

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

OMB No. 1545-0047

2018
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 \$ 465,932
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.SINGINGRIVERFOUNDATION.ORG		L Year of formation: 1995 M State of legal domicile:
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

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)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	287,375	289,225
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	112,453	60,810
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,202	27,975
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	431,030	378,010
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	99,980
14 Benefits paid to or for members (Part IX, column (A), line 4)			0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		90,000	90,000
16a Professional fundraising fees (Part IX, column (A), line 11e)			0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,210			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		40,891	44,510
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	230,871	236,202	
19 Revenue less expenses. Subtract line 18 from line 12	200,159	141,808	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,271,301	1,403,433
	22 Net assets or fund balances. Subtract line 21 from line 20	12,330	2,654
		1,258,971	1,400,779

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 LEE BOND Type or print name and title	Date TREASURER
	Print/Type preparer's name Jason S. Keenum, CPA	Preparer's signature Date 12/03/19 Check <input type="checkbox"/> if self-employed PTIN P00732058
Paid Preparer Use Only	Firm's name ▶ Jason Keenum, CPA, PA 1509 Jackson Ave Firm's address ▶ Pascagoula, MS 39567-4356	Firm's EIN ▶ 26-2794966 Phone no. 228-471-5464

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