

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 10/01/15, and ending 09/30/16

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **SINGING RIVER HEALTH SYSTEM FOUNDATION**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address): **3109 BIENVILLE BLVD** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **OCEAN SPRINGS MS 39564**

D Employer identification number: **64-0864350**
E Telephone number: **228-818-4011**
G Gross receipts \$: **217,826**

F Name and address of principal officer:
LEE BOND
3109 BIENVILLE BLVD
OCEAN SPRINGS MS 39564

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.SINGINGRIVERFOUNDATION.ORG** **H(c)** Group exemption number ▶ _____

K Form of organization: Corporation Trust Association Other ▶ _____

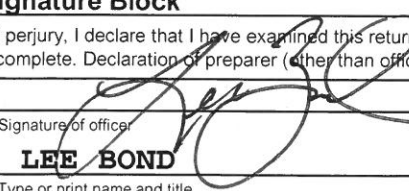
L Year of formation: **1995** **M** State of legal domicile: _____

Part I Summary

| | | | |
|------------------------------------|---|---|--------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: PROVIDES COMPASSIONATE SERVICE AND SUPPORT TO ASSIST WITH HEALTH-RELATED AND OTHER NEEDS OF PATIENTS, EMPLOYEES, AND CITIZENS OF OUR COMMUNITY. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | |
| | 5 | Total number of individuals employed in calendar year 2015 (Part V, line 2a) | |
| | 6 | Total number of volunteers (estimate if necessary) | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | | |
| Revenue | 8 | Prior Year | Current Year |
| | 9 | 166,526 | 182,471 |
| | 10 | 1,350 | 29,725 |
| | 11 | -15,315 | -15,821 |
| | 12 | 152,561 | 196,375 |
| | Expenses | 13 | 65,200 |
| 14 | | | 0 |
| 15 | | 83,850 | 85,436 |
| 16a | | | 0 |
| 16b | | 17,087 | |
| 17 | | 63,286 | 56,967 |
| 18 | 212,336 | 196,566 | |
| 19 | -59,775 | -191 | |
| Net Assets or Fund Balances | 20 | Beginning of Current Year | End of Year |
| | 21 | 858,476 | 860,910 |
| | 22 | 2,269 | 4,894 |
| | | 856,207 | 856,016 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: 
 Date: _____
LEE BOND **TREASURER**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **JASON S. KEENUM, CPA** Preparer's signature: _____ Date: **11/21/16** Check if self-employed PTIN: **P00732058**
 Firm's name: **JASON KEENUM, CPA, PA** Firm's EIN: **27-2964966**
1509 JACKSON AVE
 Firm's address: **PASCAGOULA, MS 39567-4356** Phone no.: **228-471-5464**

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