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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.

Information about Form 990-PF and its instructions is at www.irs.gov/form990pf.

OMB No 1545-0052

2016

Open to Public Inspection

For calendar year 2016, or tax year beginning 07-01-2016

, and ending 06-30-2017

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		Room/suite	
		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) \$ 2,394,381		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)	1,919,987			
	2 Check ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	34,979	34,979		
	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	-8,735			
	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				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	292,288	0	292,288		
12 Total. Add lines 1 through 11	2,238,519	34,979	292,288		
Operating and Administrative Expenses	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)	795,379	0	0	795,379
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	2,440	0	2,440	
	20 Occupancy				
	21 Travel, conferences, and meetings	474,807	0	0	474,807
	22 Printing and publications				
	23 Other expenses (attach schedule)	579,334	0	0	407,432
	24 Total operating and administrative expenses. Add lines 13 through 23	1,851,960	0	2,440	1,677,618
	25 Contributions, gifts, grants paid	318,937			318,937
26 Total expenses and disbursements. Add lines 24 and 25	2,170,897	0	2,440	1,996,555	
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	67,622			
	b Net investment income (if negative, enter -0-)		34,979		
	c Adjusted net income (if negative, enter -0-)			289,848	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2016)

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	815,979	841,563	841,563
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ <u>123,180</u>			
	Less allowance for doubtful accounts ▶ _____	110,765	123,180	123,180
	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 ▶ _____			
Less accumulated depreciation (attach schedule) ▶ _____				
12 Investments—mortgage loans				
13 Investments—other (attach schedule)	1,429,066	1,420,518	1,420,518	
14 Land, buildings, and equipment basis ▶ <u>189,797</u>				
Less accumulated depreciation (attach schedule) ▶ <u>184,085</u>	8,049	5,712	5,712	
15 Other assets (describe ▶ _____)	3,408	3,408	3,408	
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	2,367,267	2,394,381	2,394,381	
Liabilities	17 Accounts payable and accrued expenses	216,466	276,647	
	18 Grants payable			
	19 Deferred revenue	395,240	329,343	
	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)	611,706	605,990	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,755,561	1,773,432	
	25 Temporarily restricted	0	14,959	
	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)	1,755,561	1,788,391	
	31 Total liabilities and net assets/fund balances (see instructions) .	2,367,267	2,394,381	

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	1,755,561
2 Enter amount from Part I, line 27a	2	67,622
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	1,823,183
5 Decreases not included in line 2 (itemize) ▶ _____	5	34,792
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	1,788,391

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			(l) 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))
2015	1,947,603	2,490,508	0.782010
2014	2,200,401	2,739,725	0.803147
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

2 Total of line 1, column (d)	2 3.860436
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 0.772087
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4 2,448,853
5 Multiply line 4 by line 3	5 1,890,728
6 Enter 1% of net investment income (1% of Part I, line 27b)	6 350
7 Add lines 5 and 6	7 1,891,078
8 Enter qualifying distributions from Part XII, line 4	8 1,996,555

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 instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ☒ and enter 1% of Part I, line 27b	1	350
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-)	2	0
3	Add lines 1 and 2.	3	350
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	350
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	0
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	9	350
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 2017 estimated tax ☐ Refunded ☐	11	

Part VII-A Statements Regarding Activities

	Yes	No
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	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
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 \$ _____ (2) On foundation managers \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
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? <i>If "Yes," attach a conformed copy of the changes</i>	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? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
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? <i>If "Yes," complete Part II, col (c), and Part XV</i>	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? <i>If "No," attach explanation</i> .	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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	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? Website address ▶ <u>HTTP //WWW.MHAFOUNDATION.ORG</u>	13	Yes	
14	The books are in care of ▶ <u>RICHARD GRIMES</u> Telephone no ▶ <u>(601) 368-3210</u>			

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 ▶ <u>15</u>			
16	At any time during calendar year 2016, 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? 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 ▶	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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 2016? ☐	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 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☒ No If "Yes," list the years ▶ <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>			
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 ▶ <u>20</u> , <u>20</u> , <u>20</u> , <u>20</u>			
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 2016 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? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2016). ☐	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 2016?	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))? ☐ Yes ☒ No (2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). ☐ Yes ☒ No (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No			
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)? ☐ Yes ☒ No Organizations relying on a current notice regarding disaster assistance check here. ☐ Yes ☒ No	5b		
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? ☐ Yes ☐ No <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No <i>If "Yes" to 6b, file Form 8870</i>	6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No	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	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) 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	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
NONE				
Total number of other employees paid over \$50,000. ☐ Yes ☒ No				0

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 AND SURVEILLANCE/DATA SYSTEMS TO ASSIST HOSPITALS IN PREPARING FOR EMERGENCY/DISASTER SITUATIONS	318,397
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	667,383
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	595,203
4 MHA EDUCATIONAL SERVICES - PROVIDE EDUCATION TO ASSIST HOSPITALS	415,031

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	1,417,021
b	Average of monthly cash balances.	1b	1,069,124
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,486,145
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	2,486,145
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	37,292
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,448,853
6	Minimum investment return. Enter 5% of line 5.	6	122,443

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	122,443
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	350
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	350
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	122,093
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	122,093
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	122,093

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	1,996,555
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	1,996,555
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	350
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,996,205

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 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				122,093
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2016				
a From 2011.	1,396,525			
b From 2012.	1,992,695			
c From 2013.	1,740,517			
d From 2014.	2,063,755			
e From 2015.	1,823,754			
f Total of lines 3a through e.	9,017,246			
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ 1,996,555				
a Applied to 2015, 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 2016 distributable amount.				122,093
e Remaining amount distributed out of corpus	1,874,462			
5 Excess distributions carryover applied to 2016 (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	10,891,708			
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 2015 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				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 2011 not applied on line 5 or line 7 (see instructions).	1,396,525			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	9,495,183			
10 Analysis of line 9				
a Excess from 2012.	1,992,695			
b Excess from 2013.	1,740,517			
c Excess from 2014.	2,063,755			
d Excess from 2015.	1,823,754			
e Excess from 2016.	1,874,462			

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)Form **990-PF** (2016)

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> HOSPITAL EMERGENCY PREPAREDNESS VARIOUS HOSPITALS STATE OF, MS 39110			EQUIPMENT & EXPENSES	318,937
Total			▶ 3a	318,937
b <i>Approved for future payment</i>				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a REGISTRATION DUES					259,716
b SPONSOR FEES					32,572
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments			14	34,979	
4 Dividends and interest from securities.					
5 Net rental income or (loss) from real estate					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory			14	-8,735	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal Add columns (b), (d), and (e).		0		26,244	292,288
13 Total. Add line 12, columns (b), (d), and (e).			13		318,532

[illegible]

Part XVII

	Yes	No
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1a(1)	No
1a(2)	No

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1b(1)	No
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1b(2)		No
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1b(3)		No
--------------	--	-----------

1b(4)	Yes	
--------------	------------	--

1b(5)	No
--------------	-----------

1b(6)	No
--------------	-----------

1c	Yes	
----	-----	--

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☒ Yes ☐ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
MISSISSIPPI HOSPITAL ASSOCIATION	501(C)(6)	THE ORGANIZATIONS SHARE THREE MEMBERS OF THE BOARD OUT OF TOTAL SEVEN MEMBERS

***** 2018-05-10 *****
 Signature of officer or trustee Date Title
 (see instr.) ☒ Yes ☐ No

**Paid
Preparer
Use Only**

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
MARCELLA MCKAY	PRESIDENT/CEO 20 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				
YOLONDA BOONE	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 5 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
128 UNION ROAD PHILADELPHIA, MS 39350				
ALVIN HOOVER	PAST CHAIRMAN 0 00	0	0	0
P O BOX 948 BROOKHAVEN, MS 39602				

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

TY 2016 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 000000000000	0	0	0	
CABINET	2002-05-01	2,641	2,641	SL	3 000000000000	0	0	0	
DESK/COUNTER SPACE	2008-05-01	1,042	1,042	SL	3 000000000000	0	0	0	
HOTEL & RESTAURANT SUPPLY	2005-12-01	5,419	5,419	SL	3 000000000000	0	0	0	
MS ART & DESIGN CONSULTANTS	2006-03-01	5,126	5,003	SL	7 000000000000	0	0	0	
OFFISOURCE - FURNITURE & FIXTURES	2006-03-01	19,565	19,099	SL	7 000000000000	0	0	0	
BAREFIELD & COMPANY	2006-03-01	61,669	57,139	SL	7 000000000000	0	0	0	
SOUND & COMMUNICATION	2006-03-01	31,040	30,300	SL	7 000000000000	0	0	0	
OFFICE PRODUCTS PLUS	2006-03-01	3,419	3,336	SL	7 000000000000	0	0	0	
SOUND & COMMUNICATION	2007-08-01	3,944	3,777	SL	7 000000000000	0	0	0	
OFFISOURCE - FURNITURE & FIXTURES	2008-02-01	2,040	1,952	SL	7 000000000000	0	0	0	
CH - DELL COMPUTERS HCC	2003-04-01	1,672	1,254	SL	3 000000000000	0	0	0	
CH - DELL COMPUTERS	2004-03-01	1,735	1,157	SL	3 000000000000	0	0	0	
CH - DELL COMPUTERS	2004-06-10	2,755	1,837	SL	3 000000000000	0	0	0	
CH - DELL MARKETING	2007-02-01	3,607	3,306	SL	3 000000000000	0	0	0	
CH - DELL MARKETING	2008-04-01	12,493	12,493	SL	3 000000000000	0	0	0	
CS - CDW COMPUTER CENTER HCC	2003-04-01	1,109	832	SL	3 000000000000	0	0	0	
CS - CDW COMPUTER CENTER HCC	2005-02-01	497	497	SL	3 000000000000	0	0	0	
CS - AVANT GARDE CONSULTING SVC EDU	2007-06-01	5,109	4,967	SL	3 000000000000	0	0	0	
XEROX PHASER 6200N HCC	2002-08-01	2,514	2,514	SL	3 000000000000	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	898	SL	7 0000000000000	189	0	189	
DELL COMPUTERS	2012-01-30	2,459	2,173	SL	5 0000000000000	286	0	286	
MONITOR - K HARGETT	2012-02-29	256	221	SL	5 0000000000000	35	0	35	
IPADS	2012-06-30	3,322	2,656	SL	5 0000000000000	666	0	666	
ROLLING DOORS FOR CUBICLES	2013-03-11	4,527	2,157	SL	7 0000000000000	647	0	647	
DELL 1430X PROJECTOR	2013-05-15	699	443	SL	5 0000000000000	140	0	140	
DELL LATITUDE E5430 COMPUTER	2013-05-21	1,125	694	SL	5 0000000000000	225	0	225	
IPAD	2013-05-31	628	388	SL	5 0000000000000	126	0	126	
IPAD	2013-07-31	628	367	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 2016 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		PURCHASED	2017-06			8,735		0	-8,735	

TY 2016 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	1,420,518	1,420,518

TY 2016 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	1,087	239	
DELL COMPUTERS	2,459	2,459	0	
MONITOR - K HARGETT	256	256	0	
IPADS	3,322	3,322	0	
ROLLING DOORS FOR CUBICLES	4,527	2,804	1,723	
DELL 1430X PROJECTOR	699	583	116	
DELL LATITUDE E5430 COMPUTER	1,125	919	206	
IPAD	628	514	114	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
IPAD	628	493	135	

TY 2016 Other Assets Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL
FOUNDATION

EIN: 23-7068714

Other Assets Schedule

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

TY 2016 Other Decreases Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL
FOUNDATION

EIN: 23-7068714

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	34,792

TY 2016 Other Expenses Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL
FOUNDATION

EIN: 23-7068714

Other Expenses Schedule

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
OFFICE OPERATIONS	158,082	0	0	137,761
ADMINISTRATIVE SERVICES	368,669	0	0	265,252
OTHER	52,583	0	0	4,419

TY 2016 Other Income Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL
FOUNDATION

EIN: 23-7068714

Other Income Schedule

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
REGISTRATION DUES	259,716		259,716
SPONSOR FEES	32,572		32,572

TY 2016 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	795,379	0	0	795,379

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 <u>www.irs.gov/form990</u>	OMB No 1545-0047 2016
	Name of the organization MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION	Employer identification number 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
1	MISSISSIPPI DEPT OF HEALTH	\$ 719,805	Person ☒
	570 EAST WOODROW WILSON DRIVE		Payroll ☐
	JACKSON, MS 39216		Noncash ☐ (Complete Part II for noncash contributions)
2	ROBERT WOOD JOHNSON FOUNDATION	\$ 36,760	Person ☒
	PO BOX 2316		Payroll ☐
	PRINCETON, NJ 08543		Noncash ☐ (Complete Part II for noncash contributions)
3	US DEPARTMENT OF LABOR	\$ 30,000	Person ☒
	200 CONSTITUTION AVENUE NW		Payroll ☐
	WASHINGTON, DC 20210		Noncash ☐ (Complete Part II for noncash contributions)
4	AMERICAN HOSPITAL ASSOCIATION HEALTH RESEARCH EDUCATIONAL TR	\$ 739,686	Person ☒
	155 N UPPER WACKER DR 400		Payroll ☐
	CHICAGO, IL 60606		Noncash ☐ (Complete Part II for noncash contributions)
5	FOUNDATION FOR THE MID-SOUTH	\$ 25,000	Person ☒
	134 E AMITE STREET		Payroll ☐
	JACKSON, MS 39201		Noncash ☐ (Complete Part II for noncash contributions)
6	MISSISSIPPI HOSPITAL ASSOCIATION	\$ 5,000	Person ☒
	116 WOODGREEN CROSSING		Payroll ☐
	MADISON, MS 39110		Noncash ☐ (Complete Part II for noncash contributions)

Employer identification number

23-7068714

Part II	Noncash Property
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Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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
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(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	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	