

EXTENDED TO MAY 17, 2021
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

For calendar year 2019 or tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**

Name of foundation
**MHA HEALTH, RESEARCH AND EDUCATIONAL
FOUNDATION**

Number and street (or P.O. box number if mail is not delivered to street address)

P.O. BOX 1909

City or town, state or province, country, and ZIP or foreign postal code

MADISON, MS 39130-1909

G Check all that apply:

☐ Initial return

☐ Final return

☐ Address change

☐ Initial return of a former public charity

☐ Amended return

☐ Name change

H Check type of organization. ☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year

(from Part II, col. (c), line 16)

\$ **4,766,313.**

J Accounting method.

☐ Cash

☒ Accrual

☐ Other (specify)

(Part I, column (d), must be on cash basis.)

A Employer identification number

23-7068714

B Telephone number

601-982-3251

C If exemption application is pending, check here ☐

D 1 Foreign organizations, check here ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☒

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).)

(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	2,381,009.			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	49,870.	49,870.		
	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	-4,400.			
	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				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	175,863.	0.	175,863.	STATEMENT 1
	12 Total Add lines 1 through 11	2,602,342.	49,870.	175,863.	
	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				
	b Accounting fees				
	c Other professional fees	STMT 2	497,413.	0.	497,413.
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion	519.	0.	519.	
	20 Occupancy				
	21 Travel, conferences, and meetings	205,604.	0.	0.	205,604.
	22 Printing and publications				
	23 Other expenses	STMT 3	1,085,714.	0.	0.
	24 Total operating and administrative expenses Add lines 13 through 23	1,789,250.	0.	519.	1,723,057.
	25 Contributions, gifts, grants paid	932,981.			932,981.
	26 Total expenses and disbursements Add lines 24 and 25	2,722,231.	0.	519.	2,656,038.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-119,889.			
	b Net investment income (if negative, enter -0-)		49,870.		
	c Adjusted net income (if negative, enter -0-)			175,344.	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash - non-interest-bearing		777,199.	2,456,712.	2,456,712.
	2	Savings and temporary cash investments				
	3	Accounts receivable ▶ 723,280.				
		Less: allowance for doubtful accounts ▶		621,183.	723,280.	723,280.
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		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				
	b	Investments - corporate stock				
	c	Investments - corporate bonds				
	Liabilities	11	Investments land, buildings, and equipment basis ▶			
		Less: accumulated depreciation ▶				
12		Investments - mortgage loans				
13		Investments - other STMT 5	1,494,592.	1,578,970.	1,578,970.	
14		Land, buildings, and equipment: basis ▶ 190,113.				
		Less: accumulated depreciation STMT 6 ▶ 186,653.	3,663.	3,460.	3,460.	
15		Other assets (describe ▶ PREPAID EXPENSES)	3,729.	3,891.	3,891.	
16		Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	2,900,366.	4,766,313.	4,766,313.	
17		Accounts payable and accrued expenses	224,959.	167,580.		
18		Grants payable				
Net Assets or Fund Balances	19	Deferred revenue	384,215.	2,233,516.		
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable		144,900.		
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)	609,174.	2,545,996.	0.	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> X					
	and complete lines 24, 25, 29, and 30					
	24	Net assets without donor restrictions	2,270,633.	2,220,265.		
	25	Net assets with donor restrictions	20,559.	52.		
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/>					
	and complete lines 26 through 30					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
28	Retained earnings, accumulated income, endowment, or other funds					
29	Total net assets or fund balances	2,291,192.	2,220,317.			
30	Total liabilities and net assets/fund balances	2,900,366.	4,766,313.			

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 29 (must agree with end-of-year figure reported on prior year's return)	1	2,291,192.
2	Enter amount from Part I, line 27a	2	-119,889.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 4	3	49,014.
4	Add lines 1, 2, and 3	4	2,220,317.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	2,220,317.

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Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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			
b NONE			
c			
d			
e			

(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) FMV 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). 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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2018	2,192,638.	2,366,742.	.926437
2017	1,983,745.	2,084,684.	.951581
2016	1,996,205.	2,448,853.	.815159
2015	1,947,603.	2,490,508.	.782010
2014	2,200,401.	2,739,725.	.803147

2 Total of line 1, column (d)	2	4.278334
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	.855667
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	2,623,934.
5 Multiply line 4 by line 3	5	2,245,214.
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	499.
7 Add lines 5 and 6	7	2,245,713.
8 Enter qualifying distributions from Part XII, line 4	8	2,656,038.

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.

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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 ☐ 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 ☒ and enter 1% of Part I, line 27b

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-)

3 Add lines 1 and 2

4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)

5 **Tax based on investment income** Subtract line 4 from line 3. If zero or less, enter -0-

6 Credits/Payments:

a 2019 estimated tax payments and 2018 overpayment credited to 2019

b Exempt foreign organizations - tax withheld at source

c Tax paid with application for extension of time to file (Form 8868)

d Backup withholding erroneously withheld

7 Total credits and payments Add lines 6a through 6d

8 Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached9 **Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed**10 **Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**11 Enter the amount of line 10 to be **Credited to 2020 estimated tax**

Refunded

1	499.
2	0.
3	499.
4	0.
5	499.
6a	400.
6b	0.
6c	0.
6d	0.
7	400.
8	0.
9	99.
10	
11	

Part VII-A Statements Regarding Activities

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?

b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 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

c Did the foundation file Form 1120-POL for this year?

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?

If "Yes," attach a detailed description of the activities.

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? If "Yes," attach a conformed copy of the changes

4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?

b If "Yes," has it filed a tax return on Form 990-T for this year?

5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?

If "Yes," attach the statement required by *General Instruction T*

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?

7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV

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*? If "No," attach explanation

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 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b		
5		X
6	X	
7	X	
8b	X	
9		X
10		X

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Part VII-A Statements Regarding Activities (continued)

	Yes	No
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		X
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		X
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>	X	
14 The books are in care of ► <u>RICHARD GRIMES</u> Telephone no. ► <u>601-368-3210</u> Located at ► <u>116 WOODGREEN CROSSING, MADISON, MS</u> ZIP+4 ► <u>39110</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year	15	N/A
16 At any time during calendar year 2019, 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 the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

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.

	Yes	No
1a During the year, did the foundation (either directly or indirectly): (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 Organizations relying on a current notice regarding disaster assistance, check here	N/A	
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 2019?		X
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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____, _____, _____, _____ 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"/> Yes <input checked="" type="checkbox"/> No c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____, _____, _____, _____	N/A	
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 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	N/A	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2019?		X

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

5a. During the year, did the foundation pay or incur any amount to:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ Nob 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
Organizations relying on a current notice regarding disaster assistance, check here

N/A

► ☐

c 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?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

If "Yes" to 6b, file Form 8870

☐ Yes ☒ No

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

N/A

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?

☐ Yes ☒ No

	Yes	No
5a		
5b		
6a		X
6b		
7a		
7b		
8		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3** Five highest-paid independent contractors for professional services. 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 106 PEBBLE LANE, BRANDON, MS 39047	CONSULTANT	50,336.

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 SEE STATEMENT 8	574,033.
2 SEE STATEMENT 9	866,891.
3 SEE STATEMENT 10	715,508.
4 MHA EDUCATIONAL SERVICES - PROVIDE EDUCATION TO ASSIST HOSPITALS	294,737.

Part IX-B Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
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	1,529,576.
b	Average of monthly cash balances	1b	1,134,316.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,663,892.
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	2,663,892.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	39,958.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,623,934.
6	Minimum investment return. Enter 5% of line 5	6	131,197.

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	131,197.
2a	Tax on investment income for 2019 from Part VI, line 5	2a	499.
b	Income tax for 2019 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	499.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	130,698.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	130,698.
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	130,698.

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	2,656,038.
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	2,656,038.
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	5	499.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,655,539.

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				130,698.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014	2,063,755.			
b From 2015	1,823,754.			
c From 2016	1,874,462.			
d From 2017	1,880,257.			
e From 2018	2,075,093.			
f Total of lines 3a through e	9,717,321.			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 2,656,038.				
a Applied to 2018, 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 2019 distributable amount				130,698.
e Remaining amount distributed out of corpus	2,525,340.			
5 Excess distributions carryover applied to 2019 (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:	12,242,661.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
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 2018. Subtract line 4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7	2,063,755.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	10,178,906.			
10 Analysis of line 9:				
a Excess from 2015	1,823,754.			
b Excess from 2016	1,874,462.			
c Excess from 2017	1,880,257.			
d Excess from 2018	2,075,093.			
e Excess from 2019	2,525,340.			

N/A

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- ☐ 4942(j)(3) or ☒ 4942(j)(5)

(4) Gross investment income

[illegible]

d. Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

**MHA HEALTH, RESEARCH AND EDUCATIONAL
FOUNDATION**

Form 990-PF (2019)

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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 Paid during the year				
HOSPITAL PREPAREDNESS PROGRAM VARIOUS HOSPITALS STATE OF, MS 39110			EQUIPMENT & EXPENSES	187,021.
ASPR - COVID VARIOUS HOSPITALS STATE OF, MS 39110			EQUIPMENT & EXPENSES	715,508.
MHA CARES FUNDS VARIOUS HOSPITALS STATE OF, MS 39110			DISASTER RECOVERY EXPENSES	30,452.
Total				932,981.
b Approved for future payment				
NONE				
Total				0.

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income
(a) Business code	(b) Amount	(c) Exclu- sion code	(d) Amount	
1 Program service revenue:				
a REGISTRATION DUES				150,787.
b SPONSOR FEES				25,076.
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	49,870.	
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	-4,400.	
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.		45,470.	175,863.
13 Total. Add line 12, columns (b), (d), and (e)				221,333.

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

[illegible]

**MHA HEALTH, RESEARCH AND EDUCATIONAL
FOUNDATION**

Form 990-PF (2019)

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Part VII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

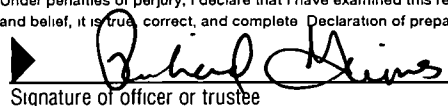
- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of:
- (1) Cash
- (2) Other assets
- b** Other transactions:
- (1) Sales of assets to a noncharitable exempt organization
- (2) Purchases of assets from a noncharitable exempt organization
- (3) Rental of facilities, equipment, or other assets
- (4) Reimbursement arrangements
- (5) Loans or loan guarantees
- (6) Performance of services or membership or fundraising solicitations
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
- 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.

	Yes	No
1a(1)		X
1a(2)		X
1b(1)		X
1b(2)		X
1b(3)		X
1b(4)	X	
1b(5)		X
1b(6)		X
1c	X	

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		MISSISSIPPI HOSPITAL	SEE STATEMENT 11
B4	567,290.	ASSOCIATION	
		MISSISSIPPI HOSPITAL	
C	160,000.	ASSOCIATION	
		MISSISSIPPI HOSPITAL	
C	21,600.	ASSOCIATION	

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (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)	SEE STATEMENT 12

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.		May the IRS discuss this return with the preparer shown below? See instr. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Signature of officer or trustee 	Date <u>5/13/21</u>		Title <u>PRESIDENT/CEO</u>	
Paid Preparer Use Only	Print/Type preparer's name KAREN M. WAGNER, CPA	Preparer's signature KAREN M. WAGNER,	Date 05/06/21	Check <input type="checkbox"/> if self-employed	PTIN P00257146
	Firm's name ▶ GRANTHAMPOOLE PLLC				Firm's EIN ▶ 64-0903390
	Firm's address ▶ 1062 HIGHLAND COLONY PKY, STE 201 RIDGELAND, MS 39157				Phone no. 601-499-2400

Form 990-PF (2019)

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

Name of the organization

**MHA HEALTH, RESEARCH AND EDUCATIONAL
FOUNDATION**

Employer identification number

23-7068714

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)() (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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.**General Rule**

- ☒ 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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.
- ☐ 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 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ 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 *exclusively* 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 *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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
1	MISSISSIPPI DEPT OF HEALTH 570 EAST WOODROW WILSON DRIVE JACKSON, MS 39216	\$ 705,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
2	BOWER FOUNDATION 578 HIGHLAND COLONY PARKWAY, SUITE 120 RIDGELAND, MS 39157	\$ 306,337.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
3	KELLOG FOUNDATION 1 MICHIGAN AVENUE EAST BATTLE CREEK, MI 49017	\$ 103,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
4	AMERICAN HOSPITAL ASSOCIATION HEALTH RESEARCH 155 N UPPER WACKER DR #400 CHICAGO, IL 60606	\$ 407,684.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Employer identification number

23-7068714

Part II

[illegible]

Name of organization

**MHA HEALTH, RESEARCH AND EDUCATIONAL
FOUNDATION**

Employer identification number

23-7068714**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 info once) ▶ \$ _____

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

FORM 990-PF	OTHER INCOME		STATEMENT 1
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
REGISTRATION DUES	150,787.	0.	150,787.
SPONSOR FEES	25,076.	0.	25,076.
TOTAL TO FORM 990-PF, PART I, LINE 11	175,863.	0.	175,863.

FORM 990-PF	OTHER PROFESSIONAL FEES			STATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTING	497,413.	0.	0.	497,413.
TO FORM 990-PF, PG 1, LN 16C	497,413.	0.	0.	497,413.

FORM 990-PF	OTHER EXPENSES			STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATIVE SERVICES	1,085,714.	0.	0.	1,020,040.
TO FORM 990-PF, PG 1, LN 23	1,085,714.	0.	0.	1,020,040.

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES		STATEMENT 4
DESCRIPTION	AMOUNT		
UNREALIZED LOSS ON INVESTMENTS	49,009.		
ROUNDING	5.		
TOTAL TO FORM 990-PF, PART III, LINE 3	49,014.		

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 5

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENTS	COST	1,578,970.	1,578,970.
TOTAL TO FORM 990-PF, PART II, LINE 13		1,578,970.	1,578,970.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK 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.	5,126.	0.
OFFISOURCE - FURNITURE & FIXTURES	19,565.	19,565.	0.
BAREFIELD & COMPANY	61,669.	61,669.	0.
SOUND & COMMUNICATION	31,040.	31,040.	0.
OFFICE PRODUCTS PLUS	3,419.	3,419.	0.
SOUND & COMMUNICATION	3,944.	3,944.	0.
OFFISOURCE - FURNITURE & FIXTURES	2,040.	2,040.	0.
CH - DELL COMPUTERS HCC	1,672.	1,672.	0.
CH - DELL COMPUTERS	1,735.	1,735.	0.
CH - DELL COMPUTERS	2,755.	2,755.	0.
CH - DELL MARKETING	3,607.	3,607.	0.
CH - DELL MARKETING	12,493.	12,493.	0.
CS - CDW COMPUTER CENTER HCC	1,109.	1,109.	0.
CS - CDW COMPUTER CENTER HCC	497.	497.	0.
CS - AVANT GARDE CONSULTING			
SVC EDU	5,109.	5,109.	0.
XEROX PHASER 6200N HCC	2,514.	2,514.	0.
BOWIE AUDIO VISUAL	3,055.	3,055.	0.
LANIER WORLDWIDE	1,071.	1,071.	0.
TABLES FOR MEETINGS	1,326.	1,325.	1.
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.	1,296.	3,231.
DELL 1430X PROJECTOR	699.	699.	0.
DELL LATITUDE E5430 COMPUTER	1,125.	1,125.	0.
IPAD	628.	628.	0.
IPAD	628.	628.	0.
DELL LATITUDE E5470 LAPTOP	316.	47.	269.
TOTAL TO FM 990-PF, PART II, LN 14	190,113.	186,612.	3,501.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LESTER DIAMOND 969 LAKE LAND DRIVE JACKSON, MS 39216-4699	PAST CHAIR 0.00	0.	0.	0.
VICKI BINGHAM P O BOX 3343 CLEVELAND, MS 38733	BOARD MEMBER 0.00	0.	0.	0.
YOLANDA BOONE 1235 ECHELON PARKWAY JACKSON, MS 39213	BOARD MEMBER 0.00	0.	0.	0.
HEATHER DAVIS 317 HIGHWAY 13 SOUTH MORTON, MS 39117	BOARD MEMBER 0.00	0.	0.	0.
TIMOTHY MOORE P.O. BOX 1909 MADISON, MS 39130	BOARD MEMBER 0.00	0.	0.	0.
WANDA LAND 221 HIGHLAND GARRISON RIDGELAND, MS 39157	CHAIRMAN 5.00	0.	0.	0.
KIM W. HOOVER P O BOX 1909 MADISON, MS 39130	PRESIDENT/CEO 20.00	0.	0.	0.
RICHARD ROBERSON P O BOX 1909 MADISON, MS 39130	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 8
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ACTIVITY ONE

HOSPITAL EMERGENCY PREPAREDNESS PROGRAM- PROVIDE EDUCATION, COMMUNICATION, EQUIPMENT PROCUREMENT, PLANNING AND SURVEILLANCE/DATA SYSTEMS TO ASSIST HOSPITALS IN PREPARING FOR EMERGENCY/DISASTER SITUATIONS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

574,033.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 9
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ACTIVITY TWO

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.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

866,891.

FORM 990-PF	SUMMARY OF DIRECT CHARITABLE ACTIVITIES	STATEMENT 10
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ACTIVITY THREE

ASPR - COVID - PREPARE HEALTH CARE SYSTEMS AND PROVIDERS TO IDENTIFY, ISOLATE, ASSESS, TRANSPORT, AND TREAT PATIENTS WITH COVID-19 OR OTHER SPECIAL PATHOGENS OR PATIENTS UNDER INVESTIGATION FOR SUCH AN ILLNESS.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 3

715,508.

990-PF	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS PART XVII, LINE 1, COLUMN (D)	STATEMENT 11
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NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MISSISSIPPI HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

REIMBURSEMENT FOR EMPLOYEE SALARIES AND FRINGE BENEFITS

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MISSISSIPPI HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

LEASE OF EMPLOYEES AND EQUIPMENT

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

MISSISSIPPI HOSPITAL ASSOCIATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

RENT OF SPACE

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AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS
PART XVII, LINE 2, COLUMN (C)

STATEMENT 12

NAME OF AFFILIATED OR RELATED ORGANIZATION

MISSISSIPPI HOSPITAL ASSOCIATION

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

THE ORGANIZATIONS SHARE THREE MEMBERS OF THE BOARD OUT OF TOTAL SEVEN MEMBERS.

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURE AND FIXTURES	06/01/01	SL	3.00		16	3,305.				3,305.	3,305.		0.	3,305.
2	CABINET	05/01/02	SL	3.00		16	2,641.				2,641.	2,641.		0.	2,641.
3	DESK/COUNTER SPACE	05/01/08	SL	3.00		16	1,042.				1,042.	1,042.		0.	1,042.
4	HOTEL & RESTAURANT SUPPLY	12/01/05	SL	3.00		16	5,419.				5,419.	5,419.		0.	5,419.
5	MS ART & DESIGN CONSULTANTS	03/01/06	SL	7.00		16	5,126.				5,126.	5,126.		0.	5,126.
6	OFFISOURCE - FURNITURE & FIXTURES	03/01/06	SL	7.00		16	19,565.				19,565.	19,565.		0.	19,565.
7	BAREFIELD & COMPANY	03/01/06	SL	7.00		16	61,669.				61,669.	61,669.		0.	61,669.
8	SOUND & COMMUNICATION	03/01/06	SL	7.00		16	31,040.				31,040.	31,040.		0.	31,040.
9	OFFICE PRODUCTS PLUS	03/01/06	SL	7.00		16	3,419.				3,419.	3,419.		0.	3,419.
10	SOUND & COMMUNICATION	08/01/07	SL	7.00		16	3,944.				3,944.	3,944.		0.	3,944.
11	OFFISOURCE - FURNITURE & FIXTURES	02/01/08	SL	7.00		16	2,040.				2,040.	2,040.		0.	2,040.
12	CH - DELL COMPUTERS HCC	04/01/03	SL	3.00		16	1,672.				1,672.	1,672.		0.	1,672.
13	CH - DELL COMPUTERS	03/01/04	SL	3.00		16	1,735.				1,735.	1,735.		0.	1,735.
14	CH - DELL COMPUTERS	06/10/04	SL	3.00		16	2,755.				2,755.	2,755.		0.	2,755.
15	CH - DELL MARKETING	02/01/07	SL	3.00		16	3,607.				3,607.	3,607.		0.	3,607.
16	CH - DELL MARKETING	04/01/08	SL	3.00		16	12,493.				12,493.	12,493.		0.	12,493.
17	CS - CDW COMPUTER CENTER HCC	04/01/03	SL	3.00		16	1,109.				1,109.	1,109.		0.	1,109.
18	CS - CDW COMPUTER CENTER HCC	02/01/05	SL	3.00		16	497.				497.	497.		0.	497.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2019 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	CS - AVANT GARDE CONSULTING SVC EDU	06/01/07	SL	3.00		16	5,109.				5,109.	5,109.		0.	5,109.
20	XEROX PHASER 6200N HCC	08/01/02	SL	3.00		16	2,514.				2,514.	2,514.		0.	2,514.
21	BOWIE AUDIO VISUAL	11/01/02	SL	3.00		16	3,055.				3,055.	3,055.		0.	3,055.
22	LANIER WORLDWIDE	04/01/03	SL	3.00		16	1,071.				1,071.	1,071.		0.	1,071.
23	TABLES FOR MEETINGS	09/30/11	SL	7.00		16	1,326.				1,326.	1,325.		0.	1,325.
24	DELL COMPUTERS	01/30/12	SL	5.00		16	2,459.				2,459.	2,459.		0.	2,459.
25	MONITOR - K HARGETT	02/29/12	SL	5.00		16	256.				256.	256.		0.	256.
26	IPADS	06/30/12	SL	5.00		16	3,322.				3,322.	3,322.		0.	3,322.
27	ROLLING DOORS FOR CUBICLES	03/11/13	SL	7.00		16	4,527.				4,527.	865.		431.	1,296.
28	DELL 1430X PROJECTOR	05/15/13	SL	5.00		16	699.				699.	699.		0.	699.
29	DELL LATITUDE E5430 COMPUTER	05/21/13	SL	5.00		16	1,125.				1,125.	1,125.		0.	1,125.
30	IPAD	05/31/13	SL	5.00		16	628.				628.	628.		0.	628.
31	IPAD	07/31/13	SL	5.00		16	628.				628.	628.		0.	628.
37	DELL LATITUDE E5470 LAPTOP	09/30/19	SL	5.00		16	316.				316.			47.	47.
	* TOTAL 990-PF PG 1 DEPR						190,113.				190,113.	186,134.		478.	186,612.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						189,797.			0.	189,797.	186,134.			186,565.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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[illegible]

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone