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For calendar year 2014, or tax year beginning 07-01-2014 , and ending 06-30-2015

Name of foundation MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION		A Employer identification number 23-7068714	
Number and street (or P O box number if mail is not delivered to street address) PO BOX 1909		B Telephone number (see instructions) (601) 982-3251	
City or town, state or province, country, and ZIP or foreign postal code MADISON, MS 391301909		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change		D 1. Foreign organizations, check here ☐ 2. Foreign organizations meeting the 85% test, check here and attach computation ☐	
H Check type of organization ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ☐	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ☒ \$ 2,496,555		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	2,055,000			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	17,014	17,014		
	4 Dividends and interest from securities.				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10 ☒	-2,506			
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)	☒ 256,444	0	256,444	
	12 Total. Add lines 1 through 11	2,325,952	17,014	256,444	
	13 Compensation of officers, directors, trustees, etc	0	0	0	0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	☒ 459,230	0	0	459,230
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion . . .	☒ 2,877	0	2,877	
	20 Occupancy				
	21 Travel, conferences, and meetings	455,736	0	0	432,366
	22 Printing and publications				
	23 Other expenses (attach schedule)	☒ 1,104,482	0	0	906,693
	24 Total operating and administrative expenses. Add lines 13 through 23	2,022,325	0	2,877	1,798,289
	25 Contributions, gifts, grants paid	402,112			402,112
	26 Total expenses and disbursements. Add lines 24 and 25	2,424,437	0	2,877	2,200,401
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-98,485			
	b Net investment income (if negative, enter -0-)		17,014		
	c Adjusted net income (if negative, enter -0-)			253,567	

Part II

Balance Sheets

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	1,327,580	978,462	978,462
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶ <u>114,660</u>			
		Less allowance for doubtful accounts ▶ _____	108,537	114,660	114,660
	4	Pledges receivable ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ _____			
		Less allowance for doubtful accounts ▶ _____			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule).			
	11	Investments—land, buildings, and equipment basis ▶ _____			
Liabilities		Less accumulated depreciation (attach schedule) ▶ _____			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	1,377,575	1,389,317	1,389,317
	14	Land, buildings, and equipment basis ▶ <u>189,797</u>			
		Less accumulated depreciation (attach schedule) ▶ <u>179,089</u>	13,727	10,708	10,708
	15	Other assets (describe ▶ _____)	3,221	3,408	3,408
	16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,830,640	2,496,555	2,496,555
	17	Accounts payable and accrued expenses	388,090	293,508	
	18	Grants payable			
	19	Deferred revenue	577,868	439,615	
Net Assets or Fund Balances	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ _____)			
	23	Total liabilities (add lines 17 through 22)	965,958	733,123	
		Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24	Unrestricted	1,861,599	1,763,182	
	25	Temporarily restricted	3,083	250	
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	Total net assets or fund balances (see instructions)	1,864,682	1,763,432	
	31	Total liabilities and net assets/fund balances (see instructions)	2,830,640	2,496,555	

Part III

Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year’s return)	1	1,864,682
2	Enter amount from Part I, line 27a	2	-98,485
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	1,766,197
5	Decreases not included in line 2 (itemize) ▶ _____	5	2,765
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,763,432

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2013	1,876,557	2,725,724	0.688462	
2012	2,122,038	2,591,719	0.818776	
2011	1,493,303	1,944,302	0.768041	
2010	2,724,243	1,835,421	1.484261	
2009	3,007,598	2,181,852	1.378461	
2	Total of line 1, column (d).		2	5.138001
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	1.027600
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5.		4	2,739,725
5	Multiply line 4 by line 3.		5	2,815,341
6	Enter 1% of net investment income (1% of Part I, line 27b).		6	170
7	Add lines 5 and 6.		7	2,815,511
8	Enter qualifying distributions from Part XII, line 4.		8	2,200,401
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions				

Part VI

Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☐ and enter 1% of Part I, line 27b		1340	
c		All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		20	
3		Add lines 1 and 2.		3340	
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		40	
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5340	
6		Credits/Payments			
a		2014 estimated tax payments and 2013 overpayment credited to 2014	6a	280	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c	60	
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments. Add lines 6a through 6d.		7340	
8		Enter any penalty for underpayment of estimated tax. Check here ☐ if Form 2220 is attached.		8	
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		90	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	
11		Enter the amount of line 10 to be Credited to 2015 estimated tax Refunded		11	

Part VII-A

Statements Regarding Activities

1a		During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a		Yes	No
b		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)?		1b			No
		If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.					
c		Did the foundation file Form 1120-POL for this year?		1c			No
d		Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ 0 (2) On foundation managers \$ 0					
e		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ 0					
2		Has the foundation engaged in any activities that have not previously been reported to the IRS?		2			No
		If "Yes," attach a detailed description of the activities.					
3		Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3			No
4a		Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a			No
b		If "Yes," has it filed a tax return on Form 990-T for this year?		4b			
5		Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5			No
		If "Yes," attach the statement required by General Instruction T.					
6		Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either					
		• By language in the governing instrument, or					
		• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		6		Yes	
7		Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV.		7		Yes	
8a		Enter the states to which the foundation reports or with which it is registered (see instructions)					
		MS					
b		If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .		8b		Yes	
9		Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9			No
10		Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.		10			No

Part VII-A

Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
Website address ▶ HTTP //WWW.MHAFOUNDATION.ORG				
14	The books are in care of ▶ RICHARD GRIMES Telephone no ▶ (601) 368-3210 Located at ▶ 116 WOODGREEN CROSSING MADISON MS ZIP +4 ▶ 39110			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶	15		
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country ▶				

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. ☐ Yes ☒ No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. ☐ Yes ☒ No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? ☐ Organizations relying on a current notice regarding disaster assistance check here. ▶ ☐	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2014?.	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?. ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (<i>Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014.</i>).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a

During the year did the foundation pay or incur any amount to

(1)

Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

YesNo

(2)

Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?

YesNo

(3)

Provide a grant to an individual for travel, study, or other similar purposes?

YesNo

(4)

Provide a grant to an organization other than a charitable, etc , organization described in section 4945(d)(4)(A)? (see instructions).

YesNo

(5)

Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

YesNo

b

If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?

5b

Organizations relying on a current notice regarding disaster assistance check here.

c

If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

YesNo

If "Yes," attach the statement required by Regulations section 53.4945–5(d).

6a

Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

YesNo

b

Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

No

If "Yes" to 6b, file Form 8870.

7a

At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

YesNo

b

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

7b

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1

List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				

2

Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000.

0

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Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 HOSPITAL EMERGENCY PREPAREDNESS PROGRAM- PROVIDE EDUCATION, COMMUNICATION, EQUIPMENT PROCUREMENT, PLANNING ADN SURVEILLANCE/DATA SYSTEMS TO ASSIST HOSPITALS IN PREPARING FOR EMERGENCY/DISASTER SITUATIONS	394,282
2 NURSING WORKFORCE PROGRAM- MAINTAIN DATA ON NURSING WORKFORCE SUPPLY AND DEMAND, AS WELL AS NURSING SCHOOL FACULTY SUPPLY AND DEMAND ADMINISTER STUDENT MENTORSHIP INITIATIVES CONSULTATION AND PROGRAMS FOR WORKFORCE DEVELOPMENT, WORKPLACE IMPROVEMENT AND JOB SATISFACTION	1,059,504
3 HEALTH RESEARCH & EDUCATION TRUST- PROJECT OF PARTICIPATING HOSPITALS TO ADOPT EVIDENCE-BASED PRACTICES TO REDUCE PREVENTABLE HOSPITAL-ACQUIRED CONDITIONS AND READMISSIONS IN TARGETED QUALITY AREAS	306,180
4 MHA EDUCATIONAL SERVICES - PROVIDE EDUCATION TO ASSIST HOSPITALS	440,434

Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	1,399,812
b	Average of monthly cash balances.	1b	1,381,635
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,781,447
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	2,781,447
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	41,722
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,739,725
6	Minimum investment return. Enter 5% of line 5.	6	136,986

Part XI

Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	136,986
2a	Tax on investment income for 2014 from Part VI, line 5.	2a	340
b	Income tax for 2014 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	340
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	136,646
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	136,646
6	Deduction from distributable amount (see instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	136,646

Part XII

Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	2,200,401
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,200,401
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions).	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	2,200,401
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI, line 7				136,646
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2014				
a From 2009.	3,540,668			
b From 2010.	2,633,478			
c From 2011.	1,396,525			
d From 2012.	1,992,695			
e From 2013.	1,740,517			
f Total of lines 3a through e.	11,303,883			
4 Qualifying distributions for 2014 from Part XII, line 4 ▶ \$ 2,200,401				
a Applied to 2013, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2014 distributable amount.				136,646
e Remaining amount distributed out of corpus	2,063,755			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	13,367,638			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see instructions		0		
e Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2015				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).	0			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions). . .	3,540,668			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a	9,826,970			
10 Analysis of line 9				
a Excess from 2010. . . .	2,633,478			
b Excess from 2011. . . .	1,396,525			
c Excess from 2012. . . .	1,992,695			
d Excess from 2013. . . .	1,740,517			
e Excess from 2014. . . .	2,063,755			

Part XIV

4942(j)(3) or 4942(j)(5)

3 Complete 3a, b, or c for the alternative test relied upon

Part XV

1 Information Regarding Foundation Managers:

■ List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

• List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Form **990-PF** (2014)

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2014)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARCELLA MCKAY	PRESIDENT 0 00	0	0	0
PO BOX 1909 MADISON, MS 39130				
JAMES CHASTAIN	CHAIRMAN 0 00	0	0	0
3550 HIGHWAY 468 WEST WHITFIELD, MS 39193				
DIANNE MOTT	BOARD MEMBER 0 00	0	0	0
PO BOX 1909 MADISON, MS 39130				
ALASDAIR ROE	EX-OFFICIO 0 00	0	0	0
PO BOX 1909 MADISON, MS 39130				
TIMOTHY MOORE	BOARD MEMBER 0 00	0	0	0
PO BOX 1909 MADISON, MS 39130				
WANDA LAND	BOARD MEMBER 0 00	0	0	0
501 NORTH WEST STREET JACKSON, MS 39201				
MARGIE W MAJURE	BOARD MEMBER 0 00	0	0	0
317 OLD HIGHWAY 13 S MORTON, MS 39117				

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Depreciation Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION
EIN: 23-7068714

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
FURNITURE AND FIXTURES	2001-06-01	3,305	3,305	SL	3 0000000000000	0	0	0	
CABINET	2002-05-01	2,641	2,641	SL	3 0000000000000	0	0	0	
DESK/COUNTER SPACE	2008-05-01	1,042	1,042	SL	3 0000000000000	0	0	0	
HOTEL & RESTAURANT SUPPLY	2005-12-01	5,419	5,419	SL	3 0000000000000	0	0	0	
MS ART & DESIGN CONSULTANTS	2006-03-01	5,126	5,003	SL	7 0000000000000	0	0	0	
OFFISOURCE - FURNITURE & FIXTURES	2006-03-01	19,565	19,099	SL	7 0000000000000	0	0	0	
BAREFIELD & COMPANY	2006-03-01	61,669	57,139	SL	7 0000000000000	0	0	0	
SOUND & COMMUNICATION	2006-03-01	31,040	30,300	SL	7 0000000000000	0	0	0	
OFFICE PRODUCTS PLUS	2006-03-01	3,419	3,336	SL	7 0000000000000	0	0	0	
SOUND & COMMUNICATION	2007-08-01	3,944	3,730	SL	7 0000000000000	47	0	47	
OFFISOURCE - FURNITURE & FIXTURES	2008-02-01	2,040	1,782	SL	7 0000000000000	170	0	170	
CH - DELL COMPUTERS HCC	2003-04-01	1,672	1,254	SL	3 0000000000000	0	0	0	
CH - DELL COMPUTERS	2004-03-01	1,735	1,157	SL	3 0000000000000	0	0	0	
CH - DELL COMPUTERS	2004-06-10	2,755	1,837	SL	3 0000000000000	0	0	0	
CH - DELL MARKETING	2007-02-01	3,607	3,306	SL	3 0000000000000	0	0	0	
CH - DELL MARKETING	2008-04-01	12,493	12,493	SL	3 0000000000000	0	0	0	
CS - CDW COMPUTER CENTER HCC	2003-04-01	1,109	832	SL	3 0000000000000	0	0	0	
CS - CDW COMPUTER CENTER HCC	2005-02-01	497	497	SL	3 0000000000000	0	0	0	
CS - AVANT GARDE CONSULTING SVC EDU	2007-06-01	5,109	4,967	SL	3 0000000000000	0	0	0	
XEROX PHASER 6200N HCC	2002-08-01	2,514	2,514	SL	3 0000000000000	0	0	0	

Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
BOWIE AUDIO VISUAL	2002-11-01	3,055	2,715	SL	3 0000000000000	0	0	0	
LANIER WORLDWIDE	2003-04-01	1,071	803	SL	3 0000000000000	0	0	0	
TABLES FOR MEETINGS	2011-09-30	1,326	520	SL	7 0000000000000	189	0	189	
DELL COMPUTERS	2012-01-30	2,459	1,189	SL	5 0000000000000	492	0	492	
MONITOR - K HARGETT	2012-02-29	256	119	SL	5 0000000000000	51	0	51	
IPADS	2012-06-30	3,322	1,328	SL	5 0000000000000	664	0	664	
ROLLING DOORS FOR CUBICLES	2013-03-11	4,527	863	SL	7 0000000000000	647	0	647	
DELL 1430X PROJECTOR	2013-05-15	699	163	SL	5 0000000000000	140	0	140	
DELL LATITUDE E5430 COMPUTER	2013-05-21	1,125	244	SL	5 0000000000000	225	0	225	
IPAD	2013-05-31	628	136	SL	5 0000000000000	126	0	126	
IPAD	2013-07-31	628	115	SL	5 0000000000000	126	0	126	

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2014 Gain/Loss from Sale of Other Assets Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION

EIN: 23-7068714

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
REALIZED LOSS ON INVESTMENTS		PURCHASED	2015-06			2,506		0	-2,506	

TY 2014 Investments - Other Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION

EIN: 23-7068714

Category / Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS	AT COST	1,389,317	1,389,317

TY 2014 Land, Etc. Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION
 EIN: 23-7068714

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
FURNITURE AND FIXTURES	3,305	3,305	0	
CABINET	2,641	2,641	0	
DESK/COUNTER SPACE	1,042	1,042	0	
HOTEL & RESTAURANT SUPPLY	5,419	5,419	0	
MS ART & DESIGN CONSULTANTS	5,126	5,003	123	
OFFISOURCE - FURNITURE & FIXTURES	19,565	19,099	466	
BAREFIELD & COMPANY	61,669	57,139	4,530	
SOUND & COMMUNICATION	31,040	30,300	740	
OFFICE PRODUCTS PLUS	3,419	3,336	83	
SOUND & COMMUNICATION	3,944	3,777	167	
OFFISOURCE - FURNITURE & FIXTURES	2,040	1,952	88	
CH - DELL COMPUTERS HCC	1,672	1,254	418	
CH - DELL COMPUTERS	1,735	1,157	578	
CH - DELL COMPUTERS	2,755	1,837	918	
CH - DELL MARKETING	3,607	3,306	301	
CH - DELL MARKETING	12,493	12,493	0	
CS - CDW COMPUTER CENTER HCC	1,109	832	277	
CS - CDW COMPUTER CENTER HCC	497	497	0	
CS - AVANT GARDE CONSULTING SVC EDU	5,109	4,967	142	
XEROX PHASER 6200N HCC	2,514	2,514	0	
BOWIE AUDIO VISUAL	3,055	2,715	340	
LANIER WORLDWIDE	1,071	803	268	
TABLES FOR MEETINGS	1,326	709	617	
DELL COMPUTERS	2,459	1,681	778	
MONITOR - K HARGETT	256	170	86	
IPADS	3,322	1,992	1,330	
ROLLING DOORS FOR CUBICLES	4,527	1,510	3,017	
DELL 1430X PROJECTOR	699	303	396	
DELL LATITUDE E5430 COMPUTER	1,125	469	656	
IPAD	628	262	366	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
IPAD	628	241	387	

TY 2014 Other Assets Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION

EIN: 23-7068714

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
PREPAID EXPENSES	3,221	3,408	3,408

TY 2014 Other Decreases Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION

EIN: 23-7068714

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	2,765

TY 2014 Other Expenses Schedule**Name:** MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION**EIN:** 23-7068714

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE OPERATIONS	137,811	0	0	111,410
ADMINISTRATIVE SERVICES	913,586	0	0	769,111
OTHER	53,085	0	0	26,172

TY 2014 Other Income Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION

EIN: 23-7068714

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
REGISTRATION DUES	191,806		191,806
SPONSOR FEES	64,638		64,638

TY 2014 Other Professional Fees Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION

EIN: 23-7068714

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
CONSULTING	459,230	0	0	459,230

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Name of the organization	Employer identification number
MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION	23-7068714

Organization type (check one)

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

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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

Name of organization MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION	Employer identification number 23-7068714
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Part I	Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	See Additional Data Table _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
 ____	 _____ _____ _____	 \$ _____	 Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

Name of organization MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION	Employer identification number 23-7068714
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Part II **Noncash Property** (see instructions) Use duplicate copies of Part II if additional space is needed

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

Name of organization MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION	Employer identification number 23-7068714
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Part III

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

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

Additional Data

Software ID:

Software Version:

EIN: 23-7068714

Name: MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOWER FOUNDATION 578 HIGHLAND COLONY PARKWAY SUITE 1 RIDGELAND, MS 39157	\$ 224,935	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
2	MISSISSIPPI DEPT OF HEALTH 570 EAST WOODROW WILSON DRIVE JACKSON, MS 39216	\$ 764,282	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
3	MS BOARD OF NURSING 1080 RIVER OAKS DRIVE SUITE A100 FLOWOOD, MS 39232	\$ 481,729	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
4	ROBERT WOOD JOHNSON FOUNDATION PO BOX 2316 PRINCETON, NJ 08543	\$ 8,112	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
5	US DEPARTMENT OF LABOR 200 CONSTITUTION AVENUE NW WASHINGTON, DC 20210	\$ 30,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
6	FOUNDATION FOR THE MID SOUTH 134 E AMITE STREET JACKSON, MS 39201	\$ 30,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	KELLOG FOUNDATION 1 MICHIGAN AVENUE EAST BATTLE CREEK, MI49017	\$ 162,502	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)
8	AMERICAN HOSPITAL ASSOCIATION HEALTH RESEARCH EDUCATIONAL TRUST 155 N UPPER WACKER DR 400 CHICAGO, IL60606	\$ 223,525	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contribution)