'S FEDERAL
INCOME TAX RETURNS FOR THE YEARS 2006 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL
REVENUE SERVICE."

SCH	IEDULE J	Comr	ensation Information	Ļ	OMB N	o. 1545-	0047
(For	m 990)		Directors, Trustees, Key Employees, and Highest		ର	กก	2
			Compensated Employees		2	UU:	7
		Complete if the	organization answered "Yes" to Form 990,		0	(- D)	
	nent of the Treasury Revenue Service	► Attach to For	Part IV, line 23. m 990.    ► See separate instructions.			to Pu pectio	
	of the organization	Attach to Fol	m 990 See separate instructions.	Employer iden			
	P EXPRESS				-075141		
Par		ns Regarding Compensation			0/0/1	<u> </u>	
1 41						Yes	No
1a	Check the appr 990 Part VIL S	ropriate box(es) if the organization	provided any of the following to or for a person I to provide any relevant information regarding t	listed in Form			
	_	or charter travel	Housing allowance or residence for pers				
	Travel for co		Payments for business use of personal i				
	=		Health or social club dues or initiation fe		1		
	=	ification and gross-up payments					
		ry spending account	Personal services (e.g., maid, chauffeur	, cnet)			
b			e organization follow a written policy regarding p				
	or reimburseme	ent or provision of all of the expens	es described above? If "No," complete Part III	to			
	explain				1b		
2			reimbursing or allowing expenses incurred by ve Director, regarding the items checked in line		2		
	officers, directo	is, insides, and the CEO/Executiv	ve Director, regarding the items checked in line		<b>_</b>		
3	Indicate which,	if any, of the following the organization	ation uses to establish the compensation of the				
		CEO/Executive Director. Check all			The second secon		
	Compensati	ion committee	Written employment contract				
	= .	t compensation consultant	Compensation survey or study				
	=	f other organizations	Approval by the board or compensation	committee			
		-					
4			D, Part VII, Section A, line 1a, with respect to th	e filing		1-3140-30 - 1-549-5 - 1-549-5	
		a related organization:				CT-AT-2	
a b	Receive a seve	rance payment or change-or-control receive payment from a supplement	ol payment?		4a 4b		
C	Participate in, c	prince payment from, a supplement	-based compensation arrangement?		4c		
-	If "Yes" to any o	of lines 4a–c, list the persons and l	provide the applicable amounts for each item in	Part III.			
_		i01(c)(3) and 501(c)(4) organizati				in second	
5		contingent on the revenues of:	A, line 1a, did the organization pay or accrue ar	'y			$i_{1}^{i_{1}i_{2}\cdots i_{n}}$
а	The organizatio				<b>5</b> a		X
b					5b		X
	If "Yes" to line 5	5a or 5b, describe in Part III.				dines. Santasi	
6		ted in Form 990, Part VII, Section / contingent on the net earnings of:	A, line 1a, did the organization pay or accrue ar	ıy			
а	The organization	on and the net earnings of the net earnings of the second se			6a	62.059753.25	X
b	Any related org	anization?			6b		X
	If "Yes" to line 6	6a or 6b, describe in Part III.					23
7			A, line 1a, did the organization provide any non-				
			' describe in Part III		7		<u>X</u>
8			in Regs. section 53.4958-4(a)(3)? If "Yes," des				
	•		· · · · · · · · · · · · · · · · · · ·		8		х
9			he rebuttable presumption procedure described				
	Regulations see	ction 53.4958-6(c)?	<u> </u>		9		
	rivacy Act and Pa	aperwork Reduction Act Notice, see	the Instructions for Form 990.	Sc	hedule J (	Form 99	0) 2009
(HTA)							

CMAP EXPRESS Schedule J (Form 990) 2009

02-0751416 Page **2** 

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Part II

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	of ML 2 and/or 1000 MISC	sC compensation				
					(C) Retirement and	(D) Montendelle	(C) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable	other deferred	benefits	(E) 100al 01 culumits (B)(i)–(D)	reported in prior Form 990 or
				compensation				Form 990-EZ
	(i)	0		0		0		0
Joseph K. Kosler, Jr.	(II)	245,122	0	0	46,388	0	291,510	246,276
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	(II)	0	0	0	0	0	0	0
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	€	0	0	0	0	0	0	0
	Ξ	0		0		0		0
	(II)		0	0	0	0	0	0
	ε	0		0		0		0
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	(ii)		0	0		0		0
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	(ii)	0		0		0		0
							Sche	Schedule J (Form 990) 2009

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
Tor any additional information.
Schedule J (Form 990) 2009

Department of the Treasury Internal Revenue Service	-	<ul> <li>Attach to Form 9</li> </ul>	<ul> <li>990 to list additional information for Schedule J (Form 990), Part II.</li> <li>▶ See Instructions for Schedule J (Form 990).</li> </ul>	information for Schedule for Schedule J (Form 990)	dule J (Form 990), P \ 990).	art II.		Open to Publi Inspection
Name of the organization CMAP EXPRESS							Employer identification number	on number
Part I Continuation of Officers, Directors, Trustees,	cers, Dire	ctors, Trustees,	Key Employees,	and Highest Cor	Compensated Employees	(Schedul	e J, Part II)	
		UMO	of W-2 and/or 1099-MISC	compensatio	(C) Retirement and			(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	reported in prior Form 990 or Form 990-EZ
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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships	ons and Unrels	ited Partner	ships		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, or 37.</li> <li>Attach to Form 990.</li> </ul>	vered "Yes" to Form 990, Part IV, line	<sup>2</sup> art IV, line 33, 34, 3 structions.	5, 36, or 37.		之()) Open to Public Inspection
Name of the organization CMAP EXPRESS					Employer identification number 02-0751416	ion number
Part I Identific	Identification of Disregarded Entities (Complete if the org	ete if the organization answered "Yes" on Form 990, Part IV, line 33.)	es" on Form 990,	Part IV, line 33.)		
	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
				0		
				0		
				C		
Part II Identific had one	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because had one or more related tax-exempt organizations during the tax year.)	omplete if the organizate tax year.)	ion answered "Ye	es" to Form 990, F	Part IV, line 34 be	cause it
-	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(if section 501(c)(3))	(f) Direct controlling entity
THE RAPIDES FOUL	THE RAPIDES FOUNDATION 72-0423603 1101 FOURTH STREET SUITE 300, ALEXANDRIA, LA 71301	HOSPITAL	LA LA	501(C)(3)		N/A
THE ORCHARD FOL 11011 FOURTH STR	THE ORCHARD FOUNDATION 87-0730768 11011 FOURTH STREET, ALEXANDRIA, LA 71301	EDUCATION	LA	501(C)(3)	1	TRF (a)
3 3 4 6 6 6 6 6 6 6 6 6 6 6 6 6 7 6 6 7 6 7						
NOTE (a) THE RAPIDES FOUNDATION	NDATION,					
For Privacy Act and Pa	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. $(HTA)$	m 990.			Schedul	Schedule R (Form 990) 2009

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$\left  \begin{array}{c c c c c c c c c c c c c c c c c c c $
mershir
oration or Trust (Complete if the organization answered "Yes" to Form 990, Part         cated as a corporation or trust during the tax year.)         Legal domicile       Direct controlling       Type of entity       Bhare of total income       Bhare of encitation       (h)         Legal domicile       Direct controlling       Type of entity       Share of total income       (a)       (h)         Legal domicile       Direct controlling       Type of entity       Share of total income       (a)       (h)         (claim control)       Type of entity       Share of total income       (a)       (b)       (h)         (state or       entity       (C corp. S corp.)       Share of total income       (b)       (h)         (state or       or tust)       or tust)       or tust)       0 <td< td=""></td<>
Interface     (e)     (f)     (e)     (f)       Direct controlling     Type of entity     Share of total income     Share of share of output       Image: Share of total income     (C corp. S corp.)     Image: Share of total income     Share of corp.       Image: Share of total income     (C corp. S corp.)     Image: Share of total income     Image: Share of corp.       Image: Share of total income       Image: Share of total income     Image: Share of total income     Image: Share of total income     Image: Share of total income       Image: Share of total income     Image: Share of total income     Image: Share of total income     Image: Share of total income       Image: Share of total income     Image: Share of total income     Image: Share of total income     Image: Share of total income       Image: Share of total income     Image: Share of total income     Image: Share of total income     Image: Share of total income       Image: Share of total income     Image: Share of total income     Image: Share of total income     Image: Share of total income       Image: Share of total income     Image: Share of total income     Image: Share of total income     Image: Share of total income       Image: Share of total income     Image: Share of total income     Image: Share of total income     Image: Share of total income    <
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Schedule R (Form 990) 2009 CMAP EXPRESS	02-0751416		Page <b>3</b>
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35,	35, 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	°N No
۲,			×
Gift, grant, or capital contribution to other organization(s)	<b>1</b>		×
	<b>२</b>		×
	<b>P</b>		×
e Loans or loan guarantees by other organization(s)			×
f Sale of assets to other organization(s).	16		×
	19		×
	<b>ب</b>		×
i Lease of facilities, equipment, or other assets to other organization(s).	<b>1</b> 1		×
			1244
	<b>;</b>	×	
k Performance of services or membership or fundraising solicitations for other organization(s)	<b>*</b>	×	2
Performance of services or membership or fundraising sc	<b>=</b>		×
_			×
n Sharing of paid employees			×
o Reimhursement naid to other organization for exnenses			×
D Reimbursement bank by other organization for expenses	2 <b>-</b> - - -		<  ×
q Other transfer of cash or property to other organization(s).	19		×
r Other transfer of cash or property from other organization(s).	1r		×
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.	d transaction thr	resholds.	
		(c)	
Name of other organization type (a-r)		Amount involved	_
(1) THE RAPIDES FOUNDATION		524	524,427
(2) THE RAPIDES FOUNDATION k		162	162,700
(3)			0
(4)			0
(5)			0
(6)			0
	Schedule R (Form 990) 2009	orm 990)	2009

J

						91.41C/N-7N		Page 4
Part VI Unrelated Organizations Taxable as a Partner	<mark>ship</mark> (Complete i	if the organizatio	ו answer	nership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)	990, Part IV	/, line 37.)		
Provide the following information for each entity taxed as a partnership through which the organization conducted more than fiv or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	ship through which ons regarding excl	the organization c usion for certain in	onducted vestment	more than five perc partnerships.	ent of its act	nership through which the organization conducted more than five percent of its activities (measured by total assets uctions regarding exclusion for certain investment partnerships.	total as	sets
(a) Name, address, and EIN of entity	(b) Primary activity	<b>(c)</b> Legal domicile	(d) Are all partners	(e) Iers Share of	(f) Disproportionate			(h) General or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets assets	allocations	amount in box 20 of Schedule K-1 (Form 1065)		managing partner?
			Yes No	0	Yes No	0	Yes	No
					c			
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					0		0	
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						Schedule R (Form 990) 2009	orm 990	) 2009

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CMAP EXPRESS Schedule R (Form 990) 2009

# SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990

(Form 990)

Complete to provide information for responses to questions on Form 990 or to provide an additional information.

>Attach to form 990

Name of Organization Employer Identification Number

### CMAP EXPRESS

02-0751416

# <u>Core Form 990, Part I, Line 1 (continued).</u> Briefly describe the organization's mission or most significant activities.

...also promote other preventive health practices among residents with limited incomes. In 2009 CMAP helped more than 2,075 patients get needed medications. Additionally, CMAP assisted 245 individuals gain access to free medical screenings for breast, colorectal and cervical cancers. CMAP's activities as described are carried out for the benefit of its supported organization, The Rapides Foundation.

### Core Form 990, Part III, Line 1 (continued). Briefly describe the organization's mission.

...In 2009 CMAP helped more than 2,075 patients get needed medications. Additionally, CMAP assisted 245 individuals gain access to free medical screenings for breast, colorectal and cervical cancers.

### Core Form 990, Part III, Line 4d. Other program services (Describe in Schedule O)

In 2009, in support of its supported organization's (The Rapides Foundation) new Cancer Screening Initiative, CMAP's began a Cancer Screening Project, which gave free mammograms, Pap smears, pelvic exams and colorectal cancer tests to uninsured patients who couldn't afford these critical screenings. Its cancer screening van brought these tests to rural areas. The van, which is a partnership between The Rapides Foundation, CMAP, the Feist-Weiller Cancer Center at LSU-Shreveport and the LSU Family Medicine Residency in Alexandria program, made its first stop in August 2009 and helped more than 130 women. Also, more than 160 women and men received take-home colorectal cancer screening tests.

In 2009 the CMAP Patient Assistance Program Specialists enhanced their partnership with the physicians they work with by bringing The Rapides Foundation's Tobacco Prevention and Control initiative into their offices. By providing training and materials to physicians and their staff about smoking cessation referral resources, the Specialists made it easy for doctors to encourage their patients to stop smoking.

CMAP Extra, a prescription-savings program designed to help lower families' medication costs, is available to everyone regardless of age or income. During 2009, 3,370 prescriptions were filled, at an average savings per prescription of \$61.

#### SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 (Form 990)

Complete to provide information for responses to questions on Form 990 or to provide an additional information. >Attach to form 990

**Open to Public** Inspection

Employer Identification Number Name of Organization CMAP EXPRESS

### Core Form 990. Part V. Line 1a:

CMAP Express has no employees of its own. It leases employees from its supported organization, The Rapides Foundation. The Rapides Foundation files Forms 1096 and W-3 on behalf of employees leased to CMAP Express. CMAP Express records expenses associated with the leased employees as salaries and wages, pension plan contributions, other employee benefits, and payroll taxes.

### Core Form 990, Part VI, Line 11A.

A final copy of the CMAP Form 990 is furnished to the CMAP Board as well as the Audit Committee of The Rapides Foundation Board (TRF), CMAP's supported organization. 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. The TRF Audit Committee then provides the draft Form 990 to the TRF Board for review and approval prior to filing.

### Core Form 990, Part VI, Line 12c.

The Rapides Foundation, CMAP's supported organization, 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. CMAP operates under Rapides Foundation policies and procedures. 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 board meeting, because the first agenda item is one in which board members are asked to disclose any potential conflicts with listed agenda items. A member 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 members determine whether a conflict actually exists. If a conflict is determined to exist, then the conflicted member is not allowed to be present during board discussion and vote on the issue creating the conflict. Each year, board members and key employees are required to complete a conflict of interest questionnaire to disclose business and personal relationships that could be potential conflicts of interests.

### Core Form 990, Part VI, Line 15a&15b.

The Rapides Foundation's (CMAP's supported organization) Board Compensation Committee, which is composed of the independent members of its Executive Committee, engages a thirdparty compensation consultant to provide market information concerning pay and benefits and make compensation structure recommendations for all Rapides Foundation positions as well as positions for its supporting organizations. The consultant is provided with job descriptions for all job positions. The consultant then compares those jobs with similar positions at similar types and sizes of organizations. The consultant meets with the Compensation Committee and provides

02-0751416

### SCHEDULE O (Form 990) SUPPLEMENTAL INFORMATION TO FORM 990 2009 Complete to provide information for responses to questions on Form 990 or to provide an additional information. >Attach to form 990 Open to Public Inspection

CMAP EXPRESS	02-0751416

the comparison data, along with their recommendations for pay ranges for each position (minimum, midpoint, maximum). Recommendations are based upon market averages of similar types and sizes of organizations.

The CEO and two directors of the Rapides Foundation are considered key employees. The CEO recommends the pay for the two directors and a salary budget for the remaining employees of the Rapides Foundation and its supporting organizations to the Compensation Committee for approval. The consultant meets with the Compensation Committee independently to discuss recommendations for CEO pay.

### Core Form 990, Part VI, Line 19.

The Rapides Foundation, CMAP's supported organization, makes its Staff Code of Ethics and Conduct, Trustee Code of Ethics and Conduct, and Annual Report (including financial statements) available on its website at <u>www.rapidesfoundation.org</u>. The CMAP website links to the Rapides Foundation website.

## Book = Internal

FYE Month = December

Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv / 168(k) Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
200001	06/13/06	26,988.42	Ρ	ADS	07 00	0.00	26,988.42	11/30/09	13,125.00	321.29	3,855.49	16,980.49	
200002	05/31/06	3,264.77	Ρ	ADS	05 00	0.00	3,264.77	11/30/09	1,687.00	54.41	652.95	2,339.95	
200003	06/13/06	5,396.59	Ρ	ADS	05 00	0.00	5,396.59	11/30/09	2,698.00	89,94	1,079.32	3,777.32	
200004	12/20/07	20,077.68	Ρ	ADS	10 00	0.00	20,077.68	11/30/09	2,175.00	167.31	2,007.77	4,182.77	
200005	07/01/08	1,500.00	Ρ	ADS	05 00	0.00	1,500.00	11/30/09	150.00	25.00	300.00	450.00	
200006	04/01/08	1,430.00	Ρ	ADS	05 00	0.00	1,430.00	11/30/09	190.00	23.83	286.00	476.00	
200007	08/01/08	3,640.00	Ρ	ADS	05 00	0.00	3,640.00	11/30/09	303.00	60.67	728.00	1,031.00	
200008	12/01/08	990,00	Ρ	ADS	05 00	0.00	990.00	11/30/09	0.00	16.50	198.00	198,00	
200009	05/01/08	1,505.91	Ρ	ADS	05 00	0.00	1,505.91	11/30/09	0.00	25.10	473.01	473.01	
<u>200010</u>	05/01/08	1,505.91	Ρ	ADS	05 00	0.00	1,505.91	11/30/09	173.00	25,10	300.01	473.01	
Gr	and Total	66,299.28				0.00	66,299.28		20,501.00	809.15	9,880.55	30,381.55	
	disposals	0.00				0.00	0.00		0.00		1	0.00	
	transfers												
	Count = 0												
	and Total	66,299.28				0.00	66,299.28		20,501.00	809,15	9,880.55	30,381.55	
С	= ount = 10							i				• • • • • • • • • • • • • • • • • • •	•

------ Report Assumptions

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Report Name: Depreciation Expense Source Report: <Standard Report>

### Calculation Assumptions;

Short Year: none Include Sec 168(k) Allowance & Sec 179: No Adjustment Convention: None

Key Codes:

- a: A depreciation adjustment amount is included in the reporting period.
- b: The asset's business-use percentage is less than 100%.
- d: The asset has been disposed.
- f: The asset has switched from a MACRS table calculation to the MACRS formula calculation.
- I: The asset's depreciation has been limited by luxury auto rules.
- m: The asset's depreciation was calculated using the mid-quarter convention.
- r. The asset's acquired value was reduced to arrive at the depreciable basis.
- s: The asset has switched from declining-balance to a straight-line.
- v: The asset has switched to remaining value over remaining life due to ACE.

### Group/Sorting Criteria:

Group = All FAS Assets Include Assets that meet the following conditions: All FAS Assets Sorted by: System No

Book = Internal FYE Month = December	,									
Sys No Co Asset No	Description	In Svc Date	Depr Meth	Rem Life	Basis	(+) Salvage Value	Thru Date	(-) Current Accum Depreciation	(=) Net Book Value	Pct Dep
200001 200002 200003 200004	QS1 System Cabinets & Workcenter Digital Telephone System Konica BizHub Color MFP	06/13/06 05/31/06 06/13/06 12/20/07	ADS ADS ADS ADS	03 06 01 06 07 06	\$ 26,988.42 3,264.77 5,396.59 20.077.68	0.00 00.0 \$	12/31/09 12/31/09 12/31/09 12/31/09	\$ 16,980.49 2,339.95 3,777.32 4,182.77	\$ 10,007.93 924.82 1,619.27 15,804 91	62.92% 71.67% 69.99% 20183%
200005 200006 200007 200008 200008	HP PDX 2400 Desktop Computer Workstation Dell Portable PC HP Computer Workstation HP Computer Workstation	07/01/08 04/01/08 08/01/08 12/01/08 05/01/08	ADS ADS ADS ADS ADS	03 06 06 05 03 06 06 03 08 06	1,500.00 1,430.00 3,640.00 990.00	0.0 0.0 0.0 0.0 0.0	12/31/09 12/31/09 12/31/09 12/31/09	450.00 450.00 1,031.00 198.00	1,050.00 954.00 2,609.00 792.00	20.00% 33.29% 28.32% 20.00%
200010	HP Computer Workstation	05/01/08	ADS	03 06	1,505.91	0.00	12/31/09	473.01	1,032,90	31.41% 31.41%
		Less (	<b>Grand Tota</b> Less disposals and transfers Count = 0 Net Grand Total	Grand Total als and transfers Count = 0 Net Grand Total	\$ 66,299.28 00.0 \$ 66,299.28	\$ 0.00 \$ 0.00 \$ 0.00		\$ 30,381.55 0.00 \$ 30,381.55	\$ 35,917.73 0.00 \$ 35,917.73	45.82% 0.00% 45.82%
				Count = 10						
Report Name: Net Book Value Source Report: <standard report=""></standard>			under .	Shoundhasse nagar						
Calculation Assumptions: Include Sec 168(k) Allowance & Sec 179: No	: No			ţ						
Group/Sorting Criteria: Group = All FAS Assets Include Assets that meet the following conditions: All FAS Assets Sorted by: G/L Asset Acct No, System No	nditions: D									

March 2, 2010 at 3:48 PM

CMAP Express-FAS Net Book Value Report

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Page 1

ev. April 2009) partment of the Treasury		1 0	MB No. 1545-1709
Douting of the recording	Exempt Organization Return     File a separate application for each return.		
If you are filing for an	Automatic 3-Month Extension, complete only Part I and check this box Additional (Not Automatic) 3-Month Extension, complete only Part II ( If unloss you have already been granted an automatic 3-month extension of	on a previously filed	131).
ant Automa	tic 3-Month Extension of Time. Only submit original (no copies nee	ided).	
art I only . I other corporations (i	o file Form 990-T and requesting an automatic 6-month extension—check t including 1120-C filers), partnerships, REMICs, and trusts must use Form 70 etums.	004 to request an ex	tension of
the returns noted be ectronically if (1) you	e). Generally, you can electronically file Form 8868 if you want a 3-month a low (6 months for a corporation required to file Form 990-T). However, you of want the additional (not automatic) 3-month extension or (2) you file Forms or consolidated Form 990-T. Instead, you must submit the fully completed letails on the electronic filing of this form, visit www.irs.gov/efile and click or	990-BL, 6069, or 88 and signed page 2 ( a e-file for Charities	70, group Part II) of & Nonprofits.
	Exempt Organization	Employer identific	ation number
rint CMAP EX	PRESS street, and room or suite no. If a P.O. box, see instructions. RTH STREET, Room No. 300 or post office, state, and ZIP code. For a foreign address, see instructions.	02-0751416	
structions. ALEXAND	RIA	LA 71:	301
Heck type of return Form 990 Form 990-BL Form 990-EZ Form 990-PF	to be filed (file a separate application for each return): Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A		Form 4720 Form 5227 Form 6069 Form 8870
	e care of   JOE ROSIER 1101 FOURTH STREET ALEXANDRIA LA 713	301	
<ul> <li>The books are in the Telephone No.</li> <li>If the organization</li> <li>If this is for a Group is the whole group is with the names and the names</li></ul>	e care of ► JOE ROSIER 1101 FOURTH STREET ALEXANDRIA LA 713 318-443-3394 FAX No. ► does not have an office or place of business in the United States, check this b Return, enter the organization's four digit Group Exemption Number (GEN check this box	s box.	and attach a
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<ul> <li>The books are in the Telephone No.</li> <li>If the organization</li> <li>If this is for a Group is for the whole group list with the names and</li> <li>I request an aufuit until is for the organi</li> <li>X calenda</li> <li>X calenda</li> <li>I tax year</li> <li>If this tax year is a lift this application less any nonreed boost with FT or the second to th</li></ul>	> 318-443-3394       FAX No. ►         does not have an office or place of business in the United States, check this         b Return, enter the organization's four digit Group Exemption Number (GEN, check this box         c, check this box <tr< td=""><td>s box</td><td>and attach a and attach a The extension accounting per \$ \$ \$</td></tr<>	s box	and attach a and attach a The extension accounting per \$ \$ \$

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