

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## Form 990-PF

Department of the Treasury

## **Return of Private Foundation**

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2008

SEP 30. 2009 OCT 1, 2008 For calendar year 2008, or tax year beginning and ending Initial return Final return Amended return Address change Name change G Check all that apply A Employer identification number Name of foundation Use the IRS label. BILOXI REGIONAL MEDICAL CENTER, 64-0657989 INC. Otherwise. Number and street (or P O box number if mail is not delivered to street address) Room/suite print B Telephone number or type. P.O. BOX 128 228-388-2636 See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. BILOXI, MS 39533-0128 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated X Cash I Fair market value of all assets at end of year | J | Accounting method Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) F If the foundation is in a 60-month termination 15,956,676. (Part I, column (d) must be on cash basis.) **▶**\$ under section 507(b)(1)(B), check here Part 1 Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for chantable purposes (cash basis only) expenses per books income income Contributions, gifts, grants, etc., received Check X if the foundation is not required to attach Sch B 1,773.STATEMENT Interest on savings and temporary cash investments 1,773 1,773. Dividends and interest from securities 5a Gross rents 1 Net rental income or (loss) 62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a SQ 0. Capital gain net income (from Part IV, line 2) FEB 05 0. 8 Net short-term capital gain Œ Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 0. 0.STATEMENT 461,829 11 Other income 463,602. 1,773. 1,773. 12 Total. Add lines 1 through 11 Ö. 0. Ο. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees 700 700. 700. 0. STMT 3 **b** Accounting fees c Other professional fees Operating and Administrative 17 Interest 0. 101 101 101. STMT 4 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 1,773. 1,773 0. 1,773. STMT 5 23 Other expenses 24 Total operating and administrative 2,574. 2,574 2,574 expenses. Add lines 13 through 23 486,300. 486,300. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 2,574 486,300. 2,574 488,874 Add lines 24 and 25 27 Subtract line 26 from line 12 -25,2722 Excess of revenue over expenses and disbursements 0 b Net Investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-) Form **990-PF** (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

l b	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
	el t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	181,948.	156,676.	156,676.
	3	Accounts receivable ►			
		Less allowance for doubtful accounts ▶			
	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 ▶			
(C)	8	Inventories for sale or use			
Assets	٩	Prepaid expenses and deferred charges			
As	10a	Investments - U S and state government obligations			
	i	Investments - corporate stock			
	1	Investments - corporate bonds			
		· · · · · · · · · · · · · · · · · · ·			
	11	Investments - land, buildings, and equipment basis			15,800,000.
	40	Less: accumulated depreciation			13,000,000.
		Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			
		Less accumulated depreciation			
	15	Other assets (describe			
			101 040	156 676	15 056 676
_	16	Total assets (to be completed by all filers)	181,948.	156,676.	15,956,676.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
Š	24	Unrestricted	181,948.	156,676.	
au	25	Temporarily restricted			
Net Assets or Fund Balances	26	Permanently restricted			
ᅙ	-	Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ets	27	Paid-in or capital surplus, or land, bldg, and equipment fund			
SS	28	Retained earnings, accumulated income, endowment, or other funds			
et /	29	· · · · · · · · · · · · · · · · · · ·	181,948.	156,676.	
ž	30	Total net assets or fund balances	101, 540.	130,070.	
		Taket Held Hilling and and accepted and held accept	181,948.	156,676.	
—	31	Total liabilities and net assets/fund balances		130,070.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
_			20		<del></del>
		net assets or fund balances at beginning of year - Part II, column (a), line	JU		181 948
	•	it agree with end-of-year figure reported on prior year's return)		1	181,948. -25,272.
		r amount from Part I, line 27a		2	- <u>23,272.</u> 0.
		r increases not included in line 2 (itemize)	······································	3	156,676.
		lines 1, 2, and 3		4	136,676.
		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	156,676.
					Form <b>990-PF</b> (2008)

(a) List and des	cribe the l	osses for Tax on In and(s) of property sold (e.g. ; or common stock, 200 shs	, real estate,	it income	1 1	How acqui - Purchas - Donation	9 I'	c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )	
<u>1a</u>										
b NO	ONE									
_ C								<del></del>	_	
d				·			-	-	<del></del>	
<u> </u>			4 3 4	<del></del>						
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale								(h) Gain or (loss (e) plus (f) minus (		
<u>a</u>	ļ								-	
<u>b</u>	ļ									
<u>C</u>	<b>_</b>		<del></del>						<del></del>	
<u>d</u>	<del> </del> -			<del></del>						
Complete only for assets show	ing gain in	column (h) and owned by t	he foundation	n on 12/31/60	-		//\	Coine (Cal. (b) gain		
Complete only for assets show	ing gant ii			xcess of col (I)				Gains (Col. (h) gain k), but not less thai		
(i) F.M V as of 12/31/69		(j) Adjusted basis as of 12/31/69		r col (j), if any				Losses (from col (		
<u>a</u>	<del>                                     </del>						-	· <del></del>		
b										
C										
d										
e										
2 Capital gain net income or (net o	capital loss	(if gain, also enter) (if (loss), enter -0-	ın Part I, line ın Part I, line	7 27	}	2				
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8		fined in sections 1222(5) and			}					
if (loss), enter -0- in Part I, line i					ال	3				
(For optional use by domestic priva		Section 4940(e) for					nt inco	me	N/A	
If section 4940(d)(2) applies, leave Was the foundation liable for the se If "Yes," the foundation does not qu  Enter the appropriate amount in	this part b ction 4942 alify under	lank. 2 tax on the distributable am : section 4940(e) Do not co	ount of any y	ear in the base pe art	rıod?			_	Yes No	
(a) Base period years Calendar year (or tax year beginn	nina in)	(b) Adjusted qualifying dist	ributions	Net value of no	(c) onchai	ritable-use	Distribution ratio (col (b) divided by col (c))			
2007					-		-	<u>```````</u>		
2006										
2005										
2004										
2003				<u> </u>				ļ,. <u>-</u>		
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-year ba	ise period - divide the total o	n line 2 by 5,	or by the number	r of ye	ars				
the foundation has been in exist	ence if les	s than 5 years						3	<del></del>	
4 Enter the net value of noncharita	ible-use as	ssets for 2008 from Part X, I	ine 5					4	<del></del>	
5 Multiply line 4 by line 3								5		
6 Enter 1% of net investment inco	me (1% o	f Part I, line 27b)						6	· · · · · · · · · · · · · · · · · · ·	
7 Add lines 5 and 6								7		
8 Enter qualifying distributions fro	m Part XII	, line 4						8		
If line 8 is equal to or greater tha See the Part VI instructions.	n line 7, c	heck the box in Part VI, line	1b, and comp	plete that part usin	ig a 19	% tax rate		***		

	1990-PF (2008) BILOXI REGIONAL MEDICAL CENTER, INC.		1005/			Page 4
—-	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948	<u>- see i</u>	nstru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1					
	Date of ruling letter (attach copy of ruling letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 📖 and enter 1%	1	ļ			0.
	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-)	2				<u>0.</u>
3	Add lines 1 and 2	3	<u> </u>			0.
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				0.
6	Credits/Payments		l			
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a 6a		Į.			
	Exempt foreign organizations - tax withheld at source		ĺ			
	Tax paid with application for extension of time to file (Form 8868)  6c		Į.			
	Backup withholding erroneously withheld 6d	}				
	Total credits and payments Add lines 6a through 6d	7	[			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	g				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶ Refunded ▶	11				
	rt VII-A Statements Regarding Activities		<u></u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın			Yes	No
	any political campaign?	•••		1a		Х
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b		X
J	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or		- 12		
	distributed by the foundation in connection with the activities.					
	Did the foundation file Form 1120-POL for this year?			10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
u	(1) On the foundation $\blacktriangleright$ \$ 0 . (2) On foundation managers $\blacktriangleright$ \$ 0 .					
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•				
е	<b>A</b>					
	Thomas of the second of the se			2		Х
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.	١,				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	,,		3		х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N	/A	4b		
	if "Yes," has it filed a tax return on Form 990-T for this year?	TA	4 4 2	5		X
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	aw			Х	•
	remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7		<del> </del>
	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)					1
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	endar				1
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	Х	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		Х

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

Form **990-PF** (2008)

X

Form 990-PF (2008) BILOXI REGIONAL MEDICAL				<u>64-06579</u>	989	Page 6
Part VII-B   Statements Regarding Activities for Which I	orm 4720 N	May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to						
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?		Y6	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, dire	ectly or indire	ectly,			
any voter registration drive?	•	·		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		ction				
509(a)(1), (2), or (3), or section 4940(d)(2)?			Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational pi	urposes, or 1	for		1	
the prevention of cruelty to children or animals?	γ.			es X No	1	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions	s described i	·—			
section 53.4945 or in a current notice regarding disaster assistance (see instru			· ·	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check h						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		use it mainta	ined			
expenditure responsibility for the grant?			_ ,	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494	5-5(d).		,			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to		1			- 1	
a personal benefit contract?	, pay pronince on		Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit c	ontract?			6b	X
If you answered "Yes" to 6b, also file Form 8870.	orsonar bonone o	Ontraot.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction	12		es X No		
b If yes, did the foundation receive any proceeds or have any net income attribute				N/A	7b	·····
1.6 About Officers Discotors Tours	ees Found:	ation Ma	nagers, Highly			
Part VIII Paid Employees, and Contractors	ccs, i canac		inagoro, mgm,	,		
1 List all officers, directors, trustees, foundation managers and their	compensation	) <b>.</b>				
	(b) Title, and	average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(	e) Expense
(a) Name and address	hours per wee to posit	k devoted lion	(If not paid, enter -0-)	and deferred compensation	ac	count, other illowances
SEE STATEMENT 6			0.	l 0.		0.
					1	
					1	
					1	
					1	
	1				1	
	1					
	1					
	1					
2 Compensation of five highest-paid employees (other than those inc	luded on line	1). If none,	enter "NONE."			
	(b) Title, and	l average	·	(d) Contributions to employee benefit plans	(	e) Expense count, other
(a) Name and address of each employee paid more than \$50,000	hours per devoted to r	week position	(c) Compensation	and deferred compensation	ac	allowances
NONE						
	1				1	
					1	
	1					
				-	1	
	1					
					$\dagger$	
	1					
Total number of other employees paid over \$50,000				_ ▶		0

Form 990-PF (2008) BILOXI REGIONAL MEDICAL CENTER, INC.		0657989	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation No. 10 Paid Employees, and Contractors (continued)	flanagers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NON	E."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Com	pensation
NONE			
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b>	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 info	mation such as the	Expenses	•
number of organizations and other beneficiaries served, conferences convened, research papers produced, et N/A	<u> </u>		<del></del>
1 N/A			
2			
3			
3			
4			
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 at	nd 2	Amount	
1 N/A			
		<del></del>	
2			
All other program-related investments See instructions			
3			

Form **990-PF** (2008)

Total. Add lines 1 through 3

Form 990-PF (2008) BILOXI REGIONAL MEDICAL CENTER, INC. Page 8 Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 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 203,557. b Average of monthly cash balances 1b 15,800,000. c Fair market value of all other assets 10 16,003,557 1d d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1e 2 2 Acquisition indebtedness applicable to line 1 assets 16,003,557. 3 Subtract line 2 from line 1d 3 240,053. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 15,763,504. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. 788,175 Minimum investment return. Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(1)(3) and (1)(5) private operating foundations and certain Part XI foreign organizations check here \( \nabla \) and do not complete this part ) 1 Minimum investment return from Part X, line 6 Tax on investment income for 2008 from Part VI, line 5 2a Income tax for 2008 (This does not include the tax from Part VI) 2b 2c c Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1 3 3 4 Recoveries of amounts treated as qualifying distributions 5 Add lines 3 and 4 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes 1 486,300. a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 12 b Program-related investments - total from Part IX-B 1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes 2 Amounts set aside for specific charitable projects that satisfy the. 3 3a a Suitability test (prior IRS approval required) 3b **b** Cash distribution test (attach the required schedule) 486,300. 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment 5 income Enter 1% of Part I, line 27b

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

Form **990-PF** (2008)

6

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years

Page 9

Part XIII Undistributed Income (see instructions)

1 Distributable amount for 2008 from Part XI, line 7  2 Undistributed income, if any, as of the end of 2007 a Enter amount for 2007 only b Total for prior years	
2 Undistributed income, if any, as of the end of 2007 a Enter amount for 2007 only b Total for prior years  0 •  3 Excess distributions carryover, if any, to 2008 a From 2003 b From 2004 c From 2005 d From 2006 e From 2007	0.
a Enter amount for 2007 only b Total for prior years  O •  3 Excess distributions carryover, if any, to 2008 a From 2003 b From 2004 c From 2005 d From 2006 e From 2007	
b Total for prior years  0 .  3 Excess distributions carryover, if any, to 2008  a From 2003  b From 2004  c From 2005  d From 2006  e From 2007	
3 Excess distributions carryover, if any, to 2008 a From 2003 b From 2004 c From 2005 d From 2006 e From 2007	
3 Excess distributions carryover, if any, to 2008 a From 2003 b From 2004 c From 2005 d From 2006 e From 2007	
a From 2003 b From 2004 c From 2005 d From 2006 e From 2007	
b From 2004 . c From 2005 d From 2006 e From 2007	
c From 2005 d From 2006 e From 2007	
d From 2006 e From 2007	
e From 2007	
1 Total of lines of through 6	
4 Qualifying distributions for 2008 from	*********
Part XII, line 4 D \$ N/A	
a Applied to 2007, but not more than line 2a	
b Applied to undistributed income of prior	
years (Election required - see instructions)	
c Treated as distributions out of corpus	<del>~~~~~~</del>
(Election required - see instructions)  d Applied to 2008 distributable amount	0.
e Remaining amount distributed out of corpus  0 .	
	0.
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	
6 Enter the net total of each column as Indicated below:	
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	
b Prior years' undistributed income. Subtract	
line 4b from line 2b	
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  O •	
d Subtract line 6c from line 6b Taxable	
amount - see instructions 0 •	
e Undistributed income for 2007 Subtract line	
4a from line 2a. Taxable amount - see instr.	
f Undistributed income for 2008. Subtract	
lines 4d and 5 from line 1. This amount must	
be distributed in 2009	0.
7 Amounts treated as distributions out of	
corpus to satisfy requirements imposed by	
section 170(b)(1)(F) or 4942(g)(3)	
8 Excess distributions carryover from 2003	
not applied on line 5 or line 7	
9 Excess distributions carryover to 2009.	
Subtract lines 7 and 8 from line 6a 0 •	
10 Analysis of line 9	
a Excess from 2004	
b Excess from 2005	
c Excess from 2006	
d Excess from 2007	
e Excess from 2008	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	if recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
MISSISSIPPI CENTER FOR AUTISM, 16049 ORANGE GROVE ROAD, GULFPORT, MS 39503	e NONE		MEDICAL	50,000.
MISSISSIPPI GULF COAST COMMUNITY COLLEGE, 2226 SWITZER ROAD, GULFPORT, MS			NURSING SCHOLARSHIPS	
39	NONE			74,300.
ST. VINCENT DE PAUL PHARMACY, P.O. BOX 1228, BILOXI, MS 39533	NONE		CHARITABLE PHARMACY	200,000.
UNIVERSITY OF SOUTHERN MISSISSIPPI FOUNDATION, 118 COLLEGE DRIVE,			NURSING SCHOLARSHIPS	
HATTIESBUR	NONE			79,500.
WILLIAM CARREY UNIVERSITY, 498 TUSCAN DRIVE, HATTIESBURS, MS 39401	NONE		SCHOOL OF NURSING SUPPORT	76,500.
BILOXI LIONS CLUB, P. O. BOX 196, BILOXI, MS 39533	NONE		NURSING SCHOLARSHIPS	6,000.
Total			<b>▶</b> 3a	486,300.
b Approved for future payment				
NONE				
Total			<b>▶</b> 3b	0.

**Analysis of Income-Producing Activities** 

Part XVI-A

64-0657989 Page 12

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
Enter gross amounts amoss otherwise molecules	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a					
b					
C					<u>.</u>
d					
0					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	ļ				
3 Interest on savings and temporary cash			٠,,	1 772	
investments			14	1,773.	
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 .			-		461 000
7 Other investment income					461,829.
8 Gain or (loss) from sales of assets other					
than inventory	<u> </u>				
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					<del></del> .
C					
d	<del></del>				• • • • • • • • • • • • • • • • • • • •
e		0.	<u> </u>	1 772	461 020
12 Subtotal Add columns (b), (d), and (e)	<u> </u>	<u> </u>	<u> </u>	1,773.	461,829. 463,602.
13 Total. Add line 12, columns (b), (d), and (e)				13	403,002.
(See worksheet in line 13 instructions to verify calculations )					<del> </del>
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incom	ne is reported	ın column (e) of Part XVI-A	contri	buted importantly to the accord	nplishment of
▼ the foundation's exempt purposes (other than b	y providing fu	inds for such purposes).			
5B BILOXI REGIONAL MEDICAL	CENTE	R, INC. (BRM	C,	INC.) WAS ORG	ANIZED IN
1981 TO OVERSEE THE OPE	RATION	S OF A CHARI	TAE	LE HOSPITAL I	N BILOXI, MS
WHICH IT DID UNTIL 1990	. AT T	HAT TIME IT	ENT	ERED INTO A L	ONG-TERM
LEASE WITH BILOXI H.M.A	., INC	. A FOR PROF	TI	MS CORPORATIO	N. BILOXI
H.M.A., INC. HAS OPERAT	ED THE	HOSPITAL UN	DER	THE NAME BIL	OXI REGIONAL
MEDICAL CENTER. THE FIR	ST REN	T PAYMENT TO	BI	LOXI REGIONAL	MEDICAL
CENTER, INC. WAS RECEIV	ED FEB	RUARY 11, 20	03.	THE UNPAID B	OARD OF
DIRECTORS OF BRMC, INC.	IS DI	STRIBUTING S	UBS	TANTIALLY ALL	OF THE NET
INCOME TO NON-PROFIT TA		PT ORGANIZAT	ION	S. THESE DIST	RIBUTIONS
STARTED IN JULY OF 2004	•				·····
				· · · · · · · · · · · · · · · · · · ·	

Page 13

	art X	Information Re Exempt Organ		and Transactions ar	nd Relationships With Nonc	haritable		190 IJ
1	Did th		rectly engage in any of the followi	ng with any other organization	n described in section 501(c) of		Yes	No
			)(3) organizations) or in section 5					
а			ation to a noncharitable exempt o					
	(1)					1a(1)		X
	(2)	Other assets				1a(2)		Х
b	Other	transactions						
	(1) 8	Sales of assets to a noncharita	ble exempt organization			1b(1)		X
	(2) F	Purchases of assets from a no	ncharitable exempt organization			1b(2)		X
	(3) F	Rental of facilities, equipment,	or other assets			1b(3)		<u>X</u>
	(4) F	Reimbursement arrangements				1b(4)		X
	(5) L	oans or loan guarantees				1b(5)		X
	(6) F	Performance of services or me	mbership or fundraising solicitati	ons		1b(6)		X
C	Shari	ng of facilities, equipment, ma	ılıng lısts, other assets, or paid er	mployees		10	ļ	Х
d					ays show the fair market value of the goo		sets,	
					e in any transaction or sharing arrangeme	ent, show in		
	colun	nn (d) the value of the goods,	other assets, or services received					
(a)	Line no	(b) Amount involved	(c) Name of noncharitab	le exempt organization	(d) Description of transfers, transactions,	, and sharing at	rangem	ents
			N/A					
						<del></del>		
_								
_				<del></del>				
			<u> </u>	<del>,</del>	<u> </u>			
	ın sec	ction 501(c) of the Code (othe	tly affiliated with, or related to, on r than section 501(c)(3)) or in sei		ations described	Yes	X	□ No
t	ı if "Ye	s," complete the following sch		(h) Type of agreement of	(a) Description of relati	honehin	<del></del>	<del></del>
		(a) Name of org	janization	(b) Type of organization	(c) Description of relat	понятьр		
		N/A		·				
		<del> </del>						
_		<u></u>						
$\neg$	Linder	penalties of periury. I declare that I i	nave examined this return, including acc	companying schedules and stateme	ents, and to the best of my knowledge and belief	f, it is true, com	ect,	
•	and cor	mplete Declaration of preparer (other	er than taxpayer or fiduciary) is based o	n all information of which preparer in	has any knowledge  CHAIRMAN			
ē	S	ignature of officer or trustee	······································	Date	Title Check if P	reparer's identi	fvina a	mher
Sign Here	Paid Preparer's Use Only	Preparer's STEPH	EN P. THEOBAL	D, CPA 12	ate Check If Self- 2/14/09 employed ►		iyilig ildi	
	Paid epare se On	Firm's name (or yours PILT	Z, WILLIAMS, L	AROSA & CO.	EIN ►			
	Pre Us	if self-employed), P O	BOX 231					
		address, and ZIP code BILC	XI, MS 39533		Phone no (2)	<u>28)374</u>		
						Form <b>990</b>	)-PF	(2008)

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
THE PEOPLES BANK			-	1,773.
TOTAL TO FORM 990-PF, PART I,	LINE 3, C	COLUMN A	=	1,773.
FORM 990-PF	OTHER	INCOME		STATEMENT 2
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
HOSPITAL BILOXI MS RENTAL INC RESULTING FROM ORIG CHARITABL PURPOSE		461,829.	0.	. 461,829.
TOTAL TO FORM 990-PF, PART I,	LINE 11 =	461,829.	0.	461,829.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	700	700	. 700	0.
TO FORM 990-PF, PG 1, LN 16B	700	700	. 700	0.
FORM 990-PF	T.F	AXES		STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS			
INTERNAL REVENUE SERVICE	101	101	. 103	1. 0.
TO FORM 990-PF, PG 1, LN 18	101	101	. 10:	1. 0.

FORM 9'90-PF	OTHER E	XPENSES	<u> </u>		STA	PEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C ADJU: NET II	STED (	(D) CHARITA PURPOS	
SURVEY EXPENSE	1,773.	1,	773.		1,773.		0.
TO FORM 990-PF, PG 1, LN 23	1,773.	1,	773.		1,773.		0.
	- LIST OF OF S AND FOUNDA			rors	STA'	rement.	6
NAME AND ADDRESS		LE AND HRS/WK		MPEN- TION	EMPLOYE BEN PLAI CONTRI	N EXPEN	
ROBERT B. BRISCOE 2560 MERCEDES DRIVE BILOXI, MS 39531	CHAIR 0	MAN .00		0.	0	•	0.
ANDY CARPENTER 1319 BAYOU DR. OCEAN SPRINGS, MS 39564		CHAIRMAN .00		0.	0	•	0.
ALFRED MCNAIR, MD 3890 BIENVILLE BLVD. OCEAN SPRINGS, MS 39564	DIREC 0	TOR 0.00		0.	0	•	0.
ERROLL BRADLEY 183 REYNOIR STREET BILOXI, MS 39530	DIREC 0	TOR		0.	0	•	0 .
ANN LAROSA 2542 SOUTH SHORE DRIVE BILOXI, MS 39532	DIREC 0	TOR 0.00		0.	0	•	0 .
LARRY DRAWDY 3485 BRANDON JAMES DRIVE BILOXI, MS 39532	DIREC 0	CTOR 0.00		0.	0	•	0
DR. ARGILE SMITH POPPS FERRY ROAD BILOXI, MS 39532	DIREC 0	TOR 0.00		0.	0	•	0.

BILOXI REGIONAL MEDICAL CENTI	ER, INC.		64-0	657989
JEFFREY O'KEEFE 675 HOWARD AVENUE BILOXI, MS 39530	DIRECTOR 0.00	0.	0.	0.
JOHN MCKEE, MD 3890 BIENVILLE BLVD. OCEAN SPRINGS, MS 39564	DIRECTOR 0.00	0.	0.	0.
EDWARD SHUMSKI, MD P.O. BOX 128 BILOXI, MS 39533	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.