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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

Interr	al Rev	renue Service	<b>Note</b> . The fou		be able to use a copy of this	return to satisfy state repo	rting requirements	
For	calen	dar year 2009,	or tax year beginning	OCT	1, 2009	, and ending	SEP 30, 2010	
G	heck	all that apply	Initial return Amended re	•	Initial return of a fo	ormer public charity	Final return	
	the l	ins	oundation			<u> </u>	A Employer identification	
Oth	erwis	,	I REGIONAL			NC.	64-0657989	
	print	1	street (or P O box number	r if mail is not de	elivered to street address)	Room/suite	B Telephone number	
	r type	μ	BOX 128				228-388-26	36
	Spec ructio	COL OILY OF LOV	vn, state, and ZIP code				C If exemption application is p	ending, check here
11121	iuciii	"" <sup>®</sup> BILOX		<u>33-012</u>			D 1. Foreign organizations	s, check here
H (	heck	type of organiz	ation X Section	501(c)(3) ex	empt private foundation		<ol><li>Foreign organizations me check here and attach co</li></ol>	eting the 85% test, purpose the months of the set of th
	Se	ction 4947(a)(1	) nonexempt charitable		Other taxable private found	ation	E If private foundation sta	tue was tarminated
l Fa		•	assets at end of year	J Accounti	ng method X Cash	Accrual	under section 507(b)(1)	(A), check here
(fi	om F	Part II, col. (c),	line 16)	Ot	her (specify)		F If the foundation is in a	
	\$	í	5,800,140.	(Part I, colu	mn (d) must be on cash	basis.)	under section 507(b)(1)	
Pa	irt l	The total of am	evenue and Expenses ounts in columns (b), (c), and at the amounts in column (a)	d (d) may not ))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)
	1	Contributions,	gifts, grants, etc., recei	ved			,	
			if the foundation is not required to					
	3	Interest on saving	gs and temporary		428.	428.	428.	STATEMENT 1
	4		interest from securities					
	5a	Gross rents						
		Net rental income	e or (loss)					
	١ ـ		from sale of assets not on I	ine 10	/ 1 1/ 1.4111	<del></del>	**************************************	h
Revenue	b	Gross sales price	e for all				<del></del>	······································
Ver	7	assets on line 6a	ncome (from Part IV, line 2)		1	0.	<del></del>	
æ	8	Net short-term					0.	
	_			\		·		, , , , , , , , , , , , , , , , , ,
	10a	Gross sales less	cations (1)	),				
¢>c			- 16	<u>}</u>		11 ,1-1- 15 15 15 15 15 15 15 15 15 15 15 15 15	\$ ************************************	
013	b	i\ @	Alose) & 2010 16	98/1			f	
~	C 44	Gross profit of		100 mg	564,075.	0.	0	STATEMENT 2
2	11	Total Add has	es-1-through 11 NT	ال	564,503.	428.	428.	DIELLINIE E
<u></u>	12_	TOTAL AGO IIII	officers, directors, trustees		0.	0.	0.	0.
JAN	13			s, etc		•	0.	0.
•	14		e salaries and wages					
8	40-	•	, employee benefits					
∯Š.	108	Legal fees	. cm	мт 3	500.	500.	500.	0.
<b>Y</b>	0	Accounting fee		.11 )	300.	500.	300.	
Operating and Administrative Expense	C	Other professi	unar rees					
ē <b>≨</b>	17	Interest						, ,
stra	18	Taxes	nd danistics		-			
Ξ̈́	19	Depreciation a	na depletion					
Ę	20	Occupancy						
Þ	21		ences, and meetings		<del></del>			
an	22	Printing and p		MT 4	39.	39.	39.	
ing	23	Other expense	=	MII 4	39.	39.	39.	0.
řa	24		g and administrative		E 2.0	E 20	E 20	^
ŏ		•	d lines 13 through 23		539.	539.	539.	720 500
_	25		gifts, grants paid		720,500.			720,500.
	26		es and disbursements.		721 020	E 20	E 20	720 500
		Add lines 24 a			721,039.	539.	539.	720,500.
	1	Subtract line 2			150 530			
	1		e over expenses and disbui		-156,536.			
	1		nt income (if negative, ente			0.		
0225		Adjusted net i	ncome (if negative, enter -	0-)	<u> </u>		0.	

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6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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Page 3

	cribe the kind(s) of property sold (e arehouse, or common stock, 200 s			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a						
b NO	NE			<del>_</del>		
<u>C</u>					<b></b>	ļ
<u>d</u>		<u></u>				
е		1			<u> </u>	<del> </del>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o plus expens			(h) Gain or (los: (e) plus (f) minus	
<u>a</u>		<del>- </del> -	<del></del>			
<u>b</u>				-		
<u>C</u>		<u> </u>				
<u>d</u>						
0			104/00			
Complete only for assets snowl	ng gain in column (h) and owned b	1		⊣ ,	(I) Gains (Col (h) gair ol (k), but not less tha	1 MINUS
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess (			Losses (from col	(h)) 
<u>a</u>					****	
<u>b</u>						···
<u>C</u>		ļ				
<u>d</u>						
<u>e</u>						
If gain, also enter in Part I, line 8 If (loss), enter -0- in Part I, line 8	ss) as defined in sections 1222(5) , column (c)			}   2		
Part V Qualification U	Inder Section 4940(e) fo	or Reduced Tax	on Net I	nvestment Ir	ncome	N/A
f section 4940(d)(2) applies, leave the foundation liable for the section of the	ction 4942 tax on the distributable a	complete this part				Yes I
<del> </del>	each column for each year, see ins	tructions before making	ig any entries			(4)
(a) Base period years Calendar year (or tax year beginn	ing in) Adjusted qualifying d	listributions Net	value of none	(c) charitable-use asse	ts Distri (col (b) di	(d) bution ratio vided by col (c))
2008						
2007						
2006						
2005						
2004					<del></del>	-
Takal of line 4 malures (4)						
2 Total of line 1, column (d)	E year base marked officed about a	al on line O bu 5 and	tha a	fueere	2	
3 Average distribution ratio for the		ii on line 2 by 5, or by	uie number o	ı years		
the foundation has been in existe	ence it less than 5 years				3	<del>.</del> .
Enter the net value of noncharita	ble-use assets for 2009 from Part )	(, line 5			4	
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)				6	
7 Add lines 5 and 6					7	<u></u>
8 Enter qualifying distributions from	m Part XII, line 4				8	<u></u>
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, check the box in Part VI, lii	ne 1b, and complete th	at part using	a 1% tax rate		

	m 990-PF (2009) BILOXI REGIONAL MEDICAL CENTER, INC.			0657			Page 4
Pá	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b	o), 4940(e), or 4	948 -	see ir	ıstrı	ıctio	ns)
1a	a 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 inst	ructions)					
t	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🛄 and ente	er 1%	1				0.
	of Part I, line 27b						
C	c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12	2, col (b) 丿					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2				0.
3	Add lines 1 and 2		3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
5	·		5				0.
	Credits/Payments						
	a 2009 estimated tax payments and 2008 overpayment credited to 2009	<del>, .</del>					
	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						_
	Total credits and payments Add lines 6a through 6d		7				0.
		_	8			_	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>.</b>	9			_	0.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>▶</b>	10				
	Enter the amount of line 10 to be Credited to 2010 estimated tax	Refunded ►	11	····			
	art VII-A Statements Regarding Activities	<del></del>		г		V	Na
12	a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it pa	articipate or intervene	IN	-		Yes	No X
	any political campaign?	fo dofinition=\0			<u>1a</u>		X
ľ	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructi	· ·			<u>1b</u>	-	. ^.
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any	matenais publisne	a or				
_	distributed by the foundation in connection with the activities.				4.		Х
	c Did the foundation file Form 1120-POL for this year?				10		^
·	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		•				
١	managers > \$ 0.	on roundation					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			ĺ	2		Х
_	If "Yes," attach a detailed description of the activities.			Ī			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article	les of incorporation, o	or				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,		İ	3		Х
48	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?			Ī	4a		Х
	b If "Yes," has it filed a tax return on Form 990-T for this year?		N,	/A [	4b		
5				Ī	5		Х
	If "Yes," attach the statement required by General Instruction T.			ſ			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or			l			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	conflict with the state	law .	ŀ			
	remain in the governing instrument?				6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?			1	7	X	<u> </u>
	If "Yes," complete Part II, col. (c), and Part XV.			l			
88	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u>-</u>					
	MS						
t	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				8b	X	
9	(//-/		ndar	ŀ			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part X	KIV		-	g	Х	ļ
40	Did any paragraph become substantial contributors during the toy year?				40		Y

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 2009?

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Part VII-B   Statements Regarding Activities for Which F	orm 4720 May I	Be 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	- "		s X No	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or		(V)	
any voter registration drive?	_		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y(	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		[ <b>V</b> ]	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes		( <del>V</del> )	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	ibed in Regulations	NT / N	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A	ib
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 fr	rom the tax because it m	/-		
expenditure responsibility for the grant?	F 54.0	N/A LY	es Li No	
If "Yes," attach the statement required by Regulations section 53.4945	• •			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		[ <b>v</b> ]	
a personal benefit contract?		<del></del> ··	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract	,		ib X
If "Yes" to 6b, file Form 8870.	h - 14 4		. <b>.</b>	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		16	N/A	<del>,    </del>
b If yes, did the foundation receive any proceeds or have any net income attribute Information About Officers, Directors, Trusto		Monogoro Highl		7b
Part VIII Paid Employees, and Contractors	ees, Foundation	Managers, nigiti	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
4200	(b) Title, and average hours per week devo	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	to position	ted (If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
			1	
SEE STATEMENT 5		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If n	one enter "NONE "		<del></del>
2 - Componsation of the manear-hand employees former than those me	(b) Title, and average	<del></del>	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred	account, other allowances
NONE	devoted to position	<u>'                                    </u>	compensation	allowalices
HOHE				
	*1.4			
Total number of other employees paid over \$50,000			<b>•</b>	0

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	dation Managers	s, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	ter "NONE."		···
(a) Name and address of each person paid more than \$50,000	<del></del>	ype of service	(c) Compensation
NONE			
Total number of others receiving over \$50,000 for professional services			<b>▶</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 starnumber of organizations and other beneficiaries served, conferences convened, research papers pi		as the	Expenses
1 N/A	Toducca, etc		<del></del> ·
2			
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 and 2		Amount
1 N/A			
2			
*** *** *** *** *** *** *** *** *** **			

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All other program-related investments. See instructions

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	173,891.
	Fair market value of all other assets	10	15,800,000.
d	Total (add lines 1a, b, and c)	1d	15,973,891.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	15,973,891.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	239,608.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	15,734,283.
6	Minimum Investment return. Enter 5% of line 5	6	786,714.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part )	nd certai	n
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI )		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
_	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
1	- 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	1a	720,500.
a	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
2	Amounts set aside for specific charitable projects that satisfy the		
_	Suitability test (prior IRS approval required)	3a	
	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	720,500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		<u> </u>
J	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	720,500.
U	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	-	
	4940(e) reduction of tax in those years		

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# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009			- 111 111 11 11 11 11 11 11 11 11 11 11	· · · Aller ne-cuelmon · · · · · · · · · · · · · · · · · · ·
<b>a</b> From 2004				
b From 2005				
<b>c</b> From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ► \$ N/A				
a Applied to 2008, 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 2009 distributable amount	· · · · · · · · · · · · · · · · · · ·	hormon white our contract		0.
e Remaining amount distributed out of corpus	0.	***************************************		
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.1			
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 2008 Subtract line				······
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract		***************************************		
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of		total and the second se		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004		······································		······································
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010.		······		
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				
בטטב וווטוו ככסטאב פ				5 OOO DE (0000)

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

### NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

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

- a The name, address, and telephone number of the person to whom applications should be addressed
- b The form in which applications should be submitted and information and materials they should include
- c Any submission deadlines
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

t bit XV   Oupplementary information				T
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment	<del>,</del>	<u> </u>
Recipient  Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid during the year	or substantial contributor	recipient		
SEE STATEMENT 6				
Total			<b>▶</b> 3a	720,500.
b Approved for future payment				
NONE				
Total	<del></del>		► 3h	0 -

### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		led by section 512, 513, or 514	(8)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
	- 0000			·· <del>-</del> ·	
a b	-			<del>-</del> +	· · · · ·
-					
d					
e					<del></del>
f			<del>    </del>		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	428.	
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		·			564,075
8 Gain or (loss) from sales of assets other			1 1		·
than inventory					
9 Net income or (loss) from special events		*			
O Gross profit or (loss) from sales of inventory					
1 Other revenue					
a					
b	1 1				
c	1				
d					
e					
12 Subtotal Add columns (b), (d), and (e)		C	).	428.	564,075
13 Total. Add line 12, columns (b), (d), and (e)		<del></del>		13	564,503

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

Line No.	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of
	the foundation's exempt purposes (other than by providing funds for such purposes)
5B	BILOXI REGIONAL MEDICAL CENTER, INC. (BRMC, INC.) WAS ORGANIZED IN
	1981 TO OVERSEE THE OPERATIONS OF A CHARITABLE HOSPITAL IN BILOXI, MS
	WHICH IT DID UNTIL 1990. AT THAT TIME IT ENTERED INTO A LONG-TERM
	LEASE WITH BILOXI H.M.A., INC. A FOR PROFIT MS CORPORATION. BILOXI
	H.M.A., INC. HAS OPERATED THE HOSPITAL UNDER THE NAME BILOXI REGIONAL
	MEDICAL CENTER. THE FIRST RENT PAYMENT TO BILOXI REGIONAL MEDICAL
	CENTER, INC. WAS RECEIVED FEBRUARY 11, 2003. THE UNPAID BOARD OF
	DIRECTORS OF BRMC, INC. IS DISTRIBUTING SUBSTANTIALLY ALL OF THE NET
	INCOME TO NON-PROFIT TAX EXEMPT ORGANIZATIONS. THESE DISTRIBUTIONS
	STARTED IN JULY OF 2004.

P	art X	Information Re Exempt Organ		's To a	and Transactions a	and Re	elationships With Nonch	aritable	9	<u>.go .o</u>
_	Did th	e organization directly or indi		followin	a with any other property	on docor	had in costion E01/a) of		Yes	No
1		•					• •		162	140
_		ode (other than section 501(c) fers from the reporting found:			* '	iizatiuiis i				
d		•	ation to a nonchantable ex	rempt oif	janization of			10/1)	•	х
	(1) (							12(1)	<del> </del>	X
	• •	ther assets						1a(2)		
L		transactions ales of assets to a noncharita	hla avamet organization					15/1)	1	Х
			. •	ization				1b(1)		X
		urchases of assets from a no		ization				1b(2)		X
		ental of facilities, equipment, eimbursement arrangements						1b(3) 1b(4)		X
	٠,	•						1b(5)		X
		oans or loan guarantees erformance of services or me	mharchin ar fundraicina c	olicitatio	ne			1b(6)		X
		eriormance of services of me ng of facilities, equipment, ma	· · · · · · · · · · · · · · · · · · ·					10(0)		X
		•		-	•	wave cho	w the fair market value of the goods		L	
u		•		-		-	transaction or sharing arrangement,		octo,	
		on (d) the value of the goods,			ou 1633 than han market valt	10 III ally	transaction of snaring arrangement,	3110W 111		
(a)	Line no	(b) Amount involved			exempt organization	(4	Description of transfers, transactions, and	d ehanna ar	vangeme	nte
(4)		(B) / modific my of you	` '	N/A	- Granipt organization	<del></del>	y Description of Managers, Managers, and	a sharing a	rangeme	
			<del>.</del>	11/ 21						
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						<del></del>				
22	le tha	foundation directly or indirec	thy affiliated with or related	d to one	or more tay-eyempt organi	l anniteri	lescribed	••		
20		tion 501(c) of the Code (othe	<del>-</del>		· -	2410113		Yes	ΓX	No
h		s," complete the following sch		J. III 3000	1011 027		·	163	L	_ IVU
	11 10	(a) Name of org			(b) Type of organization	1	(c) Description of relation	ship		
		N/A						•		
_										
_				:						
_										
_										
							to the best of my knowledge and belief, it is	s true, corre	ct,	
	and cor	nplete Declaration of preparer (other	er than taxpayer or fiduciary) is	based on	all information of which preparer	r has any k	nowledge			
		lud des	enie		12-22-10	N C	HAIRMAN			
9	T si	gnature of officer or trustee			Date		tle			
ž۱		Preparer's				Date		rer's identif	ying num	nber
Sign Here	-,s'=	signature STEPH	EN P. THEO	BALD	, CPA 1	2/08	3/10 self- employed ► □			
٠,	Paid sparer's se Only		Z, WILLIAMS				EIN ▶			
	Paid Preparer' Use Only		BOX 231	•						
			XI, MS 3953	3			Phone no (228	374	<u>-41</u>	41

FORM 990-PF INTEREST ON SAVI	NGS AND TE	MPORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE				AMOUNT
THE PEOPLES BANK			_	428.
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	OLUMN A	=	428.
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 CHARITABI PURPOSE		564,075.	0.	564,075.
TOTAL TO FORM 990-PF, PART I,	LINE 11	564,075.	0.	564,075.
FORM 990-PF	ACCOUNT	ING FEES		STATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING FEES	500	. 500	. 500	. 0.
TO FORM 990-PF, PG 1, LN 16B	500	500	500	0.
FORM 990-PF	OTHER :	EXPENSES		STATEMENT 4
	(A)	(B)	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	EXPENSES PER BOOKS		NET INCOME	
DESCRIPTION  BANK SERVICES CHARGES		MENT INCOME		PURPOSES

	II - LIST OF OFFICERS, DIRECTORS TEES AND FOUNDATION MANAGERS		STATEMENT 5	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
ROBERT B. BRISCOE 2560 MERCEDES DRIVE BILOXI, MS 39531	CHAIRMAN 0.00	0.	0.	0.
ANDY CARPENTER 1319 BAYOU DR. OCEAN SPRINGS, MS 39564	VICE CHAIRMAN 0.00	0.	0.	0.
ALFRED MCNAIR, MD 3890 BIENVILLE BLVD. OCEAN SPRINGS, MS 39564	DIRECTOR 0.00	0.	0.	0.
ERROLL BRADLEY 183 REYNOIR STREET BILOXI, MS 39530	DIRECTOR 0.00	0.	0.	0.
ANN LAROSA 2542 SOUTH SHORE DRIVE BILOXI, MS 39532	DIRECTOR 0.00	0.	0.	0.
LARRY DRAWDY 3485 BRANDON JAMES DRIVE BILOXI, MS 39532	DIRECTOR 0.00	0.	0.	0.
DR. ARGILE SMITH POPPS FERRY ROAD BILOXI, MS 39532	DIRECTOR 0.00	0.	0.	0.
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, PA	AGE 6, PART VIII	0.	0.	0.

FORM 990-PF GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR		STATEMENT 6	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS AMOUNT	
MISSISSIPPI CENTER FOR AUTISM 16049 ORANGE GROVE ROAD GULFPORT, MS 39503	NONE MEDICAL	105,000.	
MISSISSIPPI GULF COAST COMMUNITY COLLEGE 2226 SWITZER ROAD GULFPORT, MS 39507	NONE NURSING SCHOLARSHIPS	34,750.	
ST. VINCENT DE PAUL PHARMACY P.O. BOX 1228 BILOXI, MS 39533	NONE CHARITABLE PHARMACY	400,000.	
UNIVERSITY OF SOUTHERN MISSISSIPPI FOUNDATION 118 COLLEGE DRIVE HATTIESBURG, MS 39406	NONE NURSING SCHOLARSHIPS	29,800.	
WILLIAM CARREY UNIVERSITY 498 TUSCAN DRIVE HATTIESBURG, MS 39401	NONE SCHOOL OF NURSING SUPPORT	68,800.	
BETHESDA FREE CLINIC 1650 CARROL DRIVE BILOXI, MS 39531	NONE MEDICAL	30,000.	
BACK BAY MISSION 1012 DIVISION ST BILOXI, MS 39530	NONE MEDICAL	35,000.	
D'IBERVILLE FREE CLINIC 3400 BIG RIDGE RD D'IBERVILLE, MS 39540	NONE MEDICAL	15,000.	

BILOXI REGIONAL MEDICAL CENTER,	INC.	64-0657989
BILOXI HIGH SCHOOL WHEELCHAIR & HELMETS 1845 RICHARD DRIVE BILOXI, MS 39532	NONE EDUCATION	2,150.
TOTAL TO FORM 990-PF, PART XV, LIN	NE 3A	720,500.