

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

September 16, 2011

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

Dear Ladies and Gentlemen,

Enclosed please find two copies of the 2010 Form 990 for THE ORCHARD 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 ORCHARD 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 September 19, 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 ORCHARD 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 ORCHARD 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.

**Open to Public Inspection**

**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 ORCHARD 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  
**87-0730768**

**E** Telephone number  
**(318) 443-3394**

**F** Name and address of principal officer:  
**Joe Rosier 2202 Fourth Street, Alexandria, LA 71301**

**G** Gross receipts \$ **565,439**

**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.theorchardfoundation.org**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2004**

**M** State of legal domicile: **LA**

**H(c)** Group exemption number ▶

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The Orchard Foundation is a nonprofit local education fund established as a resource for Central Louisiana that works with school districts, businesses, and communities to improve educational opportunities in a nine-parish service area: Allen, Avoyelles, Catahoula, (continued on Schedule O)</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>5</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>3</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	835,250	565,348
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	161	91
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	835,411	565,439
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	124,203	126,431
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	742,863	908,343
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	867,066	1,034,774	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-31,655	-469,335	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	1,164,427	601,102
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	113,869	19,879
		1,050,558	581,223

**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 Orchard Foundation's mission is to improve academic achievement for Central Louisiana students by promoting best practices; recruiting, retaining, and rewarding excellent and innovative teachers; building school leadership; and strengthening school and community relationships.

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 \$ 405,761 including grants of \$ 0 ) (Revenue \$ 0 ) In 2010 The Orchard Foundation continued its work in Science, Technology, Engineering and Math (STEM) and Career and Technical Education (CTE) by offering leadership and instructional training programs to support The Rapides Foundation's ( its supported organization's) STEM/CTE initiative. The Orchard Foundation continued to support the development of strong instructional leadership throughout the Central Louisiana region by bringing in a nationally-recognized entity, The Center for Educational Leadership Center at the University of Washington, to assist school leaders in developing strategic plans for STEM and CTE initiatives in the schools. The monthly sessions included all superintendents and select experienced district administrators and principals. Approximately 420 district office and school administrators attended training sessions in 2010. During 2010 The Orchard Foundation sponsored six instructional institutes for high school and elementary math and science educators. (continued on schedule O).

4b (Code: ) (Expenses \$ 198,000 including grants of \$ 0 ) (Revenue \$ 0 ) In 2010 The Orchard Foundation began to lay the groundwork for the Cenla Work Ready Network, which is a system designed to link education with workforce development efforts and align them with regional economic needs. The Foundation purchased the software license to enable all high school students in its service area to access Career Ready 101, a career training course that prepares students for certification with WorkKeys assessments. WorkKeys is a job skills assessment system measuring real world skills that employers believe are critical to job success. WorkKeys assessment scores in three core areas: applied mathematics, reading for information, and locating information, determine a student's National Career Readiness Certificate level, an objective documentation of an employee's skills that can be accepted nationwide.

4c (Code: ) (Expenses \$ 125,229 including grants of \$ 0 ) (Revenue \$ 0 ) The Central Louisiana Academic Residency for Teachers (CART) project is a collaborative effort between The Orchard Foundation, its supported organization, The Rapides Foundation, nine Central Louisiana parish school districts, LSUA and LSU. 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 fields to teach high school advanced placement math and science classes. During 2010, thirteen residents began their year of master's degree study and classroom instruction under the guidance of a mentor teacher.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 38,588 including grants of \$ 0 ) (Revenue \$ 0 )

4e Total program service expenses 767,578

**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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules (continued)**

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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 (5), 1b (3), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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 (X), 10b, 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 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) Joseph R. Rosier, Jr. President	4	X		X			0	274,160	32,176	
(2) Annette Beuchler Member	8	X					0	132,075	20,951	
(3) Curman Gaines Member	0.5	X					0	0	0	
(4) Cindy Gillespie Member	0.5	X					0	0	0	
(5) Albin M. Lemoine, Jr. Member	0.5	X					0	0	0	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

**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) .....										
(18) .....										
(19) .....										
(20) .....										
(21) .....										
(22) .....										
(23) .....										
(24) .....										
(25) .....										
(26) .....										
(27) .....										
(28) .....										
<b>1b Sub-total</b> .....							0	406,235	53,127	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0	0	0	
<b>d Total (add lines 1b and 1c)</b> .....							0	406,235	53,127	

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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
Thinking Media 340 Frazier Avenue, Chatanooga, TN 37405	Software License	198,000
		0
		0
		0
		0

**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 **1**

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	461,803			
	e	Government grants (contributions) . . . . .	1e	132,295			
	f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	-28,750			
	g	Noncash contributions included in lines 1a-1f: \$ . . . . .		0			
	h	<b>Total.</b> Add lines 1a-1f . . . . . ▶		565,348			
	Program Service Revenue	2a	Business Code . . . . .		0		
b		-----		0			
c		-----		0			
d		-----		0			
e		-----		0			
f		All other program service revenue . . . . .		0			
g		<b>Total.</b> Add lines 2a-2f . . . . . ▶		0			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		91		91
	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	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0				
12	<b>Total revenue.</b> See instructions. . . . . ▶		565,439	0	0	91	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	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 . . . . .	101,044	5,980	95,064	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	10,104	597	9,507	
9	Other employee benefits . . . . .	7,681	187	7,494	
10	Payroll taxes . . . . .	7,602	457	7,145	
11	Fees for services (non-employees):				
a	Management . . . . .	0			
b	Legal . . . . .	0			
c	Accounting . . . . .	6,350		6,350	
d	Lobbying . . . . .	0			
e	Professional fundraising services. See Part IV, line 17 . . . . .	0			
f	Investment management fees . . . . .	0			
g	Other . . . . .	0			
12	Advertising and promotion . . . . .	5,147	4,947	200	
13	Office expenses . . . . .	35,419	32,190	3,229	
14	Information technology . . . . .	5,339	1,936	3,403	
15	Royalties . . . . .	0			
16	Occupancy . . . . .	5,514		5,514	
17	Travel . . . . .	14,713	10,810	3,903	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19	Conferences, conventions, and meetings . . . . .	0			
20	Interest . . . . .	0			
21	Payments to affiliates . . . . .	0			
22	Depreciation, depletion, and amortization . . . . .	3,461	0	3,461	0
23	Insurance . . . . .	1,281		1,281	
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	Contract Services . . . . .	755,114	651,453	103,661	
b	Convening & Facilitating . . . . .	58,245	58,227	18	
c	Telephone . . . . .	2,804	421	2,383	
d	Staff Development . . . . .	2,749	373	2,376	
e	Recruitment . . . . .	12,138		12,138	
f	All other expenses . . . . .	69		69	
25	<b>Total functional expenses.</b> Add lines 1 through 24f . . . . .	1,034,774	767,578	267,196	0
26	<b>Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	436,875	<b>1</b>	35,585
	<b>2</b> Savings and temporary cash investments . . . . .	60,612	<b>2</b>	60,703
	<b>3</b> Pledges and grants receivable, net . . . . .	660,000	<b>3</b>	492,432
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	8,066
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .		<b>9</b>	837
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 17,927		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 14,448	6,940	<b>10c</b> 3,479
	<b>11</b> Investments—publicly traded securities . . . . .	0	<b>11</b>	0
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,164,427	<b>16</b>	601,102
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	53,358	<b>17</b>	19,879
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	60,511	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	0	<b>25</b>	0	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .		113,869	<b>26</b>	19,879
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	544,802	<b>27</b>	249,116
	<b>28</b> Temporarily restricted net assets . . . . .	505,756	<b>28</b>	332,107
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .		1,050,558	<b>33</b>	581,223
<b>34</b> Total liabilities and net assets/fund balances . . . . .		1,164,427	<b>34</b>	601,102

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	565,439
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,034,774
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-469,335
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	1,050,558
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	581,223

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	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	
<b>2d</b>	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		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

**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 ORCHARD FOUNDATION	Employer identification number 87-0730768
--	--

**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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	X
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	X

(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) Rapides Foundation	72-0423603	3	X		X		X		0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									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

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) - 0.00%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 - 0.00%; 16a 33 1/3% support test-2010; b 33 1/3% support test-2009; 17a 10%-facts-and-circumstances test-2010; b 10%-facts-and-circumstances test-2009; 18 Private foundation.



**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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						0
<b>13 Total support.</b> (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** . . . . . ▶

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

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

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

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



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2010**

<b>Name of the organization</b>  THE ORCHARD FOUNDATION	<b>Employer identification number</b>  87-0730768
---	---

**Organization type** (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ .....

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

<b>Name of organization</b> THE ORCHARD FOUNDATION	<b>Employer identification number</b> 87-0730768
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	The Rapides Foundation 1101 Fourth Street, Suite 300 Alexandria LA 71301 Foreign State or Province: _____ Foreign Country: _____	\$ 640,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Diamond B Construction P.O. Box 7618 Alexandria LA 71306 Foreign State or Province: _____ Foreign Country: _____	\$ 3,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Gilchrist Construction 5709 New York Avenue Alexandria LA 71302 Foreign State or Province: _____ Foreign Country: _____	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Louisiana State University 222 Prescott Hall Baton Rouge LA 70803 Foreign State or Province: _____ Foreign Country: _____	\$ 132,295	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	_____ _____ _____ Foreign State or Province: _____ Foreign Country: _____	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE ORCHARD FOUNDATION	Employer identification number 87-0730768
--	--

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----
-----	----- ----- -----	\$ ----- 0	-----

Name of organization THE ORCHARD FOUNDATION	Employer identification number 87-0730768
--	--

**Part III** *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov.                      Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov.                      Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov.                      Country	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- ----- For. Prov.                      Country	----- ----- -----

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

THE ORCHARD FOUNDATION

Employer identification number

87-0730768

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: Line 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: Line number, Description, 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: Line number, Description, Amount. Includes questions 1a-1b and 2a-2b 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      |
|--|-------------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b>   |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b>   |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b>   |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> 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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses . . . . .					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . .   |     |    |
| <b>(ii)</b> related organizations . . . . .  |     |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |     |    |
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .	0	0		0
<b>b</b> Buildings . . . . .	0	0	0	0
<b>c</b> Leasehold improvements . . . . .	0	0	0	0
<b>d</b> Equipment . . . . .	0	17,927	14,448	3,479
<b>e</b> Other . . . . .	0	0	0	0
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .				3,479



**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	
<b>Total.</b> (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	
<b>Total.</b> (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
<b>Total.</b> (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)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
(11)	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	

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

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1</b> 565,439
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	<b>2</b> 1,034,774
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	<b>3</b> -469,335
<b>4</b>	Net unrealized gains (losses) on investments . . . . .	<b>4</b>
<b>5</b>	Donated services and use of facilities . . . . .	<b>5</b>
<b>6</b>	Investment expenses . . . . .	<b>6</b>
<b>7</b>	Prior period adjustments . . . . .	<b>7</b>
<b>8</b>	Other (Describe in Part XIV.) . . . . .	<b>8</b>
<b>9</b>	Total adjustments (net). Add lines 4 through 8 . . . . .	<b>9</b> 0
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	<b>10</b> -469,335

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b> 565,439
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 565,439
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 0
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b> 565,439

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b> 1,034,774
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>
<b>c</b>	Other losses . . . . .	<b>2c</b>
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 1,034,774
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 0
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b> 1,034,774

**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)

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  
 penalties expense in the Foundation's accounting records. 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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

THE ORCHARD 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

87-0730768

**Part I Questions Regarding Compensation**

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

**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)	0	0	0	0	0	0
		(ii)	274,160	0	0	32,176	0	306,336
2	Annette Beuchler	(i)	0	0	0	0	0	0
		(ii)	132,075	0	0	20,951	0	153,026
3		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
4		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
5		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
6		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
7		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
8		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
9		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
10		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
11		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
12		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
13		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
14		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
15		(i)	0	0	0	0	0	0
		(ii)	0	0	0	0	0	0
16		(i)	0	0	0	0	0	0
		(ii)	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 O**  
**(Form 990 or 990-EZ)**

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

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

THE ORCHARD FOUNDATION

87-0730768

Form 990 Part I Line 1 : Grant, LaSalle, Natchitoches, Rapides, Vernon and Winn. The Orchard Foundation's mission is to improve academic achievement for Central Louisiana students by promoting best practices; recruiting, retaining, and rewarding excellent and innovative teachers; building school leadership; and strengthening school and community relationships. The Orchard Foundation's activities as described are carried out for the benefit of its supported organization. The Rapides Foundation. The Orchard Foundation is a 509(a)(3) Type I supporting organization.

Form 990 Part III Line 4a : The institutes featured hands-on curriculum and materials that were engaging, rigorous and motivating for students and that could immediately be brought back into the classroom and implemented. Best-practice resources from AIMS and Kagan were offered, and one session focused on 21st Century Skills. A total of 968 teachers attended the institutes.

Form 990 Part III Line 4d : As part of its focus on Career and Technical Education (CTE), The Orchard Foundation facilitated two career-focused courses in area high schools during 2010.  An innovative program that prepares high school students for careers in the Forest Products Industry, the Wood Works program, is currently offered in several Central Louisiana schools. The Wood Works course of study includes training in safety, applied math, forestry, employability skills, wood industry terminology, and an introduction to the industry as a viable career option. The Wood Works program provides basic training for students to become productive employees in business and industry.  A Construction Technology Course (CTC) is a combination of hands-on and textbook instruction and utilizes text books certified and approved by the National Center for Construction Education and Research (NCCER) to instruct students. It is designed to help students gain technical and industrial knowledge and encourage them to pursue a career in construction. High school students that successfully complete the course are registered into the NCCER database for potential employment in the construction industry.

Name of the organization <b>THE ORCHARD FOUNDATION</b>	Employer identification number <b>87-0730768</b>
---	---

Form 990 Part VI Line 11A A final copy of 2010 The Orchard Foundation Form 990 was furnished .....  
to The Orchard Foundation Board Members for review, discussed at a Board meeting, and approved .....  
by the Board prior to filing.

Form 990 Part VI Line 12c The Rapides Foundation, Orchard Foundation's supported organization, .....  
has both a "Staff Code of Ethics and Conduct" and a "Trustee Code of Ethics and Conduct," both .....  
of which define and describe actions to be taken in the event of conflicts of interest. ....

Orchard Foundation operates under Rapides Foundation policies and procedures. The "Staff Code .....  
of Ethics and Conduct" is monitored and enforced through organizational procedures, controls .....  
and daily supervision of employees by the next level of management. The "Trustee Code of .....  
Ethics and Conduct" is monitored at each board meeting, because the first agenda item is one .....  
in which board members are asked to disclose any potential conflicts with listed agenda items. ....

A member that has a potential conflict of interest with a matter that comes before the board .....  
or committee is required to leave the room before the matter is discussed, and a majority vote .....  
of the remaining disinterested board members determine whether a conflict actually exists. If .....  
a conflict is determined to exist, then the conflicted member is not allowed to be present .....  
during board discussion and vote on the issue creating the conflict. Each year, board members .....  
and key employees are required to complete a conflict of interest questionnaire to disclose .....  
business and personal relationships that could be potential conflicts of interests.

Form 990 Part VI Line 15a & b The Rapides Foundation's (Orchard's supported organization) .....  
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 Rapides .....  
Foundation positions as well as positions for its supporting organizations. The consultant is .....  
provided with job descriptions for all job positions. The consultant then compares those jobs .....  
with similar positions at similar types and sizes of organizations. The consultant meets with .....  
the Compensation Committee and provides the comparison data, along with their recommendations .....  
for pay ranges for each position (minimum, midpoint, maximum). Recommendations are based upon .....  
market averages of similar types and sizes of organizations.  The CEO and two directors of



Name of the organization <b>THE ORCHARD FOUNDATION</b>	Employer identification number <b>87-0730768</b>
---	---

the Rapides Foundation are considered key employees. The CEO recommends the pay for the two  
directors and a salary budget for the remaining employees of the Rapides Foundation and its  
supporting organizations to the Compensation Committee for approval. The consultant meets with  
the Compensation Committee independently to discuss recommendations for CEO pay.   
Form 990 Part VI Line 19 The Rapides Foundation, Orchard's supported organization, makes its  
Staff Code of Ethics and Conduct, Trustee Code of Ethics and Conduct, and Annual Report  
(including financial statements) available on the organization's website at  
www.rapidesfoundation.org <<http://www.rapidesfoundation.org>>. The Orchard Foundation website  
links to the Rapides Foundation website.

**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 ORCHARD FOUNDATION

Employer identification number  
87-0730768

**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) Rapides Foundation (RF) 72-0423603 1101 Fourth Street, Suite 300, Alexandria, LA 71301	Hospital	LA	501(c)3	3	NA		X
(2) CMAP Express 02-0751416 1101 Fourth Street, Suite 300, Alexandria, LA 71301	Healthcare Access	LA	501(c)3	509(a)(3)l	RF		X
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....					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 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
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .		X
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .	X	
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .		X
<b>n</b> Sharing of paid employees . . . . .		X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .		X
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		X
<b>r</b> 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 Rapides Foundation	c	656,803	Grant Agreement
(2) The Rapides Foundation	j	150,623	Cost Acct System
(3)		0	
(4)		0	
(5)		0	
(6)		0	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) 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		



# ORCHARD FOUNDATION-FA

## Depreciation Expense Report

As of December 31, 2010

Book = Internal

FYE Month = December

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
000005	08/01/04	699.00	P	RemVI	07 00	0.00	699.00	11/30/10	464.87	12.33	147.87	612.74	
000006	08/01/04	699.00	P	RemVI	07 00	0.00	699.00	11/30/10	464.87	12.33	147.87	612.74	
000007	08/01/04	801.00	P	RemVI	07 00	0.00	801.00	11/30/10	620.19	9.52	114.20	734.39	
000008	08/01/04	500.00	P	RemVI	07 00	0.00	500.00	11/30/10	387.23	5.94	71.22	458.45	
000009	08/01/04	1,198.00	P	RemVI	07 00	0.00	1,198.00	11/30/10	795.94	21.16	253.94	1,049.88	
000010	08/01/04	598.00	P	RemVI	07 00	0.00	598.00	11/30/10	397.58	10.55	126.58	524.16	
000011	08/01/04	374.00	P	RemVI	07 00	0.00	374.00	11/30/10	247.74	6.65	79.74	327.48	
000012	08/01/04	95.00	P	RemVI	07 00	0.00	95.00	11/30/10	73.55	1.13	13.55	87.10	
000013	08/01/04	60.00	P	RemVI	07 00	0.00	60.00	11/30/10	46.52	0.71	8.51	55.03	
000014	08/01/04	100.00	P	RemVI	05 00	0.00	100.00	11/30/10	100.00	0.00	0.00	100.00	
000016	08/01/04	50.00	P	RemVI	07 00	0.00	50.00	11/30/10	38.94	0.59	6.98	45.92	
000017	08/01/04	966.00	P	RemVI	07 00	0.00	966.00	11/30/10	643.00	17.00	204.00	847.00	
000018	08/01/04	398.00	P	RemVI	07 00	0.00	398.00	11/30/10	307.90	4.75	56.91	364.81	
000019	08/01/04	599.00	P	RemVI	07 00	0.00	599.00	11/30/10	398.58	10.55	126.58	525.16	
000020	08/01/04	538.00	P	RemVI	07 00	0.00	538.00	11/30/10	417.87	6.33	75.88	493.75	
000021	08/01/04	1,000.00	P	RemVI	07 00	0.00	1,000.00	11/30/10	775.68	11.81	141.68	917.36	
000023	08/01/04	600.00	P	RemVI	07 00	0.00	600.00	11/30/10	465.16	7.10	85.16	550.32	
000024	08/01/04	198.00	P	RemVI	07 00	0.00	198.00	11/30/10	153.87	2.33	27.88	181.75	
000027	11/01/06	1,070.00	P	RemVI	05 00	0.00	1,070.00	11/30/10	650.92	19.05	228.59	879.51	
000028	11/01/06	1,070.00	P	RemVI	05 00	0.00	1,070.00	11/30/10	650.92	19.05	228.59	879.51	
000029	11/01/06	1,070.00	P	RemVI	05 00	0.00	1,070.00	11/30/10	650.93	19.05	228.58	879.51	
000030	12/01/06	2,550.00	P	RemVI	05 00	0.00	2,550.00	11/30/10	1,499.89	45.66	547.88	2,047.77	
000031	11/01/08	1,931.00	P	SLMM	05 00	0.00	1,931.00	11/30/10	482.20	32.19	386.21	868.41	
000032	04/01/08	763.00	P	SLMM	05 00	0.00	763.00	11/30/10	252.60	12.72	152.60	405.20	
Grand Total		17,927.00				0.00	17,927.00		10,986.95	288.50	3,461.00	14,447.95	
Less disposals and transfers		0.00				0.00	0.00		0.00			0.00	
Count = 0													
Net Grand Total		<u>17,927.00</u>				<u>0.00</u>	<u>17,927.00</u>		<u>10,986.95</u>	<u>288.50</u>	<u>3,461.00</u>	<u>14,447.95</u>	
Count = 24													