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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

2017

Open to Public Inspection

For calendar year 2017, or tax year beginning 07-01-2017

, and ending 06-30-2018

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			
City or town, state or province, country, and ZIP or foreign postal code MADISON, MS 391301909		B Telephone number (see instructions) (601) 982-3251			
<div>G Check all that apply</div> <div><div><input type="checkbox"/> Initial return</div><div><input type="checkbox"/> Initial return of a former public charity</div><div><input type="checkbox"/> Final return</div><div><input type="checkbox"/> Amended return</div><div><input type="checkbox"/> Address change</div><div><input type="checkbox"/> Name change</div></div>		<div>D 1. Foreign organizations, check here</div> <div><div>2 Foreign organizations meeting the 85% test, check here and attach computation</div></div>			
<div>H Check type of organization</div> <div><input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust</div> <div><input type="checkbox"/> Other taxable private foundation</div>		<div>E If private foundation status was terminated under section 507(b)(1)(A), check here</div>			
<div>I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 2,722,171</div>		<div>J Accounting method</div> <div><input type="checkbox"/> Cash</div> <div><input checked="" type="checkbox"/> Accrual</div> <div><input type="checkbox"/> Other (specify) (Part I, column (d) must be on cash basis)</div>			
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)	2,159,970			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	37,300	37,300		
	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	-11,672			
	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)	270,230	0	270,230		
12 Total. Add lines 1 through 11	2,455,828	37,300	270,230		
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)	751,610	0	0	751,610
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	1,370	0	1,370	
	20 Occupancy				
	21 Travel, conferences, and meetings	435,791	0	0	450,721
	22 Printing and publications				
	23 Other expenses (attach schedule)	673,689	0	0	551,696
	24 Total operating and administrative expenses. Add lines 13 through 23	1,862,460	0	1,370	1,754,027
	25 Contributions, gifts, grants paid	230,091			230,091
	26 Total expenses and disbursements. Add lines 24 and 25	2,092,551	0	1,370	1,984,118
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	363,277			
	b Net investment income (if negative, enter -0-)		37,300		
c Adjusted net income (if negative, enter -0-)				268,860	

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2017)

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	841,563	532,028	532,028		
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶ <u>769,073</u>					
		Less allowance for doubtful accounts ▶ _____	123,180	769,073	769,073		
	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)	1,420,518	1,413,320	1,413,320			
14	Land, buildings, and equipment basis ▶ <u>189,797</u>						
	Less accumulated depreciation (attach schedule) ▶ <u>185,455</u>	5,712	4,342	4,342			
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)	2,394,381	2,722,171	2,722,171			
Liabilities	17	Accounts payable and accrued expenses	276,647	289,698			
	18	Grants payable					
	19	Deferred revenue	329,343	313,632			
	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)	605,990	603,330			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	1,773,432	2,098,282			
	25	Temporarily restricted	14,959	20,559			
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> 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)	1,788,391	2,118,841			
	31	Total liabilities and net assets/fund balances (see instructions) .	2,394,381	2,722,171			

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	1,788,391
2	Enter amount from Part I, line 27a	2	363,277
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	2,151,668
5	Decreases not included in line 2 (itemize) ▶ _____	5	32,827
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,118,841

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))
2016	1,996,205	2,448,853	0 815159
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
2 Total of line 1, column (d)			2 3 907554
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 781511
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 2,084,684
5 Multiply line 4 by line 3			5 1,629,203
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 373
7 Add lines 5 and 6			7 1,629,576
8 Enter qualifying distributions from Part XII, line 4			8 1,984,118

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 <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	373
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	373
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	373
6	Credits/Payments		
a	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	0
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	0
7	Total credits and payments. Add lines 6a through 6d.	7	0
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶	9	373
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 2018 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 ▶ \$ _____ 0 (2) On foundation managers ▶ \$ _____ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____ 0		
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 2017 or the taxable year beginning in 2017 (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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u>			
16	At any time during calendar year 2017, 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)? <input type="checkbox"/> 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 2017? <input type="checkbox"/> 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 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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). <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 2017? 4b			No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

5a	<p>During the year did the foundation pay or incur any amount to</p> <p>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/> </p>	5b		
c	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i></p>			
6a	<p>Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><i>If "Yes" to 6b, file Form 8870</i></p>	6b		No
7a	<p>At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>			
b	<p>If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	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	Contributions to employee benefit plans and deferred compensation (d)	Expense account, (e) other allowances
NONE				

Total number of other employees paid over \$50,000. **0****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
MORGAN KELLER CONSULTING LLC	CONSULTANT	71,500
106 PEBBLE LANE BRANDON, MS 39047		

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	230,091
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	939,142
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	447,754
4 MHA EDUCATIONAL SERVICES - PROVIDE EDUCATION TO ASSIST HOSPITALS	367,131

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	1,417,793
b	Average of monthly cash balances.	1b	698,637
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,116,430
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	2,116,430
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	31,746
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,084,684
6	Minimum investment return. Enter 5% of line 5.	6	104,234

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	104,234
2a	Tax on investment income for 2017 from Part VI, line 5.	2a	373
b	Income tax for 2017 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	373
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	103,861
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	103,861
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	103,861

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	1,984,118
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	1,984,118
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	373
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,983,745

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				103,861
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2017				
a From 2012.	1,992,695			
b From 2013.	1,740,517			
c From 2014.	2,063,755			
d From 2015.	1,823,754			
e From 2016.	1,874,462			
f Total of lines 3a through e.	9,495,183			
4 Qualifying distributions for 2017 from Part XII, line 4 ▶ \$ <u>1,984,118</u>				
a Applied to 2016, 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 2017 distributable amount.				103,861
e Remaining amount distributed out of corpus	1,880,257			
5 Excess distributions carryover applied to 2017 (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	11,375,440			
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 2016 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2017 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7 (see instructions).	1,992,695			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	9,382,745			
10 Analysis of line 9				
a Excess from 2013.	1,740,517			
b Excess from 2014.	2,063,755			
c Excess from 2015.	1,823,754			
d Excess from 2016.	1,874,462			
e Excess from 2017.	1,880,257			

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a. The name, address, and telephone number or email address of the person to whom applications should be addressed

- b. The form in which applications should be submitted and information and materials they should include**

- c Any submission deadlines

- Form
- 990-PF**
- (2017)

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	230,091
Total			▶ 3a	230,091
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					219,167
b SPONSOR FEES					51,063
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	37,300	
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	-11,672	
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		25,628	270,230
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13		295,858

[illegible]

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)	Yes	
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c	Yes	
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

(a) Line No	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
1b(4)	693,886	MISSISSIPPI HOSPITAL ASSOCIATION	REIMBURSEMENT FOR EMPLOYEE SALARIES AND FRINGE BENEFITS
1c	160,000	MISSISSIPPI HOSPITAL ASSOCIATION	LEASE OF EMPLOYEES AND EQUIPMENT
1c	21,600	MISSISSIPPI HOSPITAL ASSOCIATION	RENT OF SPACE

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

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2019-05-13	*****
	Signature of officer or trustee	Date	Title

May the IRS discuss this return with the preparer shown below?
 (see instr.)? ☒ Yes ☐ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MELANIE S WOODRICK CPA		2019-05-10		P00220989
	Firm's name ▶ GRANTHAMPOOLE PLLC				Firm's EIN ▶ 64-0903390
Firm's address ▶ 1062 HIGHLAND COLONY PKWY STE 201 RIDGELAND, MS 39157					Phone no (601) 499-2400

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 HUFFMAN	BOARD MEMBER 0 00	0	0	0
7601 SOUTHCREST PKWY SOUTHAVEN, MS 38671				
YOLONDA BOONE	BOARD MEMBER 0 00	0	0	0
PO BOX 1909 MADISON, MS 39130				
BRYAN MAXIE	BOARD MEMBER 0 00	0	0	0
P O BOX 909 PICAYUNE, MS 39466				
TIMOTHY MOORE	BOARD MEMBER 5 00	0	0	0
PO BOX 1909 MADISON, MS 39130				
WANDA LAND	CHAIRMAN 0 00	0	0	0
221 HIGHLAND GARRISON RIDGELAND, MS 39157				
ANGELA NOWLIN	BOARD MEMBER 0 00	0	0	0
611 ALCORN DR CORINTH, MS 38834				
RICHARD ROBERSON	EX-OFFICIO 0 00	0	0	0
P O BOX 1909 MADISON, MS 39130				

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TY 2017 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	1,087	SL	7 0000000000000	189	0	189	
DELL COMPUTERS	2012-01-30	2,459	2,459	SL	5 0000000000000	0	0	0	
MONITOR - K HARGETT	2012-02-29	256	256	SL	5 0000000000000	0	0	0	
IPADS	2012-06-30	3,322	3,322	SL	5 0000000000000	0	0	0	
ROLLING DOORS FOR CUBICLES	2013-03-11	4,527	2,804	SL	7 0000000000000	647	0	647	
DELL 1430X PROJECTOR	2013-05-15	699	583	SL	5 0000000000000	116	0	116	
DELL LATITUDE E5430 COMPUTER	2013-05-21	1,125	919	SL	5 0000000000000	187	0	187	
IPAD	2013-05-31	628	514	SL	5 0000000000000	105	0	105	
IPAD	2013-07-31	628	493	SL	5 0000000000000	126	0	126	

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TY 2017 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	2018-06			11,672		0	-11,672	

TY 2017 Investments - Other Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL
FOUNDATION

EIN: 23-7068714

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS	AT COST	1,413,320	1,413,320

TY 2017 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	1,276	50	
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	3,451	1,076	
DELL 1430X PROJECTOR	699	699	0	
DELL LATITUDE E5430 COMPUTER	1,125	1,106	19	
IPAD	628	619	9	

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
IPAD	628	619	9	

TY 2017 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 2017 Other Decreases Schedule

Name: MHA HEALTH RESEARCH AND EDUCATIONAL
FOUNDATION

EIN: 23-7068714

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	32,827

TY 2017 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	115,703	0	0	87,971
ADMINISTRATIVE SERVICES	511,365	0	0	463,617
OTHER	46,621	0	0	108

TY 2017 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	219,167		219,167
SPONSOR FEES	51,063		51,063

TY 2017 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	751,610	0	0	751,610

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93491134009789	
<div>Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service</div>		<div>Schedule of Contributors</div> <div>▶ Attach to Form 990, 990-EZ, or 990-PF</div> <div>▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990</div>			<div>OMB No 1545-0047</div> <div>2017</div>
Name of the organization MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION				Employer identification number 23-7068714	
Organization type (check one)					
<div>Filers of:</div> <div>Form 990 or 990-EZ</div> <div>Form 990-PF</div>					
<div>Section:</div> <div><input type="checkbox"/> 501(c)() (enter number) organization</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation</div> <div><input type="checkbox"/> 527 political organization</div> <div><input checked="" type="checkbox"/> 501(c)(3) exempt private foundation</div> <div><input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation</div> <div><input type="checkbox"/> 501(c)(3) taxable private foundation</div>					
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.					
<div>General Rule</div> <div><input checked="" type="checkbox"/> 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.</div>					
<div>Special Rules</div> <div><input type="checkbox"/> 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.</div> <div><input type="checkbox"/> 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 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.</div> <div><input type="checkbox"/> 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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$</div>					
Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					
For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF		Cat No 30613X		Schedule B (Form 990, 990-EZ, or 990-PF) (2017)	

Name of organization MHA HEALTH RESEARCH AND EDUCATIONAL FOUNDATION	Employer identification number 23-7068714
--	---

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
—	See Additional Data Table _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
—	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)

23-7068714

Part II

[illegible]

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
-----------------	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div>	<div></div> <div></div>	<div></div> <div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	<div></div> <div></div>	<div></div> <div></div>	

Additional Data

Software ID:
Software Version:
EIN: 23-7068714
Name: MHA HEALTH RESEARCH AND EDUCATIONAL
FOUNDATION

Form 990 Schedule B, 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
<u>1</u>	MISSISSIPPI DEPT OF HEALTH	\$ 744,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	570 EAST WOODROW WILSON DRIVE		
	JACKSON, MS 39216		
<u>2</u>	BOWER FOUNDATION	\$ 255,426	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	578 HIGHLAND COLONY PARKWAY SUITE 1		
	RIDGELAND, MS 39157		
<u>3</u>	KELLOG FOUNDATION	\$ 103,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	1 MICHIGAN AVENUE EAST		
	BATTLE CREEK, MI 49017		
<u>4</u>	AMERICAN HOSPITAL ASSOCIATION HEALTH RESEARCH	\$ 702,556	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	155 N UPPER WACKER DR 400		
	CHICAGO, IL 60606		
<u>5</u>	FOUNDATION FOR THE MID-SOUTH	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	134 E AMITE STREET		
	JACKSON, MS 39201		
<u>6</u>	MARCH OF DIMES	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	586 LAKELAND E DR B		
	FLOWOOD, MS 39232		

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MISSISSIPPI HOSPITAL ASSOCIATION	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contribution)
	116 WOODGREEN CROSSING		
	MADISON, MS 39110		