IN THE MATTER OF THE REQUEST FOR AD VALOREM TAX EXEMPTION BY THE MISSISSIPPI HEALTH CARE ASSOCIATION, A NON-PROFIT ASSOCIATION, RECOGNIZED BY BY THE INTERNAL REVENUE SERVICE AS A 501(C)(6) ORGANIZATION



PETITION

- 1. Comes now before the Board of Supervisors of Madison County, Mississippi the Mississippi Health Care Association (MHCA) through counsel to petition for a tax exemption from ad valorem taxes in Madison County, Mississippi, as a non-profit 501(c)(6) organization pursuant to §27-31-1(d), Miss Code Anno. The Association owns property located at 303 Brame Road, Ridgeland, Mississippi 39157, recently purchased for exclusive use as MHCA offices. The property is used exclusively for benevolent purposes. The property will not be used to generate revenue.
- 2. The MHCA is an association of nursing homes and assisted living businesses that are located throughout the State of Mississippi. At least one facility is located in all of the counties of Mississippi except Issaquena County. MHCA has been in existence over 60 years. The mission of the MHCA is to lead the way in long term care through the passion of its members. Its vision is for the long term care profession to be respected, supported and valued. Its values are integrity, to protect, honor and compassion. Through these principles, the MHCA serves its members with training, education and

timely information about regulatory matters. In addition, it continues to provide outreach to elected officials and policymakers on the local, state and national levels. The MHCA has worked hard over the past several years to build and maintain a positive relationship with elected and appointed officials so they will have access to the information necessary to make informed decisions about issues which affect all of our residents.

- 3. The Association is financially supported by the dues of individual nursing homes and assisted living facilities.
- 4. Organizations of virtual identical benevolent functions in Madison County have been granted exemption from ad valorem taxes. For example, Mississippi Hospital Association, exemption code 16; Mississippi Society of CPA's, exemption code 17; and the Mississippi Nurses Association.
- 5. As evidence of its original and continuing status as a 501(c)(6) tax-exempt entity, relevant portions of MHCA's most recent filed Federal tax return is attached as Exhibit 1, and its certificate from the IRS is attached as Exhibit 2.

WHEREFORE, for the foregoing reasons, the MHCA respectfully requests the Board of Supervisors grant it an exemption for ad valorem taxes assessed on its office property situated in Madison County.

Respectfully submitted,

MISSISSIPPI HEALTH CARE ASSOCIATION

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By:_	at the	<u> </u>	4000		

Of Counsel:

John L. Maxey II, MS Bar No. 1946 Elliott V. Haller, MS Bar No. 104284 MAXEY WANN PLLC Post Office Box 3977 Jackson, Mississippi 39207-3977

Attorneys for Mississippi Health Care Association

VERIFICATION

COUNTY OF Madison

I, Vanessa Henderson, as Administrator of the Mississippi Health Care

Association, Petitioner in the above action, after being duly sworn in accordance with
law, make oath that the matters and things alleged in the foregoing petition are true to the
best of my knowledge, information and belief.

Vanessa Henderson, Administrator of the Mississippi Health Care Association

Sworn to and subscribed before me this 24th day of Mark, 2016.

Motary Public

My Commission Expires:



Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2014 Open to Public

Form 990 (2014)

Department of the Treasury Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. Inspection For the 2014 calendar year, or tax year beginning and ending Check if applicable: C Name of organization Mississippi Health Care Association D Employer Identification number 600 Concourse Building Address change Doing business as 64-0478814 Name change Number and street (or P.O. box if mall is not delivered to street address) Room/suite E. Telephone number Initial return 1076 Highland Colony Pkwy, Ste 125 601-956-3472 125 Final return/ terminated City or town, state or province, country, and ZIP or foreign postal code Ridgeland 1,767,397 G Gross receipts \$ Amended return Name and address of principal officer: Application pending H(a) is this a group return for subordinates? Yes X No VANESSA HENDERSON 1076 HIGHLAND COLONY PARKWAY H(b) Are all subordinates included? RIDGELAND #"No," attach a list. (see instructions) 39157 501(c)(3) X 501(c) Tax-exempt status: 4947(a)(1) or www.mshca.com V/ebsite; 🟲 H(c) Group exemption number 🕨 Form of organization: X Corporation Trust Association Year of formation: M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ESTABLISH AND MAINTAIN HIGH STANDARDS OF PROFESSIONAL Governance CARE, OPERATION, AND ADMINISTRATION OF LICENSED LONG-TERM CARE FACILITIES IN MISSISSIPPI. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13 Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0 Current Year 8 Contributions and grants (Part VIII, line 1h) 0 Revenue 9 Program service revenue (Part VIII, line 2g) 1,031,864 1,003,572 10 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) 107,068 118,181 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 681,044 645,644 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,819,976 1,767,397 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 507,852 464,153 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,127,<u>54</u>8 1,033,988 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 1,635,400 1,498,141 184,576 19 Revenue less expenses. Subtract line 18 from line 12 269,256 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 3,223,184 3,503,506 21 Total liabilities (Part X, line 26) 387,534 398,606 22 Net assets or fund balances. Subtract line 21 from line 20 2,835,650 104,900 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here Vanessa Henderson Executive Director Type or print name and title Print/Type preparer's name Check Paid DOUGLAS J. HESTER, CPA 04/23/15 self-employed P00448502 Preparer Williams, Weiss, Hester Firm's name & Co., 64-0317418 Firm's EIN Use Only P.O. Box 16506 Jackson, MS 39236 Firm's address 601-981-7571 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Paperwork Reduction Act Notice, see the separate instructions. **EXHIBIT**

Form 990 (2014) M	ssissippi Health Care Asso	ciation 64-0478814	Page 2
Part III Stat	ement of Program Service Accomplishme	ents	(Te)
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2 Did the organiza	ation undertake any significant program services during	the year which were not listed on the	
prior Form 990		-	Yes X No
	e these new services on Schedule O.	•	<u> </u>
	ition cease conducting, or make significant changes in	how it conducts, any program	

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	panization's program service accomplishments for each on 501(c)(3) and 501(c)(4) organizations are required t		
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	ervices (Describe in Schedule O.)		
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Form 990 (2014) Mississippi Health Care Association 64-0478814 Part V Checklist of Required Schedules

for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X	₽P	artily Checklist of Required Schedules			
complete Schedule A Is the cognization required to complete Schedule S. Schedule of Contributors (see instructions)? 2				Yes	No
2 Is the organization engage in believed in Complete Schedule B, Schedule C Completures (see instructions)? 2 Id the organization engage in biolical campaign analysis on sharinf or in opposition to candidates for public ordinary II "Yes, complete Schedule C, Part II 3 Section 50 (1)(3) organizations. Did the organization engage in biologiva availate, or have a seedin 501(1) 4 election in officed during the text year? If "Yes," complete Schedule C, Part II 5 Is the organization as sociolis 50 (1)(4), 601(5)(6) or 601(6) organization in the text of the seed of t	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
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10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? "Yes," complete Schedule D, Part VI, VIII, IX, or X as applicable. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VIII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 13 Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 14 Did the organization report an amount for investments—program related in Part X, line 18 is 18% or more of lits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 15 Did the organization report an amount for other assets in Part X, line 18 Part X, line 18 is 18% or more of lits total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 16 Did the organization report an amount for other assets in Part X, line 16? If "Yes," complete Schedule D, Part X in Part X, line 16? If "Yes," complete Schedule D, Part X in Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X in Did the organization is separate or consolidated financial statements for the tax year include a foothoote that addresses the organization included in consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X in Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization induced in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization asserted "No to li			ارا	-	v
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Internal Revenue Service

District Director

Department of the `reasury Returns Program homagement Staff - Taxpayer Assistance P.O. Box 1055 - Room 1109 401 Hest Peachtree St., NH Atlanta, GA 30370

Date: March 12, 1992

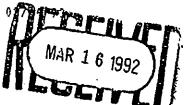
Hississippi Health Care Association Incorporated 114 Harket Ridge Dr Jackson, HS 39213-9394

Refer Reply To: RPH:E0:TPA:1109

Your Inquiry Dated: 0

EIN: 64-0478814

FFN: 580033637



Dear Taxpayer:

We have received your letter requesting confirmation of your exemption from Federal income tax.

You were recognized as an organization except from Federal income tax under section $501(c)(\delta)$ of the Internal Revenue Code by our letter of February, 1972 .

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated; modified or revoked by the Internal Revenue Service. Any change in your character, purposes or method of operation must be reported to us so we can consider the effect of the change on your exempt status. You must also report any change in your name or address.

Thank you for your cooperation.

Sincerely varies

Ologer McMimey

Exempt Organizations Coordinator

EXHIBIT

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