Forn	99	<b>90</b>		Return of Orga	nization Exem	pt Fro	m Incoi	me Ta	: • X	OMB No. 15	45-0047
			Ι ι	Jnder section 501(c), 527, or		-				20	<b>J7</b>
Dena	rtment o	f the Treasurv			nefit trust or private f			oopt blac	i ang	Open to	Public
•		nue Service	<b>&gt;</b> 1	The organization may have to	use a copy of this returr	to satisfy s	state reportir	ng require	ments.	Inspec	
A	For the	e 2007 calei	ndar year	, or tax year beginning		, and	ending		NY INTERNATIONAL CONTRACTOR OF THE OWNER OWNER OWNER OWNER		
в	Check	if applicable:	Please	C Name of organization				D Empl	oyer identificat	ion number	
	Addres	s change	use IRS label or	RAPIDES FOUNDATION				72-042	3603		
Ц	Name	change	print or	Number and street (or P.O. box	if mail is not delivered to s	treet address	) Room/suite	e E Telep	hone number		
Ц	Initial re	eturn	type. See	1101 FOURTH STREET				318-44	3-3394		
	Termina	ation	Specific Instruc-	City or town	State or co	untry Z	<u>/</u> IP + 4	F Acco	unting method:	Cash X	Accrual
	Amend	ed return	tions.	ALEXANDRIA	LA	-	71301		ther (specify)	>	-
	Applica	tion pending	Section	on 501(c)(3) organizations and 49	47(a)(1) nonexempt charif	able		not applica	ble to section 52	7 organizations.	
<b>•</b> •				must attach a completed Schedu	Ile A (Form 990 or 990-EZ	).	1	• •	return for affiliates	the second se	X No
GV	Vebsite		VVV.RAP	IDESFOUNDATION.ORG					number of affiliate	s •	
<u> </u>	Organiz	ation type (ch	neck only or	ne) 🕨 🗙 501(c) ( 3 ) 🛋 (	insert no.) 4947(a)(1)	or 📃 527	1	all affiliates No," attach	included? a list. See instruc	tions.)	No
		ere 🕨	if the	organization is not a 509(a)(3) sup	porting organization and its	gross	H(d) is th	is a separa	te return filed by a	an organization	
r te	eceipts o file a i	are normally r	to file a co	an \$25,000. A return is not required molete return.	I, but if the organization cho	oses	cove	ered by a gr	oup ruling?	Yes	XNo
							I Gro	up Exemptio	on Number  🕨		
1 0	Proce .	coccinto: Ad	d lines fh	Ph Oh and 10h to line 10					if the organization		red
Par	the second second			8b, 9b, and 10b to line 12		79,850,03			8 (Form 990, 990-	EZ, or 990-PF).	
I ai				nses, and Changes in I		d Balanc	es (See ti	he instru	uctions.)		
	1   a			s, grants, and similar amou onor advised funds		امها					
				ort (not included on line 1a		1a 1b		70,927			
	c	Indirect p	ublic sup	port (not included on line 1	a)	10 10		0,327			
	d	Governm	ent contr	ibutions (grants) (not includ	ded on line 1a) .	1d		0			
	e	Total (ad	d lines 1	a through 1d) (cash \$	70,927 noncash	\$		<u>)</u> . ·	1e		70,927
	23	Members	service re	evenue including governme and assessments	ent fees and contract	s (from Pa	rt VII, line	93)	2	71,4	33,234
	4	Interest o	n saving	s and temporary cash invest	stments		• • • • •	· ·	3 4		0
	5	Dividends	s and inte	erest from securities					5		<u>99,630</u> 15,569
	6 a	Gross ren	its			6a		4,803	-		10,000
	d a	Less: rent	tal expen			6b					
e	7	Other inve	estment i	or (loss). Subtract line 6b f ncome (describe	rom line ba	• • • •				-	<u>34,803</u>
venue	8 a	Gross am	ount from	n sales of assets other	(A) Securities		(B) Other		7		0
Rev		than inver	ntory .		3,165,480	8a	(-) 0	0			
	b	Less: cos	t or othei	basis and sales expenses		8b		0			
	c d	Gain or (in	oss) (atta or (loss)	ach schedule) Combine line 8c, columns	. <u>3,165,480</u>	8c		0			
	9	Special eve	ents and a	ctivities (attach schedule). If a	(A) and (D)	ing check			Bd	3,10	65,480
	a	Gross rev	enue (no	ot including \$	0 of	ing, check					
	.	contributio	ons repor			9a		0			
	b	Less: dire	ct expen	ses other than fundraising	expenses	9b		0			
	10 a	Gross sale	e or (los	s) from special events. Sub entory, less returns and allo	tract line 9b from line			CO NOTICE AND			0
	b	Less: cost	t of good		wances	10a 10b		0			
	c	Gross profit	t or (loss)	from sales of inventory (attach	schedule). Subtract lin	e 10b from	line 10a	1	Oc		0
	11	Other reve	enue (fro	m Part VII, line 103)				1	1		0
	12	l otal reve	enue. Ad	d lines 1e, 2, 3, 4, 5, 6c, 7,	8d, 9c, 10c, and 11			1	2	79,85	50,037
8	13 14	Program s	services (	(from line 44, column (B))				. 1	3		30,337
Expenses	15	Fundraisir	a (from l	general (from line 44, colun line 44, column (D))	nn (C))		• • • •	· ·  1	4		40,897
EXF	16	ravinents	to annia	les (altach schedule)					5		0
	17	Total exp	enses. A	dd lines 16 and 44, column	······	· · · ·	• • • •	• • •	6 7	70 00	0
ets	18	CYC622 01	(dencit)	ior the year. Subtract line 1	/ rom line 12			4	8		21,234
	19	Net assets	s or fund	balances at beginning of v	ear (from line 73 col	Imn (A))		1	9		28,803 20,803
Net	20	Other chai	nges in n	let assets or fund balances	(attach explanation)			2			50,226
	21	ivet assets	s or fund	balances at end of year. C	ombine lines 18, 19,	and 20 .		. 2	1		9,380

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### RAPIDES FOUNDATION

72-0423603 Page 2

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraisin
22 a	Grants paid from donor advised funds (attach schedule)					
	(cash \$0 noncash \$0					States and
	If this amount includes foreign grants, check here	22a	0	0		
22 h	Other grants and allocations (attach schedule)	228	0	0		
m din 6.7	(cash \$4,663,305_ noncash \$0					
23	If this amount includes foreign grants, check here	22b	4,633,305	4,633,305		
20	Specific assistance to individuals (attach			-		
24	schedule)	23	0	0		
)5 a	schedule)	24	0	0		
Ja	key employees, etc. listed in Part V-A	25-	050.004	175 500		
h	Compensation of former officers, directors,	25a	253,284	175,500	77,784	
	key employees, etc. listed in Part V-B	25b	0	0		
c	Compensation and other distributions, not	250	0	0	0	
U	included above, to disqualified persons (as					
	defined under section 4958(f)(1)) and persons					
	described in section 4958(c)(3)(B)	250				
26	Salaries and wages of employees not included	25c	0	0	0	
	on lines 25a, b, and c.	26	844,051	504 040	050 000	
7	Pension plan contributions not included on	20	044,001	584,843	259,208	
	lines 25a, b, and c	27	116 111	00 454	05 057	
8	Employee benefits not included on lines	21	116,111	80,454	35,657	
	25a – 27	28	72,064	40.000	00.404	
9	Payroll taxes	29	525,494	49,933	22,131	
0	Professional fundraising fees	30	025,494	503,169	22,325	
1	Accounting fees	31	160,778	160 770		
2	Legal fees	32	86,357	160,778	00.057	
3	Supplies	33	14,494,148	14,480,050	86,357 14,098	
4	Telephone	34	1,954,956	1,948,018	6,938	
5	Postage and shipping	35	141,135	138,705	2,430	
6	Occupancy	36	1,663,752	1,621,600	42,152	
7	Equipment rental and maintenance	37	127,637	88,440	39,197	
8	Printing and publications	38	60,451	51,330	9,121	
9	Travel	39	120,979	115,507	5,472	
0	Conferences, conventions, and meetings	40	222,094	176,080	46,014	
1	Interest	41	225,798	217,835	7,963	
2	Depreciation, depletion, etc. (attach schedule)	42	1,608,001	1,551,561	56,440	
3	Other expenses not covered above (itemize):			1,001,001		
a	See attached statement	43a	46,310,839	45,303,229	1,007,610	
b		43b	0	0,000,220	0	
C .		43c	0	0	0	E
d		43d	0	0	0	••••••••••••••••••••••••••••••••••••••
e		43e	0	0	0	·
f		43f	0	0	0	
g.		43g	0	0	0	••••••••••••••••••••••••••••••••••••••
4	Total functional expenses. Add lines 22a				Y	
	through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines					
	13-15)	44	73,621,234	71,880,337	1,740,897	
	Costs. Check  If you are following SOP 98-2.	<u> </u>	,	, ,,000,007	1,740,097	
	joint costs from a combined educational campaign and fundraising so	11 - 11 - 11			<b></b>	<b></b>
y	' enter (i) the aggregate amount of these joint costs \$	Discitation	reported in (B) Pre	ogram services?		es X No

	Accomplishments (See the instructions.)	· · · · · · · · · · · · · · · · · · ·
particular organization. How the public perceives	for some people, serves as the primary or sole source of informatio s an organization in such cases may be determined by the informati eturn is complete and accurate and fully describes, in Part III, the or	ion presented
All organizations must describe their exempt purpose a of clients served, publications issued, etc. Discuss ach	DSE? ► IMPROVE THE HEALTH STATUS OF CENTERAL LOUISI achievements in a clear and concise manner. State the number nievements that are not measurable. (Section 501(c)(3) and (4) usts must also enter the amount of grants and allocations to others.)	Program Se Expense (Required for 501 (4) orgs., and 49 trusts; but optic others.)
a		
SEE THE ATTACHED SCHEDULE		
	4,633,305) If this amount includes foreign grants, check here	71,
b		
(Grants and allocations \$	0) If this amount includes foreign grants, check here	
	() / II ulis amount includes loreign grants, check here 🛛 📂 📔	11
С		
c		
c		
c		
c		
c  (Grants and allocations \$		
	0) If this amount includes foreign grants, check here ►	
d (Grants and allocations \$ d (Grants and allocations \$ e Other program services (attach schedule)	0) If this amount includes foreign grants, check here ►	
d (Grants and allocations \$ d (Grants and allocations \$	0) If this amount includes foreign grants, check here ► 0) If this amount includes foreign grants, check here ► 0) If this amount includes foreign grants, check here ►	

19 B

For	m 990 (20	07) RAPIDES FOUNDAT	ION		72	2-04236	603 Page <b>4</b>
Pa	irt IV	Balance Sheets (See the instructions.)					n an
	Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.	in the c	lescription	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			-36,636	45	-956,982
	46	Savings and temporary cash investments			620,328		1,445,483
			•••	· · · · · · · · · · · · · · · · · ·	020,020		1,440,400
	47 a	Accounts receivable	47a	18,476,269			
		Less: allowance for doubtful accounts	47b	7,071,115	10,707,346	470	11,405,154
				7,071,110	10,707,040	4/0	11,400,104
	48 a	Pledges receivable	48a	0			
		Less: allowance for doubtful accounts	48b	0	0	48c	0
	49	Grants receivable			0	49	0
	50 a	Receivables from current and former officers, dire	ectors	trustees and			······································
		key employees (attach schedule)			0	50a	0
	b	Receivables from other disqualified persons (as defined			0	- 50a	0
ts		4958(f)(1)) and persons described in section 4958(c)(3)				50ь	
Assets	51 a	Other notes and loans receivable (attach	/(=) (uii			305	
Ä		schedule)	51a				
	b	Less: allowance for doubtful accounts			0	51c	0
	52	Inventories for sale or use			1,501,900		
	53	Prepaid expenses and deferred charges			136,573		<u>1,516,758</u> 170,276
	54 a	Investments—publicly-traded securities.			179,479,724		179,882,532
		Investments-other securities (attach schedule).		presentation in the second ine			
		Investments—land, buildings, and			443,999	54b	443,999
		equipment: basis	55a	0			
	Ь	Less: accumulated depreciation (attach		0			
	-	schedule)	55b	0	0	EE -	•
	56	Investments—other (attach schedule)	000	<u>и                                    </u>	0		0
	57 a	Land, buildings, and equipment: basis	57a	73,736,191	0	50	0
		Less: accumulated depreciation (attach	- UTU	73,730,191		4	
		schedule)	57b	46,915,195	27,878,192	57c	26,820,996
	58	Other assets, including program-related investme			21,010,102	010	20,020,990
		(describe SEE SCHEDULE		)	23,354,014	58	23,876,884
	59	Total assets (must equal line 74). Add lines 45 th	nrough	58	244,085,440		244,605,100
	60	Accounts payable and accrued expenses	• •		3,074,923		2,588,455
	61	Grants payable		[	2,946,267	61	2,844,184
	62	Deferred revenue		[	7,174	62	9,276
Liabilities	63	Loans from officers, directors, trustees, and key e	employ	ees (attach			
		schedule)			0	63	0
iat	64 a	Tax-exempt bond liabilities (attach schedule)			0	64a	0
	D D	Mortgages and other notes payable (attach sched	lule)		2,220,549	64b	1,581,478
	65	Other liabilities (describe  SEE SCHEDULE		)	3,015,724	65	3,182,327
	66	Total liabilities. Add lines 60 through 65					
	0.000		<u></u>		11,264,637	66	10,205,720
	Orgai	nizations that follow SFAS 117, check here ► [ 67 through 69 and lines 73 and 74.	X an	d complete lines			
ğ							
an		Unrestricted	•••	· · · · · · · ·	232,820,803	67	234,399,380
Fund Balances	69	Permanently restricted	• •	· · · · · · · ·		68	
p	Orga	Permanently restricted	• • •			69	······································
5	<b>j</b> -	complete lines 70 through 74.	ere				
<u>د</u>		Capital stock, trust principal, or current funds					
Net Assets or	71	Paid-in or capital surplus, or land, building, and ec	 	· · · · · · · ·		70	a na manana ang ang ang ang ang ang ang ang an
SSe	72	Retained earnings, endowment, accumulated inco	ante o			71	
ť A:	73	Total net assets or fund balances. Add lines 67	through			72	
Nei		70 through 72. (Column (A) <b>must</b> equal line 19 an	d colu	mn (B) must			
	1	equal line 21)	a colu	····· (D) must	222 020 000	70	0010000000
	74	Total liabilities and net assets/fund balances. A	\dd lin	es 66 and 73	232,820,803 244,085,440	73	<u>234,399,380</u> 244,605,100
					£77,000,440	74	244.005.100

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Form **990** (2007)

b       Amounts included on line a but not on Part I, line 12:         1       Net unrealized gains on investments         2       Donated services and use of facilities         3       Recoveries of prior year grants         4       Other (specify):	0 11,793,847 0 11,793,847 68,056,190 79,850,037 9,747,925
b       Amounts included on line a but not on Part I, line 12:         1       Net unrealized gains on investments         2       Donated services and use of facilities         3       Recoveries of prior year grants         4       Other (specify):         Add lines b1 through b4       b1         6       Subtract line b from line a         6       Subtract line b from line a         7       Investment expenses not included on Part I, line 6b         7       Other (specify):         6       Cother (specify):         6       Cother (specify):         7       SEE SCHEDULE         6       Cother (specify):         7       SEE SCHEDULE         7       Add lines d1 and d2         8       Total expenses and losses per Audited Financial Statements With Expenses per Return         a       Total expenses and losses per audited financial statements         9       Amounts included on line a but not on Part I, line 17:	0 11,793,847 68,056,190 79,850,037
<ul> <li>3 Recoveries of prior year grants</li> <li>4 Other (specify):</li> <li>Add lines b1 through b4</li> <li>c Subtract line b from line a</li> <li>d Amounts included on Part I, line 12, but not on line a:</li> <li>1 Investment expenses not included on Part I, line 6b</li> <li>2 Other (specify): SEE SCHEDULE</li> <li>Add lines d1 and d2</li> <li>Add lines c and d</li> <li>e Total revenue (Part I, line 12). Add lines c and d</li> <li>e Total expenses and losses per audited financial statements</li> <li>a Total expenses and losses per audited financial statements</li> <li>b Amounts included on line a but not on Part I, line 17:</li> </ul>	11,793,847 68,056,190 79,850,037
Add lines b1 through b4       b         c       Subtract line b from line a         d       Amounts included on Part I, line 12, but not on line a:         1       Investment expenses not included on Part I, line 6b         2       Other (specify):         SEE SCHEDULE         Add lines d1 and d2         Add lines d1 and d2         Add lines d1 and d2         Part IV-B         Reconciliation of Expenses per Audited Financial Statements         with Expenses per Return         a       Total expenses and losses per audited financial statements         b       Amounts included on line a but not on Part I, line 17:	11,793,847 68,056,190 79,850,037
2       Other (specify):       SEE SCHEDULE         Add lines d1 and d2       d         Add lines d1 and d2       d         e       Total revenue (Part I, line 12). Add lines c and d       e         Part IV-B       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         a       Total expenses and losses per audited financial statements       a         b       Amounts included on line a but not on Part I, line 17:       a	79,850,037
e       Total revenue (Part I, line 12). Add lines c and d       ▶       e         Part IV-B       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         a       Total expenses and losses per audited financial statements       a         b       Amounts included on line a but not on Part I, line 17:       a	79,850,037
Part IV-B       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return         a       Total expenses and losses per audited financial statements         b       Amounts included on line a but not on Part I, line 17:	
a Total expenses and losses per audited financial statements	0 747 025
1       Donated services and use of facilities       b1         2       Prior year adjustments reported on Part I, line 20       b2	9,141,920
3 Losses reported on Part I, line 20       b3         4 Other (specify):       b4         Add lines b1 through b4       b4	
c       Subtract line b from line a         d       Amounts included on Part I, line 17, but not on line a:         1       Investment expenses not included on Part I, line 6b         0       Other for a state of the state o	0 9,747,925
Add lines d1 and d2	3,873,309
Part VA Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer director	7 <u>3,621,234</u> or
trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)	<i>ы</i> ,
week devoted to position enter -0) compensation plans	ense account r allowances
Name JOE ROSIER         Str 228 WHITE OAK DR         Title CEO           City PINEVILLE         ST LA         ZIP 71360         Hr/WK         40         253 284         30 135	
City PINE VILLE         ST         ZIP         Hr/WK         40         253,284         30,135           Name OTHER BOARD M str VARIOUS         Title BOARD         Title BOARD         0         0           City         ST         ZIP         Hr/WK         2         0         0	0
Name N/A         Str         Title           City         ST         ZIP         Hr/WK         Image: Compare the state of	0
Name N/A Str Title	and a second
City         ST         ZIP         Hr/WK           Name N/A         Str         Title	
City         ST         ZIP         Hr/WK           Name N/A         Str         Title	
<u>City</u> ST ZIP Hr/WK	
Name N/A Str Title	
City         ST         ZIP         Hr/WK           Name N/A         Str         Title	
Name N/A         Str         Title           City         ST         ZIP         Hr/WK	
Name N/A Str Title	**************************************
City ST ZIP Hr/WK	
Name N/A         Str         Title           City         ST         ZIP         Hr/WK	

Form 9	990 (2007) RAPIDES FOUNDATION	RAPIDES FOUNDATION 72-0423603					
Server approval.	t V-A Current Officers, Directors, Trustees, and Key Em	oloyees (continued)		Yes	No		
75 a		vote on organization business at board					
b	b Are any officers, directors, trustees, or key employees listed in Form employees listed in Schedule A, Part I, or highest compensated profe contractors listed in Schedule A, Part II-A or II-B, related to each other relationships? If "Yes," attach a statement that identifies the individual	ssional and other independent r through family or business	75b		X		
С	Do any officers, directors, trustees, or key employees listed in Form S compensated employees listed in Schedule A, Part I, or highest compindependent contractors listed in Schedule A, Part II-A or II-B, receive organizations, whether tax exempt or taxable, that are related to the of the definition of "related organization."	ensated professional and other compensation from any other organization? See the instructions for	75c		X		
b	Does the organization have a written conflict of interest policy?	<u></u>	75d	х			

 $t_{a}$ 

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

-	(A) Name and	d address		(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and othe allowances	ər
Name NONE	Str						unowantees	
City	ST	ZIP		0	0	0		0
Name N/A	Str							
City	ST	ZIP						
Name N/A	Str							
City	ST	ZIP						
Name N/A	Str							
City	ST	ZIP						
Name N/A	Str							
City	ST	ZIP						
Name N/A	Str							
City	ST	ZIP						
Name N/A	Str							
City	ST	ZIP						
Name N/A	Str						1	
City	ST	ZIP						
Name N/A	Str							
City	ST	ZIP						
Name N/A	Str							
City	ST	ZIP						
Part VI (	Other Informa	ation (Se	e the instructi	ons.)			Yes N	No
							103 1	<b>V</b>

70			163	INU
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .	=0		
77	Wore one changes and in the set	76		X
	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		Х
	If "Yes," attach a conformed copy of the changes.			
78 a	Did the organization have unrelated husingers income of the ope			
10 u	- is the englishing the very covered by			
	this return?	78a		V
b	If "Yes," has it filed a tax return on Form 990. T for this year?			<u> </u>
70	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach			and a second
	a statement		64600100.50	
80 a		79		<u>    X     </u>
00 a	association with a statewide of nationwide organization) through			
	common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt			
	organization?		0003630	<b>2</b> 58333
	organization?	80a	X	
D	If "Yes," enter the name of the organization IF See attached statement			
	and check whether it is exempt or nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.)			
b	Did the organization file Form 1120 POL for this ward			
	Did the organization file Form 1120-POL for this year?	81b		Х
			1	

Form 990 (2007)

	90 (2007	RAPIDES FOUNDATION	72-0423603		Page <b>7</b>
Part	VI	Other Information (continued)		Yes	No
82 a	Did th	e organization receive donated services or the use of mater	rials, equipment, or facilities at no charge		
		substantially less than fair rental value?			X
b		s," you may indicate the value of these items here. Do not ir			
	as re	venue in Part I or as an expense in Part II.		1.5	
	(See	nstructions in Part III.)	82b N/A		
		e organization comply with the public inspection requiremer		X	
		e organization comply with the disclosure requirements rela			
		e organization solicit any contributions or gifts that were not			X
b		s," did the organization include with every solicitation an exp			
or		s were not tax deductible?		ļ	
85		)(4), (5), or (6). Were substantially all dues nondeductible b			-
U.		e organization make only in-house lobbying expenditures of s" was answered to either 85a or 85b, <b>do not</b> complete 85c			
		ization received a waiver for proxy tax owed for the prior yea	-		
с		assessments, and similar amounts from members			
		on 162(e) lobbying and political expenditures			
		gate nondeductible amount of section 6033(e)(1)(A) dues n			
		le amount of lobbying and political expenditures (line 85d le			
		the organization elect to pay the section 6033(e) tax on the			2 BARA 264, 252
h	If sec	ion 6033(e)(1)(A) dues notices were sent, does the organization	ation agree to add the amount on line 85f to		
	its rea	sonable estimate of dues allocable to nondeductible lobbyir	ng and political expenditures for the		
		ng tax year?			
86		(7) orgs. Enter: a Initiation fees and capital contributions included			
		receipts, included on line 12, for public use of club facilities			
87		(12) orgs. Enter: a Gross income from members or shareho			
a		income from other sources. (Do not net amounts due or pa			
88 2		es against amounts due or received from them.)			
00 a	nartne	rship, or an entity disregarded as separate from the organiz	eater interest in a taxable corporation or		
	301.7	701-2 and 301.7701-3? If "Yes," complete Part IX	88a		v
b		time during the year, did the organization, directly or indirect			<u> </u>
		ng of section 512(b)(13)? If "Yes," complete Part XI			
89 a		(3) organizations. Enter: Amount of tax imposed on the org			
	sectio	n 4911 ► NA ; section 4912 ► NA	; section 4955 🕨 NA		
b	501(c	(3) and 501(c)(4) orgs. Did the organization engage in any	section 4958 excess benefit transaction		
		the year or did it become aware of an excess benefit transa			
		ement explaining each transaction			X
С		Amount of tax imposed on the organization managers or dis			
4	Fotor	as during the year under sections 4912, 4955, and 4958 .	· · · · · · • •0		
e u	All or	Amount of tax on line 89c, above, reimbursed by the organi anizations. At any time during the tax year, was the organiz	zation • <u>NA</u>		
Ŭ	transa	ction?	alion a party to a prohibited tax shelter		v
f	All org	anizations. Did the organization acquire a direct or indirect interes	t in any applicable insurance contract? 89e		X
g	For su	pporting organizations and sponsoring organizations mainta	aining donor advised funds. Did the		$\vdash$
	suppo	ting organization, or a fund maintained by a sponsoring org	anization, have excess business holdings		
	at any	time during the year?		N/A	
90 a	List th				L
b		er of employees employed in the pay period that includes M	arch 12, 2007 (See		
	instruc	tions.)	90b		25
91 a	The bo	oks are in care of  Name JOE ROSIER	Telephone no. > 318-443-	3394	
	LUCale		A SILA ZIP+4▶71301		
b	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)	unt, securities account, or other financial	Yes	No
	accoul	it)?			Х
		" enter the name of the foreign country ►			
	and Fi	e instructions for exceptions and filing requirements for Forn nancial Accounts.	ישר א פר א		
	anu M				

w ka e

	90 (2007) RAPIDES FOUNDA	TION		- One of the second	talan an a	72-0423603		Page <b>8</b>
Part	Other Information (continued)     At any time during the calendar year, did the c	organization mainta	in an of	fice out	side of the Unite	d States? 9	Yes 1c	No X
-	If "Yes," enter the name of the foreign country	•						
92	Section 4947(a)(1) nonexempt charitable trust and enter the amount of tax-exempt interest re	ts filing Form 990 in eceived or accrued	n lieu of during t	<i>Form</i> the tax	<b>1041</b> —Check he year	ere		
Part	VII Analysis of Income-Producing Ac	tivities (See the	instruct	tions.)				*****
	Enter gross amounts unless otherwise	Unrelated busin	ess inco	me	Excluded by section	on 512, 513, or 514	(E)	•
indica	ted.	(A)	(E	•	(C)	(D)	Relate exempt fi	
93	Program service revenue:	Business code	Amo	ount	Exclusion code	Amount	incor	
	HOSPITAL SERVICES INCLUDING					-		
	MEDICARE AND MEDICAID					70 500 504		
d					08	70,536,504	85	96,730
e								
f		· · · · · · · · · · · · · · · · · · ·	****		8			
g	Fees and contracts from government agencies							
94	Membership dues and assessments							
95	Interest on savings and temporary cash investments .				14	999,630		
96	Dividends and interest from securities				14	4,215,569		
97	Net rental income or (loss) from real estate:							
	debt-financed property				16	24.000		
98	Net rental income or (loss) from personal property				10	-34,803		
99	Other investment income	*****						
100	Gain or (loss) from sales of assets other than inventory				14	3,165,480		
101	Net income or (loss) from special events							
102	Gross profit or (loss) from sales of inventory							
103	Other revenue: a					`		
b					······································			
c d	<u> </u>							
e								
104	Subtotal (add columns (B), (D), and (E))			0		78,882,380	80	6,730
105	Total (add line 104, columns (B), (D), and (E))					1 10,002,000		'9,110
Note:	Line 105 plus line 1e, Part I, should equal the a	mount on line 12, F	Part I.					<u></u>
Part \	/III Relationship of Activities to the A	ccomplishment	of Exei	mpt Pu	urposes (See t	he instructions	.)	
Line M	No. Explain how each activity for which income is	reported in column (I	E) of Par	t VII con	tributed important	y to the accomplis	hment	
	of the organization's exempt purposes (other							
93c	VARIOUS MISCELLANEOUS INCOME RE	LATED TO HOSPI	TAL OP	ERATIO	ONS			
							64,00.0	
Part I	Information Regarding Taxable Su	Ibsidiaries and f	)isreaa	Irded I	Entities (See t	he instructions	1	
	(A)	(B)	loiogu				/(E)	
	Name, address, and EIN of corporation,	Percentage of	of	blature	(C)	(D)	End-of-	
	partnership, or disregarded entity	ownership inter	est	Nature	e of activities	Total income	asset	-
			%			0		0
y kan til fan skriften fan skriften skriften skriften skriften skriften skriften skriften skriften skriften sk			%			0		0
			%	ti - Alli formania		0		0
Part X	Information Regarding Transform	Associated with	%			0	<del></del>	0
Padden and a second		-source with	reison		ient contracts	s (See the instr		
(a) Di	d the organization, during the year, receive any funds, dire	city or indirectly, to pay	premiums	s on a pe	rsonal benefit contra	act?	_Yes _	XNo
Note: /	d the organization, during the year, pay premiu f "Yes" to <b>(b),</b> file Form 8870 <b>and</b> Form 4720	ms, directly or indir	ectly, or	n a pers	ional benefit con	tract?	Yes	X No

\$ to

Form 990			a a substantia a substanti de substanti de substante de substante de substante de substante de substante de sub		0423603			Page
Part X		g Transfers To and From		Entities.	Comple	ete only if the c	organiz	ation
	is a controlling organiza	tion as defined in section	512(D)(13).				Yes	
106	Did the reporting organization m	ake any transfers to a contr	olled entity as	s defined in s	section	512(b)(13) of	res	No
	the Code? If "Yes," complete the	e schedule below for each c	ontrolled entity	y.	000000			x
T	. (A)	(B)		(C)		I		1
	Name, address, of each	Employer Identification	De	escription of		Amount	(D) of trans	sfor
	controlled entity	Number		transfer			or drane	inc.
	IONE SEE GRANT SCHEDULE							
					de to a stare i manageme			
b _								
c -								
	Totals							
							Yes	No
107	Did the reporting organization <b>re</b> 512(b)(13) of the Code? If "Yes,"	<b>ceive</b> any transfers <b>from</b> a ' complete the schedule belo	controlled ent	ity as define	d in sec itv.	tion		x
	(A)	(B)	**************************************	(C)				
	Name, address, of each controlled entity	Employer Identification Number	Description of transfer			(D) Amount of transfer		
a								
b								
с								
	Totals							1
							Yes	No
108	Did the organization have a bindi	ng written contract in effect	on August 17	, 2006, cove	ering the	interest,		
	rents, royalties, and annuities de	and the second						X
	Under penalties of perjury, I declare that I and belief, it is true, correct, and complete	have examined this return, including . Declaration of preparer (other than	accompanying so officer) is based of	chedules and sta	atements,	and to the best of my	knowled	ge
Please						properties has dry KN	-wieuge.	
Sign								
Here	Signature of officer				Dat	9		
	JOE ROSIER, CEO Type or print name and title							
			Dett	Check if		T_		
Paid	Preparer's signature		Date	self-	[ <b></b> ]	Preparer's SSN or PT	IN (See Ge	n. Inst. X
Preparer's	Eirm's name (or vours			employed		P00293042		
Jse Only	if self-employed).	SLEY & ASSOCIATES, LLC			EIN	01-07047	90	
	address, and ZIP + 4 1006 CA	LAIS CIRCLE, ALEXANDR	14 1 4 74000		Phone r	o. • 318-767-		

As gran i

### SCHEDULE A

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28

(Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007

		or +5+r(a)(r) Nonexempt Ch			2007
Department of the Treasury		ary Information—(See			
Internal Revenue Service	MUST be completed by	/ the above organizations and	attached to their Forn	n 990 or 990-EZ	
Name of the organization	<b></b>				tification number
RAPIDES FOUNDATIO			A (1 )	72-0423603	
Part I Compe	nsation of the Five Hig	Inest Paid Employees	Other Than Offic	cers, Directors, a	nd Trustees
	ge 1 of the instructions.	List each one. If there a	are none, enter "N		
	of each employee paid more n \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans &	(e) Expense account and other
A				deferred compensation	allowances
ALEXANDRIA, LA 713	NS, 6424 GENEVIEVE DI	· 1			
K. P. BROWN, 2053 T		40 PHARMACIST	124,200	12,420	
VILLE PLATTE, LA 70		40	72,160	7,216	
WENDY H. ROY, 715			72,100	7,210	
ALEXANDRIA, LA 713		40	70,903	7,090	
PAT LACOUR, 192 AD	AMS PATH	SYSTEMS MANAGER			9/17-19-19-19-19-19-19-19-19-19-19-19-19-19-
PINEVILLE, LA 71360		40	76,316	7,632	
ANNETTE BEUCHLER		EVALUATIONS MANAG			
WOODWORTH, LA 71		40	65,000	6,500	
	oloyees paid over \$50,000				_
See pa	nsation of the Five Hig	liet ooch one (whether	t Contractors to	r Professional Se	rvices
(a) Name and addres	ge 2 of the instructions. ss of each independent contractor	LIST EACH ONE (WHETHER			
GOLD LAW FIRM, P. C		paid more than \$50,000	(b) Type (	of service	(c) Compensation
ALEXANDRIA, LA 7130			LEGAL		74.40
	I INSIGHT, 1101 GULF BI	REEZE PKWY			74,18
GULF BREEZE, FL 32			MARKET RESEAR	СН	65,81
					00,010
Total number of others rec	eiving over \$50,000 for				
professional services	· · · · · · · · · · · · ·	0			
	sation of the Five Hig	hest Paid Independent	t Contractors for	Other Services	
(List eac	h contractor who perfori	med services other than	professional serv	vices, whether ind	ividuals or
firms. If t	here are none, enter "N	one." See page 2 of the	instructions.)	,	
(a) Name and addres	s of each independent contractor	paid more than \$50,000	(b) Type o	f service	(c) Compensation
				· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·					
		•••••••••••••••••			
Total number of other contr	ractors receiving over				
50,000 for other services		0			
	Act Notice, see the Instruc	tions for Form 990 and For	m 990-EZ.	Schedule A (Fo	rm 990 or 990-EZ) 2007
HTA)				·	

### RAPIDES FOUNDATION

1	7	2	 0	4	2	3	6	0	3	

Page **2** 

Pa	<b>Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>*</b> <u>30,039</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	x	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a	х	
b	Lending of money or other extension of credit?	2b		<u>X</u>
С	Furnishing of goods, services, or facilities?	2c	x	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART IV OF FC	<u>2d</u>	x	
е	Transfer of any part of its income or assets?	2e		<u>x</u>
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		<u>x</u>
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	x	
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .	<u>3c</u>		<u>_X</u>
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		<u>X</u>
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g			
b	Did the organization make any taxable distributions under section 4966?	4a 4b		X X
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		<u>X</u>
d	Enter the total number of donor advised funds owned at the end of the tax year			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0

Schedule A (Form 990 or 990-EZ) 2007

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RAPIDES FOUNDATION

42	36	03	

Page

Schedule A (Form 990 or 990-EZ) 2007	RAPIDES F	OUNDATION	2015 Martin Constant State In Constant	72-0423	3603 F	age
Part IV Reason for Nor	-Private Foundation S	tatus (See pages 4 thr	ough 8 of the	instructions.)		Passande
certify that the organization is no				ox.)	<u></u>	
5 A church, convention	of churches, or association o	f churches. Section 170(b)(1	l)(A)(i).			
6 A school. Section 170	(b)(1)(A)(ii). (Also complete F	Part V.)				
7 X A hospital or a cooper	ative hospital service organiz	ation. Section 170(b)(1)(A)(	iii).			
8 A federal, state, or loc	al government or governmen	tal unit. Section 170(b)(1)(A	)(v).			
9 A medical research or and state	ganization operated in conju	unction with a hospital. Sect City	tion 170(b)(1)(A)	(iii). Enter the hos Country	spital's name, city,	
	ted for the benefit of a college pport Schedule in Part IV-A		rated by a gover	mmental unit. Sect	ion 170(b)(1)(A)(iv).	
	ormally receives a substantia complete the <b>Support Sche</b>		overnmental unit	t or from the gener	al public. Section	
I1 b A community trust. Se	ction 170(b)(1)(A)(vi). (Also c	complete the Support Sche	dule in Part IV-A	)		
receipts from activities of its support from gros	ormally receives: <b>(1) more th</b> related to its charitable, etc. ss investment income and ur zation after June 30, 1975. S	, functions—subject to certa related business taxable ind	in exceptions, ar	nd <b>(2) no more tha</b> on 511 tax) from bu	an 33 1/3% usinesses	
	not controlled by any disqual					
	n 509(a)(3). Check the box th				incets the	
Туре І	Type II	] Type III-Functionally Integr	ated	Type III-Other		
Provide the fell	wing information about	• • • • • • • • • • • • • • • • • • •	-41	<u> </u>		
(a)	owing information about (b)	(c)		age 8 of the inst	ructions.) (e)	
lame(s) of supported organi		Type of		upported	Amount of	
	identification	organization	1	on listed in	support	
	number (EIN)	(described in lines	the sup	porting		
		5 through 12	-	zation's		
		above or IRC section)	governing c	locuments?		
			Yes	No		
				<u> </u>		·····
otal	· · · · · · · · · · · · · · · · · · ·	<u></u>	• • • • • • •	►		
						-
4 An organization organiz	zed and operated to test for p	public safety. Section 509(a)	(4). (See page 8	of the instructions	.)	

Schedule A (Form 990 or 990-EZ) 2007

	edule A (Form 990 or 990-EZ) 2007 RAPIDES FOUNDAT			72-0423	603	Page 4
C	ITT IV-A Support Schedule (Complete only	if you checked	a box on line 10	). 11. or 12.) Us	e cash method	d of accounting
No	te: You may use the worksheet in the instructions	for converting	from the accrua	to the cash me	thod of accoun	ting.
	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received. (Do					
16	not include unusual grants. See line 28.)		NA			0
17	Membership fees received Gross receipts from admissions, merchandise				+	0
••	sold or services performed, or furnishing of					
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose					
18	Gross income from interest, dividends,					0
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties,					
	income from similar sources, and unrelated					
	business taxable income (less section 511					
	taxes) from businesses acquired by the					
19	organization after June 30, 1975					0
19						
20	activities not included in line 18					0
	benefit and either paid to it or expended on					
	its behalf					
21	The value of services or facilities furnished to	****			· · · · · · · · · · · · · · · · · · ·	0
	the organization by a governmental unit					
	without charge. Do not include the value of					
	services or facilities generally furnished to the					
	public without charge					0
22	Other income. Attach a schedule. Do not					
	include gain or (loss) from sale of capital assets					0
<u>23</u> 24	Total of lines 15 through 22	0	0	0	C	0
25	Line 23 minus line 17	0	0	0	0	1
26		0	and the second se	0	0	
		a Enter 2% of	amount in column	(e), line 24	🕨 🛛 26a	0
IJ	Prepare a list for your records to show the name of an governmental unit or publicly supported organization) amount shown in line 26a. <b>Do not file this list with yo</b>	whose total gifts f	for 2003 through 2	006 exceeded the	alari 198	
с	Total support for section 509(a)(1) test: Enter line 24, o	column (a)	the total of all the	se excess amoun		
d	Add: Amounts from column (e) for lines: 18	19 19			· · Þ 26c	0
	22	26		TEOPERATure	<b>N</b> 004	
е	Public support (line 26c minus line 26d total)			· · · · · · ·	260	0
f	Public support percentage (line 26e (numerator) di	vided by line 26	c (denominator))		26e	0.00%
27		ounts included in d total amounts r	lines 15, 16, and the end of the	17 that were recei	und from a lidian	lifet
	(2006) (2005)		(2004)		(2003)	
b	For any amount included in line 17 that was received fr to show the name of, and amount received for each ye \$5,000. (Include in the list organizations described in lin After computing the difference between the amount rec differences (the excess amounts) for each year:	om each person ar, that was more nes 5 through 11	(other than "disque than the <b>larger</b> o h, as well as indivi	alified persons"), f (1) the amount of duals ) Do not fill	prepare a list for on line 25 for the	year or (2)
			(2004)		(2003)	
с	Add: Amounts from column (e) for lines: 15 20	16				-
d	and and a	ine 27b total			Bas 1 2 7 4	0
е	a ubic support (line 270 total minus line 270 total)				· · ▶ 27d	0
f	Total support for section 509(a)(2) test: Enter amount fi	rom line 23, colur	nn (e) 🚬 🔹 🕨	> 27f		<u> </u>
g	Public support percentage (line 27e (numerator) div	ided by line 27f	(denominator))		🕨 27g	0.00%
	investment income percentage (line 18, column (e)	(numerator) divi	ded by line 27f (c	lenominator))	D 276	0.000/
28	Unusual Grants: For an organization described in line	10, 11 or 12 that	received any unu	sual grapta during	2002 4	200
	a list for your records to show, for each year, the name the nature of the grant. <b>Do not file this list with your r</b>	of the contributor	' the date and am	ount of the grant	and a brief descr	iption of

eğ.

the status and a second	ale A (Form 990 or 990-EZ) 2007 RAPIDES FOUNDATION 72-0423603		F	age
Par	<ul> <li>Private School Questionnaire (See page 9 of the instructions.)</li> <li>(To be completed ONLY by schools that checked the box on line 6 in Part IV)</li> </ul>			(KOSINI MINI MINI MINI MINI MINI MINI MINI
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	· <u>29</u> · <u>30</u>		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	. <u>32a</u>		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	· · 32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	· · 32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	<u>32d</u>		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	<u>33a</u>		
b	Admissions policies?	<u>33b</u>		
С	Employment of faculty or administrative staff?	. <u>33c</u>		ļ
d	Scholarships or other financial assistance?	. <u>33d</u>		
е	Educational policies?			
f	Use of facilities?	<u>33f</u>		
g	Athletic programs?	<u>33g</u>		
h	Other extracurricular activities?	. <u>33h</u>		in the second
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
	Has the organization's right to such aid ever been revoked or suspended?			
85	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	. 35		

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Schedule A (Form 990 or 990-EZ) 2007

CONCERCION OF THE OWNER.	ule A (Form 990 or 990-EZ) 2007 RAPIDES FOU	NDATION		72-04	423603	Page <b>6</b>
Pa	t VI-A Lobbying Expenditures by Electing				uctions.)	
	(To be completed <b>ONLY</b> by an eligib					
Chec	k ▶aif the organization belongs to an affiliated gro	oup. Check 🕨	b if you che	cked "a" and "lir	nited control" prov	isions apply.
	Limits on Lobbying E (The term "expenditures" means a	•	ncurred.)		<b>(a)</b> Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public opinion (g	CONTRACTOR OF A		36		organizations
37	Total lobbying expenditures to influence a legislative body	• •	• ·			
38	Total lobbying expenditures (add lines 36 and 37)				0	0
39	Other exempt purpose expenditures					
40	Total exempt purpose expenditures (add lines 38 and 39)				0	0
41	Lobbying nontaxable amount. Enter the amount from the	following table				
	If the amount on line 40 is— The lob	bying nontaxable	e amount is—	0.4		
	Not over \$500,000	he amount on line	ə40			
		•	excess over \$500,0	12000.000-2100.		
			excess over \$1,000			
		-	excess over \$1,500,0			
40				C01212249965692432		
42	Grassroots nontaxable amount (enter 25% of line 41) .				0	
43 44	Subtract line 42 from line 36. Enter -0- if line 42 is more to Subtract line 41 from line 38. Enter -0- if line 41 is more to			0		
~*~*	Subtract line 41 non line 56. Enter -0- if line 41 is more to			44	<u> </u>	0
	Caution: If there is an amount on either line 43 or line 44	, you must file Fo	rm 4720.			
	4-Year Avera	aina Period U	Inder Section 5	01(h)		
	(Some organizations that made a section See the instructions for	501(h) election do	not have to comple	te all of the five o	columns below.	
		Lobi	oying Expenditur	es During 4-Y	ear Averaging F	Period
	Calendar year (or fiscal year beginning in)  ▶	<b>(a)</b> 2007	<b>(b)</b> 2006	(c) 2005	(d) 2004	<b>(e)</b> Total
45	Lobbying nontaxable amount					0
46	Lobbying ceiling amount (150% of line 45(e))					0
47	Total lobbying expenditures					0
48	Grassroots nontaxable amount					0
40	Grassroots ceiling amount (150% of line 48(e))	and the second second				

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Par	Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)										
and the second second	the second s	s lobbying expenditures									
49	Grassroot	s ceiling amount (150% of line 48(e))									

Durir	ig the year, did the organization attempt to influence national, state or local legislation, including any			
atten	npt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
а	Volunteers		Х	
b	Paid staff or management (Include compensation in expenses reported on lines c through h.)		Х	
С	Media advertisements		Х	
d	Mailings to members, legislators, or the public		Х	
е	Publications, or published or broadcast statements		Х	
f	Grants to other organizations for lobbying purposes		Х	Fel:
g	Direct contact with legislators, their staffs, government officials, or a legislative body	Х		30.0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		Х	
i	Total lobbying expenditures (Add lines c through h.) If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.			30,0
	The rest to any of the above, also attach a statement giving a detailed description of the lobbying activities.			

Schedule A (Form 990 or 990-EZ) 2007

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Schedule A (Form 990 or 990-EZ) 2007		RAPIDES FOUNDATION	72-0423603	Р	age 7
Par		ing Transfers To and Transactions and R ns (See page 14 of the instructions.)	elationships With Noncharitable	) )	
51		ectly or indirectly engage in any of the following with ar ction 501(c)(3) organizations) or in section 527, relatin			
а	Transfers from the reporting orga	nization to a noncharitable exempt organization of:		Yes	No
	(i) Cash				Х
					X
b	Other transactions:				
	(i) Sales or exchanges of ass	ets with a noncharitable exempt organization			X
		a noncharitable exempt organization			X
		ent, or other assets			X
		ents			X
					X
	(vi) Performance of services or	membership or fundraising solicitations			X
с		nailing lists, other assets, or paid employees			X
d	If the answer to any of the above	is "Yes," complete the following schedule. Column (b)	should always show the fair market value		

of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a)	(b)	(c)	(d)
Line no.	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing arrangements
*****			

52 a	<ul> <li>Is the organization directly or indirectly aff described in section 501(c) of the Code (c</li> <li>If "Yes," complete the following schedule:</li> </ul>	other than section 501(c)(3)) or in s	ection 527?
	(a) Name of organization	(b) Type of organization	(c) Description of relationship

### THE RAPIDES FOUNDATION (72-0423603) FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2007 ADDITIONAL INFORMATION

#### **FORM 990**

### **OTHER CHANGES IN NET ASSETS OR FUND BALANCES - PART I, LINE 20**

Difference between financial statements and tax basis income

# OTHER GRANTS AND ALLOCATIONS - STATEMENT OF FUNCTIONAL EXPENSES; PART II, LINE 22b

See Exhibit A	
From Contingent	5,390,009
Refunds and Voids	153,245
Amendments	-903,806
	4,639,448
Other Adjustments	-49,796
Sub-total	4,589,652
Donations per RHS K-1	73,653
	4,663,305

2007

#### **DEPRECIATION EXPENSES - PART II, LINE 42**

See Exhibit B	184,714
RHS - Hospitals' depreciation	1,423,287
	1.608.001

#### **OTHER EXPENSES - PART II, LINE 43**

See Other Expenses at Exhibit C.

### STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS, PART III

See Exhibit D and additional information attached (behind exhibits).

### BALANCE SHEETS - PART IV

Please note that, on the 2006 return, the balance sheet presented on the Rapides Foundation with it's investment in the Rapides Healthcare Services, LLC accounted for under the equity method under generally accepted accounting principles.

In this return, the 2006 balance sheet has been re-stated to present the combined Rapides Foundation and 26% of the Rapides Healthcare Services, LLC based upon its income tax basis of accounting.

### THE RAPIDES FOUNDATION (72-0423603) FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2007 ADDITIONAL INFORMATION

### **INVESTMENTS - OTHER SECURITIES - PART IV, LINE 54b**

Rehab Associates LTD, Limited Partnership

OTHER ASSETS - PART IV, LINE 58	2006	2007
Accounts receivable other	316,831	365,245
Allowance-nonpatient Hospital Intercompany Account Due from HCA	-44,237 12,748,215	-19,887
Goodwill	8,074,221	7,083,968 8,074,221
Other Assets	754	2,054
Construction in Process	1,736,778	7,970,025
Notes Receivable	250,768	151,924
Limited Use Investments-Deferred Compensation Plan	270,684	249,334
	23,354,014	23,876,884
OTHER LIABILITIES - PART IV, LINE 65		
Notes Payable - Current	176,485	39,872
Accrued Interest	14,347	14,347
Miscellaneous Accruals	2,201	3,702
Accrued property tax	6,504	1,300
Accrued sales tax	47,822	48,850
Allowance for gov agencies	2,342,705	2,306,145
Due to Gov agencies	-2,510,294	-2,404,251
Due to LLC member	2,916,594	3,157,479
Unclaimed property	19,196	14,719
Other liabilities	164	164
	3,015,724	3,182,327

# RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH REVENUE PER RETURN - PART IV-A

To include 26% revenues from Rapides Health Services, LLC, which operates five hospitals (income tax basis).

# RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS WITH EXPENSE PER RETURN - PART IV-B

To include 26% expenses from Rapides Health Services, LLC, which operates five hospitals (income tax basis).

### CURRENT OFFICER, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES - PART V - A

### THE RAPIDES FOUNDATION (72-0423603) FORM 990 FOR THE YEAR ENDED DECEMBER 31, 2007 ADDITIONAL INFORMATION

See Rapides Foundation Board Members attached at Exhibit E.

#### **OTHER INFORMATION - PART VI, LINE 80b**

CMAP Express	Exempt
The Orchard Foundation	Exempt

#### FORM 990 SCHEDULE A

### STATEMENT ABOUT ACTIVITIES - PART III

- 1a. A portions of the hospital association dues paid to the American and Louisiana Hospital Associations.
- 2a. A few physicians on the board of trustees rent office space from Rapides Healthcare Services, LLC of which 26% is owned by The Rapides Foundation
- 2c. A few physicians on the board of trustees rent office space from Rapides Healthcare Services, LLC of which 26% is owned by The Rapides Foundation
- 2d. As noted in part V-A of form 990, the chief executive officer of The Rapides Foundation is paid for that position and is also a member of the board of trustees.

Note: Some trustees are unpaid trustees of other exempt nonprofit organizations which receive grants from the Rapides Foundation. They abstain from voting on such matters.

# LOBBYING ACTIVITIES BY NON-ELECTING PUBLIC CHARITIES - PART VI-A

The Rapides Foundation owns 26% of Rapides Healthcare Services, LLC ("RHS"). RHS owns and operates five hospitals. Those hospitals pay dues to the American, Louisiana and other Hospital Associations. Each year, RHS receives a notice reporting to it the amount of those dues that were used for lobbying activities. The amount reported in this return is 26% of the total amount reported to the five hospitals.

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YEAR 2007	@ 12/31/07 Grants Pavahle			1	1	1	1	1			187 500 00	N. 000		· ·		1	-	1	1	1	1	I	ł	1	ii	1	•	1	5,000.00	5,000.00	в ,	1	197,500.00		
ш	7 nents						(38,919.95)	(38,919.95)					(358.61)	1.000																			(358.61)		
٥	2007 Refunds/Voids		***				38,919.95	38,919.95					358.61	1								1										250.00	608.61	 	
v	Payments @ 12/31/07		an a	200,000.00		1	T	200,000.00				81 500 00	20,600,00	28,000.00			5,000.00	5,000.00	10,000.00	10,000.00		21,200.00			507,782.27	10,000.00	10,000.00		5,000.00	5,000.00		40,750.00	759,832.27	 	
8	From Contingent							•						8,000.00					10,000.00			3,500.00			507,782.27	10,000.00	10,000.00		10,000.00	10,000.00		40,500.00	609,782.27	 	
A	2006 Payable Per Audit			200,000.00	1	1	1	200,000.00			187.500.00	81 500 00	20.600.00	20,000.00	1	1	5,000.00	5,000.00	T	10,000.00	1	17,700.00											347,300.00	 	
	DATE			09/25/02	09/25/02		02/26/03	02/13/03			02/23/04	12/15/04	12/15/04	12/15/04			02/15/06	09/21/06	09/21/06	11/14/06		VARIOUS			04/30/07	02/1//0/	/0// 1/90	08/23/07	08/23/07	08/23/07					
DESCRIPTION			HEALTH AND WELL-BEING:		ALZHEIMER'S PATIENT & FAMILY SUPPORT PROJEC	N		Subtotal H&WB	HEALTHY COMMUNITIES GRANTS	2004 HEALTHY COMMUNITIES			FOTAZ - Education Program Expansion	9th Judicial Dist. Court Hearing Office/Father Asst.		ĸ				Central La. Arts & Healthcare, Inc.		2006 TRUSTEE GRANTS		N				Destiny Now		Lily of the Valley Ministries		2007 TRUSTEE GRANTS	Subtotal Healthy Communities	HEALTHY PEOPLE GRANTS	
Se	equer	nce		-	2					<u>7</u>	4	5	9	7	ω	9 <b>2</b>	9	5	12	13		19			4 L	<u>.</u>	<u>י</u>	2	18	19				<b>4</b>	

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2004 Awards         For Auont         Acr Auont		Contingent 600,000.00 1,230,000.00	@ 12/31/07 25,758.00 13,750.00 5,000.00 236,520.00 236,520.00 18,750.00 18,750.00 18,750.00 15,000.00 5,000.00 5,000.00			Grants Payable
Agenda for Children         09/22/04         50,000.00           Bureau of Primary Care & Rural Health         12/15/04         57,000.00           D,O.V.E.S./Health Access         12/15/04         375,000.00           D,O.V.E.S./Health Access         12/15/04         375,000.00           City of Pineville/Fire & Weather Safety House         12/14/05         5,000.00           Volunteers of America         12/14/05         394,200.00           VOA Evaluation Expense         12/14/05         394,200.00           VOA Evaluation Expense         02/27/06         334,000.00           VoA Evaluation Expense         02/27/06         37,397.00           USU HSC Dept. of Psychiatry         02/27/06         127,397.00           LSU HSC Dept. of Psychiatry         02/27/06         37,000.00           Renaissance Home for Youth         02/27/06         5,000.00           Weilness Works         02/27/06         5,000.00           CMAP Express         02/27/06         5,000.00           Moyelless Parish Police Jury/Walking Trail         06/15/06		600,000.00 1,230,000.00	25,758.00 125,000.00 13,750.00 5,000.00 236,520.00 13,750.00 13,750.00 13,750.00 136,520.00 136,520.00 136,520.00 15,000.00 1,000.000 1,000.00 2,000.00	00.000	(24,242.00)	250,000.00 250,000.00 - - 157,680.00 22,500.00 22,500.00 22,500.00 400,000 00 96,778.00 460,000.00 460,000.00 460,000.00
Bureau of Primary Care & Rural Health         12/15/04         375,000           D,O.V.E.S./Health Access         12/15/04         13,750.00           D,O.V.E.S./Health Access         12/15/04         13,750.00           2005 HEALTHY PEOPLE GRANTS         12/14/05         5,000.00           City of Pineville/Fire & Weather Safety House         12/14/05         394,200.00           Volunteers of America         12/14/05         394,200.00           Volatitie/Fire & Weather Safety House         12/14/05         394,200.00           Volatitie/Fire & Weather Safety House         12/14/05         394,200.00           Volunteers of America         02/27/16         18,750.00           Volatitie/Fire & Veather Safety         02/27/06         18,750.00           Vole (Each Nat! Alzheimer's Assn         02/27/06         18,750.00           La. Chapt. Nat'! Alzheimer's Assn         02/27/06         127,397.00           USU HSC Dept. of Psychiatry         02/27/06         127,397.00           La. Chapt. Natiting Trail         02/27/06         5,000.00           Renaissance Home for Youth         02/27/06         5,000.00           Mellness Works         02/27/06         5,000.00           CMAP Express         02/15/06         5,000.00           Avoyelles Parish Polic		600,000.00 1,230,000.00	125,000.00 13,750.00 5,000.00 236,520.00 18,750.00 18,750.00 18,750.00 15,000.00 5,000.00	00.000	(501,189.82)	250,000.000 
D.O.V.E.S./Health Access         12/15/04         13,750.00           2005 HEALTHY PEOPLE GRANTS         12/14/05         5,000.00           City of Pineville/Fire & Weather Safety House         11/14/05         5,000.00           City of Pineville/Fire & Weather Safety House         11/14/05         5,000.00           Volunteers of America         12/14/05         394,200.00           Vol activation Expense         12/14/05         394,200.00           Vol Evaluation Expense         12/14/05         394,200.00           Vol Evaluation Expense         12/14/05         394,200.00           Vol Evaluation Expense         12/14/05         394,000.00           Vol Evaluation Expense         02/27/06         18,750.00           Distribution Construction Constructinter Con		600,000.00 1,230,000.00	13,750.00 5,000.00 236,520.00 18,750.00 18,750.00 18,750.00 15,000.00 5,000.00 5,000.00	00.000	(501,189.82)	
2005 HEALTHY PEOPLE GRANTS         -           City of Pineville/Fire & Weather Safety House         11/14/05         5,000.00           Volunteers of America         12/14/05         394,200.00           Volunteers of America         12/14/05         394,200.00           Voluteers         02/27/06         18,750.00           La. Chapt. Nat'l Alzheimer's Assn         02/27/06         18,750.00           La. UHSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         12/130.00           LSU HSC Dept. of Psychiatry         02/27/06         5,000.00           Nellness Works         02/27/06         5,000.00           CMAP Express         02/27/06         5,000.00           Moyelles Parish Council on Aging/Walking Trail         06/15/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00<	(m) - (0)	600,000.00 1,230,000.00	5,000.00 236,520.00 18,750.00 150,000.00 1,000,000.00 5,000.00		(501,189.82)	- 157,680.00 22,500.00 22,500.00 - - 400,000.00 96,778.00 450,000.00 450,000.00
City of Pineville/Fire & Weather Safety House         11/14/05         5,000.00           Volunteers of America         12/14/05         394,200.00           VOA Evaluation Expense         12/14/05         394,200.00           La. Chapt. Nat'l Alzheimer's Assn         12/14/05         22,500.00           La. Chapt. Nat'l Alzheimer's Assn         02/27/06         18,750.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           Uvellness Works         02/27/06         127,397.00           Vellness Works         02/27/06         5,000.00           OWAP Express         02/27/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         02/15/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00           Avoyelles	m - w	600,000.00 1,230,000.00	5,000.00 236,520.00 18,750.00 30,619.00 150,000.00 5,000.00		(501,189.82)	- 157,680.00 22,500.00 22,500.00 
Volunteers of America         12/14/05         394,200.00           VOA Evaluation Expense         12/14/05         394,200.00           VOA Evaluation Expense         12/14/05         22,500.00           VOA Evaluation Expense         12/14/05         22,500.00           La. Chapt. Nat'l Alzheimer's Assn         02/27/06         18,750.00           La. Chapt. Nat'l Alzheimer's Assn         02/27/06         18,750.00           LSU HSC Dept. of Psychiatry         02/27/06         127,397.00           Nellness Works         02/27/06         127,397.00           Kenaissance Home for Youth         02/27/06         127,397.00           Wellness Works         02/27/06         5,000.00           CMAP Express         02/27/06         5,000.00           Avoyelles Parish Council on Aging/Walking Trail         06/15/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00	α – ω	600,000.00 1,230,000.00	236,520.00 18,750.00 30,619.00 150,000.00 5,000.00	000.00 99	(501,189.82)	157,680.00 22,500.00 - - 400,000.00 96,778.00 450,000.00 450,000.00
VOA Evaluation Expense         12/14/05         22,500.00           2006 HEALTHY PEOPLE GRANTS         -         -           2006 HEALTHY PEOPLE GRANTS         22,500.00         -           2006 HEALTHY PEOPLE GRANTS         22,500.00         -           2006 HEALTHY PEOPLE GRANTS         23,500.00         -           2006 HEALTHY PEOPLE GRANTS         02/27/06         18,750.00           La. Chapt. Nat'l Alzheimer's Assn         02/27/06         18,750.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           Nellness Works         02/27/06         672,130.00           CMAP Express         02/27/06         5,000.00           Avoyelles Parish Council on Aging/Walking Trail         06/15/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00           Avoyelles P	σ	600,000.00 1,230,000.00	18,750.00 30,619.00 150,000.00 1,000,000.00	66,000.00	(501,189.82)	22,500.00 - - 400,000.00 96,778.00 450,000.00 450,000.00
2006 HEALTHY PEOPLE GRANTS         -           La. Chapt. Nat'l Alzheimer's Assn         02/27/26         18,750.00           La. Chapt. Nat'l Alzheimer's Assn         02/27/06         18,750.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         324,000.00           Renaissance Home for Youth         02/27/06         5,000.00           Wellness Works         02/27/06         5,000.00           CMAP Express         02/27/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00           Avoyellae, City of/Walking Trail         06/15/06         5,000.00      <		600,000.00 1,230,000.00	18,750.00 30,619.00 150,000.00 5,000.00	99,000.00	(501,189.82)	- - 400,000 96,778.00 450,000.00 450,000.00 450,940.18
2006 HEALTHY PEOPLE GRANTS         -           2006 HEALTHY PEOPLE GRANTS         02/27/26         18,750.00           La. Chapt. Nat'l Alzheimer's Assn         02/27/06         18,750.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           Renaissance Home for Youth         02/27/06         5,000.00           Wellness Works         02/27/06         5,000.00           CMAP Express         02/27/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00		600,000.00 1,230,000.00	18,750.00 30,619.00 150,000.00 1,000,000.00 5,000.00	66,000.00	(501,189.82)	- - 400,000.00 96,778.00 450,000.00 450,000.00
La. Chapt. Nat'l Alzheimer's Assn         02/27/26         18,750.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           Renaissance Home for Youth         02/27/06         127,397.00           Wellness Works         02/27/06         5,000.00           CMAP Express         02/27/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00           Avoyelles Chon More of Parish         06/15/06         5,000.00           Avoyeles Colfax, Town of/Walking Trail         06/		600,000.00 1,230,000.00	18,750.00 30,619.00 150,000.00 1,000,000.00 5,000.00	66,000.00	(501,189.82)	- 400,000.00 96,778.00 450,000.00 450,000.00
LSU HSC Dept. of Psychiatry         02/27/06         -         -           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00         -           LSU HSC Dept. of Psychiatry         02/27/06         334,000.00         -           Renaissance Home for Youth         02/27/06         127,397.00         -           Wellness Works         02/27/06         672,130.00         1,           Wellness Works         02/27/06         672,130.00         1,           CMAP Express         02/27/06         672,130.00         1,           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00         1,           Avoyelles Chol/Walking Trail         06/15/06         5,000.00         0           Avoyelles City of/Walking Trail         06/15/06         5,000.00         0           Oak Hill High School/Walking Trail         06/15/06         5,00		600,000.00 1,230,000.00	30,619.00 150,000.00 1,000,000.00 5,000.00	66,000.00	(501,189.82)	- 400,000.00 96,778.00 450,000.00 400,940.18
LSU HSC Dept. of Psychiatry         02/27/06         334,000.00           Renaissance Home for Youth         02/27/06         127,397.00           Wellness Works         02/27/06         127,397.00           Wellness Works         02/27/06         5,000.00           Wellness Works         02/27/06         5,000.00           Wellness Works         02/27/06         5,000.00           Woyelles Parish Council on Aging/Walking Trail         06/15/06         5,000.00           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00           Avoyelles Parish Police Playground         06/15/06         5,000.00           Avoyelles Chool/Walking Trail         06/15/06         5,000.00           Oak Hill High School/Walking Trail         06/15/06         5,000.00           Oakdale, City of/Walking Trail         06/15/06         5,000.00           Oak dale, City of/Walking Trail         06/15/06         5,000.00           Oakdale, City of/Walking Trail         06/15/06         5,000.00		600,000.00 1,230,000.00	30,619.00 150,000.00 1,000,000.00 5,000.00	66,000.00	(501,189.82)	400,000.00 96,778.00 450,000.00 400,940.18
Renaissance Home for Youth         02/27/06         127,397.00           Wellness Works         -         -         -           Wellness Works         02/27/06         672,130.00         1,           CMAP Express         02/27/06         672,130.00         1,           CMAP Express         02/27/06         5,000.00         1,           Avoyelles Parish Council on Aging/Walking Trail         06/15/06         5,000.00         1,           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00         1,           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00         1,           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00         1,           New Llano, Town of/Walking Trail         06/15/06         5,000.00         1,           Oak Hill High School/Walking Trail         06/15/06         5,000.00         1,           Oak Hill High School/Walking Trail         06/15/06         5,000.00         1,         1,           Oak Hill High School/Walking Trail         06/15/06         5,000.00         1,         1,         1,         1,         1,         1,         1,         1,         1,         1,         1,         1,         1,         1,		600,000.00 1,230,000.00	30,619.00 150,000.00 1,000,000.00 5,000.00		(501,189.82)	96,778.00 450,000.00 400,940.18
Wellness Works         02/27/06         -           CMAP Express         02/27/06         672,130.00         1,           CMAP Express         02/27/06         672,130.00         1,           Avoyelles Parish Council on Aging/Walking Trail         06/15/06         5,000.00         1,           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00         1,           Avoyelles Parish Police Jury/Walking Trail         06/15/06         5,000.00         1,           Forest Hill, town of/ Public Playground         06/15/06         5,000.00         1,           New Llano, Town of/Walking Trail         06/15/06         5,000.00         1,           Oak Hill High School/Walking Trail         06/15/06         5,000.00         1,           Oak Hill High School/Walking Trail         06/15/06         5,000.00         1,           Oakdale, City of/Walking Trail         06/15/06         5,000.00         1,           Pineville Concerned Citizens/Walking Trail         06/15/06         5,000.00         1,           Pineville Concerned Citizens/Walking Trail         06/15/06         5,000.00         1,           Oakdale, City of/Walking Trail         06/15/06         5,000.00         1,         1,           Oakualke, City of/Walking Trail <td< td=""><td>67</td><td>600,000.00 1,230,000.00</td><td>150,000.00 1,000,000.00 5,000.00</td><td></td><td>(501,189.82)</td><td>450,000.00 400,940.18</td></td<>	67	600,000.00 1,230,000.00	150,000.00 1,000,000.00 5,000.00		(501,189.82)	450,000.00 400,940.18
CMAP Express       02/127/06       672, 130.00         Avoyelles Parish Council on Aging/Walking Trail       06/15/06       5,000.00         Avoyelles Parish Police Jury/Walking Trail       06/15/06       5,000.00         Avoyelles Parish Police Jury/Walking Trail       06/15/06       5,000.00         Everst Hill, town of/ Public Playground       06/15/06       5,000.00         Hope Development Center/ Playground       06/15/06       5,000.00         New Llano, Town of/Walking Trail       06/15/06       5,000.00         Oak Hill High School/Walking Trail       06/15/06       5,000.00         Oak Hill High School/Walking Trail       06/15/06       5,000.00         Oakdale, City of/Walking Trail       06/15/06       5,000.00         Pineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         Pineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         Prineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         Prineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         Fineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         Prineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         Central La. Breastfeeding Coalition (Moms at Work)       09/28/06		1,230,000.00	1,000,000.00 5,000.00 5,000.00		(501,189.82)	400,940.18
Avoyelles Parish Council on Aging/Walking Trail06/15/065,000.00Avoyelles Parish Police Jury/Walking Trail06/15/065,000.00Evoyelles Parish Police Jury/Walking Trail06/15/065,000.00Colfax, Town of/Walking Trail06/15/065,000.00Hill, town of/ Public Playground06/15/065,000.00New Llano, Town of/Walking Trail06/15/065,000.00Oak Hill High School/Walking Trail06/15/065,000.00Oak Hill High School/Walking Trail06/15/065,000.00Oakdale, City of/Walking Trail06/15/065,000.00Pineville Concerned Citizens/Walking Trail06/15/065,000.00Pineville Concerned Citizens/Walking Trail06/15/065,000.00Pineville Concerned Citizens/Walking Trail06/15/065,000.00THEN Diabetes Low Level Intervention09/28/06-			5,000.00			
Avoyelles Parish Police Jury/Walking Trail       06/15/06       5,000.00         Colfax, Town of/Walking Trail       06/15/06       5,000.00         Forest Hill, town of/ Public Playground       06/15/06       5,000.00         Hope Development Center/ Playground       06/15/06       5,000.00         New Llano, Town of/Walking Trail       06/15/06       5,000.00         Oak Hill High School/Walking Trail       06/15/06       5,000.00         Oak Hill High School/Walking Trail       06/15/06       5,000.00         Oakdale, City of/Walking Trail       06/15/06       5,000.00         Pineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         Pineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         THEN Diabetes Low Lead Intervention       09/28/06       -			5.000.00			1
Colfax, Town of/Walking Trail06/15/065,000.00Forest Hill, town of/ Public Playground06/15/065,000.00Hope Development Center/ Playground06/15/065,000.00New Llano, Town of/Walking Trail06/15/065,000.00Oak Hill High School/Walking Trail06/15/065,000.00Oak Hill High School/Walking Trail06/15/065,000.00Pineville Concerned Citizens/Walking Trail06/15/065,000.00Pineville Concerned Citizens/Walking Trail06/15/065,000.00Pineville La. Breastfeeding Coalition (Moms at Work)09/28/06-THEN Diabetes Low Level Intervention09/28/06-			· · · · · · · · · · · · · · · · · · ·			
Forest Hill, town of/ Public Playground       06/15/06       5,000.00         Hope Development Center/ Playground       06/15/06       5,000.00         New Llano, Town of/Walking Trail       06/15/06       5,000.00         Oak Hill High School/Walking Trail       06/15/06       5,000.00         Oak Hill High School/Walking Trail       06/15/06       5,000.00         Oakdale, City of/Walking Trail       06/15/06       5,000.00         Pineville Concerned Citizens/Walking Trail       06/15/06       5,000.00         Central La. Breastfeeding Coalition (Moms at Work)       09/28/06       -         THEN Diabetes Low Level Intervention       09/28/06       -	U-1010 U-10010 U-1001		5,000.00			•
Hope Development Center/ Playground         06/15/06         5,000.00           New Llano, Town of/Walking Trail         06/15/06         4,000.00           Oak Hill High School/Walking Trail         06/15/06         5,000.00           Oak Hill High School/Walking Trail         06/15/06         5,000.00           Oakdale, City of/Walking Trail         06/15/06         5,000.00           Pineville Concerned Citizens/Walking Trail         06/15/06         5,000.00           Central La. Breastfeeding Coalition (Moms at Work)         09/28/06         -           THEN Diabetes Low Level Intervention         04/28/06         3/000.00			5,000.00			1
New Llano, Town of/Walking Trail         06/15/06         4,000.00           Oak Hill High School/Walking Trail         06/15/06         5,000.00           Oakdale, City of/Walking Trail         06/15/06         5,000.00           Pineville Concerned Citizens/Walking Trail         06/15/06         5,000.00           Pineville Concerned Citizens/Walking Trail         06/15/06         5,000.00           Central La. Breastfeeding Coalition (Moms at Work)         09/28/06         -           THEN Diabetes Low Level Intervention         04/28/06         3/000.00			5,000.00			1
Oak Hill High School/Walking Trail     06/15/06     5,000.00       Oakdale, City of/Walking Trail     06/15/06     5,000.00       Pineville Concerned Citizens/Malking Trail     06/15/06     5,000.00       Central La. Breastfeeding Coalition (Moms at Work)     09/28/06     -       THEN: Diabetes Low Level Intervention     09/28/06     -			4,000.00			-
Oakdale, City of/Walking Trail     06/15/06     5,000.00       Pineville Concerned Citizens/Malking Trail     06/15/06     5,000.00       Central La. Breastfeeding Coalition (Moms at Work)     09/28/06     -       THEN: Diabetes Low Level Intervention     09/28/06     300.000			5,000.00			•
Pineville Concerned Citizens/Walking Trail 06/15/06 5,000.00 Central La. Breastfeeding Coalition (Moms at Work) 09/28/06 THEN: Diabetes I ow I evel Intervention 09/28/06 300 00 00						5,000.00
Central La. Breastfeeding Coalition (Moms at Work) 09/28/06 THEN: Diabetes I ow Level Intervention 09/28/06 300 000 00			5,000.00			
THEN: Diabetes I ow I evel Intervention		375,000.00	125,000.00			250,000.00
	e		100,000.00			200,000.00
Hayden Lawrence Mid. School/Walking Trail 09/21/06 10,000.00			10,000.00			-
Keeves, Iown of (Playground) 09/21/06 -		10,000.00	10,000.00			1
Kinder, Iown of (Playground) 09/21/06 10,000.00			10,000.00			1
Hornbeck, Town of/Playground 11/14/06 -	1/14/06 -	10,000.00	5,000.00			5,000.00
4/ American Heart Assn/AED Heartsaver Training 12/07/06 10,000.0		10,000.00	10,000.00	(()))))))))))))))))		1
	1 000 00	120.00				1
00.000 -	00.000	00.001	1,000.00		(00.061)	1
2007 Grant Awards						1 1
48 Seeds of Harvest 100,000.0	12/28/07	100,000.00	50,000.00			50.000.00
Hadnot-Hayes Elem. School/Walking Tr. 02/22/07 02/22/07	12/22/07	10,000.00	10,000.00			
nd 05/17/07	15/17/07	10,000.00	10,000.00			1
Cenla Christian Academy/Playground 05/17/07	15/17/07	10,000.00	5,000.00			5,000.00

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**Grants Payable 2007** 

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quei		DATE	2006 Payable Per Audit	From Contingent	Payments @ 12/31/07	2007 Refunds/Voids	2007 Amendments	@ 12/31/07 Grants Pavahle
22	2 Forest Hill, Village of/Walking Trail	05/17/07		10.000.00	5.000.00		SUDURIN	5 000 00
53	NSU Office of Physical Plant	05/17/07		10,000.00	5,000.00			5,000.00
54		05/17/07		10,000.00	5,000.00			5,000.00
55	5 Evergreen, Town of/Playground	08/23/07	(1) March 1990, And 1 And 1990, And 1 And 1990, And 1990, And 1990, And 1					-
56		08/23/07	(a) A set of the se	10,000.00	5,000.00			5,000.00
57		08/23/07						
58		08/23/07						1
59		08/23/07		10,000.00	5,000.00			5,000.00
	2007 HEALTHY PEOPLE Trustee Grants			10,100.00	10,100.00			1
	REFUNDS FROM PRIOR YEAR GRANT AWARDS		and the second		823.73	(102.45)	926.18	
	Subtotal Healthy People		2,377,727.00	2,425,230.00	2,026,320.73	65,897.55	(524,635.64)	2,317,898.18
	EDUCATION:							
	2003							•
60		II 07/23/03	,	102.376.67	102.376.67		•	•
	5							
61	I Allen PSB	07/28/04	15,200.00				(15,200.00)	1
62		07/28/04	204,700.00		102,000.00		(102,700.00)	1
63		07/28/04					(4,330.00)	1
64		07/28/04	26,891.00		9 <b>00</b>	19,855.63	(46,746.63)	1
65		07/28/04			33,967.71	1,981.83	(43,804.12)	1
66		07/28/04					(19,339.00)	1
67	Rapides PSB	07/28/04	46,160.00				(46,160.00)	1
68		07/28/04	15,230.00				(15,230.00)	1
69	9 Winn PSB	07/28/04	9,967.00				(9,967.00)	-
								1
	2006 EDUCATION AWARDS							•
	2006 TRUSTEE AWARDS		3,500.00	L	3,500.00			
	2007 Grant Awards							
	2007 TRUSTEE AWARDS	VARIOUS		27,500.00	27,500.00			1
70	) Allen PSB	05/23/07		175,000.00	175,000.00			1
71		05/23/07		230,000.00	57,500.00		1	172,500.00
72		05/23/07		110,120.00	110,120.00			•
73		05/23/07		160,000.00	160,000.00			•
74		05/23/07		130,000.00	65,000.00			65,000.00
75		05/23/07		250,000.00	250,000.00			
76		05/23/07		700,000.00	700,000.00			1
77	Vernon PSB	05/23/07		340,000.00	340,000.00			•

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DESCRIPTION		A	B	ပ	٥	ш	YEAR 2007
	DATE	2006 Payable Per Audit	From Contingent	Payments @ 12/31/07	2007 Refunds/Voids	2007 Amendments	@ 12/31/07 Grants Pavable
Winn PSB	05/23/07		130,000.00	130,000.00			-
							1 1
REFUNDS FROM PRIOR YEAR GRANT AWARDS					25,981.79	(25,981.79)	1
SUBTOTAL		421,107.00	2,354,996.67	2,256,964.38	47,819.25	(329,458.54)	237,500.00
K-12 INITIATIVE							
Cycle 3 Schools							1
Marksville Middle School	5/23/2001	10,433.55				(10,433.55)	-
TOTAL K-12		10,433.55	1		I	(10,433.55)	Ĩ
GRAND IUIAL		3,356,567.55	5,390,008.94	5,243,117.38	153,245.36	(903,806.29)	2,752,898.18
- CHECK TOTALS-G/L	Adjusted in	3,356,567.55	5,390,008.94	5,243,117.38	153,245.36	(903,806.29)	2,752,898.18
GIFTS REPORTS			(872,858.69)	139,020.00	I	(80,933.55)	3,267,530.30
ADJUSTING ITEMS:			- (872,858.69)	- (5,104,097.38)	1 1		1 1
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				ı			I
DIFFERENCE IN PAYMENTS			(872,858.69)	(5,104,097.38)		-	2,752,898.18
			(872,858.69)	139,020.00			- 6,054,184.09 3,301,285.91

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	DESCRIPTION		A 1	۵,	IJ	۵	ш	YEAR 2007
		DATE	2006 Payable Per Audit	From Contingent	Payments @ 12/31/07	2007 Refunds/Voids	2007 Amendments	@ 12/31/07 Grants Payable
NISAUN	1002 NURSING WORKFORCE DEVELOPMENT	09/25/02		•	•		8	•
CENLA	<b>CENLA MEDICATION ACCESS PROGRAM (2004)</b>	12/09/03		101,960.92	101,960.92		•	•
COMML	COMMUNITY DEVELOPMENT WORKS (2004)	12/09/03	1	•	•			
COMMI	COMMUNITY DEVELOPMENT WORKS (2007)	12/13/06		196,136.12	196,136.12			
CENLA	CENLA ADVANTAGE PARTNERSHIP	01/01/04						
AED Mo	AED Monitoring/Maintenance Program	12/13/06						
TOBAC	TOBACCO CONTROL INITIATIVE	02/27/06						
RAND T	GRAND TOTAL DIRECT CHARITABLE ACTIVITIES		1	223.709.78	223.709.78			

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RAPHDES FOUNDATION DEPRECIATION SCHEDULE FOR YEAR ENDED DECEMBER 31, 2007

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	Lower	1127.00 1127.00 310.00 310.00 310.00 310.00 310.00 310.00 355.00 355.00 355.00 355.00 355.00 355.00 315.00 11231.00 11231.00 11231.00 11251.00 11251.00 315.00 355.	386.00	74,505.72						
	Depreciation For this Yr	Mithout BV 1127.00 233.00 310.00 344.00 342.00 342.00 342.00 342.00 345.00 355.00 355.00 355.00 355.00 355.00 355.00 355.00 355.00 355.00 355.00 355.00 355.00 315.00 217.00 219.00 220.00 219.00 220.00 200000000	386.00	90,029,00	Depr accrual 8.231.08 908 6.194 14,484.73					
	Begin BV D	401.73 401.73 401.73 253.07 253.07 253.07 253.07 253.07 253.07 253.07 253.05 25	5,337.00	424,956.75	BLDC MRM Fum -					
	END	390.00 375.00 975.00 975.00 973.00 971.00 11.20 11.20 11.20 11.20 553.00 553.00 553.00 11.20 11.20 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 553.00 555.00 5	836.00 836.00	341,462,14	456,369,00 341,462,14 797,831,14	452,979.00 344,852.14 797,831.14	0.00			
	RECIAITON			е ,					Difference	• • • •
	ACCUMULATED DEPRECIAITON ADD DEDUCT	127.00 1127.00 1127.00 142.00 142.00 142.00 142.00 142.00 142.00 1537.00 1233.00 1537.00 1233.00 1233.00 1233.00 1233.00 1233.00 1233.00 1234.00 1234.00 1234.00 1234.00 1235.	386.00 386.00	74,323.72	110,391,00 74,323,72 184,714,72	110,496.00 73,290.15 183,786.15	(105.00) 1.033.57 928.57	nary: GL Amt. 73,290.15 99,600.00 10,896.00 163,786.15	Dep. Sch. D	294,900.17 2,993,774.00 695,452.79 (797,831.14)
	ACCI	671.00 233.00 523.00 523.00 528.00 528.00 528.00 528.00 529.00 541.00 54	450.00	267,138.42	345,978,00 267,138,42 613,116,42	342,483.00 271,561.99 614,044.99	(928.57)	Deprectation Summary: Acct: C4 99100 73 991410 99 991410 10 991410 10 190220 193	Audit	294,900.17 2,993,774.00 685,452.79 (797,831,14)
GL end bal	END	64.73 571.23 571.23 571.24 772.24 772.24 772.24 772.24 772.24 1712.24 772.44 1612.20 772.44 1612.20 772.44 1612.20 772.44 1612.20 772.44 1612.20 772.44 1612.20 772.44 1612.20 772.44 1612.20 10.14 10	5.787.00	695,452.79	294,900.17 2.993,774.00 695,452.73 3.984,126.96	295,500.17 2,993,774.00 695,452.79 3,984,126.96			AJE	60.00
(-) year chng	COST DEDUCT							Amount (0.00) 0.00	ย	294,900.17 2.993,774.00 695,452.79 (797,831.14)
+) year changr	ASSET COST ADD DEDI	2.221.94 2.201.94 3.4201.91 3.175.42 1.175.42 1.1207.62 1.1207.62		17,647.65	17,647,65	17,647,65 17,647,65		Acct. No. 190950 190990 991000	Acct. No.	190048 190950 190950 190990
Assets Chrig Agree to GL Bag (+) year changi (-) year chrig	BEGIN	4,028.82 634.73 634.73 51.66.35 3.08.67 3.08.67 7.12.22 1.712.22 1.712.22 7.72.24 3.08.67 7.12.66.25 7.12.66.25 7.12.66.25 7.106.25 7.106.25 7.106.25 1.084.35 1.084.35 1.084.35 1.084.35 1.094.35 1.004.	5.787.00 5.787.00	677,805.14	294.900.17 2,993,774.00 577,805.14 3,966,479.31	293,774,00 2,993,774,00 677,805,14 3,966,479,31	· · · ·	Adjusting Entry Equipment Accum. Dep. Dep. Exp.	Trial Balance	Land Building Equipment Accum. Dep.
Chrig A	yr Months Yr	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ŭ		ļ	I	ding Lipfrum	<b>∢</b> Ш <b>&lt;</b> Ω		,)©₩<
	Life Life	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	5 180				GL Land GL Buikding GL Equipffum Total			
	DATE OF PURCHASE	02/150/5 02/22/0/5 02/22/0/5 02/22/6/5 02/22/6/5 02/22/6/5 02/22/6/5 02/22/6/5 02/22/6/5 02/22/6/5 04/25/6	10/31/05		Land Building Equipment Total	Equipment Total	Land Building Equipment Total			
	VENDOR	TIME TREND TIME TREND PHILLPS SIGN CO TURNIER TELECO INC DAT WHOLESALE SAYES SAYES AATES AATES AATES AATES AATER BLIDG AATERIALS SKIP CONVERSE SAYES AATER BLIDG AATERIALS SKIP CONVERSE AATERIALS AATES AATES AATES AATES AATES AATERIAL WIRELESS MICROEDGE DELL MARTING ESS, INC CENTENNAL WIRELESS MICROEDGE DELL MARTING ESS, INC CENTENNAL WIRELESS MICROEDGE CENTENNAL KINETIX BROADBAND KINETIX BROADBAND		Total Fumiture and Equipment	Depreciation Schedule Totals	ניני גיראר רבינאני - נראים מיני גיראר ביינאני	Difference			
RAPIDES FOUNDATION DEPRECIATION SCHEDULE FOR YEAR ENDED DECEMBER 31, 2007	DESCRIPTION	MONITORS WOUTTORS AND HEADSETS NUTURE NES AND HEADSETS NUTURE NUET FOR LENG LAB TION YSTEM SOFTWARE BINET FROGRAMS NES ROOM REAK ROOM RO	Installed AC Trane unit							
RAPIDES FOUNDATION DEPRECIATION SCHEDI FOR YEAR ENDED DECI	Tag # Dep									

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Page 3 of 4

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Part	II, Line 43 (990) - Other Expenses	46,310,839	45,303,229	1,007,610	0
			(B)	(C)	
	<b>•</b> • • •	(A)	Program	Management	(D)
	Description	Total	services	and general	Fundraising
1	OTHER	689,016	607,272	81,744	
2	INVESTMENT AND CUSTODY	363,604		363,604	
3	PROGRAM MARKETING	136,636	136,636		
4	CONSULTANTS	848,413	848,413		
5	CONTRACT SERVCIES	1,713,251	1,187,113	526,138	
6	INSURANCE	864,460	844.025	20,435	
7	DUES	156,041	140,352	15.689	
8	MANAGEMENT FEES	1,240,303	1,240,303		
9	CONTRACT LABOR	5,338,555	5,338,555		
10	REIMBURSEMENT OF LLC MEMBER	31,671,224	31,671,224		
11	ADVERTISING	170,539	170,539		
12	BAD DEBTS OTHER	-19,887	-19.887		
13	RENT	905,188	905,188		
14	EMPLOYEE RECRUITMENT	2,233,496	2,233,496		
15		0			
16		0			
17		0			
18		Ō			
19		0			
20		0			

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### The Rapides Foundtion Form 990, Part III a - Programs Related to Exempt Purposes Year Eneded December 31, 2007

n (7 m)

Section	Activities	Total	Grants
Regional Health Serv	Hospitals	63,319,207	
Healthy People	Grants	1,882,767	1,882,767
Healthy People	AED Program	160,942	
Healthy People	Evaluation	125,461	
Healthy People	Program Development Assessment	301,330	
Healthy People	Interventorn Wellness Works	17,981	
Healthy People	Medication Access	68,004	
Healthy People	Health Systems	475	
Healthy People	Program Marketing	343,180	
Healthy People	Tobacco Issue	236,492	
Healthy People	Diet and Exercise	34,063	
Healthy People	Teen Pregnancy	0	
Healthy People	Screenings	7,841	
Education	Grants	2,015,782	2,015,782
Education	Technical Assistance	179,174	
Education	Evaluation	223,350	
Education	Program Development	144,276	
Education	Intervention Education K-12 & District Systemic	195,478	
Healthy Communities	Grants	734,756	734,756
	Techincal Assistance	12,931	
	Community Development Works	442,320	
	Cenla Advantaged Partnership	196,552	
	TRF Building Operating	257,996	
Healthy Communities		12,935	
Healthy Communities	ELS Collaborative Stategies	706,810	
Healthy Communities		0	
	Program Development	13,656	
Healthy Communities	Intervention Workforce Development System	108,705	
	CDW Issue Research	40,031	
	Economic Development	46,619	
	Entrepreneurial Infrastructure Development	8,987	
Healthy Communities	Early Stage Capital Formation	42,236	
		71,880,337	4,633,305

### **RAPIDES FOUNDATION BOARD MEMBERS** Names Phone Numbers and Addresses

2007

2007				DATE AP
BOARD MEMBER		FICE # FAX #	HOME#	TO BOARD
OFFICER&:				
CHAIRMAN OF THE BOARD				
Mrs. Melanie Torbett 425 Tealwood Drive	Journalist & Community Volunt <del>ee</del> r	n/a	445-1943 445-8783	1/02
	address: <u>mtorb@suddenlink.net</u>		447-0705	
VICE CHAIRMAN OF THE BOAR	<u>2D</u>			
Reverend Doyle L. Bailey	Retired	n/a	318-352-5469	1/02
435 Robert Lacaze Road Natchez, LA 71456	email address: <u>deeb1998@ad</u>	<u>ol.com</u>	f'лх.	
SECRETARY OF THE BOARD				
Ms. Maxine Pickens	Bureau of Health Standards	487-5677	473-8648	1/04
5840 Doole Street Alexandria, LA 71302	Medical Certification Regional Manager			
	email address: <u>mpickens@dhl</u>	h.la.gov		
TREASURER OF THE BOARD				
Mr. Blake Chatelain P. O. Box 12550	President Red River Bank	561-4028	473-4457	1/02
Alexandria, LA 71315-2550	cmail address: <u>bchatclain@rc</u>	driverbank.net		
BOARD MEMBERS:				44++3119-019+42+42-943-9449-0442-0442-0442-04-04-04-04-04-04-04-04-04-04-04-04-04-
Bruce Barton, M.D.	Physician	448-1249	445-8166	1/06
201 Fourth Street, Ste. 5A Box 30129		448-9644		
	address: <u>mbbarton@suddenlink.</u>	net Beeper#483	3-0111	
Michael G. Buck, M.D.	Physician	473-4500	443-3951	1/04
301 Fourth Street				
Box 30123 Alexandria, LA 71301 <i>email</i>	address: buc@cox.net			
Mrs. Jacque Caplan 170 Kincaid Lane	Community Volunteer		443-8685	1/03
	address: <u>ejclake@suddenlink.net</u>	\$ :		
Dr. Ilyas Chaudhry	Physician	473-4613		2/02
211 4 <sup>th</sup> Street	,	445-7129		-,
Box 30115 Alexandria, IA 71301				

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BOARD MEMBER	OCCUPATION	OFFICE	# FAX#	HOME#	DATE APPT. TO BOARD
Mr. Kelvin Freeman 1006 Castle Oaks Drive Pineville, LA 71360		iome: <u>kfree 1 Øsua</u>	449-8204 Idenlink.net Wo	641-9849 rk: <u>freemank@utlx</u>	1/05 <u>com</u>
Mr. Donald Kramer 6025 Navaho Trail Alexandria, LA 71301	Retired Bank President, Consultant		487-9290	487-9290	1/07
Mr. Albin M. Lemoine, Jr. P. O. Box 156 Cottonport, LA 71327	Detired Avoyelles Parish &chool &uperintendent <i>email address: <u>a</u></i>	318-964 1 1 <i>lemoine@kricket.1</i>		318-964-2771	1/04
Mr. Donald Q. Mallet 406 North Ermine Leesville, Louisiana 7144	Director, Civilia Advisory Center 6 <i>email address: <u>I</u></i>		337-531-6713 337-531-1851 <u>army.mil</u>		1/07
Mr. Mike Newton P. O. Box 247 625 8 <sup>th</sup> &treet Colfax, Louisiana 71417	President,Colfax Bank email address: <u>mike@col</u>	318-627-3161 318-627-5904 <u>flaxbanking.com</u>	318-64	1-0550	1/07
Mr. Joseph R. Rosier, Jr 1101 Fourth Street, Suit Alexandria, LA 71301	e 300 Rapides Founda			274 312(FAX)	2/00
Mrs. Caroline Theus 6291 Old Baton Rouge Alexandria, LA 71302		erprises 442-639 pol.com	98 443-1808	445-4453	1/03
Dr. Renick P. Webb 221 Windermere Blvd. Alexandria, LA 71303	Physician <i>email address: <u>cenlaenta</u></i>	nd@aol.com	443-9773 443-9799	443-1457	1/03
<u>HONODADY MEMBEDS:</u> Paul M. Davis, Jr., M.D. 516 Hillcrest Drive Alexandria, LA 71301	Physician		442-7397 448-4681	448-1609	1/73
Mr. Roane Hathorn 220 Iris Drive Pineville, LA 71360	Retired Exec. Vi Rapides Bank a	•		640-0392	1/72



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169241 Department of the Treasury **Internal Revenue Service** OGDEN, UT 84201-0074

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Κ IRS USE ONLY

29404-138-51844-8 A0166815 211 720423603 TE 3 For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: June 30, 2008

**Taxpayer Identification Number:** 72-0423603 Tax Form: 990 Tax Period: December 31, 2007

## RECEIVED

**RAPIDES FOUNDATION** 1101 4TH STREET 3RD FLOOR ALEXANDRIA LA 71301-8309990

013418.511360.0054.002 1 AT 0.346 530

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JUL 07 2008

### RAPIDES FOUNDATION

### **APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED**

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to August 15, 2008.

Please attach a copy of this letter to your return when you file it. It is evidence that we granted an extension of time to file your return. A copy is provided for your records.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

### Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to www.irs.gov . Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit <u>www.irs.gov</u>. (Access to this site will not provide you with your specific taxpayer account information.)