990

Department of the Treasury Internal Revenue Service

## **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.

In beginning 10/01/15 and ending 09/30/16

2015 Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable:	C Name of organization SINGING RIVER HEALTH SYSTEM	D Employ	er identification number	
X	Address change	dress change FOUNDATION		64-0864350	
П	Name change	me change Doing business as			
П	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  3109 BIENVILLE BLVD		E Telephone number 228-818-4011	
H	Final return/	City or town, state or province, country, and ZIP or foreign postal code	228-		
Ш	terminated	OCEAN SPRINGS MS 39564		217 00	
	Amended return	Amended return  F Name and address of principal officer:		ceipts \$ 217,826	
	2100 DIRECTOR		this a group return for s	subordinates? Yes X No	
			re all subordinates inc	luded? Yes No	
		0.00000		(see instructions)	
1	Tax-exempt status:	<b>X</b> 501(c)(3) 501(c) ( ) <b>4</b> (insert no.) 4947(a)(1) or 527		,	
J		WWW SINCINCETVERECUNDANTON ORG	roup exemption number		
ĸ	Form of organization:		ation: 1995	M State of legal domicile:	
		Immary	IIII. 100	M State of legal domicile:	
-	T	scribe the organization's mission or most significant activities:			
ø					
anc	AND OTHER NEEDS OF PATIENTS, EMPLOYEES, AND CITIZENS OF OUR COMMUNITY.				
Activities & Governance					
ove.	2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets.				
Ö	3 Number of	of voting members of the governing body /Port // line 10)	1 . 1	10	
SS	4 Number of	of independent voting members of the governing body (Part VI, line 1b)	4	10	
ij	5 Total nun	hber of individuals employed in calendar year 2015 (Part V, line 2a)	5	0	
cţi	6 Total nun	abor of voluntoors (actimate if necessary)	1 - 1	0	
4	7a Total upre	elated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrel	ated business taxable income from Form 990-T, line 34	7a 7b	0	
_	21101 011101		Prior Year	Current Year	
Φ	8 Contributi	ons and grants (Part VIII, line 1h)	166,526	182,471	
Revenue	9 Program	service revenue (Part VIII, line 2g)		102/1/1	
eve		10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		29,725	
ď	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,350 -15,315	-15,821	
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	152,561	196,375	
	13 Grants ar	d similar amounts paid (Part IX, column (A), lines 1–3)	65,200	54,163	
	14 Benefits r	paid to or for members (Part IX, column (A), line 4)	03/200	<u> </u>	
S		other compensation, employee benefits (Part IX, column (A), lines 5–10)	83,850	85,436	
Expenses	16a Profession	nal fundraising fees (Part IX, column (A), line 11e)	03,030	05,430	
per	<b>b</b> Total fund	raising expenses (Part IX, column (D), line 25) ▶ 17,087		U	
Ĕ	17 Other exp	enses (Part IX, column (A), lines 11a–11d, 11f–24e)	63,286	56 067	
		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	212,336	56,967	
	19 Revenue	less expenses. Subtract line 18 from line 12	-59,775	196,566	
Net Assets or Fund Balances	10 Hovelide		g of Current Year	-191 End of Year	
	20 Total asse	ets (Part X, line 16)	858,476	860,910	
ASS d Ba	21 Total liabi	lities (Part X, line 26)	2,269	4,894	
Fun	22 Net assets	s or fund balances. Subtract line 21 from line 20	856,207	856,016	
P		nature Block		000,020	
Ur	nder penalties of p	erjury, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my kn	Owledge and helief it is	
tru	ue, correct, and co	mplete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno	owledge.	owiedge and belief, it is	
		Ples			
Sig	ın Sig	gnature of officer	Date	***	
Hei		LEE BOND TREASURER			
		pe or print name and title			
	Print/Type	preparer's name Preparer's signature Da	ate Check	if PTIN	
Paid	JASON S	JASON S. KEENUM, CPA		L. "	
Prep	narer	TACON VERNIM CDA DA		27-2964966	
Use	Only	Timis hance , Stabott Italiatott, CIII, IA		27 2304300	
	Firm's addr	D3.003.001113 140 20.00 40.00	Phone	228-471-5464	
May		this return with the preparer shown above? (see instructions)	Phone no.		
For Paperwork Reduction Act Notice, see the separate instructions.				Yes No	