

M H EASLEY & ASSOCIATES, LLC
1006 CALAIS CIRCLE
ALEXANDRIA, LA 71303
Phone: (318) 767-1455

October 27, 2011

THE RAPIDES FOUNDATION
1101 FOURTH STREET, Room No. 300
ALEXANDRIA, LA 71301

Dear JOE,

Enclosed please find two copies of the 2010 Form 990 for THE RAPIDES FOUNDATION, which were prepared based on the information you provided. Please review and then file one copy with the agency listed below and retain the second copy for THE RAPIDES FOUNDATION's records. An officer or fiduciary must sign and date the filing copy before you mail the return.

There are no taxes or fees due with the return.

I recommend that you mail the federal return on or before November 15, 2011, using the United States Post Office certified mail service or an approved delivery service that will provide proof of the mailing date, to:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If you have any questions about the return(s) or about THE RAPIDES FOUNDATION's tax situation during the year, please do not hesitate to call me at (318) 767-1455. I appreciate this opportunity to serve you.

Sincerely,

MARVIN EASLEY, MA, CPA
M H EASLEY & ASSOCIATES, LLC

**Federal
Tax Return
for**

THE RAPIDES FOUNDATION

2010

**M H EASLEY & ASSOCIATES, LLC
1006 CALAIS CIRCLE
ALEXANDRIA, LA 71303
Phone: (318) 767-1455**

Return of Organization Exempt From Income Tax

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

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

A For the 2010 calendar year, or tax year beginning , **and ending**

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

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

D Employer identification number
72-0423603

E Telephone number
(318) 443-3394

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

G Gross receipts \$ **73,951,656**

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

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **www.rapidesfoundation.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **1924**

M State of legal domicile: **LA**

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: The mission of The Rapides Foundation (TRF) is to improve the health status of Central Louisiana. TRF is a member of Rapides Healthcare System LLC, which owns and operates Rapides Regional Medical Center, a 314-bed hospital in Alexandria. (See Schedule O)		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	30
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		-7,280
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,640,816	51,065,672
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,083,187	22,893,264
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-35,229	0
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,606,614	4,460,044
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,756,301	1,315,441
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	65,459,853	54,878,326
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	71,822,768	60,653,811	
19	Revenue less expenses. Subtract line 18 from line 12	19,866,006	13,297,845	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	208,426,321	220,129,389
	22	Net assets or fund balances. Subtract line 21 from line 20	8,808,518	6,126,093
			199,617,803	214,003,296

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Print/Type preparer's name **MARVIN EASLEY, MA, CPA** Preparer's signature _____ Date _____ Check if self-employed PTIN **P00293042**

Firm's name ▶ **M H EASLEY & ASSOCIATES, LLC** Firm's EIN ▶ **01-0704790**

Firm's address ▶ **1006 CALAIS CIRCLE, ALEXANDRIA, LA 71303** Phone no. **(318) 767-1455**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
The mission of The Rapides Foundation (TRF) is to improve the health status of Central Louisiana.
TRF is a member of the Rapides Healthcare System LLC, which owns and operates Rapides
Regional Medical Center, a 314-bed hospital in Alexandria, LA (See Schedule O)

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

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

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

4a (Code:) (Expenses \$ 52,613,085 including grants of \$ 0) (Revenue \$ 55,314,056)
Acute-care Hospital Services - The Rapides Foundation is a member of Rapides Healthcare System LLC
(RHS), which owns and operates Rapides Regional Medical Center, a 314-bed hospital in Alexandria,
LA. As an owner of RHS, TRF seeks to provide the highest standard of patient care that is safe,
effective, efficient, timely, patient-centered and equitable. With a 2010 overall risk-adjusted
mortality index of 0.88 and an overall risk-adjusted complications index of 0.53, RHS provided
top-level patient-care outcomes. In 2010, for the fourth year in a row, Rapides Regional Medical
Center received the state's highest level healthcare quality award from eQHealth Solutions. In
2009 the Hospital achieved certification as an Advanced Primary Stroke Center, and in 2010 it
became an Accredited Cycle III Chest Pain Center - the only one in Central Louisiana. TRF also
seeks to assert, develop and support access to non-urgent care for the uninsured and underserved
populations. In 2010, RHS provided charity care and other community benefits totaling \$6.0
million, as outlined on Schedule H, Part I, Line 7k attached hereto. (See Schedule O).

4b (Code:) (Expenses \$ 2,882,506 including grants of \$ 1,414,372) (Revenue \$ 0)
Healthy People - TRF provides chronic care prescription medications for people who cannot
afford them through grants to its supporting organization, Cenla Medication Access Program (CMAP).
CMAP's goal is to ensure appropriate medication access and education and also promote other
preventive health practices among residents with limited incomes. In 2010, approximately 1,945
people in Central Louisiana received prescription medications they needed to maintain their
health. Another 1,350 were served throughout the rest of the state through a partnership with the
Bureau of Primary Care and Rural Health under the Louisiana Department of Health and Hospitals.
CMAP's Cancer Screening Project provided free mammograms, Pap smears, pelvic exams and colorectal
cancer tests to uninsured patients who couldn't afford these critical screenings. Its cancer
screening van, through a partnership with Louisiana State University, brought these tests to rural
areas. (See Schedule O).

4c (Code:) (Expenses \$ 2,474,171 including grants of \$ 1,684,929) (Revenue \$ 0)
Healthy Communities -- Cenla Advantage Partnership (CAP), a grantee under TRF's economic
development initiative, partnered with Louisiana State University at Alexandria in 2010 to offer
entrepreneurship classes for early-stage entrepreneurs as part of their continuing education
program. CAP also launched the Business Accelerator System, a support system for upper-level
entrepreneurs. In late 2010, CAP partnered with the Alexandria/Pineville Chamber of Commerce and
the Central Louisiana Economic Development Authority to form a new community entity to coordinate
economic development activities for the Central Louisiana region. In 2009 TRF awarded a
three-year grant totaling \$450,000 to ACCION Louisiana to provide loans to micro and small
businesses in Central Louisiana. New and growing businesses help stabilize family incomes,
eventually leading to better education, greater civic involvement and ultimately better health.
ACCION continued to develop prospects during 2010. (See Schedule O).

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 2,041,883 including grants of \$ 1,537,309) (Revenue \$ 0)

4e Total program service expenses ▶ 60,011,645

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 42	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 30	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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	X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOE ROSIER (318) 443-3394 1101 FOURTH STREET, ALEXANDRIA, LA 71301

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) James R. Baker, Jr. Trustee	0.5	X						0	0	0
(2) Bruce Barton, M.D. Trustee	1.	X		X				0	0	0
(3) Joan Brunson, M.D. Trustee	0.5	X						0	0	0
(4) Laura Dauzat Trustee	0.5	X						0	0	0
(5) Kelvin Freeman Trustee	0.5	X						0	0	0
(6) David R. Gilchrist Trustee	0.5	X						0	0	0
(7) Cynthia A. Gillespie, PhD. Trustee	0.5	X						0	0	0
(8) Ernest Kelly, M.D. Trustee	0.5	X						0	0	0
(9) Donald Kramer Trustee	0.5	X		X				0	0	0
(10) Donald R. Mallet Trustee	0.5	X		X				0	0	0
(11) Nancy Mccabe Trustee	0.5	X						0	0	0
(12) Mike Newton Trustee	0.5	X		X				0	0	0
(13) Frankie Rosenthal Trustee	0.5	X						0	0	0
(14) Tammi Salazar Trustee	0.5	X						0	0	0
(15) Howard Wold, M.D. Trustee	0.5	X						0	0	0
(16) Joseph R. Rosier, Jr. President/CEO	40.	X		X			X	274,160	0	32,176

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) Kathleen F. Nolen Dir, Admin & Eval	40.				X		X	165,254	0	20,856
(18) Annette Beuchler Dir, Prog & Comm	40.					X		132,075	0	20,951
(19)								0	0	0
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								571,489	0	73,983
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								571,489	0	73,983

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
PRC 11326 P Street, Omaha, NE 68137-2316	Consulting	194,493
RTI International P.O. Box 900002, Raleigh, NC 27675-9000	Consulting	160,158
Sterling Capital Mgt 4064 Colony Rd #300, Charlotte, NC 28211	Investment Management	150,896
KALB-TV P.O. Box 951, Alexandria, LA 71309	Outreach Services	123,175
LSU Health Science Ctr 1501 Kings Highway, Shreveport, LA 71103	Medical Services	118,802

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **7**

Part VIII Statement of Revenue				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0					
	b Membership dues	1b	0					
	c Fundraising events	1c	0					
	d Related organizations	1d	0					
	e Government grants (contributions)	1e	0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	-7,280					
	g Noncash contributions included in lines 1a-1f: \$		0					
	h Total. Add lines 1a-1f ▶			-7,280				
	Program Service Revenue			Business Code				
2a Hospital Operations			623990	51,065,672	51,065,672			
b				0				
c				0				
d				0				
e				0				
f All other program service revenue				0				
g Total. Add lines 2a-2f ▶				51,065,672				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			22,893,264			22,893,264	
	4 Income from investment of tax-exempt bond proceeds . . . ▶			0				
	5 Royalties ▶			0				
	6a Gross Rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)	0	0				
		d Net rental income or (loss) ▶			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses			0	0		
		c Gain or (loss)	0	0				
		d Net gain or (loss) ▶			0			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a		0				
		b Less: direct expenses	b	0				
		c Net income or (loss) from fundraising events ▶			0			
	9a Gross income from gaming activities. See Part IV, line 19	a		0				
		b Less: direct expenses	b	0				
		c Net income or (loss) from gaming activities ▶			0			
10a Gross sales of inventory, less returns and allowances	a		0					
	b Less: cost of goods sold	b	0					
	c Net income or (loss) from sales of inventory ▶			0				
Miscellaneous Revenue		Business Code						
11a			0					
b			0					
c			0					
d All other revenue			0					
e Total. Add lines 11a-11d ▶			0					
12 Total revenue. See instructions. ▶				73,951,656	51,065,672	0	22,893,264	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	4,460,044	4,460,044		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	967,670	735,718	231,952	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	94,883	72,382	22,501	
9	Other employee benefits	192,562	176,224	16,338	
10	Payroll taxes	60,326	46,513	13,813	
11	Fees for services (non-employees):				
a	Management	980,277	979,758	519	
b	Legal	1,193	605	588	
c	Accounting	2,821,303	2,795,873	25,430	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	5,865,324	5,839,105	26,219	
12	Advertising and promotion	629,588	538,012	91,576	
13	Office expenses	250,878	229,647	21,231	
14	Information technology	73,630	42,050	31,580	
15	Royalties				
16	Occupancy	3,005,001	2,965,207	39,794	
17	Travel	36,089	35,392	697	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	201,137	147,606	53,531	
20	Interest	18,554	9,414	9,140	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,465,975	2,431,113	34,862	0
23	Insurance	1,023,214	1,003,206	20,008	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	HOSPITAL TAXES AND LICENSES	555,248	555,248		
b	HOSPITAL REIMBURSEMENT OF LLC MEMBER	24,040,949	24,040,949		
c	HOSPITAL SUPPLIES	12,443,764	12,443,764		
d		0			
e		0			
f	All other expenses	466,202	463,815	2,387	
25	Total functional expenses. Add lines 1 through 24f .	60,653,811	60,011,645	642,166	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	-228,706	1	-50,049
	2 Savings and temporary cash investments	4,265,872	2	2,323,418
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	10,603,346	4	10,561,457
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,431,742	8	1,726,583
	9 Prepaid expenses and deferred charges	95,858	9	126,602
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 65,531,392		
	b Less: accumulated depreciation	10b 39,728,831	27,902,507	10c 25,802,561
	11 Investments—publicly traded securities	155,632,161	11	170,710,410
	12 Investments—other securities. See Part IV, line 11	443,999	12	524,791
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	8,076,860	14	8,076,591
	15 Other assets. See Part IV, line 11	202,682	15	327,025
16 Total assets. Add lines 1 through 15 (must equal line 34)	208,426,321	16	220,129,389	
Liabilities	17 Accounts payable and accrued expenses	3,668,883	17	1,801,441
	18 Grants payable	3,674,480	18	2,008,716
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,465,155	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
25 Other liabilities. Complete Part X of Schedule D	0	25	2,315,936	
26 Total liabilities. Add lines 17 through 25	8,808,518	26	6,126,093	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	199,107,227	27	214,003,296
	28 Temporarily restricted net assets	510,576	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	199,617,803	33	214,003,296	
34 Total liabilities and net assets/fund balances	208,426,321	34	220,129,389	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	73,951,656
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,653,811
3	Revenue less expenses. Subtract line 2 from line 1	3	13,297,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	199,617,803
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,087,648
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	214,003,296

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

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

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	0.00%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests--2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests--2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

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

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

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ 0
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)			0	0
(2)			0	0
(3)			0	0
(4)			0	0
(5)			0	0
(6)			0	0

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

A Check if the filing organization belongs to an affiliated group.

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	28,784	0												
c	Total lobbying expenditures (add lines 1a and 1b)	28,784	0												
d	Other exempt purpose expenditures	60,625,027	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	60,653,811	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		31,497	29,170	28,784	89,451
d Grassroots nontaxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures					0

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

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-A : The Rapides Foundation made its first section 501(h) election during the tax year ended

December 31, 2008. Therefore, the organization is only required to complete columns (b) through (e).

The election under 501(h) has not been revoked and was still in effect for the tax year ended

December 31, 2010.

Part IV Supplemental Information *(continued)*

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Employer identification number

THE RAPIDES FOUNDATION

72-0423603

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

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

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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

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

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--------------------------------------------------|-------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f 0 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- 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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0		

- 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:
- | | Yes | No |
|--------------------------------------------------------------------------------------------------------|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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	1,622,999		1,622,999
b Buildings	0	59,980,410	38,474,441	21,505,969
c Leasehold improvements	0	0	0	0
d Equipment	0	3,927,983	1,254,390	2,673,593
e Other	0	0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				25,802,561

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

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

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

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

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

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

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes	0	
(2) OTHER CURRENT LIABILITIES	1,930,663	
(3) OTHER LIABILITIES	385,273	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
(11)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,315,936	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	73,951,656
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,653,811
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,297,845
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	13,297,845

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

1	Total revenue, gains, and other support per audited financial statements	1	73,951,656
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	73,951,656
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	73,951,656

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

1	Total expenses and losses per audited financial statements	1	60,653,811
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	60,653,811
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	60,653,811

Part XIV Supplemental Information

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

Part X Line 2 : "The Foundation is a nonprofit organization and exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code. Therefore, no provision for income taxes has been made in the financial statements, but the Foundation is required to file an annual information tax return. The Foundation is also required to review various tax positions it has taken with respect to its exempt status and determine whether in fact it is a tax exempt entity. The Foundation must also consider whether it has nexus in jurisdictions in which it has income and whether a tax return is required in those jurisdictions. In addition, as a tax exempt entity, the Foundation must assess whether it

Part XIV Supplemental Information *(continued)*

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

Part X Line 2 The Foundation files U.S. federal Form 990 for informational purposes. The Foundation's federal income tax returns for the tax years 2007 and beyond remain subject to examination by the Internal Revenue Service. Since its initial incorporation in 1924, the Foundation has been exempt from federal and state income tax under Section 501(c)(3) of the Internal Revenue Code as a public charity operating a hospital. Due to its contribution of its hospital operations to the Partnership and its new grant making activities, it requested a private letter ruling from the Internal Revenue Service to confirm the continuation of its public charity status. The Service declined to issue such a ruling due to the number of similar transactions and issued a Revenue Ruling Part X Line 2 (Rev. Rul. 98-15) defining the requirements for whole hospital joint ventures such as Rapides Health Services, LLC. The Service declined the Foundation's request to examine its operations and enter into a closing agreement.

Part X Line 2 After Rev. Rul. 98-15, two court cases focused on the control issue identified by the ruling as determinative of whether the joint venture jeopardized the exempt status of the exempt organization. One of these, *St. David's Health Care System, Inc. v. United States*, involved facts very similar to those present in the Foundation's ownership of the LLC, and was a victory for the exempt organization whose status had been challenged. Counsel for the Foundation has been at all relevant times and remains of the opinion that any challenge to the Foundation's exempt status would be similarly decided. This opinion is bolstered by Rev. Rul. 2004-51, which, while addressing ancillary activity joint ventures, represents an acknowledgment by the Service that sufficient control may be maintained by the exempt partner in such a venture even though ownership and governance were shared 50-50 with the for-profit venture. It should be noted that even

Part X Line 2 if the Foundation's public charity status should not continue, the

Part XIV Supplemental Information *(continued)*

Foundation believes that it would continue to be exempt from income tax under Section 501(c)(3) of the Code as a private foundation. Private foundations are subject to more restrictions under the Code than are public charities. These restrictions include statutory prohibitions against self-dealing, excess business holdings, jeopardy investments, and taxable expenditures. In addition, private foundations are subject to an excise tax on their net investment income and are required to make annual distributions of five percent (5%) of the average market value of their non-charitable-use assets for charitable, educational, scientific, and similar purposes. Non-charitable-use assets are assets that are not used or held for use directly in carrying on the organization's exempt purpose; they include assets held for investment and the production of investment income.

Part X Line 2 Private foundations are required to publish a notice that their annual reports are available for inspection. These financial statements do not consider the effects of a possible retroactive determination by the Internal Revenue Service that the Foundation is not exempt from taxation or that it is a nonprofit private foundation. Such effects could include income taxes on its earnings, a requirement that it divest itself of a portion of the LLC, excise taxes on net investment income and various penalties. The Contribution Agreement requires that the Partnership, and the Operating Agreement of the LLC requires that the LLC, operate in a fashion so as not to adversely affect the Foundation's tax-exempt status, and support community, civic, charitable and cultural activities at a level at least equal to that of the Rapides Regional Medical Center in the year ended June 30, 1994. It also calls for it to provide \$2.8 million of uncompensated Part X Line 2 care annually to the Alexandria, Louisiana community, as well as continue historic levels in the other communities where it has hospitals."

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

THE RAPIDES FOUNDATION

72-0423603

Form 990 Part I Section 1 Line 1 : Additionally, TRF provides funding for projects which effectively address the following philanthropic objectives: 1) Healthy People - To promote healthy behaviors and improve access to healthcare; 2) Education - To increase the level of educational attainment and achievement as the primary path to improved economic, social and health status; 3) Healthy Communities - To improve economic opportunity and family income; and enhanced civic and community opportunities for more effective leaders and organizations.

Form 990 Part III Section 1 Line 1 : Additionally, TRF provides funding for projects which effectively address the following philanthropic objectives: 1) Healthy People - To promote healthy behaviors and improve access to healthcare; 2) Education - To increase the level of educational attainment and achievement as the primary path to improved economic, social and health status; 3) Healthy Communities - To improve economic opportunity and family income; and enhanced civic and community opportunities for more effective leaders and organizations.

Form 990 Part III Section 1 Line 4a This included \$4.9 million of unreimbursed patient care costs, \$0.2 million in community education, community programs and community donations; and \$0.9 million in support of the LSU Family Practice Residency Program.

Form 990 Part III Section 1 Line 4b In 2010, 492 patients were seen, 214 Pap smears done, 231 pelvic exams completed, 437 mammograms done, 250 clinical breast exams completed, and 225 take home colorectal cancer tests distributed. A total of \$185,000 in grants was awarded to Louisiana State University at Alexandria and Northwestern State University to support their nursing education programs. TRF awarded nearly \$150,000 in grants during 2010 to four communities in Rapides, Natchitoches, Vernon and Allen parishes as part of TRFs Diet and Physical Activity Initiative. These funds were used to increase healthy eating and physical activity opportunities for adults and youth. Additionally, TRF awarded \$840,000 in two-year grants to eight school districts to improve healthy eating and physical activity opportunities. The school districts used these funds to implement innovative school health

model programs such as CATCH, SPARK and SMART and Healthy Lifestyles. A grant of \$50,000 was

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

Schedule O (Form 990 or 990-EZ) (2010)

(HTA)

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

Form 990 Part III Section 1 Line 4b directed toward a work-site wellness initiative for moms who are breast-feeding. In 2010, as part of TRF's Tobacco Prevention and Control Initiative, TRF ran the "Faces of Tobacco" and "Dear Me" counter-marketing campaigns, both hard hitting media highlights of real people affected by tobacco use. TRF continued to expand its physician referral program, "It's Quitting Time," which encourages Central Louisiana doctors to give resources to their patients who use tobacco. Community and school grants totaling \$414,000 supported programs such as "Tars Wars" curriculum in 4th and 5th grades, "Throw Out Big Tobacco" football events, and "Kick Butts Day" events in the schools. Selected long-term goals (2012) for the Healthy People Initiative include:

- Decrease current smoking among youth from 24.6% in 2007 to 17.1%.
- Decrease current smoking in adults from 24.9% in 2005 to 20%.
- Decrease the percentage of overweight adults from 68% to 67%.
- Decrease the percentage of adolescents who are overweight from 32% to 27.7%.
- Increase percentage of adults participating in moderate physical activity for at least 30 minutes per day 5 days per week from 24% to 35%.
- Increase the percentage of adolescents engaging in moderate physical activity for 30 minutes 5 days per week from 20% to 30%.
- Increase the percentage of adults who eat 5 servings of fruits and vegetables per day from 32% to 43.5%.
- Increase the percentage of adolescents who eat 5 servings of fruits and vegetables per day from 14% to 17.5%.
- Increase the percentage of adults with a specific source of ongoing primary care from 72% in 2005 to 85%.

Form 990 Part III Section 1 Line 4c During 2010 TRF, through its Orchard Foundation supporting organization, began partnering with high schools in its region to offer Career Ready courses through ACT and Work Keys testing for National Career Readiness Certification (NCRC). TRF also began discussions with area businesses about expanding Industry Based Certification classes offered in area high schools. Grants totaling \$250,000 were made to nine Central Louisiana parish school districts to support career and technical training in the schools. Nineteen Central Louisiana professionals graduated from Cenla Boardbuilders in 2010, a TRF Community Development Works (CDW) program that trains emerging leaders to become active in their communities as members of nonprofit boards of directors. The professionals went

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

Form 990 Part III Section 1 Line 4c through a series of sessions in 2010 to learn the roles and responsibilities of being effective board members. After completing the training, they were each matched with a nonprofit organization and will now serve on their boards. Through its free training classes, CDW trained local nonprofit organizations and individuals in issues that they deal with every day, including grant writing, financial management, fundraising and marketing. More than 430 individuals took these free courses in 2010. Under its Nonprofit Works program, CDW awarded grants totaling \$100,000 to four local organizations. The grants will be used to expand the governance, organizational development and leadership capacities of the organizations through personalized technical assistance and training over a two-year period. Also during 2010, five organizations receiving grants during 2009 continued their development work under the program. Selected long-term goals (2012) for the Healthy Communities Initiative include:

- Grow the real median household income to \$34,000. (5-yr growth rate of 1.2%)
- Increase the importance of citizen-led efforts in the community to 85%.
- Increase the number of residents who volunteer frequently to 25%.
- Increase the number of residents who engage frequently in fundraising for community efforts to 72%.
- Increase the number of leaders who regularly partner with other organizations to accomplish their missions to 58%.
- Increase the number of community groups achieving excellence in best practices for nonprofit management to 58%.

Form 990 Part III Section 1 Line 4d The Rapides Foundation's (TRF's) other program services primarily consists of its Education Initiative. During 2010 the nine parish school districts in TRF's area completed their initial strategic plan focused on science, technology, engineering and math, and career and technical education. TRF awarded a total of \$1.6 million in grants to the school districts to support professional development to enhance classroom instruction and administrative leadership. The grants also support the purchase of instructional materials and technology to be used in math and science classes. The Orchard Foundation, TRF's supporting organization, continued its work during 2010 hosting instructional institutes for high school and elementary science and math teachers. A total of 968 teachers attended six institutes during the year. TRF awarded \$300,000 in grants to the

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

Orchard Foundation to support its work. In 2010 Louisiana State University received an \$8 million, five-year grant from the U.S. Department of Education to retrain Central Louisiana professionals holding a bachelors degree in a math- or science-related field to teach high school advanced placement math and science classes. The Central Louisiana Academic Residency for Teachers (CART) grant is a collaborative effort between TRF, The Orchard Foundation, nine Central Louisiana parish school districts, LSUA and LSU. During 2010, thirteen residents began their year of master's degree study and classroom instruction under the guidance of a mentor teacher.

Form 990 Part III Section 1 Line 4d TRF has set the following long-term goals for its Education Initiative: By 2012:• iLEAP (Louisiana's standardized achievement test) test results will increase to 55% from 52.3%.• 75% of students will attain "Approaching Basic" or above in language arts, math and science on the iLEAP test.• 25% of students will achieve "Advanced/Mastery" level on the iLEAP test.• The drop-out rate will decrease from 5.9% to 3.8%.• The demographically adjusted performance score will increase from 1.10% to 3.5%.

Form 990 Part XI Section 1 Line 6-7a The Rapides Foundation Bylaws state that all corporate powers rest in a Board of Trustees composed of members who are residents of the nine-parish area of the Foundation. The Trustees are elected by the membership for three-year terms. Thus, each voting member of the Board is a member of the corporation as defined in the Articles of the Corporation.

Form 990 Part VI Section 1 Line 11b A final copy of the Form 990 is furnished to the Audit Committee of The Rapides Foundation Board (TRF) for review and approval, and a meeting is held to discuss the Form 990 in detail. The meeting is attended by staff that assisted in compiling the form, as well as, representatives of the external accounting firm who compiled the form. All Board members receive the final Form 990 copy when it is sent to the Audit Committee, and all Board members are invited to attend the Audit Committee meeting to review the Form in detail if they so choose.

Form 990 Part VI Section 1 Line 12c The Rapides Foundation has both a "Staff Code of Ethics and Conduct" and a "Trustee Code of Ethics and Conduct," both of which define and describe

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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actions to be taken in the event of conflicts of interest. The “Staff Code of Ethics and Conduct” is monitored and enforced through organizational procedures, controls and daily supervision of employees by the next level of management. The “Trustee Code of Ethics and Conduct” is monitored at each trustee board and committee meeting, because the first agenda item is one in which the meeting chairman asks trustees to disclose any potential conflicts with listed agenda items. A trustee that has a potential conflict of interest with a matter that comes before the board or committee is required to leave the room before the matter is discussed, and a majority vote of the remaining disinterested board trustees determine whether a conflict actually exists. If a conflict is determined to exist, then the conflicted trustee is not allowed to be present during board discussion nor vote on the issue creating the conflict. Each year, trustees and key employees are required to complete a conflict of interest questionnaire to disclose business and personal relationships that could be potential conflicts of interests.

Form 990 Part VI Section 1 Line 15a & b The Rapides Foundation Board Compensation Committee, which is composed of the independent members of its Executive Committee, engages a third-party compensation consultant to provide market information concerning pay and benefits and make compensation structure recommendations for all organization positions. The consultant is provided with job descriptions for all job positions. The consultant then compares those jobs with similar positions at similar types and sizes of organizations. The consultant meets with the Compensation Committee and provides the comparison data, along with their recommendations for pay ranges for each position (minimum, midpoint, maximum). Recommendations are based upon market averages of similar types and sizes of organizations. The process is conducted every three years. In interim years, the consultant recommends inflationary adjustments to pay ranges. The CEO and two directors of the organization are considered key employees. The CEO recommends the pay for the two directors and a salary budget for the remaining employees to the Compensation Committee for approval. The consultant meets with the Compensation Committee independently to discuss recommendations for CEO pay.

Form 990 Part VI Section 1 Line 19 The Rapides Foundation Mission, Philanthropic Objectives,

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Guiding Organizational Objectives, Staff Code of Ethics and Conduct, Trustee Code of Ethics and Conduct, and Annual Report (including financial statements) are all available on the organization's website at www.rapidesfoundation.org <<http://www.rapidesfoundation.org>>.

Form 990 Part VI Section Sch H Line 2 Lastly results are made available to others in the community to assist them in planning their community-directed efforts. The Community Health Assessment results are available on TRF website at www.rapidesfoundation.org <<http://www.rapidesfoundation.org>>. TRF engaged the firm, Professional Research Consultants, in second quarter 2010 to complete a community health assessment during 2010.

Form 990 Part VI Section Sch. H Line 3 financial assistance policy, what the qualifications are for assistance, and what documentation is required in order for patients to receive assistance. Hospital registrar staff is trained in financial assistance policies and procedures. The patient is then asked to complete and return the documentation. A patient qualifies for charity care if household income is at or below 200% of the Federal Poverty level.

Form 990 Part VI Section Sch. H Line 4 and births to teenagers under age 20 of 15.3% (10.3% nationally).

Form 990 Part VI Section Sch. H Line 5 With a 2010 overall risk-adjusted mortality index of 0.88 and an overall risk-adjusted complications index of 0.53, RHS provided top-level patient-care outcomes. In 2010, for the fourth year in a row, Rapides Regional Medical Center received the state's highest level healthcare quality award from eQHealth Solutions. In 2009 the Hospital achieved certification as an Advanced Primary Stroke Center, and in 2010 it became an Accredited Cycle III Chest Pain Center - the only one in Central Louisiana. With an annual payroll of \$20 million (Rapides Foundation ownership percentage share), RHS is a significant employer in its communities and paid \$0.5 million (Rapides Foundation share) in property taxes during 2010 that supported such efforts as schools, roads and other infrastructure projects.

Form 990 Part VI Section Sch. H Line 5 In addition to the community benefit provided by Rapides Healthcare System, The Rapides Foundation's 2010 philanthropic activities provided an

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additional \$7.4 million in community benefit to the nine-parish service area. This included grants of \$4.6 million and direct charitable activities of \$2.8 million in three primary areas of focus: Healthy People, Healthy Communities, and Education.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____%	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____%		X
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)		459	687,025	179,165	507,860	0.00%
b Unreimbursed Medicaid (from Worksheet 3, column a)		10,893	12,243,656	7,853,561	4,390,095	0.00%
c Unreimbursed costs – other means-tested government programs (from Worksheet 3, column b)			0	0	0	0.00%
d Total Financial Assistance and Means-Tested Government Programs	0	11,352	12,930,681	8,032,726	4,897,955	0.00%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			57,958	0	57,958	0.00%
f Health professions education (from Worksheet 5)			946,512	87,662	858,850	0.00%
g Subsidized health services (from Worksheet 6)			0	0	0	0.00%
h Research (from Worksheet 7)			0	0	0	0.00%
i Cash and in-kind contributions to community groups (from Worksheet 8)			158,782	0	158,782	0.00%
j Total. Other Benefits	0	0	1,163,252	87,662	1,075,590	0.00%
k Total. Add lines 7d and 7j	0	11,352	14,093,933	8,120,388	5,973,545	0.00%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0.00%
2 Economic development					0	0.00%
3 Community support					0	0.00%
4 Environmental improvements					0	0.00%
5 Leadership development and training for community members					0	0.00%
6 Coalition building					0	0.00%
7 Community health improvement advocacy					0	0.00%
8 Workforce development					0	0.00%
9 Other					0	0.00%
10 Total	0	0	0	0	0	0.00%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		X
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	19,722,492
6 Enter Medicare allowable costs of care relating to payments on line 5	6	17,254,860
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	2,467,632
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other See Part VI		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: Rapides Regional Medical Center

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

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):	1	
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	5	
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>0.00</u> %	9	

Part VI Supplemental Information

Complete this part to provide the following information.

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

Part I line 7, a) The Cost for Charity Care was derived using a cost-to-charge ratio from Schedule H,

Worksheet 2 applied in Worksheet 1. Patient revenue is based on GAAP, and bad debt is not included in

this calculation. No extraordinary items are included in this calculation. Persons served are the total

Charity inpatient admissions plus total Charity outpatient visits. b) Unreimbursed Medicaid Costs were

derived using a cost-to-charge ratio from Schedule H Worksheet 2 applied in Worksheet 3. Patient revenue

is based on GAAP, and bad debt is not included in this calculation. No extraordinary items are included

in this calculation. Persons served are the total Charity inpatient admissions plus total Charity

outpatient visits.

Part III line 4, There was no footnote text describing provision for doubtful accounts or bad debt

included in the organization's 2010 audited financial statements. The methodology to determine the bad

debt expense reported at cost on Part III, Line 2 is to take the ratio of patient care costs to gross

patient charges and multiply this resulting ratio by the gross charges for bad debt accounts. The

provision for doubtful accounts and the allowance for doubtful accounts relate primarily to amounts due

directly from patients. An estimated allowance for doubtful accounts is recorded for all uninsured

Part III line 4, accounts regardless of the aging of those accounts. This allowance is based upon

historic experience of collections and charity approvals. No allowance is made for amounts attributable

to patients who would likely qualify for charity care if documentation had been available. Accounts are

written off when all reasonable internal and external collections efforts have been performed.

Part III line 8, Even though the amount reported for Medicare activity in Section B reflects a surplus

for the year, it should be noted that the amount of patient care costs do not include Medicare

Part VI Supplemental Information

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

individual facility cost report for the hospital operated by RHS.

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

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

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

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

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

collection policies include a review of all accounts against certain standard collection criteria, upon

completion of internal collection efforts. Accounts determined to possess positive collectability

attributes are forwarded to a secondary external collections agency, and the other accounts are written

off.

Part III line 9b, The accounts that are not collected by the secondary external collection agency are

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

based upon specific identification, and the write-off process requires a write-off adjustment entry to

the patient accounting system. RHS does not pursue collection of amounts related to patients that meet

its guidelines to qualify for charity care. The Rapides Healthcare System "Discount Charity Policy

Part III line 9b, for Patients" clearly describes in detail the process that is followed in determining

whether a patient is qualified for charity care. Until it is determined whether a patient account

qualifies for charity care, the account is held in a "pending" state, and the account is not submitted

for collection. Once charity care for an account is approved by an authorized manager, the appropriate

Part VI Supplemental Information

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- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

code is posted to the account in the billing system. Therefore, no bad debt expense is attributable to

patients eligible under the RHS charity care policy.

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

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

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

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

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

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

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

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

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

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

Community Benefit Committee for its hospitals' community benefit planning. (see Sch. O)

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

locations. The notice contains the following language: "An uninsured discount policy is available to

patients without insurance coverage for medically necessary services. A charity care discount policy is

available for certain qualifying patients." Charity care and discount policies are available on the

organization's website in both English and Spanish. As soon as possible after admission, all uninsured

patients are screened by an on-site third-party firm hired specifically to determine if patients meet

government program eligibility criteria. The firm's personnel are specifically trained in Medicaid,

Part VI Supplemental Information

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Medicare and other government program eligibility criteria and application procedures. If the patient

meets program eligibility criteria, then assistance is provided to the patient for enrollment. If the

patient does not meet program qualifications, the patient is given a financial assistance application and

letter. Hospital staff explains the hospital's (see sch. O)

Part VI Line 4, The Rapides Foundation (TRF) serves a largely rural nine-parish (county) area of central

Louisiana. These parishes include Allen, Avoyelles, Catahoula, Grant, LaSalle, Natchitoches, Rapides,

Vernon, and Winn. Eight of the nine parishes in the service area are federally designated as medically

underserved in terms of primary care access. In 2009 the median income level in the nine-parish

region ranged between \$23,697 in Catahoula Parish to \$32,682 in Vernon Parish, all far below the US

median income of \$44,552. An estimated 35.8% of all households in the TRF service area have annual

incomes below \$20,000, compared to 21.5% nationally. The population of the region was 67.8% white, 29.1%

black and 3.1% other. In 2010, 22.0% of adults aged 18 to 64 in the TRF service area self reported

that they had no health insurance coverage. Another 18.6% reported coverage by Medicaid and Medicare.

Challenges in the region include infant mortality of 10.1% in 2004 - 2006, compared to 6.9% nationally,

(see sch. O)

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

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

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

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

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

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
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- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

for the costs of services rendered to patients. The Board of Directors of the Rapides Healthcare System
 (RHS) and the Board of Trustees of Rapides Regional Medical Center both include members of the local
 community, who are focused on the quality of healthcare and availability of medical services in their
 community. The RHS Board has a standing Community Benefit Committee. Both boards of directors and the
 hospital management team are heavily focused on quality and safety, and the hospital invests in services
 and technology necessary to provide the best care possible for patients (see schedule O).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Accion Texas, Inc. 2014 S. Hackberry San Antonio, TX 78210	74-2712770	501(c)(3)	81,250	0			Healthy Communities
(2) Action Agency of Avoyelles P. O. Box 2502 Leesville, LA 71446	72-0899724	501(c)(3)	10,000	0			Healthy People
(3) Allen Parish School Board P.O. Drawer C Oberlin, LA 70655	72-6000020	Gov	111,390	0			Education
(4) Allen Parish School Board P.O. Drawer C Oberlin, LA 70655	72-6000020	Gov	19,750	0			Healthy Communities
(5) Allen Parish School Board P.O. Drawer C Oberlin, LA 70655	72-6000020	Gov	85,000	0			Healthy People
(6) American Red Cross 425 Bolton Av Alexandria, LA 71301	53-0196605	501(c)(3)	190,000	0			Healthy People
(7) Avoyelles Sch Board 221 Tunica Dr. W Marksville, LA 71351	72-6000115	Gov	145,230	0			Education
(8) Avoyelles Sch Board 221 Tunica Dr W Marksville, LA 71351	72-6000115	Gov	25,750	0			Healthy Communities
(9) Avoyelles Sch Board 221 Tun- Drive W Marksville, LA 71351	72-6000115	Gov	128,000	0			Healthy People
(10) Boys-Girls Clubs-Cent La Box 5247 Alexandria, LA 71307	72-0845372	501(c)(3)	50,000	0			Healthy Communities
(11) Boys-Girls Club-El Camino R. Box 2063 Natchitoches, LA 71457	72-1166548	501(c)(3)	50,000	0			Healthy Communities
(12) Catahoula School Board Box 290 Harrisonburg, LA 71340	72-6000268	Gov	71,910	0			Education

2 Enter total number of section 501(c)(3) and government organizations ▶ 27

3 Enter total number of other organizations ▶ 0

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

Schedule I (Form 990) (2010)

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

Part III can be duplicated if additional space is needed.

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

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

Part I Line 2 After grant approval, but prior to funding, grantees develop and submit for approval a work plan and budget for use of the grant funds awarded. On a quarterly or semi-annual basis, the Rapides Foundation (TRF) requires that grantees submit narrative reports and budget expenditure reports, which compare actual activities completed compared to approved work plans and actual expenditures compared to approved budgets. At the end of the grant term, the grantees are required to submit cumulative reports detailing the interventions completed, evaluating their effectiveness and itemizing expenses compared to the approved budgets. Unspent funds must be repaid to the Foundation in accordance with written grant agreements. Grantees may submit requests to approve budget line item changes. As a practice TRF does not approve work plan or budget changes which diverge from the original grant purpose and intent.

Part I Line 2 TRF, at its expense and option, performs random, periodic reviews of the grantees' internal records to verify the accuracy of reporting. If appropriate, repayment of inappropriate expenditures is requested. Failure to report expenditures or to repay unspent or inappropriately spent funds will result in 1) withholding of additional payments on existing grants or 2) prevent

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

Part III can be duplicated if additional space is needed.

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

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

consideration of future grant requests. Large grant initiatives are evaluated by TRF utilizing third-party evaluation firms. The evaluations measure the effectiveness of the chosen intervention in achieving the initiative intended outcomes as well as the effectiveness of the initiative implementation. Evaluations serve to provide TRF feedback which can be utilized to improve program implementation.

Continuation Sheet for Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Catahoula School Board Box 290 Harrisonburg, LA 71340	72-6000268	Gov	12,750	0			Healthy Communities
(14) Catahoula School Board Box 290 Harrisonburg, LA 71340	72-6000268	Gov	35,000	0			Healthy People
(15) Cenla Advantage Partnership P.O. Box 465 Alexandria, LA 71309	65-1267691	501(c)(3)	629,000	0			Healthy Communities
(16) Central LA Area Health Edu Center 2225 N Bolton Av Alexandria, LA 71303	72-1204210	501(c)(3)	150,000	0			Healthy People
(17) Central LA Breastfeeding Coalition P.O. Box 1364 Alexandria, LA 71309	20-3946476	501(c)(3)	50,000	0			Healthy People
(18) City of Leesville 101 W. Lee Street Leesville, LA 71446	72-6000665	Gov	37,703	0			Healthy People
(19) City of Natchitoches P.O. Box 37 Natchitoches, LA 71458	72-6000931	Gov	45,000	0			Healthy People
(20) Fit Families for Cenla P.O. Box 14654 Alexandria, LA 71315	26-2233625	501(c)(3)	20,000	0			Healthy People
(21) Grant Parish School Board P.O. Box 208 Colfax, LA 71417	72-6000494	Gov	101,520	0			Education
(22) Grant Parish School Board P.O. Box 208 Colfax, LA 71417	72-6000494	Gov	18,000	0			Healthy Communities
(23) Grant Parish School Board P.O. Box 208 Colfax, LA 71417	72-6000494	Gov	90,000	0			Healthy People
(24) LaSalle Parish School Board P.O. Drawer 90 Jena, LA 71342	72-6000656	Gov	81,780	0			Education
(25) LaSalle Parish School Board P.O. Drawer 90 Jena, LA 71342	72-6000656	Gov	14,500	0			Healthy Communities
(26) LaSalle Parish School Board P.O. Drawer 90 Jena, LA 71342	72-6000656	Gov	50,000	0			Healthy People
(27) LSU Agricultural Center P.O. Box 25071 Baton Rouge, LA 70894	72-6000848	Gov	50,000	0			Healthy People
(28) Natchitoches Parish School Board P.O. Box 16 Natchitoches, LA 71458	72-0629556	Gov	157,920	0			Education
(29) Natchitoches Parish School Board P.O. Box 16 Natchitoches, LA 71458	72-0629556	Gov	28,000	0			Healthy Communities

Continuation Sheet for Schedule I (Form 990)

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

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) Natchitoches Parish School Board P.O. Box 16 Natchitoches, LA 71458	72-0629556	Gov	157,500	0			Healthy People
(31) Rapides Parish District Attorney 701 Murray Street Alexandria, LA 71301	72-1101569	Gov	10,000	0			Healthy People
(32) Rapides Parish School Board P.O. Box 1230 Alexandria, LA 71309	72-6001133	Gov	442,740	0			Education
(33) Rapides Parish School Board P.O. Box 1230 Alexandria, LA 71309	72-6001133	Gov	78,500	0			Healthy Communities
(34) Rapides Parish School Board P.O. Box 1230 Alexandria, LA 71309	72-6001133	Gov	307,500	0			Healthy People
(35) Rapides Station Comm. Ministries P.O. Box 8233 Alexandria, LA 71306	72-1168175	501(c)(3)	50,000	0			Healthy Communities
(36) S. W. LA Area Health Edu 103 Independence Blvd. Lafayette, LA 70506	72-1191867	501(c)(3)	29,000	0			Healthy People
(37) Cent. LA Coalition-Homelessness P.O. Box 1303 Alexandria, LA 71309	72-1247718	501(c)(3)	50,000	0			Healthy Communities
(38) Orchard Foundation 1101 4th Street, Suite 101C Alexandria, LA 71301	87-0730768	501(c)(3)	300,000	0			Education
(39) Orchard Foundaiton 1101 4th Street, Suite 101C Alexandria, LA 71301	87-0730768	501(c)(3)	340,000	0			Healthy Communities
(40) Town of Oberlin P.O. Box 370 Oberlin, LA 70655	72-6001763	Gov	50,000	0			Healthy People
(41) Vernon Parish School Board 201 Belview Road Leesville, LA 71446	72-6001443	Gov	215,730	0			Education
(42) Vernon Parish School Board 201 Belview Road Leesville, LA 71446	72-6001443	Gov	38,250	0			Healthy Communities
(43) Vernon Parish School Board 201 Belview Road Leesville, LA 71446	72-6001443	Gov	190,000	0			Healthy People
(44) Winn Parish School Board P.O. Box 430 Winnfield, LA 71483	72-6001620	Gov	81,780	0			Education
(45) Winn Parish School Board P. O. Box 430 Winnfield, LA 71483	72-6001620	Gov	14,500	0			Healthy Communities
(46) Winn Parish School Board P.O. Box 430 Winnfield, LA 71483	72-6001620	Gov	70,000	0			Healthy People

Continuation Sheet for Schedule I (Form 990)

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

Part III Continuation of Grants and Other Assistance to Individuals in the United States

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
8	0	0	0		
9	0	0	0		
10	0	0	0		
11	0	0	0		
12	0	0	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

THE RAPIDES FOUNDATION

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

72-0423603

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	Joseph R. Rosier, Jr.	(i) 273,685	0	475	24,500	8,442	307,102	264,276
		(ii) 0	0	0	0	0	0	0
2	Kathleen F. Nolen	(i) 165,000	0	254	16,500	5,062	186,816	150,160
		(ii) 0	0	0	0	0	0	0
3	Annette Beuchler	(i) 132,000	0	75	13,200	8,291	153,566	127,485
		(ii) 0	0	0	0	0	0	0
4		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
5		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
6		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
7		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
8		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
9		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
10		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
11		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
12		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
13		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
14		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
15		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0
16		(i) 0	0	0	0	0	0	0
		(ii) 0	0	0	0	0	0	0

Part III Supplemental Information

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 for any additional information.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

▶ See separate instructions.

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)			0	0	
(2)			0	0	
(3)			0	0	
(4)			0	0	
(5)			0	0	
(6)			0	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CMAP Express 02-0751416 1101 Fourth Street, Alexandria, LA 71301	Healthcare Access	LA	501(c)(3)	11, Type 1	TRF (a)		X
(2) The Orchard Foundation 87-0730768 1101 Fourth Street, Alexandria, LA 71301	Education	LA	501(c)(3)	11, Type 1	TRF (a)		X
(3)							
(4)					(a) - The Rapides		
(5)					Foundation		
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) Rapides Health-Care System, LLC,					0	0						%
(2) 61-1267229 211 Fourth Street,					0	0						%
(3) Alexandria LA 71301	Hospital	LA	N/A	Related	3,066,644	43,999,333		X	0		X	26.00%
(4)					0	0			0			%
(5)					0	0			0			%
(6)					0	0			0			%
(7)					0	0			0			%

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

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

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

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

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

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

(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) The Orchard Foundation	b	656,803	Grant Agreement
(2) The Orchard Foundation	i	150,623	Accounting System
(3) CMAP Express	b	800,000	Grant Agreement
(4) CMAP Express	i	580,882	Accounting System
(5) CMAP Express	l	202,800	Written Contract
(6) Rapides Healthcare System	r	3,093,901	Letter Agreement

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

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

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

Part VII **Supplemental Information**

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

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Sys No	In Svc Date	Acquired Value	P T	Depr Meth	Est Life	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
G/L Asset Acct No = 190949													
300001	02/02/02	59,900.17	R	NoDep	00 00	0.00	59,900.17	11/30/10	0.00	0.00	0.00	0.00	
300002	10/01/05	235,000.00	R	NoDep	00 00	0.00	235,000.00	11/30/10	0.00	0.00	0.00	0.00	
	G/L Asset Acct No = 190949	294,900.17				0.00	294,900.17		0.00	0.00	0.00	0.00	
	Less disposals and transfers	0.00				0.00	0.00		0.00			0.00	
	Count = 0												
	Net Subtotal	294,900.17				0.00	294,900.17		0.00	0.00	0.00	0.00	
	Count = 2												

G/L Asset Acct No = 190950													
300009	03/06/95	966.60	P	SLMM	07 00	0.00	966.60	11/30/10	966.60	0.00	0.00	966.60	
300010	03/06/95	208.14	P	SLMM	07 00	0.00	208.14	11/30/10	208.14	0.00	0.00	208.14	
300011	03/30/95	969.84	P	SLMM	07 00	0.00	969.84	11/30/10	969.84	0.00	0.00	969.84	
300012	09/01/03	4,778.81	P	SLMM	07 00	0.00	4,778.81	11/30/10	4,778.81	0.00	0.00	4,778.81	
300013	07/07/95	1,649.28	P	SLMM	07 00	0.00	1,649.28	11/30/10	1,649.28	0.00	0.00	1,649.28	
300014	10/01/03	1,040.04	P	SLMM	07 00	0.00	1,040.04	11/30/10	1,040.04	0.00	0.00	1,040.04	
300015	09/01/03	752.65	P	SLMM	10 00	0.00	752.65	11/30/10	751.62	0.00	1.03	752.65	
300016	10/01/03	407.47	P	SLMM	10 00	0.00	407.47	11/30/10	406.45	0.00	1.02	407.47	
300017	03/26/96	13,000.00	P	SLMM	07 00	0.00	13,000.00	11/30/10	13,000.00	0.00	0.00	13,000.00	
300018	06/01/04	1,483.28	P	SLMM	07 00	0.00	1,483.28	11/30/10	1,407.48	0.00	75.80	1,483.28	
300019	06/01/04	2,347.92	P	SLMM	10 00	0.00	2,347.92	11/30/10	2,115.97	16.72	231.95	2,347.92	
300020	07/01/04	1,284.12	P	SLMM	07 00	0.00	1,284.12	11/30/10	1,198.84	0.00	85.28	1,284.12	
300023	06/01/03	1,010.88	P	SLMM	07 00	0.00	1,010.88	11/30/10	1,010.88	0.00	0.00	1,010.88	
300024	06/01/03	3,495.96	P	SLMM	07 00	0.00	3,495.96	11/30/10	3,495.96	0.00	0.00	3,495.96	
300025	12/01/05	1,057.32	P	SLMM	07 00	0.00	1,057.32	11/30/10	776.64	12.59	151.05	927.69	
300027	08/07/00	1,405.00	P	SLMM	07 00	0.00	1,405.00	11/30/10	1,405.00	0.00	0.00	1,405.00	
300028	03/01/06	2,476.44	P	SLMM	07 00	0.00	2,476.44	11/30/10	1,729.01	29.49	353.79	2,082.80	
300030	03/01/06	7,183.08	P	SLMM	07 00	0.00	7,183.08	11/30/10	4,977.62	85.52	1,026.17	6,003.79	
300031	03/31/02	1,398.72	P	SLMM	07 00	0.00	1,398.72	11/30/10	1,398.72	0.00	0.00	1,398.72	
300032	09/01/03	17,075.30	P	SLMM	07 00	0.00	17,075.30	11/30/10	13,114.21	0.00	1,626.22	14,740.43	
300033	06/01/03	35,260.16	P	SLMM	07 00	0.00	35,260.16	11/30/10	33,316.75	0.00	1,943.41	35,260.16	
300034	04/01/05	2,018.10	P	SLMM	07 00	0.00	2,018.10	11/30/10	1,382.28	24.03	288.31	1,670.59	
300035	05/01/05	5,739.66	P	SLMM	07 00	0.00	5,739.66	11/30/10	3,928.95	68.33	819.95	4,748.90	
300041	09/30/03	1,959.77	P	SLMM	07 00	0.00	1,959.77	11/30/10	1,959.77	0.00	0.00	1,959.77	
300045	04/01/03	758.41	P	SLMM	10 00	0.00	758.41	11/30/10	512.84	6.32	75.84	588.68	
300046	04/01/03	89,336.76	P	SLMM	10 00	0.00	89,336.76	11/30/10	60,481.68	744.48	8,933.69	69,415.37	
300048	04/21/03	3,092.25	P	SLMM	05 00	0.00	3,092.25	11/30/10	3,092.25	0.00	0.00	3,092.25	
300050	04/22/03	2,377.54	P	SLMM	03 00	0.00	2,377.54	11/30/10	2,377.54	0.00	0.00	2,377.54	
300054	08/01/03	33,849.05	P	SLMM	10 00	0.00	33,849.05	11/30/10	21,793.91	282.08	3,384.91	25,178.82	
300055	08/01/03	13,264.26	P	SLMM	10 00	0.00	13,264.26	11/30/10	8,619.43	110.54	1,326.43	9,945.86	
300056	07/01/03	3,987.39	P	SLMM	15 00	0.00	3,987.39	11/30/10	1,728.83	22.16	265.83	1,994.66	
300058	05/20/03	1,104.45	P	SLMM	15 00	0.00	1,104.45	11/30/10	681.63	6.14	73.63	755.26	
300059	05/30/03	1,826.29	P	SLMM	03 00	0.00	1,826.29	11/30/10	1,826.29	0.00	0.00	1,826.29	
300060	08/01/03	2,671.26	P	SLMM	10 00	0.00	2,671.26	11/30/10	1,736.13	22.27	267.14	2,003.27	
300061	08/01/03	3,749.76	P	SLMM	10 00	0.00	3,749.76	11/30/10	2,436.98	31.25	374.98	2,811.96	
300063	10/01/03	11,731.56	P	SLMM	10 00	0.00	11,731.56	11/30/10	7,429.16	97.77	1,173.17	8,602.33	
300064	09/01/03	4,481.91	P	SLMM	10 00	0.00	4,481.91	11/30/10	2,875.19	37.35	448.19	3,323.38	
300065	08/20/03	748.65	P	SLMM	05 00	0.00	748.65	11/30/10	748.65	0.00	0.00	748.65	
300066	09/18/03	1,950.00	P	SLMM	05 00	0.00	1,950.00	11/30/10	1,950.00	0.00	0.00	1,950.00	
300068	10/01/03	635.81	P	SLMM	10 00	0.00	635.81	11/30/10	399.58	5.30	63.58	463.16	
300069	12/01/03	2,032.50	P	SLMM	15 00	0.00	2,032.50	11/30/10	826.50	11.30	135.51	962.01	

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G/L Asset Acct No = 190950													
300070	12/03/03	2,760.26	P	SLMM	05 00	0.00	2,760.26	11/30/10	2,760.26	0.00	0.00	2,760.26	
300071	12/03/03	9,600.00	P	SLMM	10 00	0.00	9,600.00	11/30/10	5,840.00	80.00	960.00	6,800.00	
300073	01/01/04	1,051.37	P	SLMM	05 00	0.00	1,051.37	11/30/10	1,050.00	0.00	0.00	1,050.00	
300074	12/30/03	2,226.64	P	SLMM	10 00	0.00	2,226.64	11/30/10	1,337.64	18.56	222.67	1,560.31	
300076	02/25/04	2,828.61	P	SLMM	05 00	0.00	2,828.61	11/30/10	2,828.61	0.00	0.00	2,828.61	
300078	03/10/04	476.31	P	SLMM	05 00	0.00	476.31	11/30/10	474.88	0.00	0.00	474.88	
300079	03/19/04	735.63	P	SLMM	05 00	0.00	735.63	11/30/10	735.63	0.00	0.00	735.63	
300080	05/01/04	211.58	P	SLMM	10 00	0.00	211.58	11/30/10	121.16	1.77	21.17	142.33	
300081	05/01/04	904.87	P	SLMM	10 00	0.00	904.87	11/30/10	518.49	7.55	90.50	608.99	
300082	05/01/04	20,192.59	P	SLMM	10 00	0.00	20,192.59	11/30/10	11,441.26	168.28	2,019.27	13,460.53	
300083	05/01/04	18,031.61	P	SLMM	10 00	0.00	18,031.61	11/30/10	10,217.16	150.27	1,803.17	12,020.33	
300084	06/01/04	406.19	P	SLMM	05 00	0.00	406.19	11/30/10	404.85	0.00	0.00	404.85	
300085	06/15/04	2,350.00	P	SLMM	05 00	0.00	2,350.00	11/30/10	2,350.00	0.00	0.00	2,350.00	
300086	06/29/04	1,905.70	P	SLMM	05 00	0.00	1,905.70	11/30/10	1,905.70	0.00	0.00	1,905.70	
300087	06/29/04	8,184.46	P	SLMM	05 00	0.00	8,184.46	11/30/10	8,184.46	0.00	0.00	8,184.46	
300088	07/01/04	7,608.80	P	SLMM	10 00	0.00	7,608.80	11/30/10	4,184.88	63.41	760.88	4,945.76	
300089	07/01/04	6,824.23	P	SLMM	10 00	0.00	6,824.23	11/30/10	3,954.42	56.87	682.42	4,636.84	
300090	07/01/04	4,130.69	P	SLMM	05 00	0.00	4,130.69	11/30/10	4,061.07	0.00	0.00	4,061.07	
300091	08/01/04	3,380.00	P	SLMM	10 00	0.00	3,380.00	11/30/10	1,831.00	28.17	338.00	2,169.00	
300092	07/29/04	2,394.23	P	SLMM	05 00	0.00	2,394.23	11/30/10	2,394.23	0.00	0.00	2,394.23	
300093	08/11/04	2,159.15	P	SLMM	05 00	0.00	2,159.15	11/30/10	2,159.15	0.00	0.00	2,159.15	
300095	09/01/04	96,927.36	R	SLMM	10 00	0.00	96,927.36	11/30/10	51,695.74	807.73	9,692.74	61,388.48	
300096	10/01/04	699.83	P	SLMM	10 00	0.00	699.83	11/30/10	372.95	5.84	69.97	442.92	
300097	10/01/04	425.32	P	SLMM	10 00	0.00	425.32	11/30/10	228.53	3.55	42.54	271.07	
300098	09/17/04	4,043.81	P	SLMM	05 00	0.00	4,043.81	11/30/10	4,043.81	0.00	0.00	4,043.81	
300100	11/01/04	3,827.62	P	SLMM	10 00	0.00	3,827.62	11/30/10	1,978.76	31.90	382.76	2,361.52	
300101	12/15/04	2,764.23	P	SLMM	05 00	0.00	2,764.23	11/30/10	2,764.23	0.00	0.00	2,764.23	
300102	04/01/08	4,028.62	P	SLMM	05 00	0.00	4,028.62	11/30/10	1,476.72	67.15	805.73	2,282.45	
300103	03/01/05	573.35	P	SLMM	05 00	0.00	573.35	11/30/10	555.67	0.00	17.68	573.35	
300104	04/01/05	1,616.98	P	SLMM	05 00	0.00	1,616.98	11/30/10	1,561.40	0.00	55.58	1,616.98	
300105	04/01/05	3,098.76	P	SLMM	10 00	0.00	3,098.76	11/30/10	1,497.88	25.83	309.89	1,807.77	
300106	03/01/05	335.27	P	SLMM	10 00	0.00	335.27	11/30/10	163.53	2.80	33.54	197.07	
300108	03/01/05	1,712.97	P	SLMM	05 00	0.00	1,712.97	11/30/10	1,656.59	0.00	56.38	1,712.97	
300109	04/01/05	479.57	P	SLMM	10 00	0.00	479.57	11/30/10	227.96	4.00	47.96	275.92	
300110	04/01/05	9,925.45	P	SLMM	10 00	0.00	9,925.45	11/30/10	4,712.55	82.72	992.56	5,705.11	
300111	05/01/05	2,822.92	Z	SLMM	05 00	0.00	2,822.92	11/30/10	2,635.58	0.00	187.34	2,822.92	
300113	09/01/05	1,166.20	P	SLMM	05 00	0.00	1,166.20	11/30/10	1,029.24	0.00	136.96	1,166.20	
300114	09/01/05	741.20	P	SLMM	05 00	0.00	741.20	11/30/10	654.24	0.00	86.96	741.20	
300115	10/01/05	9,209.33	P	SLMM	10 00	0.00	9,209.33	11/30/10	3,990.91	76.75	920.94	4,911.85	
300116	09/01/05	3,183.04	P	SLMM	05 00	0.00	3,183.04	11/30/10	2,759.61	0.00	423.43	3,183.04	
300118	10/01/02	2,132.08	R	SLMM	10 00	0.00	2,132.08	11/30/10	1,562.21	17.77	213.21	1,775.42	
300119	12/01/05	12,310.00	P	SLMM	10 00	0.00	12,310.00	11/30/10	5,027.00	102.59	1,231.01	6,258.01	
300120	12/01/05	652.91	P	SLMM	05 00	0.00	652.91	11/30/10	528.58	0.00	119.70	648.28	
300121	03/01/06	1,271.47	P	SLMM	05 00	0.00	1,271.47	11/30/10	995.29	21.20	254.30	1,249.59	
300122	02/01/06	872.60	P	SLMM	05 00	0.00	872.60	11/30/10	684.52	14.55	174.53	859.05	
300123	09/01/06	1,575.05	P	SLMM	05 00	0.00	1,575.05	11/30/10	1,076.01	26.26	315.02	1,391.03	
300124	09/01/06	1,094.38	P	SLMM	05 00	0.00	1,094.38	11/30/10	729.88	18.24	218.88	948.76	
300125	11/01/06	629.51	P	SLMM	05 00	0.00	629.51	11/30/10	398.90	10.50	125.91	524.81	
300126	12/01/06	4,814.00	P	SLMM	05 00	0.00	4,814.00	11/30/10	2,968.78	80.24	962.81	3,931.59	
300127	12/01/06	742.92	P	SLMM	05 00	0.00	742.92	11/30/10	446.58	12.39	148.59	595.17	
300128	01/01/07	14,456.41	P	SLMM	05 00	0.00	14,456.41	11/30/10	8,673.28	240.94	2,891.28	11,564.56	
300129	01/01/07	2,865.69	P	SLMM	05 00	0.00	2,865.69	11/30/10	1,719.14	47.77	573.15	2,292.29	

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G/L Asset Acct No = 190950													
300130	01/01/07	2,191.17	P	SLMM	05 00	0.00	2,191.17	11/30/10	1,314.23	36.52	438.23	1,752.46	
300131	03/01/07	2,321.94	P	SLMM	05 00	0.00	2,321.94	11/30/10	1,354.39	38.70	464.39	1,818.78	
300132	06/01/07	4,201.91	P	SLMM	05 00	0.00	4,201.91	11/30/10	2,240.38	70.04	840.39	3,080.77	
300133	07/01/07	3,435.00	P	SLMM	05 00	0.00	3,435.00	11/30/10	1,718.00	57.25	687.00	2,405.00	
300134	09/01/07	3,175.42	R	SLMM	10 00	0.00	3,175.42	11/30/10	767.51	26.47	317.53	1,085.04	
300135	11/01/07	3,206.27	P	SLMM	05 00	0.00	3,206.27	11/30/10	1,442.25	53.44	641.25	2,083.50	
300136	12/01/07	1,307.11	P	SLMM	05 00	0.00	1,307.11	11/30/10	544.40	21.79	261.43	805.83	
300137	03/01/08	1,201.37	P	SLMM	05 00	0.00	1,201.37	11/30/10	460.27	20.03	240.28	700.55	
300138	01/01/08	1,895.48	P	SLMM	05 00	0.00	1,895.48	11/30/10	727.10	31.60	379.11	1,106.21	
300139	05/01/08	829.03	P	SLMM	05 00	0.00	829.03	11/30/10	276.81	13.82	165.81	442.62	
300140	05/01/08	762.99	P	SLMM	05 00	0.00	762.99	11/30/10	254.60	12.72	152.60	407.20	
300141	08/01/08	1,507.46	P	SLMM	05 00	0.00	1,507.46	11/30/10	427.49	25.13	301.50	728.99	
300142	10/01/08	1,547.95	P	SLMM	05 00	0.00	1,547.95	11/30/10	412.59	25.80	309.59	722.18	
300143	10/01/08	2,855.80	P	SLMM	05 00	0.00	2,855.80	11/30/10	761.16	47.60	571.16	1,332.32	
300144	12/01/08	1,802.27	P	SLMM	05 00	0.00	1,802.27	11/30/10	450.45	30.04	360.45	810.90	
300145	12/01/08	2,697.75	P	SLMM	05 00	0.00	2,697.75	11/30/10	584.53	44.97	539.56	1,124.09	
300146	12/18/08	989.83	P	SLMM	05 00	0.00	989.83	11/30/10	197.97	16.50	197.97	395.94	
300147	12/31/08	2,208.00	P	SLMM	05 00	0.00	2,208.00	11/30/10	441.60	36.80	441.60	883.20	
300148	07/22/98	1,098.36	P	SLMM	05 00	0.00	1,098.36	11/30/10	1,098.36	0.00	0.00	1,098.36	
300149	08/28/98	1,055.10	P	SLMM	05 00	0.00	1,055.10	11/30/10	1,055.10	0.00	0.00	1,055.10	
300150	11/01/05	5,787.00	S	SLMM	15 00	0.00	5,787.00	11/30/10	1,607.80	32.15	385.80	1,993.60	
300151	02/01/09	919.49	P	SLMM	05 00	0.00	919.49	11/30/10	168.57	15.33	183.90	352.47	
300152	02/01/09	919.49	P	SLMM	05 00	0.00	919.49	11/30/10	168.57	15.33	183.90	352.47	
300153	02/01/09	919.50	P	SLMM	05 00	0.00	919.50	11/30/10	168.58	15.33	183.90	352.48	
300154	02/01/09	919.50	P	SLMM	05 00	0.00	919.50	11/30/10	168.58	15.33	183.90	352.48	
300155	02/01/09	2,204.25	P	SLMM	05 00	0.00	2,204.25	11/30/10	404.11	36.74	440.85	844.96	
300156	02/01/09	2,206.25	P	SLMM	05 00	0.00	2,206.25	11/30/10	404.46	36.78	441.24	845.70	
300157	02/01/09	2,206.25	P	SLMM	05 00	0.00	2,206.25	11/30/10	404.46	36.78	441.24	845.70	
300158	02/01/09	3,061.00	P	SLMM	05 00	0.00	3,061.00	11/30/10	561.18	51.02	612.20	1,173.38	
300159	03/01/09	36,200.48	P	SLMM	05 00	0.00	36,200.48	11/30/10	6,033.40	603.35	7,240.10	13,273.50	
300160	09/17/10	16,617.05	P	SLMM	05 00	0.00	16,617.05	11/30/10	0.00	276.95	830.85	830.85	
300161	03/01/10	1,583.00	P	SLMM	05 00	0.00	1,583.00	11/30/10	0.00	26.39	237.46	237.46	
300162	10/06/10	1,472.94	P	SLMM	05 00	0.00	1,472.94	11/30/10	0.00	24.55	49.10	49.10	
300163	01/29/10	1,074.74	P	SLMM	03 00	0.00	1,074.74	11/30/10	0.00	29.86	298.55	298.55	
300164	12/01/10	1,903.14	P	ADS	07 00	0.00	1,903.14		0.00	135.94	135.94	135.94	
300165	12/01/10	1,853.00	P	ADS	10 00	0.00	1,853.00		0.00	92.65	92.65	92.65	
G/L Asset Acct No = 190950		696,065.45				0.00	696,065.45		420,695.27	5,942.94	70,767.74	491,463.01	
Less disposals and transfers		0.00				0.00	0.00		0.00			0.00	
Count = 0													
Net Subtotal		696,065.45				0.00	696,065.45		420,695.27	5,942.94	70,767.74	491,463.01	
Count = 129													

G/L Asset Acct No = 190960

300003	10/01/05	267,200.00	R	SLMM	30 00	0.00	267,200.00	11/30/10	37,111.67	742.23	8,906.67	46,018.34	
300004	03/01/03	2,436,942.28	R	SLMM	30 00	0.00	2,436,942.28	11/30/10	544,547.40	6,769.29	81,231.42	625,778.82	
300005	03/01/04	20,625.00	P	SLMM	07 00	0.00	20,625.00	11/30/10	20,625.00	0.00	0.00	20,625.00	
300006	04/01/04	2,219.00	R	SLMM	15 00	0.00	2,219.00	11/30/10	887.93	12.33	147.93	1,035.86	
300007	04/01/06	207,032.90	R	SLMM	15 00	0.00	207,032.90	11/30/10	55,667.19	1,150.19	13,802.20	69,469.39	

Rapides Foundation
Depreciation Expense Report
As of December 31, 2010

Book = Internal
 FYE Month = December

Sys No	In Svc Date	Acquired Value	P Depr T Meth	Est Life	Salv/168 Allow Sec 179	Depreciable Basis	Prior Thru	Prior Accum Depreciation	Depreciation This Run	Current YTD Depreciation	Current Accum Depreciation	Key Code
G/L Asset Acct No = 190960		2,934,019.18			0.00	2,934,019.18		658,839.19	8,674.04	104,088.22	762,927.41	
Less disposals and transfers		0.00			0.00	0.00		0.00			0.00	
Count = 0												
Net Subtotal		2,934,019.18			0.00	2,934,019.18		658,839.19	8,674.04	104,088.22	762,927.41	
Count = 5												
Grand Total		3,924,984.80			0.00	3,924,984.80		1,079,534.46	14,616.98	174,855.96	1,254,390.42	
Less disposals and transfers		0.00			0.00	0.00		0.00			0.00	
Count = 0												
Net Grand Total		3,924,984.80			0.00	3,924,984.80		1,079,534.46	14,616.98	174,855.96	1,254,390.42	
Count = 136												

----- **Report Assumptions** -----

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

Calculation Assumptions:
 Short Year: none
 Include Sec 168 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.
 - l: 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 = Active Assets
 Include Assets that meet the following conditions:
 Activity is currently A,D,F,J,K,L,M,N
 Sorted by: G/L Asset Acct No (with subtotals), System No

The Rapides Foundation (72-0423603)
Depreciation Schedule for Hospital Operations
See Schedule R, Part III

1. The Rapides Foundation owns 26% the Hospital Operations (Rapides Healthcare System, LLC dba Rapides Regional Medical Center. Accordingly, 26% of the hospital operations are reflected in this form 990.
2. The following depreciation schedule presents 100% of Rapides Regional Medical Center's Property, Plant, and Equipment (26% of these amounts are related to The Rapides Foundation).

**RAPIDES REGIONAL MEDICAL CENTER
PROPERTY, PLANT AND EQUIPMENT
DECEMBER, 2010**

P:\SSIPPE\capital 2010\PPF REC 10.xlsx\RGH
31840

prepared: _____
reviewed: _____

G/L #	DESCRIPTION	12/31/09 BALANCE	DISPOSALS	ADDITIONS	INTRA-HOSP TRANSFERS	CORP TRANSFERS	CIP TRANSFERS	12/31/10
LAND								
140601	LAND	5,440,655.91	0.00	0.00	(68,386.60)	0.00	0.00	5,372,269.31
140648	UPPER THIRD	0.00	0.00	0.00	68,386.60	0.00	0.00	68,386.60
140606	LAND-MOB	801,647.00	0.00	0.00	0.00	0.00	0.00	801,647.00
TOTAL LAND		6,242,302.91	0.00	0.00	0.00	0.00	0.00	6,242,302.91
LAND IMPROVEMENTS								
141610	LAND IMPROVEMENTS	1,700,237.63	(124,014.83)	0.00	(127,575.51)	0.00	0.00	1,448,647.29
141615	FAM PRACT ELLIOTT	0.00	0.00	0.00	120,316.58	0.00	0.00	120,316.58
141622	MED ARTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
141623	PINEVILLE MED PARK	0.00	0.00	0.00	1,250.00	0.00	0.00	1,250.00
141624	MEDICAL PLAZA	1,736.00	0.00	0.00	0.00	0.00	0.00	1,736.00
141628	PAVILION	0.00	(885.62)	0.00	885.62	0.00	0.00	0.00
141638	FRIENDSHIP HOUSE	0.00	0.00	0.00	554.83	0.00	0.00	554.83
141642	ACADIAN AMB	0.00	0.00	0.00	518.29	0.00	0.00	518.29
141611	LAND IMPROVEMENTS	447,298.93	(24,679.86)	0.00	4,050.19	0.00	0.00	426,669.26
TOTAL LAND IMPROVEMENTS		2,149,272.56	(149,580.31)	0.00	0.00	0.00	0.00	1,999,692.25
BUILDINGS								
142620	BUILDING	76,988,460.59	(2,344,426.65)	436,033.40	(4,059,177.69)	106,088.81	3,000,136.88	74,127,115.34
142612	PATTY	0.00	0.00	0.00	452,253.41	0.00	0.00	452,253.41
142613	JACKSON ST	4,412.76	0.00	0.00	641,755.24	0.00	0.00	646,168.00
142615	FAMILY PRACTICE	3,166,954.13	0.00	0.00	(596,275.00)	0.00	0.00	2,570,679.13
142616	CLASC	2,054,141.08	0.00	0.00	0.00	0.00	0.00	2,054,141.08
142618	HISTO/B/C WING	0.00	0.00	0.00	2,889.00	0.00	0.00	2,889.00
142619	CTC	1,762,275.54	(15,851.57)	0.00	25,117.91	0.00	0.00	1,771,541.88
142622	MEDICAL ARTS	420,287.29	(72,209.66)	0.00	10,097.28	0.00	0.00	358,174.91
142623	PINEVILLE MED PARK	1,863,267.84	(8,691.91)	0.00	209,367.42	0.00	0.00	2,063,943.35
142624	MEDICAL PLAZA	4,761,374.03	(322,981.70)	0.00	164,271.33	0.00	25,039.09	4,627,702.75
142628	MEDICAL PAVILION	16,351,149.05	(918,307.07)	0.00	0.00	0.00	0.00	15,432,841.98
142634	BRIAN CLINIC	982,047.49	(249,701.43)	0.00	2,560.45	0.00	0.00	734,906.51
142636	MEDICAL TERRACE	15,273,995.61	(890,418.27)	0.00	106,194.50	0.00	0.00	14,489,671.84
142638	FRIENDSHIP HOUSE	0.00	(3,854.90)	0.00	190,867.99	0.00	0.00	187,013.09
142642	ACADIAN AMBULANCE	201,125.61	(10,794.30)	0.00	483,045.67	0.00	0.00	673,376.98
142644	WORLEY DRIVE	0.00	(159,662.81)	0.00	159,662.81	0.00	0.00	0.00
142646	UPPER THIRD	0.00	0.00	0.00	615,479.40	0.00	0.00	615,479.40
142647	HEALTH CENTER	0.00	0.00	0.00	1,591,890.28	0.00	0.00	1,591,890.28
142621	BUILDING IMPROVEMENTS	10,533,403.00	0.00	0.00	0.00	0.00	0.00	10,533,403.00
143624	LEASEHOLD IMPROVEMENTS	19,011.80	(14,886.36)	0.00	(1,486.69)	0.00	0.00	2,638.75
143638	FRIENDSHIP HOUSE	0.00	(1,486.69)	0.00	1,486.69	0.00	0.00	0.00
TOTAL BUILDINGS		134,381,805.82	(5,013,273.32)	436,033.40	0.00	106,088.81	3,025,175.97	132,935,830.68
TOTAL		8,391,575.52	(1,893,854.13)	872,066.80	0.00	1,094,177.62	3,025,175.97	8,391,575.52

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122,399,788.93

2,638.75

EQUIPMENT

144631	FIXED EQUIPMENT	17,278,002.61	(2,902.74)	7,750.00	(413,622.43)	0.00	0.00	16,869,227.44	18,229,569.90
144613	JACKSON ST	0.00	0.00	0.00	141,716.37	0.00	0.00	141,716.37	
144615	FAMILY PRACT EILLIOT	148,950.37	0.00	0.00	(101,749.31)	0.00	0.00	47,201.06	
144619	CTC	1,263.60	(1,263.60)	0.00	390,532.91	0.00	0.00	390,532.91	
144622	MEDICAL ARTS	57,005.11	0.00	0.00	0.00	0.00	0.00	57,005.11	
144623	PINEVILLE MED PARK	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
144624	MEDICAL PLAZA	498,856.77	0.00	0.00	0.00	0.00	0.00	498,856.77	
144634	BRIAN CLINIC	16,163.00	0.00	0.00	0.00	0.00	0.00	16,163.00	
144631	836 MEDICAL TERRACI	135,238.76	0.00	0.00	0.00	0.00	0.00	135,238.76	
144642	AMBULANCE	7,973.00	0.00	0.00	0.00	0.00	0.00	7,973.00	
144647	HEALTH CENTER	0.00	0.00	0.00	65,655.48	0.00	0.00	65,655.48	
144636	TELECOMMUNICATIONS	4,790,792.81	(234,345.29)	0.00	(42,566.06)	0.00	0.00	4,513,881.46	4,532,841.32
144615	FAMILY PRACTICE	39,967.06	0.00	0.00	(39,967.06)	0.00	0.00	0.00	
144636836	MEDICAL TERRACE	48,672.47	(29,712.71)	0.00	0.10	0.00	0.00	18,959.86	14
145359	MM UNDER \$10,000	2,239,684.25	0.00	790,778.36	(13,200.99)	0.00	0.00	3,017,261.62	3,030,462.61
145619	CTC	0.00	0.00	0.00	13,200.99	0.00	0.00	13,200.99	
145641	MAJOR MOVEABLE	66,642,135.41	(8,350,690.58)	692,494.28	10,177.67	0.00	46,098.84	59,040,215.62	59,098,947.65
145613	JACKSON ST	86,374.71	(45,759.67)	0.00	(17,897.13)	0.00	0.00	22,717.91	
145623	PINEVILLE MED PARK	47,434.39	(17,713.68)	0.00	(15,592.75)	0.00	0.00	14,127.96	
145624	MEDICAL PLAZA	8,482.18	0.00	0.00	0.00	0.00	0.00	8,482.18	
145628	MEDICAL PAVILION	24,776.28	(57,850.79)	0.00	43,312.21	0.00	0.00	10,237.70	
145636	MEDICAL TERRACE	4,035.01	(888.73)	0.00	0.00	0.00	0.00	3,166.28	
145642	ACADIAN AMB	1,151.54	(1,151.54)	0.00	0.00	0.00	0.00	0.00	
145648	COMPUTER EQUIPMENT	7,514,225.30	(1,146,101.35)	354,014.87	0.00	90,638.88	0.00	6,812,777.70	
145651	AUTOS	382,139.10	(18,500.00)	0.00	0.00	0.00	0.00	363,639.10	
146359	MINOR MOVEABLE UNDER 100	1,618,416.87	0.00	0.00	0.00	0.00	0.00	1,618,416.87	
146661	MINOR MOVEABLE	151,818.64	(45,437.64)	0.00	0.00	0.00	0.00	106,381.00	
TOTAL EQUIPMENT		101,743,559.24	(9,952,298.32)	1,845,037.51	20,000.00	90,638.88	46,098.84	93,793,036.15	

CONSTRUCTION IN PROGRESS

SEE LIST CIP-ALL PROJECTS	1,366,115.50	0.00	3,233,698.77	0.00	0.00	(3,056,070.64)	1,543,743.63	1,543,743.63
161673 CIP-CORP ADA PROJECT	139,751.72	0.00	0.00	16,986.83	0.00	0.00	156,738.55	
TOTAL CONSTRUCTION		1,505,867.22	0.00	3,233,698.77	0.00	16,986.83	(3,056,070.64)	1,700,482.18
GRAND TOTAL PP&E		246,022,807.75	(15,115,151.95)	5,514,769.68	20,000.00	213,714.52	15,204.17	236,671,344.17
								(0.17)
								(EXPENSED FROM CIP)

**RAPIDES REGIONAL MEDICAL CENTER
ACCUMULATED DEPRECIATION
DECEMBER, 2010**

31840

prepared: _____
reviewed: _____

G/L #	DESCRIPTION	12/31/09 BALANCE	DISPOSALS/ CORRECTIONS	ADDITIONS	TRANSFERS	OTHER	12/31/10 BALANCE
LAND IMPROVEMENTS							
151710	LAND IMPROVEMENTS	(1,492,322.30)	128,065.02	(40,358.82)	123,525.32	0.00	(1,281,090.78)
151715	FAM PRACT-ELLIOTT	0.00	0.00	0.00	(120,316.58)	0.00	(120,316.58)
		0.00	0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	(1,250.00)	0.00	(1,250.00)
		(1,736.00)	0.00	0.00	0.00	0.00	(1,736.00)
		0.00	885.62	0.00	(885.62)	0.00	0.00
		0.00	0.00	0.00	(554.83)	0.00	(554.83)
		0.00	0.00	0.00	(518.29)	0.00	(518.29)
151711	LAND IMPROVEMENTS	(447,298.93)	20,629.67	0.00	0.00	0.00	(426,669.26)
TOTAL LAND IMPROVEMENTS		(1,941,357.23)	149,580.31	(40,358.82)	(0.00)	0.00	(1,832,135.74)
BUILDINGS							
152720	BUILDING	(39,990,028.06)	2,344,426.65	(3,519,823.61)	1,856,473.45	0.00	(39,308,951.57)
152712	PATTY	0.00	0.00	(9,293.87)	(165,240.79)	0.00	(174,534.66)
152715	FAM PRACT-ELLIOTT	(2,643.20)	0.00	(3,114.17)	(571,591.61)	0.00	(577,348.98)
152718	HISTO/B/C WING	(2,965,088.69)	0.00	(45,804.67)	524,463.85	0.00	(2,486,429.51)
152722	MEDICAL ARTS	(1,296,729.39)	0.00	(91,745.30)	0.00	0.00	(1,388,474.69)
		0.00	0.00	0.00	(2,889.00)	0.00	(2,889.00)
		(1,369,074.59)	15,851.57	(125,727.57)	(333.99)	0.00	(1,479,284.56)
		(340,816.31)	72,209.66	(20,835.38)	(10,097.28)	0.00	(299,539.31)
		(1,584,047.79)	8,691.91	(96,462.98)	(4,051.26)	0.00	(1,675,870.12)
		(2,989,140.78)	322,981.70	(226,408.40)	(95,176.34)	0.00	(2,957,743.82)
		(12,189,807.40)	918,307.07	(410,375.11)	0.00	0.00	(11,681,875.44)
		(913,704.23)	249,701.43	(62,240.11)	9,319.22	0.00	(716,923.69)
		(10,128,980.83)	890,418.27	(798,556.24)	(2,654.87)	0.00	(10,039,773.67)
		0.00	3,854.90	(2,581.41)	(150,290.58)	0.00	(159,017.09)
152744	WORLEY DRIVE	(201,125.61)	10,794.30	(605.96)	(478,046.49)	0.00	(688,983.76)
152746	UPPER THIRD	0.00	111,093.88	(2,056.82)	(109,037.06)	0.00	(0.00)
152747	HEALTH CENTER	0.00	0.00	(8,233.93)	(150,262.34)	0.00	(158,496.27)
152721	BUILDING IMPROVEMENTS	0.00	0.00	(27,983.82)	(670,584.91)	0.00	(698,568.73)
153724	LEASEHOLD IMPROVEMENTS	(10,533,403.00)	0.00	0.00	0.00	0.00	(10,533,403.00)
153738	FRIENDSHIP HOUSE	(19,011.80)	14,886.36	0.00	1,486.69	0.00	(2,638.75)
		0.00	1,486.69	0.00	(1,486.69)	0.00	0.00
TOTAL BUILDINGS		(84,523,601.68)	4,964,704.39	(5,451,849.35)	(0.00)	0.00	(85,010,746.64)
TOTAL							(2,638.75)

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G/L #	DESCRIPTION	12/31/09 BALANCE	DISPOSALS/ CORRECTIONS	ADDITIONS	TRANSFERS	OTHER	12/31/10 BALANCE
LAND IMPROVEMENTS							
EQUIPMENT							
154731	FIXED EQUIPMENT	(3,327,573.30)	2,902.74	(842,719.23)	47,625.50	0.00	(4,119,764.29)
154713	JACKSON ST	0.00	0.00	(2,361.94)	(16,574.83)	0.00	(18,936.77)
154715	FAMILY PRACTICE	(12,815.48)	0.00	(5,085.58)	(23,392.23)	0.00	(41,293.29)
		(1,263.60)	1,263.60	(6,456.52)	(46,723.40)	0.00	(53,179.92)
154722	MEDICAL ARTS	(13,676.23)	0.00	(2,536.32)	0.00	0.00	(16,212.55)
154724	MEDICAL PLAZA	(366,986.91)	0.00	(25,139.87)	0.00	0.00	(392,126.78)
154736	MEDICAL TERRACE	(66,237.27)	0.00	(17,480.19)	0.00	0.00	(83,717.46)
154734	BRIAN CLINIC	(1,702.74)	0.00	(808.15)	0.00	0.00	(2,510.89)
154742	AMBULANCE	(1,029.84)	0.00	(398.64)	0.00	0.00	(1,428.48)
154747	HEALTH CENTER	0.00	0.00	(1,768.76)	(37,157.34)	0.00	(38,923.10)
154743	TELECOMMUNICATIONS	(2,600,460.02)	234,345.29	(933,015.70)	36,255.24	0.00	(3,262,875.19)
154715	FAMILY PRACTICE	(39,967.06)	0.00	0.00	39,967.06	0.00	0.00
154736	MEDICAL TERRACE	(47,444.35)	0.00	(921.17)	0.00	0.00	(48,365.52)
155459	MM UNDER \$10,000	(572,347.72)	0.00	(348,725.78)	4,557.49	0.00	(921,702.12)
155419	CTC	0.00	0.00	(628.62)	(4,557.49)	0.00	(5,186.11)
155741	MAJOR MOVEABLE	(50,140,044.95)	8,278,337.38	(4,152,592.15)	7,381.40	0.00	(46,006,918.32)
155713	JACKSON ST	(86,374.71)	45,759.67	0.00	17,897.13	0.00	(22,717.91)
		0.00	0.00	0.00	0.00	0.00	0.00
155724	MEDICAL PLAZA	(46,843.66)	17,713.68	(531.64)	15,533.68	0.00	(14,127.96)
		(8,482.18)	0.00	0.00	0.00	0.00	(8,482.18)
		(24,776.28)	57,850.79	0.00	(43,312.21)	0.00	(10,237.70)
		(3,435.90)	868.73	(163.39)	0.00	0.00	(2,730.56)
		(1,151.54)	1,151.54	0.00	0.00	0.00	0.00
155748	COMPUTER EQUIPMENT	(4,953,773.39)	1,146,101.35	(1,040,366.15)	0.00	0.00	(4,848,038.19)
155751	AUTOS	(364,636.26)	18,500.00	(11,490.10)	0.00	0.00	(357,626.36)
156459	MINOR MOVEABLE 7YR	(384,604.65)	0.00	(231,202.41)	0.00	0.00	(615,807.06)
156761	MINOR MOVEABLE	(151,818.64)	45,437.64	0.00	0.00	0.00	(106,381.00)
TOTAL EQUIPMENT		(63,217,446.70)	9,879,945.12	(7,624,389.31)	(2,500.00)	0.00	(60,964,390.89)
GRAND TOTAL ACCUM.DEPR.		(149,682,405.61)	14,994,229.82	(13,116,597.48)	(2,500.00)	0.00	(147,807,273.27)
		RRMC DEPR 31840 YTD	11,503,022.91		11,627,183.23		
		MOB DEPR 09873 YTD	1,662,937.38		1,441,930.54		
		OAKDALE FAMILY CARE 25476 YTD	8,986.59				
		RRMC MUTLI PHY 25900 YTD	6.56				
		PEDI SPEC CARE 25310 YTD	49,194.23				
		TOTAL DEPR EXP PER G/L	13,224,147.67		13,069,113.77		
		LESS: G/L 25476 OAKDALE FAMILY CARE YTD	(8,986.59)				
		LESS G/L 25310 PEDI SPEC CARE YTD	(49,194.23)				
		LESS 25900 RRM MUTLI PHY YTD	(6.56)				
		LESS: G/L 31840 / 980977 PAS ADJ YTD	2,756.78				
		LESS GL 31840/980992 RI ADJ YTD	(320.19)				
		LESS: G/L 31840 / 980986 PSC YTD	(75.97)				
		LESS: G/L 31840 / 980987 PAS YTD	(44,882.09)				
		LESS: G/L 31840 / 980988 SC YTD	(6,841.33)				
		ROUNDING	0.01				
			47,483.72				
			(55,601.61)				
			9,402.35				
			(1,751.33)				
			466.87				
			(0.00)				

NOTE: FAS SYSTEM DETAIL HAS BEEN SCANNED TO ENSURE SIGNED: _____ DATED: _____ LIFE LIST REVIEWED _____
 APPLICABLE ASSETS ARE BEING DEPRECIATED. (ONLY LAND PURCHASES AND EQUIPMENT DOWNPAYMENTS SHOULD = "NO DEPR". - OR DOWN PAYMENTS)
 (0.00) MORE(LESS) ON G/L THAN F.A.S. **