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CLIENT'S COPY

TAXPAYER'S COPY

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

(225)922-4600

November 5, 2020

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

The Rapides Foundation:

Enclosed are the original and one copy of the 2019 Exempt Organization return, as follows...

2019 Form 990

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

Please review the return for completeness and accuracy.

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

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

Sincerely,

Postlethwaite & Netterville

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING
December 31, 2019

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

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

THE RAPIDES FOUNDATION

72-0423603

Name and title of officer

JOE ROSIER, JR.

CEO

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>16,724,929.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

72610912312
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 province, country, and ZIP or foreign postal code ALEXANDRIA, LA 71301		D Employer identification number 72-0423603
	F Name and address of principal officer: JOE ROSIER, JR. 1101 FOURTH STREET SUITE 300, ALEXANDRIA, LA		E Telephone number 318-443-3394
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 16,724,929.
	J Website: WWW.RAPIDESFOUNDATION.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1924 M State of legal domicile: LA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL
	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 2019 (Part V, line 2a) 5 44
	6 Total number of volunteers (estimate if necessary) 6 15
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 39 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 100. 0.
	9 Program service revenue (Part VIII, line 2g) 4,494,486. 5,089,713.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,336,492. 11,363,332.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 34. 271,884.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 18,831,112. 16,724,929.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,672,830. 7,580,811.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,347,568. 1,576,557.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,788,000. 2,231,117.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,808,398. 11,388,485.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12 9,022,714. 5,336,444.
	20 Total assets (Part X, line 16) 272,117,857. 306,834,866.
	21 Total liabilities (Part X, line 26) 7,913,320. 5,384,112.
	22 Net assets or fund balances. Subtract line 21 from line 20 264,204,537. 301,450,754.

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 JOE ROSIER, JR., CEO Type or print name and title		Date
	Print/Type preparer's name MEGAN COURTNEY	Preparer's signature MEGAN COURTNEY	Date Check if self-employed <input type="checkbox"/> PTIN P01571790
Preparer Use Only	Firm's name ▶ POSTLETHWAITE & NETTERVILLE		Firm's EIN ▶ 72-1202445
	Firm's address ▶ 8550 UNITED PLAZA BLVD, SUITE 1001 BATON ROUGE, LA 70809		Phone no. (225) 922-4600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE RAPIDES FOUNDATION (TRF) IS TO IMPROVE THE HEALTH STATUS OF CENTRAL LOUISIANA.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$ 5,089,714.) ACUTE-CARE HOSPITAL SERVICES THE RAPIDES FOUNDATION IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC (RHS), WHICH OWNS AND OPERATES RAPIDES REGIONAL MEDICAL CENTER (RRMC), A 380-BED HOSPITAL IN ALEXANDRIA, LA. AS AN OWNER OF RHS, TRF SEEKS TO PROVIDE THE HIGHEST STANDARD OF PATIENT CARE, SUPPORT HEALTHCARE ACCESS FOR THE UNINSURED/UNDERSERVED POPULATION, AND MEET THE COMMUNITY BENEFIT STANDARDS UNDER 501(C)(3) AND 501(R) OF THE INTERNAL REVENUE SERVICE CODE. DURING THE TWELVE MONTHS ENDED DECEMBER 31, 2019, RRMC ADMITTED 14,742 PATIENTS, CARED FOR 77,460 PATIENTS IN THE EMERGENCY ROOM, AND FACILITATED 11,988 SURGERIES.

RAPIDES HEALTHCARE SYSTEM PROVIDED \$3.8 MILLION IN FINANCIAL SUPPORT DURING 2019 TO THE LOUISIANA STATE UNIVERSITY FAMILY PRACTICE

4b (Code:) (Expenses \$ 2,153,958. including grants of \$ 939,280.) (Revenue \$) HEALTHY PEOPLE TRF PROVIDED CHRONIC CARE PRESCRIPTION MEDICATIONS FOR PEOPLE WHO CANNOT AFFORD THEM THROUGH A \$505,000GRANT IN 2019 TO ITS SUPPORTING ORGANIZATION, CENLA MEDICATION ACCESS PROGRAM (CMAP). CMAP'S PATIENT ASSISTANCE PROGRAM (PAP) LOCATES CMAP STAFF NEAR PHYSICIAN OFFICES THROUGHOUT CMAP'S PRIMARY NINE-PARISH SERVICE AREA. THESE PAP SPECIALISTS COMPLETE APPLICATIONS FOR PATIENTS WHO ARE UNABLE TO AFFORD THEIR MEDICATION TO RECEIVE FREE CHRONIC CARE MEDICATIONS THROUGH DRUG MANUFACTURERS' PATIENT ASSISTANCE PROGRAMS. PATIENTS ALSO RECEIVE MEDICATIONS AND DIABETIC SUPPLIES THROUGH CMAP'S CENTRAL FILL PHARMACY, WHICH AS OF END OF 2019 HAD CONTRACTS TO WORK WITH AND PROVIDE PHARMACEUTICALS FROM THIRTEEN MAJOR COMPANIES. ADDITIONALLY, RAPIDES REGIONAL MEDICAL CENTER (RRMC) CONTRACTS WITH CMAP TO PROVIDE

4c (Code:) (Expenses \$ 5,459,365. including grants of \$ 4,972,475.) (Revenue \$ 0.) EDUCATION -- DURING 2019 THE RAPIDES FOUNDATION PROVIDED \$1.5 MILLION IN GRANTS TO THE NINE PUBLIC SCHOOL DISTRICTS IN TRF'S SERVICE AREA. THE GRANTS WERE USED FOR TARGETED PROFESSIONAL DEVELOPMENT, COACHING AND MENTORING OF TEACHERS; LEADERSHIP DEVELOPMENT FOR ADMINISTRATORS; AND FUNDING TO ALLOW THE DISTRICTS TO PARTICIPATE IN INSTITUTES PROVIDED BY THE ORCHARD FOUNDATION. THE ORCHARD FOUNDATION'S WORK IN COLLEGE AND CAREER READINESS ENCOMPASSES THREE AREAS - THE CENLA WORK READY NETWORK, COLLEGE AND CAREER COACHING FOR HIGH SCHOOL STUDENTS, AND JUMP START PROGRAMS TO EXPOSE CENLA EDUCATORS AND STUDENTS TO CAREER OPPORTUNITIES IN THE CENTRAL LOUISIANA REGION.

THE CENLA WORK READY NETWORK IS A SYSTEM DESIGNED TO LINK EDUCATION

4d Other program services (Describe on Schedule O.) (Expenses \$ 2,254,455. including grants of \$ 1,669,056.) (Revenue \$)

4e Total program service expenses 9,867,778.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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 or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 44		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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 on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
JOE ROSIER, JR., PRESIDENT & CEO - 318-443-3394
1101 FOURTH STREET SUITE 300, ALEXANDRIA, LA 71301

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA CLARK TRUSTEE	0.50	X		X				0.	0.	0.
(2) BEN CLOSE, M.D. TRUSTEE	0.50	X						0.	0.	0.
(3) DEBBIE EDDLEMAN TRUSTEE	0.50	X						0.	0.	0.
(4) CURMAN GAINES, PH.D. TRUSTEE	0.50	X						0.	0.	0.
(5) DOUG GODARD TRUSTEE	0.50	X		X				0.	0.	0.
(6) BETTY WESTERCHIL TRUSTEE	0.50	X						0.	0.	0.
(7) ROSEADA MAYEUX TRUSTEE	0.50	X						0.	0.	0.
(8) MURPHY MCMILLIN TRUSTEE	0.50	X						0.	0.	0.
(9) ANNA MOREAU, D.D.S. TRUSTEE	0.50	X		X				0.	0.	0.
(10) SHADHID MANSOOR, M.D. TRUSTEE	0.50	X						0.	0.	0.
(11) MICHAEL REESE TRUSTEE	0.50	X		X				0.	0.	0.
(12) JANNEASE SEASTRUNK TRUSTEE	0.50	X						0.	0.	0.
(13) EDWIN URBI, M.D. TRUSTEE	0.50	X						0.	0.	0.
(14) HENRY WILLIAMS TRUSTEE	0.50	X						0.	0.	0.
(15) DENNIS WIMMERT TRUSTEE	0.50	X		X				0.	0.	0.
(16) JOSEPH R. ROSIER, JR. PRESIDENT & CEO	40.00	X		X				403,516.	0.	55,582.
(17) KATHLEEN F. NOLEN DIR OF ADMIN	40.00				X			216,243.	0.	25,147.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ASHLEY STEWART DIR OF PROGRAMS	40.00				X			168,407.	0.	27,378.
(19) KEVIN BROWN PHARMACIST	40.00					X		0.	121,423.	24,337.
(20) MARJORIE TAYLOR EXEC DIR OF ORCHARD	40.00					X		0.	118,579.	21,695.
(21) WENDY ROY EX DIR CMAP EXPRESS	40.00					X		0.	104,995.	21,200.
(22) TAMMY MOREAU DIR OF COMMUNICATIONS	40.00					X		106,896.	0.	20,940.
(23) AKESHIA SINGLETON DIR OF EVALUATION	40.00					X		105,060.	0.	21,826.
1b Subtotal								1,000,122.	344,997.	218,105.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,000,122.	344,997.	218,105.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLUE CROSS BLUE SHIELD PO BOX 65007, DALLAS, TX 75265	HEALTH INSURANCE	209,281.
W&W EDUCATIONAL SERVICES, 6360 WATERCREST WAY #403, LAKEWOOD, FL 34202	PROGRAM SERVICES	94,297.
DOUGET ADVERTISING, 4125 PARLIAMENT DRIVE, ALEXANDRIA, LA 71315	MARKETING PHOTOGRAPHY	73,161.
KINETIX TECHNOLOGIES P.O. BOX 8642, ALEXANDRIA, LA 71306	IT SUPPORT	71,731.
ROADRUNNER CONSULTING 192 COOPER ROAD, ALEXANDRIA, LA 71303	PROGRAM SERVICES	66,114.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g Noncash contributions included in lines 1a-1f	1g \$					
	h Total. Add lines 1a-1f						
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue	623990	5,089,713.	5,089,713.			
g Total. Add lines 2a-2f			5,089,713.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,903,277.		4,903,277.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	6,460,055.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	0.				
	c Gain or (loss)	7c	6,460,055.				
	d Net gain or (loss)			6,460,055.		6,460,055.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a OTHER INCOME		Business Code				
			900099	271,884.	271,884.		
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d			271,884.				
12 Total revenue. See instructions			16,724,929.	5,361,597.	0.	11,363,332.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	7,580,811.	7,580,811.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	647,966.	202,679.	445,287.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	637,602.	270,480.	367,122.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,328.	45,055.	76,273.	
9 Other employee benefits	91,631.	37,267.	54,364.	
10 Payroll taxes	78,030.	29,803.	48,227.	
11 Fees for services (nonemployees):				
a Management				
b Legal	42,452.	12,276.	30,176.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	128,057.	128,043.	14.	
12 Advertising and promotion	798,760.	645,492.	153,268.	
13 Office expenses	42,961.	18,775.	24,186.	
14 Information technology	178,332.	61,884.	116,448.	
15 Royalties				
16 Occupancy	94,371.	49,903.	44,468.	
17 Travel	25,089.	20,383.	4,706.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	117,727.	53,936.	63,791.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,034.	18,465.	40,569.	
23 Insurance	31,183.	9,754.	21,429.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SERVICES	625,305.	611,426.	13,879.	
b PROGRAM SUPPLIES	62,188.	62,188.		
c MEMBERSHIPS & DUES	22,235.	7,061.	15,174.	
d OTHER	3,423.	2,097.	1,326.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,388,485.	9,867,778.	1,520,707.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	4,970,900.	1	3,695,828.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	13,562.	4	2,799.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	22,402.	9	24,444.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,668,250.			
	b Less: accumulated depreciation	10b 2,270,531.	1,508,796.	10c	1,397,719.
	11 Investments - publicly traded securities	229,568,508.	11	261,944,974.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11	35,998,342.	13	39,706,423.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	35,347.	15	62,679.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	272,117,857.	16	306,834,866.		
Liabilities	17 Accounts payable and accrued expenses	351,403.	17	308,322.	
	18 Grants payable	7,526,570.	18	5,013,111.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	35,347.	25	62,679.	
	26 Total liabilities. Add lines 17 through 25	7,913,320.	26	5,384,112.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	264,204,537.	27	301,450,754.	
	28 Net assets with donor restrictions		28		
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	264,204,537.	32	301,450,754.	
33 Total liabilities and net assets/fund balances	272,117,857.	33	306,834,866.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,724,929.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,388,485.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,336,444.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	264,204,537.
5	Net unrealized gains (losses) on investments	5	31,909,773.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	301,450,754.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 VI 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 - 2018. 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 VI 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 10 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
2a			
2b			
3a			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Horizontal lines for supplemental information.

TAXPAYER'S COPY

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

Name of organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)		32,091.	
c Total lobbying expenditures (add lines 1a and 1b)		32,091.	
d Other exempt purpose expenditures		12,248,757.	
e Total exempt purpose expenditures (add lines 1c and 1d)		12,280,848.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		764,042.	
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)		191,011.	
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	860,159.	957,431.	640,420.	764,042.	3,222,052.
b Lobbying ceiling amount (150% of line 2a, column(e))					4,833,078.
c Total lobbying expenditures	85,767.	32,431.	31,595.	32,091.	181,884.
d Grassroots nontaxable amount	215,040.	239,358.	160,105.	191,011.	805,514.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,208,271.
f Grassroots lobbying expenditures	42,500.				42,500.

Schedule C (Form 990 or 990-EZ) 2019

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
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2019

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		59,900.		59,900.
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		3,608,350.	2,270,531.	1,337,819.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,397,719.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) RHS PARTNERSHIP	39,262,423.	COST
(2) CENLA REHAB PARTNERSHIP	444,000.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	39,706,423.	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	62,679.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	62,679.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	48,634,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	31,909,773.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	31,909,773.	
3	Subtract line 2e from line 1		3	16,724,930.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	16,724,930.

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

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

1	Total expenses and losses per audited financial statements		1	11,388,485.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1		3	11,388,485.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,388,485.

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

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

THE FOUNDATION AND ITS SUBSIDIARIES EACH FILE U.S. FEDERAL FORM 990 FOR INFORMATIONAL PURPOSES. THEIR FEDERAL INCOME TAX RETURNS FOR THE TAX YEARS 2014 AND BEYOND REMAIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

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

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

Part XIII Supplemental Information (continued)

WHILE ADDRESSING ANCILLARY ACTIVITY JOINT VENTURES, REPRESENTS AN ACKNOWLEDGMENT BY THE SERVICE THAT SUFFICIENT CONTROL MAY BE MAINTAINED BY THE EXEMPT PARTNER IN SUCH A VENTURE EVEN THOUGH OWNERSHIP AND GOVERNANCE WERE SHARED 50-50 WITH THE FOR-PROFIT VENTURER. IT SHOULD BE NOTED THAT EVEN IF THE FOUNDATION'S PUBLIC CHARITY STATUS SHOULD NOT CONTINUE, THE FOUNDATION BELIEVES THAT IT WOULD CONTINUE TO BE EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3) OF THE CODE AS A PRIVATE FOUNDATION.

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

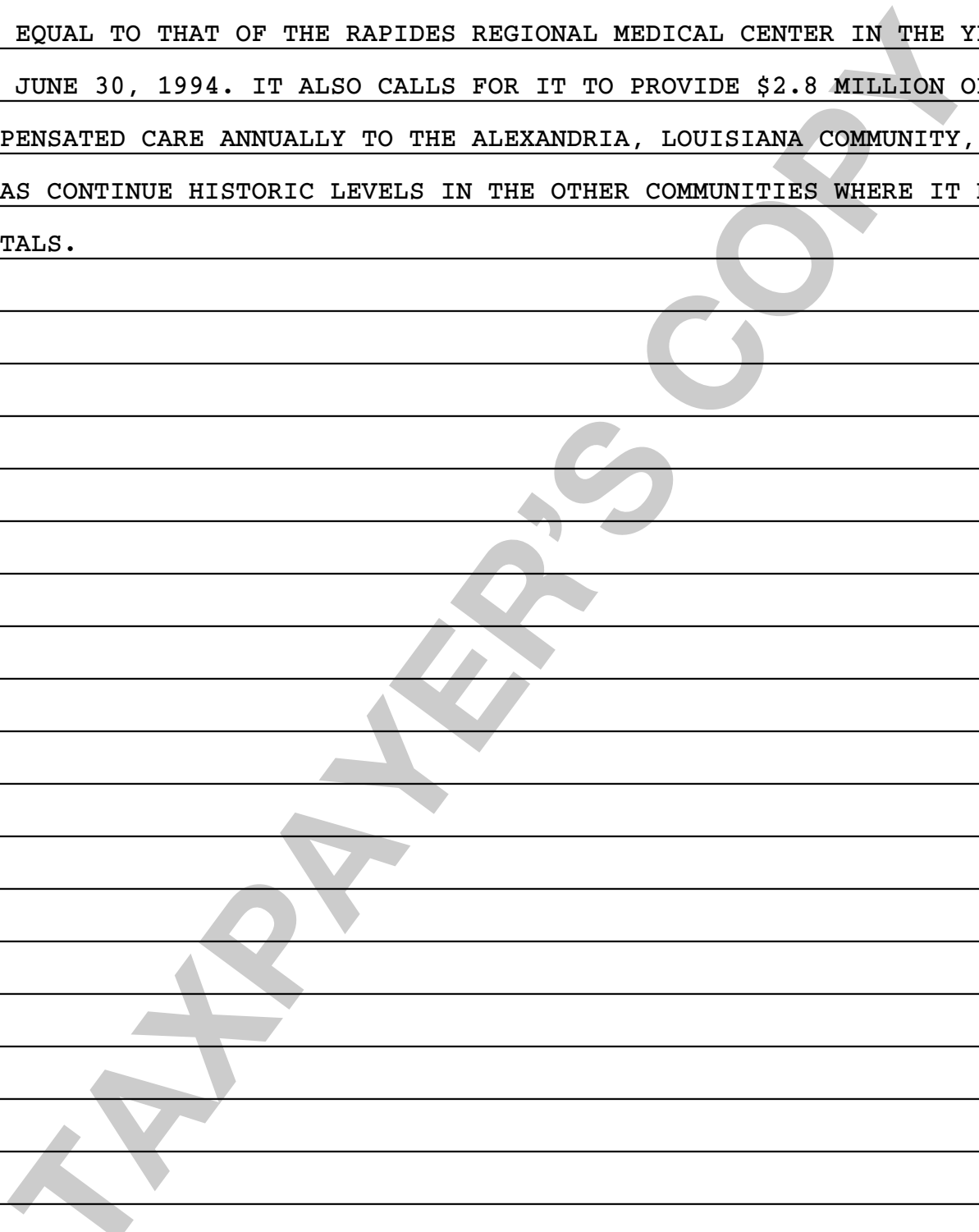
NON-CHARITABLE-USE ASSETS ARE ASSETS THAT ARE NOT USED OR HELD FOR USE DIRECTLY IN CARRYING ON THE ORGANIZATION'S EXEMPT PURPOSE; THEY INCLUDE ASSETS HELD FOR INVESTMENT AND THE PRODUCTION OF INVESTMENT INCOME. PRIVATE FOUNDATIONS ARE REQUIRED TO PUBLISH A NOTICE THAT THEIR ANNUAL REPORTS ARE AVAILABLE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

THESE FINANCIAL STATEMENTS DO NOT CONSIDER THE EFFECTS OF A POSSIBLE 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

Part XIII Supplemental Information (continued)

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



**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	<input checked="" type="checkbox"/>	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>800</u> %	<input checked="" type="checkbox"/>	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		<input checked="" type="checkbox"/>
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

	(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
7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		2,546	951,801.		951,801.	1.14%
b Medicaid (from Worksheet 3, column a)		22,959	21,989,300.	20,178,627.	1,810,673.	2.16%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs		25,505	22,941,101.	20,178,627.	2,762,474.	3.30%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,513,520.		2,513,520.	3.00%
f Health professions education (from Worksheet 5)			1,038,832.	128,110.	910,722.	1.09%
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			7,111,607.		7,111,607.	8.49%
j Total. Other Benefits			10,663,959.	128,110.	10,535,849.	12.58%
k Total. Add lines 7d and 7j		25,505	33,605,060.	20,306,737.	13,298,323.	15.88%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group RAPIDES REGIONAL MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		X
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.RAPIDESREGIONAL.COM/ABOUT</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>WWW.RAPIDESREGIONAL.COM/ABOUT</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group RAPIDES REGIONAL MEDICAL CENTER

	Yes	No
<p>Did the hospital facility have in place during the tax year a written financial assistance policy that:</p> <p>13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?</p> <p>If "Yes," indicate the eligibility criteria explained in the FAP:</p> <p>a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>800</u> %</p> <p>b <input type="checkbox"/> Income level other than FPG (describe in Section C)</p> <p>c <input type="checkbox"/> Asset level</p> <p>d <input checked="" type="checkbox"/> Medical indigency</p> <p>e <input checked="" type="checkbox"/> Insurance status</p> <p>f <input checked="" type="checkbox"/> Underinsurance status</p> <p>g <input type="checkbox"/> Residency</p> <p>h <input checked="" type="checkbox"/> Other (describe in Section C)</p>	X	
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
<p>If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</p> <p>b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</p> <p>c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</p> <p>d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p>		
16 Was widely publicized within the community served by the hospital facility?	X	
<p>If "Yes," indicate how the hospital facility publicized the policy (check all that apply):</p> <p>a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.RAPIDESREGIONAL.COM/ABOUT</u></p> <p>b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SAME AS ABOVE</u></p> <p>c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SAME AS ABOVE</u></p> <p>d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</p> <p>g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention</p> <p>h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</p> <p>i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations</p> <p>j <input type="checkbox"/> Other (describe in Section C)</p>		

Schedule H (Form 990) 2019

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group RAPIDES REGIONAL MEDICAL CENTER

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group RAPIDES REGIONAL MEDICAL CENTER

	Yes	No
22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23	X
If "Yes," explain in Section C.		
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2019

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RAPIDES REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 5: A PRECISE AND CAREFULLY EXECUTED METHODOLOGY IS CRITICAL IN ASSERTING THE VALIDITY OF THE RESULTS GATHERED IN THE PRC COMMUNITY HEALTH SURVEY. THUS, TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED A TELEPHONE INTERVIEW METHODOLOGY -- ONE THAT INCORPORATES BOTH LANDLINE AND CELL PHONE INTERVIEWS -- WAS EMPLOYED. THE PRIMARY ADVANTAGES OF TELEPHONE INTERVIEWING ARE TIMELINESS, EFFICIENCY, AND RANDOM-SELECTION CAPABILITIES.

IN 2018, A COMPREHENSIVE HEALTH SURVEY OF CENTRAL LOUISIANA WAS COMPLETED BY PRC ON BEHALF OF THE RAPIDES FOUNDATION. DATA FROM THE THREE-PARISH SERVICE AREA OF RAPIDES REGIONAL MEDICAL CENTER SERVE TO INFORM THIS COMMUNITY HEALTH NEEDS ASSESSMENT. THE DATA WERE DRAWN FROM A RANDOM SAMPLE OF 1,458 INDIVIDUALS AGE 18 AND OLDER IN THE SERVICE AREA, INCLUDING 400 IN AVOYELLES PARISH, 285 IN GRANT PARISH, AND 773 IN RAPIDES PARISH. ONCE THESE DATA WERE COLLECTED, THE SAMPLE WAS WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION AT THE PARISH LEVEL SO THAT ESTIMATES BETTER REFLECT THE SERVICE AREA AS A WHOLE.

POPULATION ESTIMATES WERE BASED ON CENSUS DATA OF ADULTS AGE 18 AND OVER PROVIDED THROUGH THE US CENSUS BUREAU'S 2011-2015 AMERICAN COMMUNITY SURVEY.

ALL ADMINISTRATION OF THE SURVEYS, DATA COLLECTION, AND DATA ANALYSIS WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC).

TO ACCURATELY REPRESENT THE POPULATION STUDIED, PRC STRIVES TO MINIMIZE BIAS THROUGH APPLICATION OF A PROVEN TELEPHONE METHODOLOGY AND RANDOM-SELECTION TECHNIQUES. WHILE THIS RANDOM SAMPLING OF THE POPULATION PRODUCES A HIGHLY REPRESENTATIVE SAMPLE, IT IS A COMMON AND PREFERRED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRACTICE TO "WEIGHT" THE RAW DATA TO IMPROVE THIS REPRESENTATIVENESS EVEN FURTHER. THIS IS ACCOMPLISHED BY ADJUSTING THE RESULTS OF A RANDOM SAMPLE TO MATCH THE GEOGRAPHIC DISTRIBUTION AND DEMOGRAPHIC CHARACTERISTICS OF THE POPULATION SURVEYED (POSTSTRATIFICATION), SO AS TO ELIMINATE ANY NATURALLY OCCURRING BIAS. SPECIFICALLY, ONCE THE RAW DATA ARE GATHERED, RESPONDENTS ARE EXAMINED BY KEY DEMOGRAPHIC CHARACTERISTICS (NAMELY SEX, AGE, RACE, ETHNICITY, AND POVERTY STATUS), AND A STATISTICAL APPLICATION PACKAGE APPLIES WEIGHTING VARIABLES THAT PRODUCE A SAMPLE WHICH MORE CLOSELY MATCHES THE POPULATION FOR THESE CHARACTERISTICS. THUS, WHILE THE INTEGRITY OF EACH INDIVIDUAL'S RESPONSES IS MAINTAINED, ONE RESPONDENT'S RESPONSES MAY CONTRIBUTE TO THE WHOLE THE SAME WEIGHT AS, FOR EXAMPLE, 1.1 RESPONDENTS. ANOTHER RESPONDENT, WHOSE DEMOGRAPHIC CHARACTERISTICS MAY HAVE BEEN SLIGHTLY OVERSAMPLED, MAY CONTRIBUTE THE SAME WEIGHT AS 0.9 RESPONDENTS.

FURTHER NOTE THAT THE POVERTY DESCRIPTIONS AND SEGMENTATION USED IN THIS REPORT ARE BASED ON ADMINISTRATIVE POVERTY THRESHOLDS DETERMINED BY THE US DEPARTMENT OF HEALTH & HUMAN SERVICES. THESE GUIDELINES DEFINE POVERTY STATUS BY HOUSEHOLD INCOME LEVEL AND NUMBER OF PERSONS IN THE HOUSEHOLD (E.G., THE 2018 GUIDELINES PLACE THE POVERTY THRESHOLD FOR A FAMILY OF FOUR AT \$25,100 ANNUAL HOUSEHOLD INCOME OR LOWER). IN SAMPLE SEGMENTATION: "VERY LOW INCOME" REFERS TO COMMUNITY MEMBERS LIVING IN A HOUSEHOLD WITH DEFINED POVERTY STATUS; "LOW INCOME" REFERS TO HOUSEHOLDS WITH INCOMES JUST ABOVE THE POVERTY LEVEL AND EARNING UP TO TWICE (100%-199%) THE POVERTY THRESHOLD; AND "MID/HIGH INCOME" REFERS TO THOSE HOUSEHOLDS LIVING ON INCOMES WHICH ARE TWICE OR MORE (=200%) THE FEDERAL POVERTY LEVEL. THE SAMPLE DESIGN AND THE QUALITY CONTROL PROCEDURES USED IN THE DATA COLLECTION ENSURE THAT THE SAMPLE IS REPRESENTATIVE. THUS, THE FINDINGS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MAY BE GENERALIZED TO THE TOTAL POPULATION OF COMMUNITY MEMBERS IN THE DEFINED AREA WITH A HIGH DEGREE OF CONFIDENCE.

ONLINE KEY INFORMANT SURVEY

TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY RAPIDES REGIONAL MEDICAL CENTER; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 50 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED HERE: PHYSICIANS 2 INVITED, 0 PARTICIPATING; PUBLIC HEALTH REPRESENTATIVES 5 INVITED, 3 PARTICIPATING; OTHER HEALTH PROVIDERS 20 INVITED, 6 PARTICIPATING; SOCIAL SERVICES 23 INVITED, 11 PARTICIPATING; AND OTHER COMMUNITY LEADERS 116 INVITED, 20 PARTICIPATING.

RAPIDES REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 6A: MADE A PAPER COPY AVAILABLE FOR PUBLIC INSPECTION WITHOUT CHARGE AT THE HOSPITAL FACILITY

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

RAPIDES REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 11: A PRECISE AND CAREFULLY EXECUTED METHODOLOGY IS CRITICAL IN ASSERTING THE VALIDITY OF THE RESULTS GATHERED IN THE PRC COMMUNITY HEALTH SURVEY. THUS, TO ENSURE THE BEST REPRESENTATION OF THE POPULATION SURVEYED A TELEPHONE INTERVIEW METHODOLOGY -- ONE THAT INCORPORATES BOTH LANDLINE AND CELL PHONE INTERVIEWS -- WAS EMPLOYED. THE PRIMARY ADVANTAGES OF TELEPHONE INTERVIEWING ARE TIMELINESS, EFFICIENCY, AND RANDOM-SELECTION CAPABILITIES.

IN 2018, A COMPREHENSIVE HEALTH SURVEY OF CENTRAL LOUISIANA WAS COMPLETED BY PRC ON BEHALF OF THE RAPIDES FOUNDATION. DATA FROM THE THREE-PARISH SERVICE AREA OF RAPIDES REGIONAL MEDICAL CENTER SERVE TO INFORM THIS COMMUNITY HEALTH NEEDS ASSESSMENT. THE DATA WERE DRAWN FROM A RANDOM SAMPLE OF 1,458 INDIVIDUALS AGE 18 AND OLDER IN THE SERVICE AREA, INCLUDING 400 IN AVOYELLES PARISH, 285 IN GRANT PARISH, AND 773 IN RAPIDES PARISH. ONCE THESE DATA WERE COLLECTED, THE SAMPLE WAS WEIGHTED IN PROPORTION TO THE ACTUAL POPULATION DISTRIBUTION AT THE PARISH LEVEL SO THAT ESTIMATES BETTER REFLECT THE SERVICE AREA AS A WHOLE.

POPULATION ESTIMATES WERE BASED ON CENSUS DATA OF ADULTS AGE 18 AND OVER PROVIDED THROUGH THE US CENSUS BUREAU'S 2011-2015 AMERICAN COMMUNITY SURVEY.

ALL ADMINISTRATION OF THE SURVEYS, DATA COLLECTION, AND DATA ANALYSIS WAS CONDUCTED BY PROFESSIONAL RESEARCH CONSULTANTS, INC. (PRC).

TO ACCURATELY REPRESENT THE POPULATION STUDIED, PRC STRIVES TO MINIMIZE BIAS THROUGH APPLICATION OF A PROVEN TELEPHONE METHODOLOGY AND RANDOM-SELECTION TECHNIQUES. WHILE THIS RANDOM SAMPLING OF THE POPULATION PRODUCES A HIGHLY REPRESENTATIVE SAMPLE, IT IS A COMMON AND PREFERRED

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PRACTICE TO "WEIGHT" THE RAW DATA TO IMPROVE THIS REPRESENTATIVENESS EVEN FURTHER. THIS IS ACCOMPLISHED BY ADJUSTING THE RESULTS OF A RANDOM SAMPLE TO MATCH THE GEOGRAPHIC DISTRIBUTION AND DEMOGRAPHIC CHARACTERISTICS OF THE POPULATION SURVEYED (POSTSTRATIFICATION), SO AS TO ELIMINATE ANY NATURALLY OCCURRING BIAS. SPECIFICALLY, ONCE THE RAW DATA ARE GATHERED, RESPONDENTS ARE EXAMINED BY KEY DEMOGRAPHIC CHARACTERISTICS (NAMELY SEX, AGE, RACE, ETHNICITY, AND POVERTY STATUS), AND A STATISTICAL APPLICATION PACKAGE APPLIES WEIGHTING VARIABLES THAT PRODUCE A SAMPLE WHICH MORE CLOSELY MATCHES THE POPULATION FOR THESE CHARACTERISTICS. THUS, WHILE THE INTEGRITY OF EACH INDIVIDUAL'S RESPONSES IS MAINTAINED, ONE RESPONDENT'S RESPONSES MAY CONTRIBUTE TO THE WHOLE THE SAME WEIGHT AS, FOR EXAMPLE, 1.1 RESPONDENTS. ANOTHER RESPONDENT, WHOSE DEMOGRAPHIC CHARACTERISTICS MAY HAVE BEEN SLIGHTLY OVERSAMPLED, MAY CONTRIBUTE THE SAME WEIGHT AS 0.9 RESPONDENTS.

THE CHARACTERISTICS OF THE SERVICE AREA SAMPLE FOR KEY DEMOGRAPHIC VARIABLES, COMPARED TO ACTUAL POPULATION CHARACTERISTICS REVEALED IN CENSUS DATA, WERE WITHIN 1.5 PERCENTAGE POINTS OF EACH OTHER IN EVERY CATEGORY. MEN WERE 49.1% OF THE POPULATION AND 48.9% OF THE SURVEY SAMPLE. WOMEN REPRESENTED 50.9% OF THE POPULATION AND 51.1% OF THE SAMPLE. AGE GROUP AND RACE CATEGORIES WERE JUST AS EQUALLY MATCHED. FINALLY, THE PERCENTAGE OF THE POPULATION THAT FELL BELOW 200% OF THE FPL REPRESENTED 44.7% OF THE POPULATION AND 44.8% OF THE SAMPLE. [NOTE THAT THE SAMPLE CONSISTED SOLELY OF AREA RESIDENTS AGE 18 AND OLDER; DATA ON CHILDREN WERE GIVEN BY PROXY BY THE PERSON MOST RESPONSIBLE FOR THAT CHILD'S HEALTHCARE NEEDS.]

FURTHER NOTE THAT THE POVERTY DESCRIPTIONS AND SEGMENTATION USED IN THIS REPORT ARE BASED ON FURTHER NOTE THAT THE POVERTY DESCRIPTIONS AND

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SEGMENTATION USED IN THIS REPORT ARE BASED ON ADMINISTRATIVE POVERTY THRESHOLDS DETERMINED BY THE US DEPARTMENT OF HEALTH & HUMAN SERVICES. THESE GUIDELINES DEFINE POVERTY STATUS BY HOUSEHOLD INCOME LEVEL AND NUMBER OF PERSONS IN THE HOUSEHOLD (E.G., THE 2018 GUIDELINES PLACE THE POVERTY THRESHOLD FOR A FAMILY OF FOUR AT \$25,100 ANNUAL HOUSEHOLD INCOME OR LOWER). IN SAMPLE SEGMENTATION: "VERY LOW INCOME" REFERS TO COMMUNITY MEMBERS LIVING IN A HOUSEHOLD WITH DEFINED POVERTY STATUS; "LOW INCOME" REFERS TO HOUSEHOLDS WITH INCOMES JUST ABOVE THE POVERTY LEVEL AND EARNING UP TO TWICE (100%-199%) THE POVERTY THRESHOLD; AND "MID/HIGH INCOME" REFERS TO THOSE HOUSEHOLDS LIVING ON INCOMES WHICH ARE TWICE OR MORE (=200%) THE FEDERAL POVERTY LEVEL.

THE SAMPLE DESIGN AND THE QUALITY CONTROL PROCEDURES USED IN THE DATA COLLECTION ENSURE THAT THE SAMPLE IS REPRESENTATIVE. THUS, THE FINDINGS MAY BE GENERALIZED TO THE TOTAL POPULATION OF COMMUNITY MEMBERS IN THE DEFINED AREA WITH A HIGH DEGREE OF CONFIDENCE.

ONLINE KEY INFORMANT SURVEY

TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY RAPIDES REGIONAL MEDICAL CENTER; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL.

KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 50 COMMUNITY
STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY, AS OUTLINED
HERE: PHYSICIANS 2 INVITED, 0 PARTICIPATING; PUBLIC HEALTH
REPRESENTATIVES 5 INVITED, 3 PARTICIPATING; OTHER HEALTH PROVIDERS 20
INVITED, 6 PARTICIPATING;
SOCIAL SERVICES 23 INVITED, 11 PARTICIPATING; AND OTHER COMMUNITY LEADERS
116 INVITED, 20 PARTICIPATING.

RAPIDES REGIONAL MEDICAL CENTER:

PART V, SECTION B, LINE 13H: UNINSURED PATIENTS MAY QUALIFY FOR 100%
DISCOUNT ON THEIR BILL UNDER EXTENUATING CIRCUMSTANCES AFTER MANAGER
REVIEW AND APPROVAL, IN CASES SUCH AS THE PATIENT IS NOT ABLE TO COMPLETE
THE FINANCIAL ASSISTANCE APPLICATION OR PROVIDE SUPPORTING DOCUMENTATION,
WHERE PATIENTS ARE IDENTIFIED AS UNDOCUMENTED RESIDENTS OR HOMELESS, OR
PATIENTS THAT EXPIRE WITHOUT AN ESTATE.

PART V, SECTION B, LINE 13A:

THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES UTILIZE FPG AS CRITERIA FOR
DISCOUNTED CARE. ANY INDIVIDUAL AT INCOME OF 200% OR LESS OF FPG
QUALIFIES FOR THE RHS FINANCIAL ASSISTANCE POLICIES (FAP) AND RECEIVES
A 100% DISCOUNT ON THEIR BILL. THERE IS A PROVISION FOR PARTIAL
DISCOUNTS ON PATIENT BILLS UNDER THE FAP USING THE FOLLOWING
GUIDELINES: UP TO 250% OF FPL, NO FINANCIAL OBLIGATION; 250% TO 300%
OF FPL, FINANCIAL OBLIGATION LIMITED TO 3% OF ANNUAL INCOME; 301% TO
400% OF FPL, FINANCIAL OBLIGATION LIMITED TO 4% OF ANNUAL INCOME; 401%

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO 600% OF FPL, FINANCIAL OBLIGATION LIMITED TO 10% OF ANNUAL INCOME;

601% TO 800% OF FPL, FINANCIAL OBLIGATION LIMITED TO 12% OF ANNUAL

INCOME; OVER 800% OF FPL FINANCIAL OBLIGATION LIMITED TO 15% OF ANNUAL

INCOME.

PART V, SECTION B, LINE 22:

THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES OFFER DISCOUNTED CARE UNDER

ITS FINANCIAL ASSISTANCE POLICIES. ANY INDIVIDUAL AT INCOME OF 250% OR

LESS OF FPG QUALIFIES FOR THE RHS FAP AND RECEIVES A 100% DISCOUNT ON

THEIR BILL. THERE IS A PROVISION FOR PARTIAL DISCOUNTS ON PATIENT

BILLS UNDER THE FAP USING THE FOLLOWING GUIDELINES: UP TO 250% OF FPL,

NO FINANCIAL OBLIGATION; 250% TO 300% OF FPL, FINANCIAL OBLIGATION

LIMITED TO 3% OF ANNUAL INCOME; 301% TO 400% OF FPL, FINANCIAL

OBLIGATION LIMITED TO 4% OF ANNUAL INCOME; 401% TO 600% OF FPL,

FINANCIAL OBLIGATION LIMITED TO 10% OF ANNUAL INCOME; 601% TO 800% OF

FPL, FINANCIAL OBLIGATION LIMITED TO 12% OF ANNUAL INCOME; OVER 800% OF

FPL FINANCIAL OBLIGATION LIMITED TO 15% OF ANNUAL INCOME.

Part V Facility Information *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 9

Name and address	Type of Facility (describe)
1 RAPIDES URGENT CARE 2389 HWY 28 EAST PINEVILLE, LA 71360	URGENT CARE CLINIC
2 RAPIDES URGENT CARE 3800 JACKSON ST EXTENSION ALEXANDRIA, LA 71301	URGENT CARE CLINIC
3 HP LONG URGENT CARE 213 HOSPITAL BOULEVARD PINEVILLE, LA 71360	URGENT CARE CLINIC FOR UNINSURED, UNDERINSURED AND MEDICAID PATIENTS
4 HP LONG MEDICINE CLINIC 213 HOSPITAL BOULEVARD PINEVILLE, LA 71360	PRIMARY CARE CLINIC FOR UNINSURED, UNDERINSURED AND MEDICAID PATIENTS
5 HP LONG SPECIALTY CLINIC 213 HOSPITAL BOULEVARD PINEVILLE, LA 71360	SPEC. MEDICAL CARE CLINIC FOR UNINSURED, UNDERINSURED AND MEDICAID PATIENTS
6 HP LONG GYNECOLOGY CLINIC 401 FOURTH ST., MEDICAL PLAZA, 2ND FL. ALEXANDRIA, LA 71301	GYNECOLOGY CLINIC FOR UNINSURED, UNDERINSURED AND MEDICAID PATIENTS
7 LSU ORAL MAXILLOFACIAL CLINIC 501 MEDICAL CENTER DRIVE, #4B ALEXANDRIA, LA 71301	ORAL MAXILLOFACIAL SURGICAL SERVICES
8 TULANE OPHTHALMOLOGY CLINIC & RESIDENC 301 4TH STREET, #3A-1 ALEXANDRIA, LA 71301	OPHTHALMOLOGY SERVICES
9 RAPIDES URGENT CARE 6515 COLISEUM BLVD ALEXANDRIA, LA 71303	URGENT CARE CLINIC

Schedule H (Form 990) 2019

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

THE RAPIDES HEALTHCARE SYSTEM (RHS) DOES UTILIZE FPG AS CRITERIA FOR DISCOUNTED CARE. ANY INDIVIDUAL AT INCOME OF 250% OR LESS OF FPG QUALIFIES FOR THE RHS FINANCIAL ASSISTANCE POLICIES (FAP) AND RECEIVES A 100% DISCOUNT ON THEIR BILL. THERE IS A PROVISION FOR PARTIAL DISCOUNTS ON PATIENT BILLS UNDER THE FAP USING THE FOLLOWING GUIDELINES: UP TO 250% OF FPL, NO FINANCIAL OBLIGATION; 250% TO 300% OF FPL, FINANCIAL OBLIGATION LIMITED TO 3% OF ANNUAL INCOME; 301% TO 400% OF FPL, FINANCIAL OBLIGATION LIMITED TO 4% OF ANNUAL INCOME; 401% TO 600% OF FPL, FINANCIAL OBLIGATION LIMITED TO 10% OF ANNUAL INCOME; 601% TO 800% OF FPL, FINANCIAL OBLIGATION LIMITED TO 12% OF ANNUAL INCOME; OVER 800% OF FPL FINANCIAL OBLIGATION LIMITED TO 15% OF ANNUAL INCOME.

PART I, LINE 6A:

THE RAPIDES HEALTHCARE SYSTEM (EMPLOYER NO. 61-1267229) PREPARED A COMMUNITY BENEFIT REPORT DURING TAX YEAR 2019.

PART I, LINE 7:

Part VI Supplemental Information (Continuation)

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

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

PART III, LINE 2:

RRMC RECORDS INSURANCE CONTRACTUAL DISCOUNTS TO PATIENT ACCOUNTS AS WELL AS 100% DISCOUNTS FOR FAP-ELIGIBLE PATIENTS AND INSURED DISCOUNTS FOR UNINSURED NON-FAP-ELIGIBLE PATIENTS. THEN NON-FAP ELIGIBLE PATIENTS ARE BILLED, AND RRMC RECORDS A PROVISION FOR BAD DEBT ACCOUNTS ON THE RECEIVABLES BASED UPON ITS HISTORICAL COLLECTION EXPERIENCE. 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.

PART III, LINE 4:

EXCERPT FROM NOTE 3:

"THE SYSTEM DOES NOT PURSUE COLLECTION OF AMOUNTS RELATED TO PATIENTS WHO MEET THE GUIDELINES TO QUALIFY AS CHARITY CARE; THEREFORE, THEY ARE NOT

Part VI Supplemental Information (Continuation)

REPORTED IN REVENUES. PATIENTS TREATED AT THE SYSTEM'S FACILITIES FOR NON-ELECTIVE CARE, WHO HAVE INCOME AT OR BELOW 250% OF THE FEDERAL POVERTY LEVEL, ARE ELIGIBLE FOR CHARITY CARE. THE FEDERAL POVERTY LEVEL IS ESTABLISHED BY THE FEDERAL GOVERNMENT AND IS BASED ON INCOME AND FAMILY SIZE. THE SYSTEM PROVIDES DISCOUNTS TO UNINSURED PATIENTS WHO DO NOT QUALIFY FOR MEDICAID OR CHARITY CARE. AFTER THE DISCOUNTS ARE APPLIED, THE AMOUNTS EXPECTED TO BE COLLECTED FROM UNINSURED PATIENTS ARE FURTHER REDUCED BY IMPLICIT PRICE CONCESSIONS (BASED UPON THE SYSTEM'S HISTORICAL COLLECTION EXPERIENCE) RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED RECOGNIZING THE FACT THAT THESE PATIENTS ARE UNLIKELY TO PAY THE FULL AMOUNTS OWED."

PART III, LINE 8:

THE SHORTFALL AMOUNT, AS WELL AS OTHER NON-ALLOWABLE EXPENSES INCURRED BY THE SYSTEM IN TREATING MEDICARE PATIENTS REFLECT NECESSARY, ALTHOUGH UNREIMBURSED, COSTS OF PATIENT TREATMENT, THUS THE EXPENSES SHOULD BE CONSIDERED AS A COMMUNITY BENEFIT OF THE SYSTEM. THE AMOUNTS REPORTED ON PART III, LINES 5-7 HAVE BEEN DETERMINED FROM THE INDIVIDUAL FACILITY COST REPORT FOR RAPIDES REGIONAL MEDICAL CENTER.

PART III, LINE 9B:

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

RHS DOES NOT PURSUE COLLECTION OF ACCOUNTS WHILE IT ATTEMPTS TO

Part VI Supplemental Information (Continuation)

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

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

PART VI, LINE 2:

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

RRMC TRUSTEES, EXECUTIVES AND MANAGERS NETWORK EXTENSIVELY WITH OTHERS IN THE COMMUNITY WHO SERVE POPULATIONS IN NEED, SUCH AS OTHER

Part VI Supplemental Information (Continuation)

HEALTH CARE PROVIDERS, LAW ENFORCEMENT AGENCIES AND GOVERNMENT OFFICIALS.
KEY EXECUTIVES AND MANAGERS ALSO SERVE ON BOARDS OF NONPROFIT
ORGANIZATIONS IN THE COMMUNITY WHO PROVIDE SERVICES TO POPULATIONS IN
NEED.

BEGINNING IN DECEMBER 2013, THE PROVISION OF ACUTE CARE MEDICAL,
PSYCHIATRIC, URGENT CARE AND EMERGENCY SERVICES, AS WELL AS PRIMARY CARE
AND SPECIALTY CLINIC SERVICES FOR THE UN- AND UNDERINSURED AND MEDICAID
POPULATIONS OF CENTRAL LOUISIANA SHIFTED TO RRMIC AND CHRISTUS HOSPITAL
ORGANIZATIONS FROM THE REGION'S LONG-STANDING STATE CHARITY HOSPITAL
LOCATED IN PINEVILLE, RAPIDES PARISH.

AS A PRIMARY DIRECT PROVIDER OF SAFETY NET SERVICES TO THE INDIGENT
POPULATION WITHIN THE SERVICE AREA, RRMIC STAFF INTERFACES REGULARLY WITH
THAT POPULATION WHILE PROVIDING ROUTINE CLINIC CARE AND IS ABLE TO ASSESS
AND ANTICIPATE SPECIALTY AND ACUTE MEDICAL NEEDS AND OFFER BOTH PREVENTIVE
AND ACUTE SERVICES.

PART VI, LINE 3:

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

A PLAIN LANGUAGE SUMMARY OF THE POLICY IS ALSO DISPLAYED FOR
DISTRIBUTION IN ALL ADMITTING LOCATIONS IN THE HOSPITAL, ALL WAITING ROOMS
AT THE HOSPITAL, THE EMERGENCY ROOM, URGENT CARE FACILITIES, AND HOSPITAL
CLINICS. ALSO IN THESE LOCATIONS IS A SIGN READING "RAPIDES REGIONAL
MEDICAL CENTER PROVIDES FREE (CHARITY) CARE TO PATIENTS WHO NEED
HEALTHCARE, BUT ARE UNABLE TO PAY. ASK US FOR MORE INFORMATION." THERE
IS ALSO A POSTED NOTICE TO PATIENTS CONTAINING THE CURRENT POVERTY
GUIDELINES SO THAT THEY MAY SEE WHETHER THEY WOULD QUALIFY BASED ON THEIR

Part VI Supplemental Information (Continuation)

INCOME. IT READS: "OUR FACILITY OFFERS A CHARITY PROGRAM TO THOSE THAT ARE < 250% OF THE POVERTY GUIDELINES AS DEFINED BELOW. [FPG CHART] ASK THE REPRESENTATIVE FOR A COPY OF OUR PLAIN LANGUAGE FINANCIAL ASSISTANCE POLICY AND APPLICATION IF YOU ARE INTERESTED."

AT ADMISSION ALL PATIENTS RECEIVE, A PLAIN LANGUAGE SUMMARY OF THE CHARITY CARE POLICY AND A CHARITY CARE APPLICATION. AS SOON AS POSSIBLE AFTER ADMISSION, ALL UNINSURED PATIENTS ARE SCREENED BY AN ON-SITE THIRD-PARTY FIRM HIRED SPECIFICALLY TO DETERMINE IF PATIENTS MEET GOVERNMENT PROGRAM ELIGIBILITY CRITERIA. THE FIRM'S PERSONNEL ARE SPECIFICALLY TRAINED IN MEDICAID, MEDICARE AND OTHER GOVERNMENT PROGRAM ELIGIBILITY CRITERIA AND APPLICATION PROCEDURES. IF THE PATIENT MEETS PROGRAM ELIGIBILITY CRITERIA, THEN ASSISTANCE IS PROVIDED TO THE PATIENT FOR ENROLLMENT. IF THE PATIENT DOES NOT MEET PROGRAM QUALIFICATIONS, THE PATIENT IS ENCOURAGED TO APPLY FOR FINANCIAL ASSISTANCE.

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

PART VI, LINE 4:

RAPIDES REGIONAL MEDICAL CENTER'S PRIMARY COMMUNITY SERVED ENCOMPASSES 2,793 SQUARE MILES AND INCLUDES A THREE-PARISH (COUNTY) SERVICE AREA IN CENTRAL LOUISIANA, INCLUDING AVOUELLES, GRANT AND RAPIDES PARISHES. THIS DEFINED COMMUNITY CONSISTS OF THE AREA COMPOSED OF THE LOWEST NUMBER OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS AT LEAST 75 PERCENT OF ITS INPATIENTS.

THE POPULATION OF THE HOSPITAL'S SERVICE AREA IS ESTIMATED AT 196,000 PEOPLE. IT CONSISTS OF A 50/50 BALANCE OF URBAN AND RURAL AREAS AND IS

Part VI Supplemental Information (Continuation)

PREDOMINANTLY NON-HISPANIC AND WHITE (OVER TWO-THIRDS), BUT ALSO HAS SUBSTANTIAL AFRICAN AMERICAN POPULATION (NEARLY ONE-THIRD IN AVOUELLES AND RAPIDES PARISHES). AS THROUGHOUT THE STATE AND NATION, OUR POPULATION IS AGING, WITH APPROXIMATELY 14% CURRENTLY AGE 65 AND OLDER.

20.2% OF OUR POPULATION REMAINS BELOW THE POVERTY LEVEL. IN ALL, 44.5% OF AREA RESIDENTS (82,435 INDIVIDUALS), AND 55.3% OF AREA CHILDREN LIVE BELOW 200% OF THE FEDERAL POVERTY LEVEL.

IN TERMS OF EDUCATION LEVEL, ONLY 70.2% OF AVOUELLES RESIDENTS ARE HIGH-SCHOOL GRADUATES; 78.8% OF GRANT RESIDENTS; AND 82.4% OF RAPIDES RESIDENTS. NATIONALLY, 86.0% OF THE US POPULATION HOLDS A HIGH-SCHOOL DEGREE.

IN 2017, 35.5% OF RRMC PATIENTS WERE COVERED BY MEDICAID, 1.7% WERE UNINSURED AND 43.4% WERE COVERED BY MEDICARE.

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

PART VI, LINE 5:

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 (Continuation)

FOR THE COSTS OF SERVICES RENDERED TO PATIENTS. THE BOARD OF DIRECTORS OF THE RAPIDES HEALTHCARE SYSTEM (RHS) AND THE BOARD OF TRUSTEES OF RAPIDES REGIONAL MEDICAL CENTER BOTH INCLUDE MEMBERS OF THE LOCAL COMMUNITY, WHO ARE FOCUSED ON THE QUALITY OF HEALTHCARE AND AVAILABILITY OF MEDICAL SERVICES IN THEIR COMMUNITY. THE RHS BOARD HAS A STANDING COMMUNITY BENEFIT COMMITTEE.

BEGINNING IN DECEMBER 2013, RAPIDES REGIONAL (UNDER A CONTRACT WITH THE STATE OF LOUISIANA AND IN PARTNERSHIP WITH CHRISTUS ST. FRANCES CABRINI HOSPITAL) PROVIDES SAFETY-NET ACUTE CARE INPATIENT MEDICAL, URGENT CARE AND EMERGENCY SERVICES, AS WELL AS PRIMARY CARE AND SPECIALTY CARE CLINIC SERVICES FOR THE UN- AND UNDERINSURED, MEDICAID AND MEDICARE POPULATIONS OF CENTRAL LOUISIANA. DURING 2018 RAPIDES TREATED 34,239 INDIGENT, MEDICAID AND MEDICARE PATIENTS AT THE CLINICS.

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.

HCA HONORED RRMN NURSING UNITS THROUGH ITS 2018 UNITS OF DISTINCTION AWARDS, THE FOURTH YEAR RRMN HAS HAD MULTIPLE NURSING UNITS HONORED FOR EXCELLENCE IN PATIENT CARE. RRMN'S SURGICAL ICU WAS NAMED TOP CRITICAL CARE UNIT FOR 2018, AND ITS MEDICAL ICU WAS RANKED NO. 2. IN ADDITION, ALL SEVEN OF RRMN'S MEDICAL-SURGICAL UNITS WERE RANKED AMONG THE TOP 50 UNITS IN THE COMPANY. RRMN ALSO ACHIEVED THE PRESTIGIOUS PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER, BECOMING ONLY ONE OF THREE LOUISIANA HOSPITALS TO EARN THE DESIGNATION.

IN 2018, RRMN RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD. THE AWARD RECOGNIZES THE HOSPITAL'S COMMITMENT TO ENSURING STROKE

Part VI Supplemental Information (Continuation)

PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED GUIDELINES BASED ON THE LATEST SCIENTIFIC EVIDENCE.

RRMC IS VERIFIED AS A LEVEL II TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS. A LEVEL II TRAUMA CENTER PROVIDES THE SECOND HIGHEST LEVEL OF SURGICAL CARE TO TRAUMA PATIENTS. THE HOSPITAL IS ALSO CERTIFIED AS A PRIMARY STROKE CENTER AND AN ACCREDITED CHEST PAIN CENTER FROM THE JOINT COMMISSION.

THE HOSPITAL RECEIVED A "B" RATING FROM THE LEAPFROG GROUP, A NONPROFIT ORGANIZATION DRIVING IMPROVEMENT IN QUALITY AND SAFETY IN AMERICAN HEALTHCARE. THE GRADE REFLECTS THE HOSPITAL'S STRONG RECORD OF PATIENT SAFETY IN 2018.

IN 2018, RRMC BECAME HOME TO A COMPLETE \$2.5 MILLION BRAINLAB NEUROSURGICAL SUITE. RRMC IS ONE OF FEWER THAN 100 HOSPITALS IN THE COUNTRY AND THE ONLY ONE IN LOUISIANA TO HAVE THIS MOST TECHNOLOGICALLY ADVANCED NEUROLOGICAL SUITE. THE BRAINLAB TOOLS ALLOW HIGHLY SPECIALIZED NEUROSURGICAL PROCEDURES TO BE PERFORMED IN CENTRAL LOUISIANA.

CENTRAL LOUISIANA'S FIRST TRANSCATHETER AORTIC VALVE REPLACEMENT PROCEDURE WAS PERFORMED AT RRMC IN THE SUMMER OF 2018. THE TAVR PROCEDURE IS A LESS-INVASIVE OPTION THAN TRADITIONAL OPEN-HEART SURGERY TO REPLACE AN UNHEALTHY AORTIC VALVE.

RAPIDES REGIONAL MEDICAL CENTER IN 2018 ACHIEVED THE FOLLOWING ACCREDITATIONS AND CERTIFICATIONS THAT DEMONSTRATE ITS COMMITMENT TO A HIGHER STANDARD OF CARE: CANCER TREATMENT ACCREDITATION, CERTIFIED CARDIAC REHABILITATION PROGRAM, NUCLEAR MEDICINE GOLD SEAL ACCREDITATION, COMPUTED TOMOGRAPHY GOLD SEAL ACCREDITATION, MRI GOLD SEAL ACCREDITATION, MAMMOGRAPHY GOLD SEAL ACCREDITATION, VASCULAR TESTING ACCREDITATION, CAP LABORATORY ACCREDITATION, AND GOLD LEVEL FIT-FRIENDLY WORKSITE.

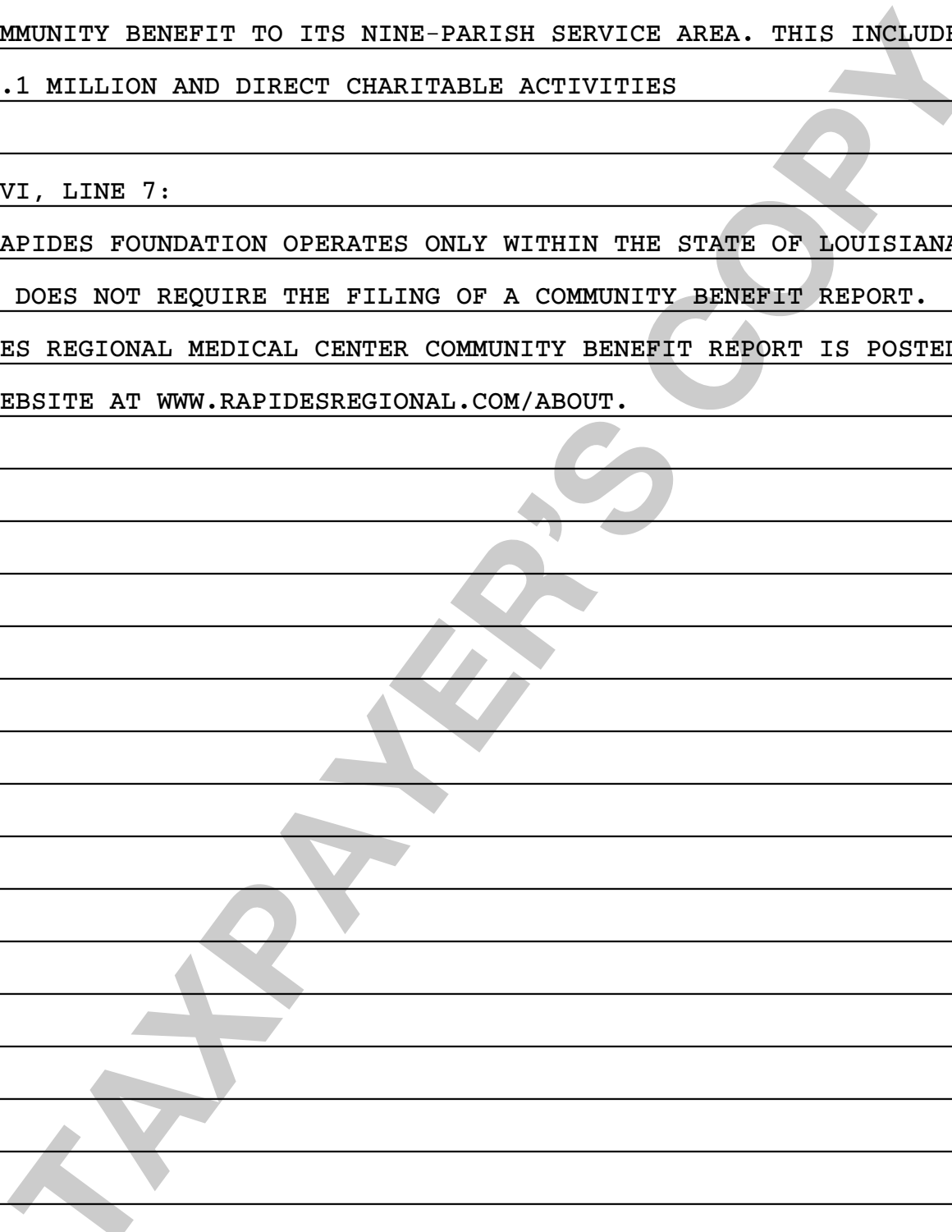
IN ADDITION TO THE COMMUNITY BENEFIT PROVIDED DIRECTLY BY RAPIDES

Part VI Supplemental Information (Continuation)

HEALTHCARE SYSTEM, CASH FLOW FROM RHS SUPPORTED THE RAPIDES FOUNDATION'S 2018 PHILANTHROPIC ACTIVITIES, WHICH PROVIDED AN ADDITIONAL \$10.2 MILLION IN COMMUNITY BENEFIT TO ITS NINE-PARISH SERVICE AREA. THIS INCLUDED GRANTS OF \$4.1 MILLION AND DIRECT CHARITABLE ACTIVITIES

PART VI, LINE 7:

THE RAPIDES FOUNDATION OPERATES ONLY WITHIN THE STATE OF LOUISIANA, WHICH DOES NOT REQUIRE THE FILING OF A COMMUNITY BENEFIT REPORT. THE RAPIDES REGIONAL MEDICAL CENTER COMMUNITY BENEFIT REPORT IS POSTED ON ITS WEBSITE AT WWW.RAPIDESREGIONAL.COM/ABOUT.



**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" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALLEN PARISH SCHOOL BOARD P. O. DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	120,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
ALLEN PARISH SCHOOL BOARD P. O. DRAWER C OBERLIN, LA 70655	72-6000020	GOVERNMENT AGENCY	20,000.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL
AVOUELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	125,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
AVOUELLES PARISH SCHOOL BOARD 221 TUNICA DRIVE WEST MARKSVILLE, LA 71351	72-6000115	GOVERNMENT AGENCY	22,300.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL
CATAHOULA PARISH HOSPITAL DISTRICT #2 - P.O. BOX 8 - SICILY ISLAND, LA 71368	72-0838896	GOVERNMENT AGENCY	85,000.	0.			INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT
CATAHOULA PARISH HOSPITAL DISTRICT #2 - P.O. BOX 8 - SICILY ISLAND, LA 71368	72-0838896	GOVERNMENT AGENCY	6,750.	0.			PREVENT TOBACCO USE AND PROMOTE QUITTING; PROMOTE EATING HEALTHY AND INCREASED PHYSICAL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**

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

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE - 900 4TH STREET, STE. 300 - ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	329,025.	0.			TO PROVIDE CONTINUED SUPPORT OF REGIONAL ECONOMIC DEVELOPMENT ACTIVITIES
CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE - 900 4TH STREET, STE. 300 - ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	900,000.	0.			TO SUPPORT A COMPREHENSIVE AND COORDINATED ENTREPRENEURSHIP SYSTEM
CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE - 900 4TH STREET, STE. 300 - ALEXANDRIA, LA 71309	65-1267691	501(C)(3)	186,075.	0.			TO SUPPORT A COMPREHENSIVE AND COORDINATED ENTREPRENEURSHIP SYSTEM
CMAP EXPRESS 1101 FOURTH STREET, SUITE 101A ALEXANDRIA, LA 71301-8311	02-0751416	501(C)(3)	505,000.	0.			PHARMACY AND PATIENT ASSISTANCE PROGRAM
CMAP EXPRESS 1101 FOURTH STREET, SUITE 101A ALEXANDRIA, LA 71301-8311	02-0751416	501(C)(3)	400,000.	0.			PROMOTE HEALTHY LIFESTYLES, HEALTHY EATING & INCREASED PHYSICAL ACTIVITY
CMAP EXPRESS 1101 FOURTH STREET, SUITE 101A ALEXANDRIA, LA 71301-8311	02-0751416	501(C)(3)	165,000.	0.			IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION
CMAP EXPRESS 1101 FOURTH STREET, SUITE 101A ALEXANDRIA, LA 71301-8311	02-0751416	501(C)(3)	42,000.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL
GRANT PARISH SCHOOL BOARD P.O. BOX 208 COLFAX, LA 71417	72-6000494	PUBLIC AGENCY	102,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
GRANT PARISH SCHOOL BOARD P.O. BOX 208 COLFAX, LA 71417	72-6000494	PUBLIC AGENCY	19,700.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING

Schedule I (Form 990)

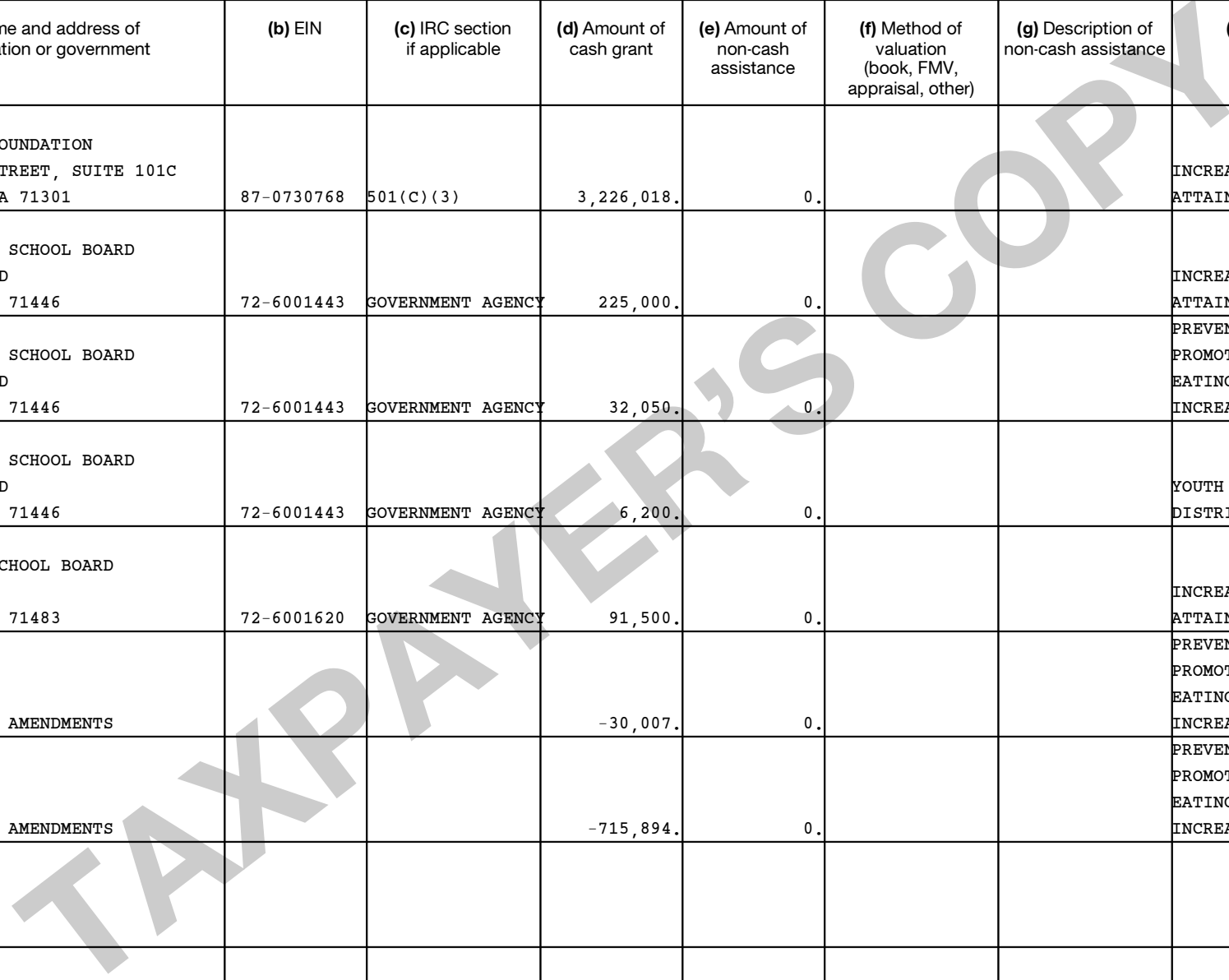
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LASALLE PARISH SCHOOL BOARD P.O. DRAWER 90 JENA, LA 71342	72-6000656	GOVERNMENT AGENCY	91,500.	0.			INCREASE EDUCATIONAL ATTAINMENT AND ACHIEVEMENT
LSU HEALTH SCIENCES CENTER - SHREVEPORT - 2015 FAIRFIELD AVENUE SUITE 2B - SHREVEPORT, LA 71104	72-0702002	PUBLIC AGENCY	200,000.	0.			IMPROVE PRIMARY CARE ACCESS AND PROMOTE EARLY CANCER DETECTION
NATCHITOCHE PARISH SCHOOL BOARD 310 ROYAL STREET, P. O. BOX 16 NATCHITOCHE, LA 71458	72-0629556	GOVERNMENT AGENCY	142,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
NATCHITOCHE PARISH SCHOOL BOARD 310 ROYAL STREET, P. O. BOX 16 NATCHITOCHE, LA 71458	72-0629556	GOVERNMENT AGENCY	29,800.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL
NATCHITOCHE PARISH SCHOOL BOARD 310 ROYAL STREET, P. O. BOX 16 NATCHITOCHE, LA 71458	72-0629556	GOVERNMENT AGENCY	6,200.	0.			YOUTH VOLUNTEER SCHOOL DISTRICT PROGRAM
RAPIDES PARISH SCHOOL BOARD P.O. BOX 7117 ALEXANDRIA, LA 71306	72-6001133	GOVERNMENT AGENCY	518,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
RAPIDES PARISH SCHOOL BOARD P.O. BOX 7117 ALEXANDRIA, LA 71306	72-6001133	GOVERNMENT AGENCY	80,900.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
RAPIDES PARISH SCHOOL BOARD P.O. BOX 7117 ALEXANDRIA, LA 71306	72-6001133	GOVERNMENT AGENCY	32,900.	0.			YOUTH VOLUNTEER SCHOOL DISTRICT PROGRAM
SWLA CENTER FOR HEALTH SERVICES P.O. BOX 19010 LAKE CHARLES, LA 70616-9010	72-1015384	501(C)(3)	131,394.	0.			TO ADDRESS THE CLINICAL QUALITY MEASURE FOCUSED ON HEALTH OUTCOMES AND DISPARITIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ORCHARD FOUNDATION 1101 FOURTH STREET, SUITE 101C ALEXANDRIA, LA 71301	87-0730768	501(C)(3)	3,226,018.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
VERNON PARISH SCHOOL BOARD 201 BELVIEW RD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	225,000.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
VERNON PARISH SCHOOL BOARD 201 BELVIEW RD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	32,050.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL
VERNON PARISH SCHOOL BOARD 201 BELVIEW RD LEESVILLE, LA 71446	72-6001443	GOVERNMENT AGENCY	6,200.	0.			YOUTH VOLUNTEER SCHOOL DISTRICT PROGRAM
WINN PARISH SCHOOL BOARD P. O. BOX 430 WINNFIELD, LA 71483	72-6001620	GOVERNMENT AGENCY	91,500.	0.			INCREASE EDUCATIONAL ATTAINMENT & ACHIEVEMENT
VARIOUS GRANT AMENDMENTS			-30,007.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL
VARIOUS GRANT AMENDMENTS			-715,894.	0.			PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL



Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance

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

PART I, LINE 2:

PRIOR TO FUNDING, GRANTEEES 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 GRANTEEES SUBMIT NARRATIVE REPORTS AND BUDGET EXPENDITURE REPORTS, WHICH COMPARE ACTUAL ACTIVITIES COMPLETED TO APPROVED WORK PLANS AND ACTUAL EXPENDITURES TO APPROVED BUDGETS. AT THE END OF THE GRANT TERM, THE GRANTEEES ARE REQUIRED TO SUBMIT SIMILAR CUMULATIVE REPORTS DETAILING THE INTERVENTIONS COMPLETED, EVALUATING THEIR EFFECTIVENESS AND ITEMIZING EXPENSES COMPARED

Part IV Supplemental Information

TO THE APPROVED BUDGETS. UNSPENT FUNDS MUST BE REPAID TO THE FOUNDATION IN ACCORDANCE WITH WRITTEN GRANT AGREEMENTS.

GRANTEES MAY SUBMIT REQUESTS TO APPROVE BUDGET LINE ITEM CHANGES. AS A PRACTICE TRF DOES NOT APPROVE WORK PLAN OR BUDGET CHANGES WHICH DIVERGE FROM THE ORIGINAL GRANT PURPOSE AND INTENT.

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALLEN PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT: AVOYELLES PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

CATAHOULA PARISH HOSPITAL DISTRICT #2

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE AND PROMOTE QUITTING; PROMOTE EATING HEALTHY AND INCREASED PHYSICAL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COMPREHENSIVE AND COORDINATED ENTREPRENEURSHIP SYSTEM FOR CENLA

NAME OF ORGANIZATION OR GOVERNMENT:

CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A COMPREHENSIVE AND COORDINATED ENTREPRENEURSHIP SYSTEM FOR CENLA

NAME OF ORGANIZATION OR GOVERNMENT: CMAP EXPRESS

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT: NATCHITOCHE PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT: VERNON PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE & PROMOTE QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT: VARIOUS GRANT AMENDMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE & PROMOTE

Part IV Supplemental Information

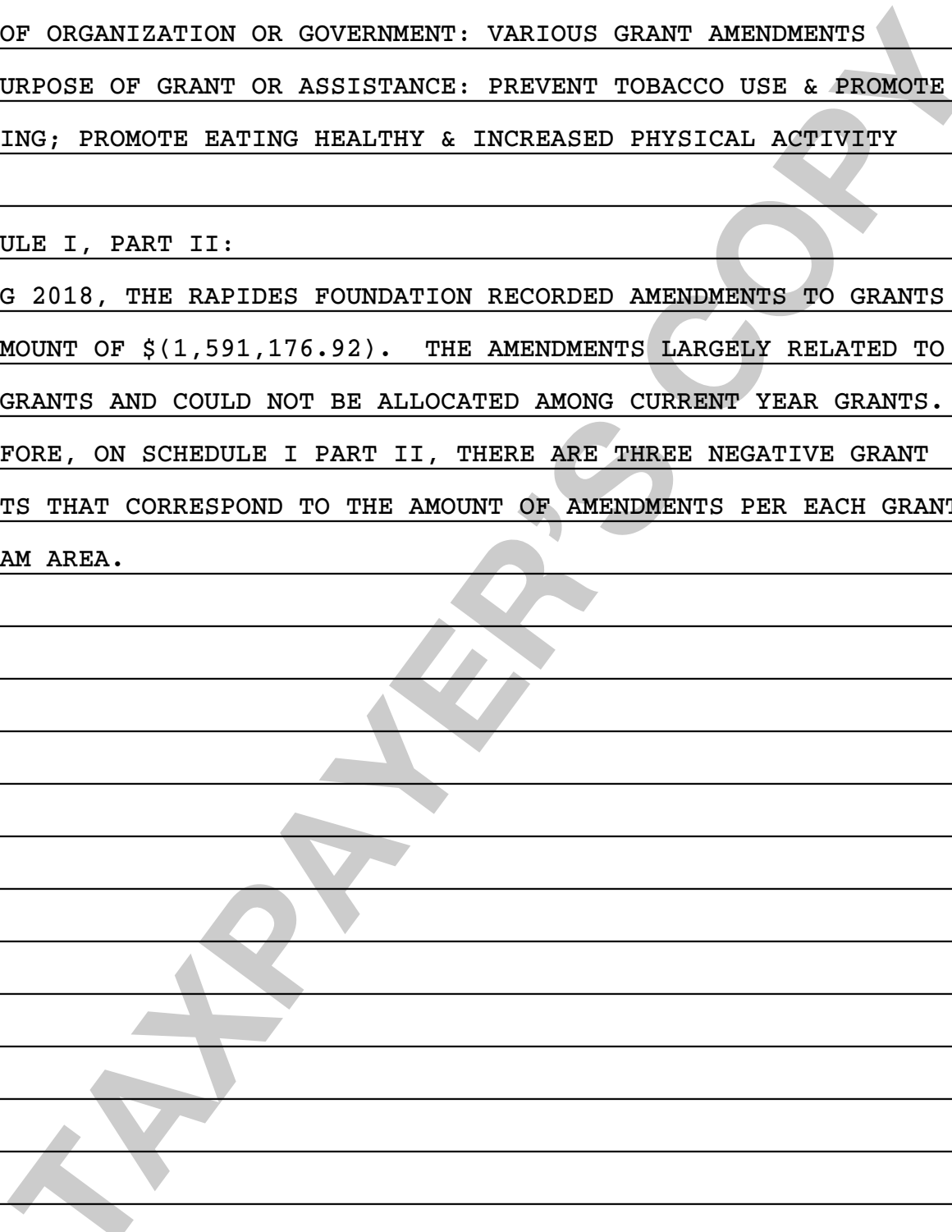
QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

NAME OF ORGANIZATION OR GOVERNMENT: VARIOUS GRANT AMENDMENTS

(H) PURPOSE OF GRANT OR ASSISTANCE: PREVENT TOBACCO USE & PROMOTE
QUITTING; PROMOTE EATING HEALTHY & INCREASED PHYSICAL ACTIVITY

SCHEDULE I, PART II:

DURING 2018, THE RAPIDES FOUNDATION RECORDED AMENDMENTS TO GRANTS IN
THE AMOUNT OF \$(1,591,176.92). THE AMENDMENTS LARGELY RELATED TO PRIOR
YEAR GRANTS AND COULD NOT BE ALLOCATED AMONG CURRENT YEAR GRANTS.
THEREFORE, ON SCHEDULE I PART II, THERE ARE THREE NEGATIVE GRANT
AMOUNTS THAT CORRESPOND TO THE AMOUNT OF AMENDMENTS PER EACH GRANT
PROGRAM AREA.



**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

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

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input 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		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2019

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 on 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 aren't listed on Form 990, Part VII.

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

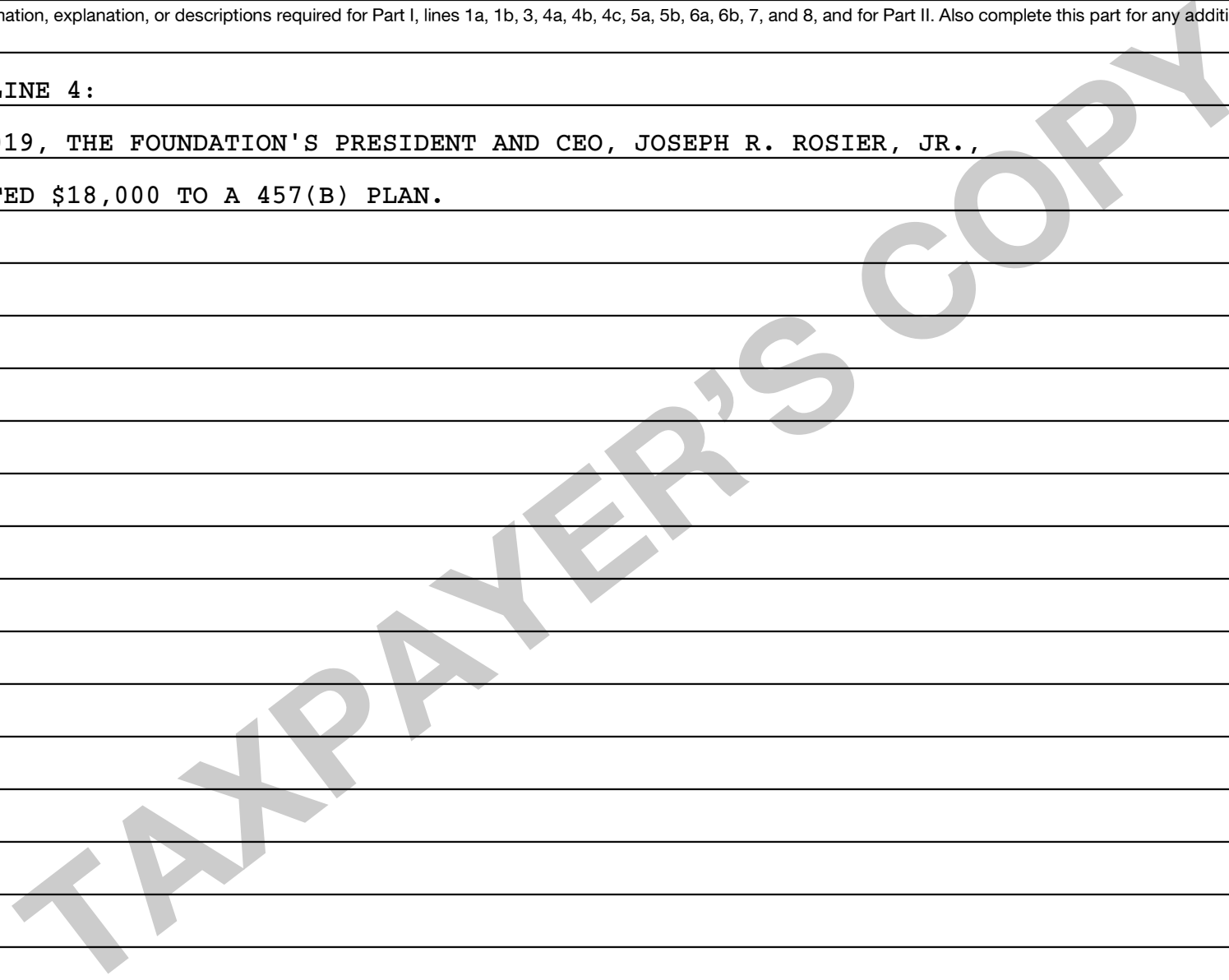
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOSEPH R. ROSIER, JR. PRESIDENT & CEO	(i)	403,516.	0.	0.	47,000.	8,582.	459,098.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHLEEN F. NOLEN DIR OF ADMIN	(i)	216,243.	0.	0.	21,624.	3,523.	241,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ASHLEY STEWART DIR OF PROGRAMS	(i)	168,407.	0.	0.	16,995.	10,383.	195,785.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4:

DURING 2019, THE FOUNDATION'S PRESIDENT AND CEO, JOSEPH R. ROSIER, JR.,
CONTRIBUTED \$18,000 TO A 457(B) PLAN.



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

LOUISIANA. TRF IS A MEMBER OF RAPIDES HEALTHCARE SYSTEM LLC, WHICH OWNS
AND OPERATES RAPIDES REGIONAL MEDICAL CENTER, A 328-BED HOSPITAL IN
ALEXANDRIA. ADDITIONALLY, TRF PROVIDES FUNDING FOR PROJECTS WHICH
EFFECTIVELY ADDRESS THE FOLLOWING PHILANTHROPIC OBJECTIVES:

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

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

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

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

RESIDENCY PROGRAM NEAR ITS CAMPUS. IN 2019 THE PROGRAM GRADUATED 6
PHYSICIANS AND ACCEPTED 6 NEW RESIDENTS INTO ITS THREE-YEAR PROGRAM.
SINCE ITS BEGINNING IN 1997, THE PROGRAM HAS GRADUATED 123 PRIMARY CARE
PHYSICIANS, SUPPORTING ITS MISSION TO ADDRESS THE SHORTAGE OF PRIMARY
CARE PHYSICIANS IN THE REGION. CENTRAL LOUISIANA IS DESIGNATED A
PRIMARY MEDICAL CARE HEALTH PROFESSIONAL SHORTAGE AREA (HPSA). THE
HOSPITAL ALSO SUPPORTS RESIDENTS FROM TULANE UNIVERSITY IN THE AREA OF
GYNECOLOGY AND OPHTHALMOLOGY AND FROM LSU IN THE AREA OF ORAL
MAXILLOFACIAL SURGERY.

IN LATE 2013, AS PART OF THE LOUISIANA GOVERNOR'S PLANS TO
PRIVATIZE THE STATE'S SYSTEM OF CHARITY HOSPITALS, REPRESENTATIVES OF

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

RAPIDES HEALTHCARE SYSTEM, THE RAPIDES FOUNDATION AND THE OTHER LARGE COMMUNITY HOSPITAL IN THE REGION REACHED AGREEMENT TO CLOSE THE REGION'S CHARITY HOSPITAL AND MOVE SERVICES TO THE TWO EXISTING HOSPITALS. ACCORDINGLY, THE TWO HOSPITALS AGREED TO PROVIDE EMERGENCY AND INPATIENT SERVICES AS WELL AS ESTABLISH NEW URGENT, PRIMARY AND SPECIALTY CARE CLINICS IN THE COMMUNITY FOR INDIGENT PATIENTS UNDER A COOPERATIVE ENDEAVOR AGREEMENT WITH THE STATE. IN 2019 RAPIDES OPERATED TWO HP LONG CLINIC LOCATIONS THAT PROVIDED URGENT, PRIMARY AND SPECIALTY CARE TO MEDICAID, MEDICARE AND UNINSURED PATIENTS. DURING THE YEAR 48,640 PATIENTS RECEIVED SERVICES THAT INCLUDED PRIMARY CARE, GENERAL SURGERY, CARDIOLOGY, ORTHOPEDICS, GYNECOLOGY, OPHTHALMOLOGY, ORAL AND MAXILLOFACIAL SURGERY, DENTAL CARE AND URGENT CARE. ADDITIONALLY, THE RAPIDES FOUNDATION'S CENLA MEDICATION ACCESS PROGRAM (CMAP) PROVIDED 16,091 NO-COST MEDICATIONS TO THESE PATIENTS (AT A WHOLESALE VALUE OF \$5.8 MILLION) THROUGH ITS PATIENT ASSISTANCE PROGRAM AND CENTRAL FILL PHARMACY. RAPIDES PROVIDED AN ADDITIONAL 681 PRESCRIPTIONS TO PATIENTS FOR \$4 EACH OR LESS THROUGH A PRESCRIPTION CARD PROGRAM. THESE MEDICATIONS WOULD HAVE COST PATIENTS AN AVERAGE \$22 EACH.

HCA HONORED RRMN NURSING UNITS THROUGH ITS 2019 UNITS OF DISTINCTION AWARDS, THE FIFTH YEAR RRMN HAS HAD MULTIPLE NURSING UNITS HONORED FOR EXCELLENCE IN PATIENT CARE. RRMN'S SURGICAL ICU WAS NAMED TOP CRITICAL CARE UNIT FOR 2019, AND ITS MEDICAL ICU WAS RANKED NO. 2. IN ADDITION, ALL SEVEN OF RRMN'S MEDICAL-SURGICAL UNITS WERE RANKED AMONG THE TOP 50 UNITS IN THE COMPANY. RRMN ALSO ACHIEVED THE PRESTIGIOUS PATHWAY TO EXCELLENCE DESIGNATION BY THE AMERICAN NURSES CREDENTIALING CENTER, BECOMING ONLY ONE OF THREE LOUISIANA HOSPITALS TO EARN THE DESIGNATION.

IN 2019, RRMN RECEIVED THE AMERICAN HEART ASSOCIATION/AMERICAN

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

STROKE ASSOCIATION'S GET WITH THE GUIDELINES-STROKE GOLD PLUS QUALITY ACHIEVEMENT AWARD THE SECOND CONSECUTIVE YEAR IT HAS RECEIVED THIS AWARD. THE AWARD RECOGNIZES THE HOSPITAL'S COMMITMENT TO ENSURING STROKE PATIENTS RECEIVE THE MOST APPROPRIATE TREATMENT ACCORDING TO NATIONALLY RECOGNIZED GUIDELINES BASED ON THE LATEST SCIENTIFIC EVIDENCE.

RRMC IS VERIFIED AS A LEVEL II TRAUMA CENTER BY THE AMERICAN COLLEGE OF SURGEONS. A LEVEL II TRAUMA CENTER PROVIDES THE SECOND HIGHEST LEVEL OF SURGICAL CARE TO TRAUMA PATIENTS. THE HOSPITAL IS ALSO CERTIFIED AS A PRIMARY STROKE CENTER AND AN ACCREDITED CHEST PAIN CENTER FROM THE JOINT COMMISSION.

THE HOSPITAL RECEIVED AN "A" RATING FROM THE LEAPFROG GROUP, A NONPROFIT ORGANIZATION DRIVING IMPROVEMENT IN QUALITY AND SAFETY IN AMERICAN HEALTHCARE. THE GRADE REFLECTS THE HOSPITAL'S STRONG RECORD OF PATIENT SAFETY IN 2019.

RRMC IS THE HOME TO A COMPLETE \$2.5 MILLION BRAINLAB NEUROSURGICAL SUITE. RRMC IS ONE OF FEWER THAN 100 HOSPITALS IN THE COUNTRY AND THE ONLY ONE IN LOUISIANA TO HAVE THIS MOST TECHNOLOGICALLY ADVANCED NEUROLOGICAL SUITE. THE BRAINLAB TOOLS ALLOW HIGHLY SPECIALIZED NEUROSURGICAL PROCEDURES TO BE PERFORMED IN CENTRAL LOUISIANA. RAPIDES REGIONAL MEDICAL CENTER IN 2019 HOLDS THE FOLLOWING ACCREDITATIONS AND CERTIFICATIONS THAT DEMONSTRATE ITS COMMITMENT TO A HIGHER STANDARD OF CARE: CANCER TREATMENT ACCREDITATION, CERTIFIED CARDIAC REHABILITATION PROGRAM, NUCLEAR MEDICINE GOLD SEAL ACCREDITATION, COMPUTED TOMOGRAPHY GOLD SEAL ACCREDITATION, MRI GOLD SEAL ACCREDITATION, MAMMOGRAPHY GOLD SEAL ACCREDITATION, VASCULAR TESTING ACCREDITATION, CAP LABORATORY ACCREDITATION, AND GOLD LEVEL FIT-FRIENDLY WORKSITE.

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

OUTPATIENT PHARMACY SERVICES TO THE PATIENTS OF OUTPATIENT CLINICS SERVING THE INDIGENT. DURING 2019, CMAP PROVIDED 16,091 FREE PRESCRIPTION MEDICATIONS TO PATIENTS, REPRESENTING A WHOLESALE COST SAVINGS OF \$5.8 MILLION. CMAP EXTRA, A PRESCRIPTION-SAVINGS PROGRAM DESIGNED TO HELP LOWER FAMILIES' MEDICATION COSTS, IS AVAILABLE TO EVERYONE REGARDLESS OF AGE OR INCOME. DURING 2019, 681 PRESCRIPTIONS WERE FILLED, FOR A TOTAL RETAIL SAVINGS OF \$117,000.

IN 2019, IN SUPPORT OF ITS SUPPORTED ORGANIZATION'S (THE RAPIDES FOUNDATION) HEALTHCARE ACCESS INITIATIVE, CMAP'S CANCER SCREENING PROJECT PROVIDED FREE MAMMOGRAMS, PAP SMEARS, PELVIC EXAMS AND COLORECTAL CANCER TESTS TO 414 UNINSURED AND UNDERINSURED PATIENTS WHO COULDN'T AFFORD THESE CRITICAL SCREENINGS. THESE TESTS ARE BROUGHT TO RURAL AREAS THROUGH A CANCER SCREENING VAN. THE VAN IS A PARTNERSHIP BETWEEN THE RAPIDES FOUNDATION, CMAP, THE FEIST-WEILLER CANCER CENTER AT LSU HEALTH SCIENCES CENTER -- SHREVEPORT AND THE LSU FAMILY MEDICINE RESIDENCY IN ALEXANDRIA. THROUGH THE MOBILE UNIT PATIENTS RECEIVED 107 PAP SMEARS, 111 PELVIC EXAMS, 383 MAMMOGRAMS, AND 242 CLINICAL DIAGNOSTIC BREAST EXAMS. ALSO, APPROXIMATELY 46 WOMEN AND MEN RECEIVED TAKE-HOME COLORECTAL CANCER SCREENING TESTS.

CMAP ALSO ADMINISTERS THE COMMUNITY HEALTH ADVISOR (CHA) PROJECT, A COMMUNITY-BASED PROGRAM DESIGNED TO TRAIN COMMUNITY VOLUNTEERS TO HELP EDUCATE THEIR PEERS ABOUT THE IMPORTANCE OF CANCER SCREENINGS. ONCE TRAINED BY THE CANCER SCREENING PROJECT COMMUNITY HEALTH ADVISOR, THESE VOLUNTEERS WILL PROVIDE EDUCATION, OUTREACH AND INFORMATION TO MEN AND WOMEN THROUGHOUT CENTRAL LOUISIANA. THE GOAL IS TO ENCOURAGE RESIDENTS TO PRACTICE EARLY DETECTION OF COLON, BREAST AND CERVICAL CANCER WHILE IT IS IN THE MOST TREATABLE STAGES. THE CHA PROJECT

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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REACHED 1,160 PEOPLE IN 2019.

THE CMAP PATIENT ASSISTANCE PROGRAM SPECIALISTS BRING THE RAPIDES FOUNDATION'S TOBACCO PREVENTION AND CONTROL INITIATIVE INTO THE SAME PHYSICIAN OFFICES THEY SUPPORT FOR MEDICATION ACCESS. BY PROVIDING TRAINING AND MATERIALS TO PHYSICIANS AND THEIR STAFF ABOUT SMOKING CESSATION REFERRAL RESOURCES, THE SPECIALISTS MAKE IT EASY FOR DOCTORS TO ENCOURAGE THEIR PATIENTS TO STOP SMOKING. CMAP PARTNERED WITH THE SMOKING CESSATION TRUST TO PROVIDE SMOKING CESSATION MEDICATIONS AND COUNSELING TO INDIVIDUALS IN ITS SERVICE AREA. DURING 2019, 58 INDIVIDUALS PARTICIPATED IN COUNSELING.

TRF ALSO CONTINUED TO ADDRESS THE SHORTAGE OF HEALTHCARE PROFESSIONALS IN RURAL COMMUNITIES. A 2017 THREE-YEAR GRANT OF \$500,000 TO NORTHWESTERN STATE UNIVERSITY PROVIDED FUNDING FOR FACULTY EXPENSES AND STUDENT STIPENDS TO TRAIN GRADUATE STUDENTS WHO AGREE TO WORK IN CENTRAL LOUISIANA AS PSYCHIATRIC NURSE PRACTITIONERS. THE FOUNDATION ALSO PROVIDES FUNDS TO NORTHWESTERN STATE UNIVERSITY, LOUISIANA STATE UNIVERSITY OF ALEXANDRIA AND THE CENTRAL LOUISIANA TECHNICAL AND COMMUNITY COLLEGE NURSING PROGRAMS TO SUPPORT NURSING INSTRUCTION.

TRF FUNDED A \$400,000 GRANT IN 2019 TO CMAP'S HEALTHY LIFESTYLE PROGRAM, WHICH PROVIDES DEMONSTRATION AND EDUCATION ON PROPER NUTRITION AND PHYSICAL ACTIVITY FOR GOOD HEALTH AND IS DESIGNED TO FIGHT OBESITY IN CENTRAL LOUISIANA. THE GOAL OF THIS PROGRAM, THROUGH PHYSICIAN REFERRAL, COMMUNITY TOOLS, AND WORKPLACE EDUCATION, IS TO PROVIDE CENTRAL LOUISIANA RESIDENTS WITH RESOURCES TO LEAD HEALTHY LIFESTYLES. THIS PROGRAM IS COORDINATED BY A REGISTERED AND LICENSED DIETITIAN AND EMPLOYS AN EXERCISE SPECIALIST. CLIENTS RECEIVE ONE-ON-ONE CONSULTATION WITH THE DIETITIAN AND EXERCISE SPECIALIST FOR PERSONALIZED MEAL

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PLANNING AND EXERCISE. THE PROGRAM IS DESIGNED TO WORK WITH CLIENTS FOR AT LEAST 3 TO 6 MONTHS, TRACKING THEIR PROGRESS WITH EATING HABITS, BEHAVIOR CHANGES, WEIGHT AND INCHES LOST, AND EDUCATING CLIENTS ON PROPER NUTRITION AND PHYSICAL ACTIVITY. IN 2019, 438 PATIENTS PARTICIPATED IN THE CMAP HEALTHY LIFESTYLE PROGRAM.

TRF PARTNERED WITH 109 CENTRAL LOUISIANA K-12 SCHOOLS IN SEVEN PARISHES THROUGH \$211,500 IN HEALTHY BEHAVIORS GRANTS. IN THE 2018-2019 SCHOOL YEAR, 38,363 STUDENTS PARTICIPATED IN PROJECTS AND ACTIVITIES THAT POSITIVELY IMPACT STUDENTS AND SCHOOL PERSONNEL IN THE AREAS OF TOBACCO PREVENTION AND CONTROL, SUBSTANCE AND ALCOHOL ABUSE PREVENTION, PHYSICAL ACTIVITY AND NUTRITION. WHILE THE PROJECTS VARIED, SCHOOLS USED THE FUNDS FOR PHYSICAL EDUCATION EQUIPMENT, SUPPLIES AND CURRICULA; FOR TRAINING AND SUPPORT FOR KICK BUTTS DAY ACTIVITIES, NATIONAL DRUG AND ALCOHOL FACTS WEEK AND LIVING HEALTHY CLUBS; AND FOR PROFESSIONAL DEVELOPMENT AND CERTIFICATION FOR NUTRITION STAFF.

IN ADDITION TO SCHOOL DISTRICT GRANTS, TRF CONTINUED TO OVERSEE HEALTHY BEHAVIORS PROGRAM GRANTS THAT WERE AWARDED TO COMMUNITIES FOR PROJECTS THAT ADDRESS HEALTHY BEHAVIORS. TRF HAS INVESTED OVER \$3 MILLION IN 11 GRANTS SINCE THE PROGRAM LAUNCHED IN 2014. THE GRANTS FUNDED IMPROVED PARK AND FITNESS FACILITIES, MOBILE PLAYGROUNDS, FARMERS MARKETS, HEALTHY FOOD DISTRIBUTION PROGRAMS, COMMUNITY GARDENS, AND ALCOHOL AND SUBSTANCE ABUSE PREVENTION.

IN SEPTEMBER 2019, APPROXIMATELY 600 STUDENTS AND TEACHERS FROM SEVEN CENTRAL LOUISIANA SCHOOL DISTRICTS ATTENDED THE EIGHTH ANNUAL YOUTH SUMMIT ON HEALTHY BEHAVIORS, A ONE-DAY EVENT FOR STUDENTS TO LEARN HOW TO BECOME ADVOCATES FOR HEALTHY CHOICES AND POLICY CHANGE IN THEIR SCHOOLS AND COMMUNITIES. MEMBERS OF TRF'S YOUTH ADVOCACY COUNCIL PLANNED AND LED THE SUMMIT, WHICH INCLUDED NATIONALLY RECOGNIZED

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SPEAKERS. STUDENTS CREATED AN ADVOCACY PROJECT THAT FOCUSED ON ENFORCEMENT OF USDA SMART SNACKS GUIDELINES IN SCHOOLS. THE GOAL IS FOR STUDENTS TO WORK WITHIN THEIR SCHOOLS TO REPLACE UNHEALTHY FOODS IN SCHOOL CONCESSIONS WITH HEALTHY ALTERNATIVES.

DURING THE YEAR, TRF INVESTED \$509,124 IN COMMUNITY MARKETING DESIGNED TO RAISE AWARENESS OF THE IMPORTANCE OF DIET AND PHYSICAL ACTIVITY, TO COUNTER TOBACCO ADVERTISING AND TO PROVIDE AWARENESS AND RESOURCES IN THE AREA OF ALCOHOL AND SUBSTANCE ABUSE.

WITH RAPIDES FOUNDATION SUPPORT, CMAP PARTNERED WITH THE LOUISIANA SMOKING CESSATION TRUST TO PROVIDE TOBACCO CESSATION COUNSELING TO INDIVIDUALS IN ITS SERVICE AREA. SINCE THE PARTNERSHIP BEGAN IN 2014, 1,239 AREA RESIDENTS HAVE BEEN REFERRED TO THE PROGRAM, WHO HAVE BEEN OFFERED FREE CESSATION COUNSELING AND MEDICINE TO HELP THEM QUIT.

THE RAPIDES FOUNDATION'S GOALS FOR HEALTHY PEOPLE ARE:

10-YEAR IMPACTS (2012-2023):

*REDUCE ALL-CAUSE MORTALITY FROM 929.7 PER 100,000 TO 757.2. (19% IMPROVEMENT)

*REDUCE HEART DISEASE MORTALITY RATES FROM 246.6 PER 100,000 TO 158.9. (36% IMPROVEMENT)

*REDUCE CANCER MORTALITY RATES FROM 203.6 PER 100,000 TO 169.0. (17% IMPROVEMENT)

*REDUCE DIABETES MORTALITY RATES FROM 24.0 PER 100,000 TO 20.5. (15% IMPROVEMENT)

*DECREASE SMOKING RATES IN YOUTH FROM 23.9% IN 2013 TO 17%. (29% IMPROVEMENT)

*DECREASE SMOKING RATES IN ADULTS FROM 23.0% IN 2013 TO 20%. (13% IMPROVEMENT)

*DECREASE ALCOHOL USE IN YOUTH FROM 40.8% TO 36.7% BY 2013. (10%

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IMPROVEMENT)

*DECREASE DRUG-INDUCED DEATHS IN ADULTS FROM 12.3 TO 11.3 PER 100,000 BY 2023. (8% IMPROVEMENT)

*DECREASE PERCENTAGE OF HOUSEHOLDS WITH CHILDREN WITH A SMOKER FROM 17% IN 2013 TO 15%. (12% IMPROVEMENT)

*DECREASE THE PERCENTAGE OF ADULTS OVERWEIGHT FROM 73% IN 2013 TO 67%. (8% IMPROVEMENT)

*DECREASE THE PERCENTAGE OF ADOLESCENTS (9-12 GRADERS) OVERWEIGHT FROM 34.5% IN 2013 TO 31%. (10% IMPROVEMENT)

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

WITH WORKFORCE DEVELOPMENT EFFORTS AND ALIGN THEM WITH REGIONAL ECONOMIC NEEDS. DURING 2019, ALL PUBLIC HIGH SCHOOLS IN THE FOUNDATION'S SERVICE AREA, CENTRAL LOUISIANA TECHNICAL COMMUNITY COLLEGE CAMPUSES, AND REGIONAL BUSINESS AND CAREER SOLUTIONS CENTERS ACCESSED ACT'S WORKKEYS CURRICULUM, 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 ASSESSES THREE CORE AREAS: APPLIED MATHEMATICS; WORKPLACE DOCUMENTS; AND GRAPHIC LITERACY; WHICH DETERMINES A STUDENT'S NATIONAL CAREER READINESS CERTIFICATE (NCRC) LEVEL, AN OBJECTIVE DOCUMENTATION OF AN EMPLOYEE'S SKILLS THAT CAN BE ACCEPTED NATIONWIDE. DURING THE 2018-2019 SCHOOL YEAR, 7,105 STUDENTS PARTICIPATED IN ACT'S WORKKEYS CURRICULUM TRAINING, AND 5,748 NATIONAL CAREER READINESS CERTIFICATES WERE EARNED BY CENLA RESIDENTS.

IN 2019 THE ORCHARD FOUNDATION CONTINUED ITS PARTNERSHIP WITH THE

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CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE TO ASSIST EMPLOYERS IN UTILIZING WORKKEYS AND NCRC IN THEIR HIRING PROCESSES. ALL NINE PARISHES IN THE ORCHARD FOUNDATION SERVICE AREA ARE ACT CERTIFIED WORK READY COMMUNITIES: ALLEN, AVOYELLES, CATAHOULA, GRANT, LASALLE, NATCHITOCHEs, RAPIDES, VERNON AND WINN.

DURING THE 2018-2019 SCHOOL YEAR, THE ORCHARD FOUNDATION PARTNERED WITH CAREER COMPASS OF LA TO WORK WITH AREA SCHOOL DISTRICTS TO PROVIDE COLLEGE AND CAREER COACHING SERVICES IN ALL HIGH SCHOOLS IN THE SERVICE REGION. THE SCOPE OF SERVICES INCLUDED ONE-ON-ONE COACHING WORK WITH 3,185 SENIORS AS WELL AS CAREER SEMINARS ATTENDED BY ANOTHER 8,763 STUDENTS. 92 PERCENT OF THE SENIORS COUNSELED APPLIED TO A POSTSECONDARY PROGRAM.

THE ORCHARD FOUNDATION OFFERED SUMMER CAMPS FOR TEACHERS TO LEARN HOW TO TRANSLATE THE SKILLS NEEDED IN TODAY'S WORKFORCE INTO THEIR CLASSROOMS. THE WORKPLACE EXPERIENCE EXCHANGE (WEE) CAMP GIVES TEACHERS THE OPPORTUNITY TO ENGAGE IN BUSINESS AND INDUSTRY ACTIVITIES TO LEARN HOW CLASSROOM CONTENT AND LEARNING STRATEGIES ARE APPLIED IN THE WORKPLACE. NINETEEN SELECTED EDUCATORS ATTENDED THE 3-DAY 2019 WEE CAMP, WHILE FIVE EDUCATORS TOOK PART IN THE IN-DEPTH WEE CAMP II EXPERIENCE, WHERE THEY SPENT TWO ADDITIONAL DAYS LEARNING THE DAY-TO-DAY OPERATIONS OF SOME OF THE REGION'S KEY MANUFACTURERS.

IN LATE 2019, ORCHARD HELD ITS ANNUAL STUDENTS EXPLORING CAREER OPPORTUNITIES EXPO, A TWO-DAY EVENT THAT INTRODUCES 10TH GRADERS TO CAREER POSSIBILITIES. THE EVENT ATTRACTED 2,761 STUDENTS WHO PARTICIPATED IN INTERACTIVE, HANDS-ON ACTIVITIES FROM 16 CAREER

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CLUSTERS DELIVERED BY 47 AREA BUSINESSES.

THE ORCHARD FOUNDATION FACILITATED A CARPENTRY COURSE, WHICH IS A COMBINATION OF HANDS-ON AND TEXTBOOK INSTRUCTION AND UTILIZES TEXTBOOKS CERTIFIED AND APPROVED BY THE NATIONAL CENTER FOR CONSTRUCTION EDUCATION AND RESEARCH (NCCER) TO INSTRUCT STUDENTS. CO-SPONSORED BY A LOCAL EMPLOYER, IT IS DESIGNED TO HELP STUDENTS GAIN TECHNICAL AND INDUSTRIAL KNOWLEDGE AND ENCOURAGE THEM TO PURSUE A CAREER IN CONSTRUCTION. THE COURSE WAS OFFERED IN FIVE AREA HIGH SCHOOLS, AND 102 NCCER CARPENTRY INDUSTRY BASED CERTIFICATIONS (IBCS) WERE EARNED IN SPRING 2019.

A WELDING CURRICULUM THAT PREPARES HIGH SCHOOL STUDENTS FOR WELDING CAREERS IN VARIOUS INDUSTRIAL SETTINGS WAS OFFERED IN THREE CENTRAL LOUISIANA SCHOOLS. THE PROGRAM PROVIDES TRAINING IN INDUSTRY FUNDAMENTALS, PRINT READING, LAYOUT/FABRICATION AND THERMAL CUTTING. HIGH SCHOOL STUDENTS THAT SUCCESSFULLY COMPLETE THE COURSE ARE REGISTERED INTO THE NCCER DATABASE FOR POTENTIAL EMPLOYMENT IN WELDING. DURING THE 2018-2019 SCHOOL YEAR, 55 NCCER WELDING INDUSTRY BASED CERTIFICATIONS (IBCS) WERE EARNED.

IN 2019, THE ORCHARD FOUNDATION PARTNERED WITH THE LOUISIANA DEPARTMENT OF EDUCATION TO FACILITATE A \$1.95 MILLION, THREE-YEAR NEW SKILLS FOR YOUTH GRANT FROM J.P. MORGAN CHASE AND THE COUNCIL OF CHIEF SCHOOL OFFICERS. THE ORCHARD FOUNDATION SERVED AS FISCAL SPONSOR FOR THE GRANT WHICH ENDED SEPTEMBER 30, 2019.

IN 2019 THE ORCHARD FOUNDATION CONTINUED ITS WORK TO SUPPORT THE

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RAPIDES FOUNDATION'S (ITS SUPPORTED ORGANIZATION'S) EFFECTIVE SCHOOLS INITIATIVE BY CONTINUING PROFESSIONAL AND LEADERSHIP DEVELOPMENT PROGRAMS.

DURING 2018-2019, THE RAPIDES FOUNDATION, THROUGH ITS SUPPORTED ORGANIZATION, THE ORCHARD FOUNDATION, COORDINATED KAGAN INSTRUCTIONAL INSTITUTES FOR 283 AREA EDUCATORS. THE INSTITUTES FEATURED HANDS-ON CURRICULUM AND MATERIALS THAT ARE ENGAGING, RIGOROUS AND MOTIVATING FOR STUDENTS AND THAT CAN IMMEDIATELY BE BROUGHT BACK INTO THE CLASSROOM AND IMPLEMENTED IN A COOPERATIVE LEARNING MODEL. ORCHARD ALSO HELD TRAININGS FOR NEW AND ASPIRING LEADERS IN AREA SCHOOLS. THE PROGRAM IS DESIGNED FOR TEACHERS WHO ARE DEDICATED TO IMPROVING THE BEST PRACTICES IN INSTRUCTION AND LEADERSHIP. 88 PARTICIPANTS WERE TRAINED IN THE 5 DIMENSIONS OF TEACHING AND LEARNING FRAMEWORK BY THE UNIVERSITY OF WASHINGTON CENTER FOR EDUCATIONAL LEADERSHIP. THROUGHOUT THE YEAR THEY HAD THE OPPORTUNITY TO COLLABORATE AND OBSERVE OTHERS TO DEVELOP THE EXPERTISE NEEDED TO RECOGNIZE HIGH QUALITY INSTRUCTION.

THE LEADING FOR BETTER INSTRUCTION PROGRAM ALLOWS ASSISTANT PRINCIPALS AND PRINCIPALS TO DEVELOP THEIR LEADERSHIP SKILLS IN GUIDING AND SUPPORTING TEACHERS' PROFESSIONAL LEARNING. 120 ASSISTANT PRINCIPALS AND PRINCIPALS WERE ALSO TRAINED IN THE 5 DIMENSIONS OF TEACHING AND LEARNING AND 4 DIMENSIONS OF INSTRUCTIONAL LEADERSHIP.

A DISTRICT LEADERS/SUPERINTENDENTS NETWORK WAS ESTABLISHED TO PROVIDE SESSIONS FOR SUPERINTENDENTS AND KEY CENTRAL OFFICE LEADERS, FOCUSED ON THE ROLE OF CENTRAL OFFICE LEADERSHIP IN DEVELOPING AND SUPPORTING PRINCIPAL INSTRUCTIONAL LEADERSHIP. 49 LEADERS PARTICIPATED.

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IN 2019 THE ORCHARD FOUNDATION CONTINUED TO ADMINISTER SCHOOL READINESS INSTITUTES FOR CENTRAL LOUISIANA PRE-K, HEAD START AND CHILDCARE PROVIDERS THAT PARTICIPATE IN THE STATE OF LOUISIANA'S EARLY CHILDHOOD SYSTEM COMMUNITY NETWORK. THE NETWORK SEEKS TO EXPAND ACCESS TO HIGH QUALITY, PUBLICLY FUNDED EARLY CHILDHOOD EDUCATION PROGRAMS. ORCHARD ADMINISTERED 31 TRAININGS IN 2019, REACHING 444 EDUCATORS AND PROVIDERS. TO EXPAND THE REACH, ORCHARD PROVIDES OPPORTUNITIES FOR INDIVIDUALS TO BECOME CERTIFIED AS MAKING THE MOST OF CLASSROOM INTERACTIONS (MMCI) / CLASS GROUP COACHING INSTRUCTORS THROUGH TEACHSTONE. IN 2019, SEVEN INDIVIDUALS RECEIVED THEIR CERTIFICATION AS MMCI INSTRUCTORS, 5 IN PRE-K AND 2 IN INFANT/TODDLER. ORCHARD HAS TRAINED A TOTAL OF 30 MMCI INSTRUCTORS FOR THE REGION, 28 IN PRE-K AND 2 IN INFANT/TODDLER.

THE READ TO SOAR EARLY LITERACY PROGRAM WAS LAUNCHED IN CENTRAL LOUISIANA COMMUNITIES DURING 2019. DEVELOPED AND ADMINISTERED BY THE ORCHARD FOUNDATION, READ TO SOAR IS A FREE, 8-SESSION WORKSHOP FOR CHILDREN AGES 5 AND UNDER AND THEIR PARENTS OR CAREGIVERS. SESSIONS HELP DEVELOP AND STRENGTHEN A CULTURE OF READING AT HOME BY EDUCATING PARENTS, BUILDING A CHILD'S HOME LIBRARY AND INCREASING AWARENESS ABOUT COMMUNITY RESOURCES TO HELP ENSURE THE CHILD HAS THE TOOLS FOR SCHOOL SUCCESS. IN 2019, ORCHARD LED 29 READ TO SOAR WORKSHOPS, REACHING 335 CHILDREN FROM 254 FAMILIES. 7,490 BOOKS WERE DISTRIBUTED TO PARTICIPANTS.

THE RAPIDES FOUNDATION'S GOALS FOR ITS EDUCATION WORK ARE:

6-10 YEAR IMPACTS:

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"INCREASE GRADUATION RATES FROM 73% IN 2012 TO 86% BY 2023. (18% IMPROVEMENT)

"INCREASE PERCENTAGE OF ADULTS 25 YEARS AND OLDER WITH POSTSECONDARY DEGREES FROM 2-YEAR AND 4-YEAR INSTITUTIONS FROM 21% IN 2012 TO 26% IN 2023. (24% IMPROVEMENT)

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
 HEALTHY COMMUNITIES -- THE RAPIDES FOUNDATION'S ECONOMIC DEVELOPMENT INITIATIVE MAKES THE LINK BETWEEN HEALTHY ECONOMIES AND HEALTHY PEOPLE. HEALTHY ECONOMIES WITH LOW UNEMPLOYMENT RATES AND HIGHER WAGE JOBS PROVIDE PEOPLE WITH THE MEANS TO PURCHASE MEDICAL INSURANCE, MAKE BETTER HEALTHCARE CHOICES AND LIVE HEALTHIER LIFESTYLES. THE WORK THAT TAKES PLACE UNDER THE ECONOMIC DEVELOPMENT INITIATIVE IS DESIGNED TO HELP RAISE THE STANDARD OF LIVING IN CENTRAL LOUISIANA BY IMPROVING THE REGION'S CAPACITY TO PRODUCE HIGHER WAGE JOBS FOR ALL INCOME LEVELS AND GENERATE MORE WEALTH IN ITS COMMUNITIES.

IN THE AREA OF WORKFORCE SKILLS AND DEVELOPMENT, TRF IN LATE 2017 AWARDED A \$2 MILLION MATCHING GRANT TO THE LOUISIANA COMMUNITY AND TECHNICAL COLLEGE SYSTEM FOUNDATION THAT WILL BE USED BY CLTCC TO ESTABLISH THE CENTRAL LOUISIANA MANUFACTURING TECHNOLOGY CENTER IN DOWNTOWN ALEXANDRIA AND TO BUILD AND EXPAND ITS MANUFACTURING PROGRAMS LOCATED ON CAMPUSES THROUGHOUT THE REGION. THE STATE OF LOUISIANA MATCHED THE FOUNDATION'S FUNDING WITH \$2 MILLION. THE GRANT DOLLARS ARE BEING USED TO FUND A STATE-OF-THE-ART TECHNICAL TRAINING PROGRAM WITH A FOCUS ON ADVANCED MANUFACTURING. THE GOAL IS TO PRODUCE GRADUATES FOR THE HIGH-WAGE, HIGH-DEMAND JOBS IN THE MANUFACTURING SECTOR THROUGHOUT THE REGION.

TRF SUPPORTED THE CENTRAL LOUISIANA ECONOMIC DEVELOPMENT ALLIANCE,

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THROUGH \$186,075 IN MATCHING GRANTS, AS THE VEHICLE TO BUILD COOPERATION, COORDINATION, TEAMWORK AND SOCIAL COHESIVENESS FOR REGIONAL ECONOMIC DEVELOPMENT OBJECTIVES. THESE EFFORTS WERE KEY TO BRINGING EXPANSIONS AND NEW BUSINESSES TO CENTRAL LOUISIANA.

CENTRAL LOUISIANA MAINTAINED ITS STATUS AS LOUISIANA'S ONLY REGION TO BE FULLY ACT WORK READY CERTIFIED. THE REGION'S TEN ACT CERTIFIED PARISHES CONSTITUTE 62.5% OF ALL CERTIFIED PARISHES IN THE STATE. THIS CERTIFICATION DEMONSTRATES THE HIGH LEVEL OF SKILLS IN OUR WORKFORCE. MAINTAINING THIS STATUS RELIES HEAVILY ON BUILDING A GROWING BASE OF EMPLOYEES AND POTENTIAL EMPLOYEES WHO HAVE EARNED ACT'S NATIONAL CAREER READINESS CERTIFICATE. THIS IMPORTANT, NATIONALLY PORTABLE CREDENTIAL SHOWS EMPLOYERS THE CALIBER OF SKILLS DEMONSTRATED BY POTENTIAL EMPLOYEES. ALL OF THIS ENHANCES CENTRAL LOUISIANA'S ABILITY TO RECRUIT, RETAIN AND EXPAND BUSINESSES WITHIN THE REGION.

TRF SUPPORTS BUSINESS STARTUPS AND EXPANSIONS TO BUILD A COMPREHENSIVE AND COORDINATED ENTREPRENEURSHIP SYSTEM FOR CENTRAL LOUISIANA. THE BUSINESS ACCELERATION SYSTEM IS FUNDED THROUGH A \$900,000, TRF GRANT AND ADMINISTERED BY CLEDA. BAS PROVIDES TECHNICAL ASSISTANCE, COACHING AND MENTORING SERVICES FOR ENTREPRENEURS AND SMALL BUSINESS OWNERS WHO WANT TO START OR GROW THEIR BUSINESSES. IN 2019, BAS WORKED ONE-ON-ONE WITH 67 BUSINESS OWNERS THROUGHOUT THE REGION. IT ALSO BROUGHT IN QUARTERLY SPEAKERS AND OFFERED 16 WORKSHOPS AND TRAININGS THROUGHOUT THE YEAR, REACHING 259 PEOPLE INTERESTED IN TAKING THEIR BUSINESSES TO THE NEXT LEVEL.

TRF'S COMMUNITY DEVELOPMENT INITIATIVE ADDRESSES SOCIAL CAPITAL BY SUPPORTING LEADERSHIP AND NONPROFIT DEVELOPMENT, AND INCREASED CIVIC ENGAGEMENT THROUGH FOUNDATION FUNDING PROVIDED TO ITS COMMUNITY DEVELOPMENT WORKS PROGRAM.

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COMMUNITY DEVELOPMENT WORKS PROVIDES AN INTEGRATED APPROACH TO ENHANCE CIVIC AND COMMUNITY OPPORTUNITIES FOR MORE EFFECTIVE NONPROFIT LEADERS AND ORGANIZATIONS. ITS STRATEGIES SEEK TO FOSTER INCREASED CIVIC ENGAGEMENT, DEVELOP ENHANCED LEADERSHIP SKILLS AND IMPROVE THE EFFECTIVENESS OF NONPROFIT ORGANIZATIONS.

IN 2017, CDW EXTENDED ITS REACH TO THE YOUTH OF CENTRAL LOUISIANA WITH THE LAUNCH OF MY CIVIC LIFE, A CIVIC ENGAGEMENT AND SERVICE LEADERSHIP PROGRAM FOR HIGH SCHOOL STUDENTS MODELED ON AN EVIDENCE-BASED PROGRAM. THE MY CIVIC LIFE PROGRAM PROVIDES HIGH SCHOOL STUDENTS WITH LEADERSHIP AND VOLUNTEER SERVICE OPPORTUNITIES THROUGH THEIR PARTICIPATION IN SCHOOL-BASED COMMUNITY SERVICE CLUBS CALLED YOUTH VOLUNTEER CORPS (YVC) CLUBS. THE YVC CLUBS PERFORM SERVICE PROJECTS THROUGHOUT THE SCHOOL YEAR FOLLOWING THE NATIONALLY RECOGNIZED YOUTH VOLUNTEER CORPS MODEL. IN THE 2018-2019 ACADEMIC YEAR, CDW OPERATED YVC CLUBS IN 15 SCHOOLS, WITH 254 STUDENTS PARTICIPATING IN OVER 60 COMMUNITY SERVICE PROJECTS.

CDW ALSO CONTINUED TO OFFER ITS FREE, SKILL-BUILDING TRAININGS ON A WIDE VARIETY OF TOPICS FOR PEOPLE INTERESTED IN IMPROVING THEIR COMMUNITIES. CDW WORKSHOPS ARE TARGETED FOR NONPROFIT STAFF AND VOLUNTEERS, FOR PEOPLE IN THE COMMUNITY WHO ARE LOOKING TO CREATE NONPROFITS, OR INDIVIDUALS WHO ARE TRYING TO CREATE A COMMUNITY PROJECT THAT ADDRESSES A NEED IN THEIR COMMUNITY. IN 2019, CDW OFFERED 23 FREE TRAININGS BOTH ONLINE AND ON-SITE TO 601 INDIVIDUALS. IN-HOUSE WORKSHOPS AND WEBINARS ARE HELD IN THE SPRING AND FALL, SO THAT PARTICIPANTS CAN EXPAND THEIR KNOWLEDGE IN AREAS SUCH AS FUND DEVELOPMENT, EVALUATION AND GRANT PROPOSAL WRITING.

CDW'S LEARNING LAB IS OPEN TO THE PUBLIC AND PROVIDES A VALUABLE RESOURCE FOR NONPROFITS AND INDIVIDUALS SEEKING INFORMATION ABOUT

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GRANTS, BOARD GOVERNANCE AND OTHER RESOURCES NEEDED TO SUPPORT THEIR CITIZEN-LED COMMUNITY DEVELOPMENT EFFORTS. IN ADDITION, CDW OFFERS AN ELIBRARY SERVICE THAT ALLOWS PEOPLE TO CHECK OUT BOOKS AND OTHER RESOURCES ONLINE.

ELEVEN COMMUNITY LEADERS GRADUATED FROM THE POPULAR CENLA BOARDBUILDERS PROGRAM IN 2019. CENLA BOARDBUILDERS IS A LEADERSHIP DEVELOPMENT PROGRAM FOR EMERGING LEADERS TO BECOME ACTIVE IN THEIR COMMUNITIES AS MEMBERS OF LOCAL NONPROFIT BOARDS. PARTICIPANTS ARE TRAINED THROUGH A SERIES OF SESSIONS ON THE ROLES AND RESPONSIBILITIES OF AN EFFECTIVE BOARD MEMBER. EMPLOYER PARTNERS PARTICIPATE BY ALLOWING THEIR EMPLOYEE TIME OFF DURING WORK HOURS TO ATTEND TRAINING SESSIONS AND BOARD MEETINGS. NONPROFIT PARTNERS CONNECT WITH CENLA BOARDBUILDERS GRADUATES TO OFFER BOARD SERVICE OPPORTUNITIES. THE EIGHT 2019 GRADUATES ARE NOW SERVING ON BOARDS THROUGHOUT CENTRAL LOUISIANA, AND THEY JOIN A GROUP OF 223 CENLA BOARDBUILDERS ALUMNI.

IN ADDITION, CDW OFFERED CENLA EXECBUILDERS, A LEADERSHIP DEVELOPMENT PROGRAM FOR NONPROFIT EXECUTIVE DIRECTORS. SIX NONPROFIT LEADERS GRADUATED FROM THE PROGRAM IN 2019, AND THEY JOIN A GROUP OF 50 CENLA EXECBUILDERS ALUMNI WHO PARTICIPATE IN THE PROGRAM'S PEER LEADERSHIP NETWORK.

THE RAPIDES FOUNDATION'S GOALS FOR HEALTHY COMMUNITIES ARE:

10-YEAR IMPACTS (2012-2023):

*ACHIEVE A REAL AVERAGE ANNUAL MEDIAN HOUSEHOLD INCOME GROWTH RATE OF 0.8%, OR A MEDIAN HOUSEHOLD INCOME OF \$42,184.

*INCREASE CENTRAL LOUISIANA'S MEDIAN HOUSEHOLD INCOME TO 92% OF THE SOUTHERN MEDIAN HOUSEHOLD INCOME.

*INCREASE CENTRAL LOUISIANA'S MEDIAN HOUSEHOLD INCOME TO 80% OF THE U.S MEDIAN HOUSEHOLD INCOME.

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*INCREASE PERCENTAGE OF POSTSECONDARY DEGREES FROM 2 AND 4-YEAR INSTITUTIONS FROM 21% IN 2012 TO 26%. (24% IMPROVEMENT)

*INCREASE POSTSECONDARY GRADUATION RATES FROM 73% IN 2012 TO 86%. (18% IMPROVEMENT)

EXPENSES \$ 2,254,455. INCLUDING GRANTS OF \$ 1,669,056. REVENUE \$ 0.

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 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 TRF BOARD MEMBERS RECEIVE THE FINAL FORM 990 COPY WHEN IT IS SENT TO THE AUDIT COMMITTEE, AND ALL BOARD MEMBERS ARE INVITED TO ATTEND THE AUDIT COMMITTEE MEETING TO REVIEW THE FORM IN DETAIL.

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

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

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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 INTEREST.

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

THE RAPIDES FOUNDATION BOARD COMPENSATION COMMITTEE, WHICH IS COMPOSED OF THE INDEPENDENT MEMBERS OF ITS EXECUTIVE COMMITTEE, PERIODICALLY ENGAGES A THIRD-PARTY COMPENSATION CONSULTANT TO PROVIDE MARKET INFORMATION CONCERNING PAY AND BENEFITS AND MAKE COMPENSATION STRUCTURE RECOMMENDATIONS FOR ALL ORGANIZATION POSITIONS. THE CONSULTANT IS PROVIDED WITH JOB DESCRIPTIONS FOR ALL JOB POSITIONS. THE CONSULTANT THEN COMPARES THOSE JOBS WITH SIMILAR POSITIONS AT SIMILAR TYPES AND SIZES OF ORGANIZATIONS. THE CONSULTANT MEETS WITH THE COMPENSATION COMMITTEE AND PROVIDES THE COMPARISON DATA, ALONG WITH THEIR RECOMMENDATIONS FOR PAY RANGES FOR EACH POSITION (MINIMUM, MIDPOINT, MAXIMUM). RECOMMENDATIONS ARE BASED UPON

Name of the organization THE RAPIDES FOUNDATION	Employer identification number 72-0423603
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MARKET AVERAGES OF SIMILAR TYPES AND SIZES OF ORGANIZATIONS. IN INTERIM YEARS, INCREASES IN PAY RANGES ARE RECOMMENDED TO THE BOARD BY MANAGEMENT BASED ON SURVEY INFORMATION OF SIMILAR ORGANIZATIONS.

THE CEO RECOMMENDS A SALARY BUDGET FOR EMPLOYEES OF THE RAPIDES FOUNDATION AND ITS SUPPORTING ORGANIZATIONS TO THE COMPENSATION COMMITTEE FOR APPROVAL. THE COMPENSATION COMMITTEE INDEPENDENTLY DISCUSSES ITS RECOMMENDATIONS FOR CEO PAY.

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public
Inspection

Name of the organization

THE RAPIDES FOUNDATION

Employer identification number

72-0423603

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

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

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

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

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

Schedule R (Form 990) 2019

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ORCHARD FOUNDATION	B	2,758,191.	GRANT AGREEMENT
(2) THE ORCHARD FOUNDATION	J	316,060.	COST ACCOUNTING SYSTEM
(3) CMAP EXPRESS	B	556,000.	GRANT AGREEMENT
(4) CMAP EXPRESS	J	799,571.	COST ACCOUNTING SYSTEM
(5)			
(6)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Lined area for providing supplemental information.

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