

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.

OMB No. 1545-0047

2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning **10/01/14**, and ending **09/30/15**

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): **2101 HWY 90** Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: **GAUTIER MS 39553**

D Employer identification number: **64-0864350**

E Telephone number: **228-760-0716**

F Name and address of principal officer:
LEE BOND
2101 HIGHWAY 90
GAUTIER MS 39553-5340

G Gross receipts \$: **171,293**

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.mysrhsfoundation.com** **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: See Schedule O			
	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)	10	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	10	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	305,596	166,526
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,761	1,350
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,732	-15,315
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	347,089	152,561
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	109,770	65,200
	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)	98,054	83,850
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	55,323	63,286
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	263,147	212,336
	19	Revenue less expenses. Subtract line 18 from line 12	83,942	-59,775
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	919,065	858,476
	21	Total liabilities (Part X, line 26)	3,083	2,269
	22	Net assets or fund balances. Subtract line 21 from line 20	915,982	856,207

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** Date: _____
 Type or print name and title: **TREASURER**

Paid Preparer Use Only

Print/Type preparer's name: **JASON S. KEENUM, CPA** Preparer's signature: **JASON S. KEENUM, CPA** Date: **11/18/15** Check if self-employed PTIN: **P00732058**

Firm's name: **JASON KEENUM, CPA, PA** Firm's EIN: **26-2794966**
 Firm's address: **1509 JACKSON AVE PASCAGOULA, MS 39567-4356** Phone no.: **228-471-5464**

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