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=orm **990**

internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the	2010 calendar year, or tax year beginning OCT 1, 2010 and	ending S	EP 30, 2011			
В	Check if	C Name of organization		D Employer identific	eation number		
i	applicable	MEMORIAL HOSPITAL AT GULFPORT FOUNDAT:	ION				
	Address change						
F	Name	Doing Business As		20-4	535203		
F	Initial		Room/suite	····			
⊨	ireturn Termin-	,	NUUIII/Suite	E Telephone number			
늗	lated Amende	P O BOX 940)865-3051		
느	return	City or town, state or country, and ZIP + 4		G Gross receipts \$	3,036,551.		
L	Applica- tion pending	GULFFORT, MS 39302		H(a) Is this a group re			
	pending	F Name and address of principal officer: CHEVIS SWETMAN		for affiliates?	Yes X No		
	_	PO BOX 529, BILOXI, MS 39533		H(b) Are all affiliates inc	luded? Yes No		
1	Tax-exer	npt status. X 501(c)(3)	or 527	If "No," attach a	list (see instructions)		
		: ► N/A		H(c) Group exemption	,		
		rganization: X Corporation Trust Association Other ▶	I Year		State of legal domicile: MS		
		Summary	1 2 , 0 4.	<u> </u>	Otato of Toyal Commond. 220		
		riefly describe the organization's mission or most significant activities: THE	FOUNDA	TION IS ORG	ANTZED AND		
Activities & Governance			ENTIFI				
뎔	_	heck this box I if the organization discontinued its operations or dispos		,			
ě			sea or more	1 1	11		
Ĝ		umber of voting members of the governing body (Part VI, line 1a)		. 3			
9	1	umber of independent voting members of the governing body (Part VI, line 1b)		4	11		
ë		otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0		
Ξ̈́	6 T	otal number of volunteers (estimate if necessary)		6	25		
ğ	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
_	b N	et unrelated business taxable income from Form 990- ↓ line 34		7b	0.		
				Prior Year	Current Year		
Revenue	8 0	ontributions and grapts (Part VIII) line th)		1,124,936.	1,216,377.		
	1	(2)		0.	0.		
ě	10 Ir	ivestment income (Part VIII, column (A) lines 3, 4, and va)		41,733.	<35,889.>		
Œ	11 0	other revenue (Part VIII, pourmn (A) lines 5, 6d, 8e, 9c, 10c, and 11e)		0.	0.		
	12 T	otal revenue - add lines a through 11 (must equal Part VIII, column (A), line 12)		1,166,669.	1,180,488.		
		irants and similar amounts paid (Part X column (A), lines 1-3)		542,702.	908,171.		
		enefits paid to or for memoers Part IX, column (A), line 4)	<u> </u>	0.	0.		
	1	alanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		Ö.	0.		
Expenses	15 8		·	0.	0.		
ē	16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	<u> </u>	<u> </u>		
X	h p	otal fundraising expenses (Part IX, column (D), line 25)	94.	1.00 .001	100 (10		
_	17	other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u> </u>	160,691.	102,618.		
	J	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	703,393.	1,010,789.		
		evenue less expenses. Subtract line 18 from line 12		463,276.	169,699.		
Net Assets or	{		Ве	ginning of Current Year	End of Year		
Set	20 T	otal assets (Part X, line 16)		2,970,622.	3,148,115.		
AS A	21 T	otal liabilities (Part X, line 26)		13,381.	45,190.		
캺	22 N	let assets or fund balances. Subtract line 21 from line 20		2,957,241.	3,102,925.		
P	art II	Signature Block					
Und	der penal	ies of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is		
true	e, correct	and complete. Declaration of preparer (other than afficer) is based on all information of wh	hich preparei	has any knowledge.			
		Charl Stal	· · · · · · · · · · · · · · · · · · ·				
Sign Signature of officer Date							
	Here CHEVIS SWETMAN, CHAIRMAN						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date Check PTIN						
Pai	Paid DONALD W. MCDONALD, CPA DONALD W. MCDONALD, 12/27/11 self-employed						
	Preparer Firm's name WM. F. HORNE & CO., PLLC Firm's EIN						
		Firm's address P.O. BOX 768		0			
J01	00444 0040						
N.A.				Phone no. (
ivia	y the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1990 (2010) GULFPORT FOUNDATION, INC. 20-453520	13 Page 2
Pai	rt III Statement of Program Service Accomplishments	F===
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: THE FOUNDATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR CHARITAE	T.E
	SCIENTIFIC AND EDUCATIONAL PURPOSES INCLUDING, BUT NOT LIMITED TO	
	PROMOTION OF HEALTH WITHING THE	, ine
	SERVICE AREA OF THE MEMORIAL HOSPITAL AT GULPORT AND FOR THE BENE	गान
2	Did the organization undertake any significant program services during the year which were not listed on	12 2 2
_		Yes X No
	If "Yes," describe these new services on Schedule O.	
3		Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$910 , 397 . including grants of \$897 , 311 .) (Revenue \$)
	CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PURPOSES INCLUDING, BUT N	
	LIMITED TO, THE PROMOTION OF HEALTH WITHIN THE SERVICE AREA OF THE	
	MEMORIAL HOSPITAL AT GULFPORT AND FOR THE BENEFIT OF MEMORIAL HOS	PITAL
	AT GULFPORT.	
		
415	(Onder A) (Foressee the A) (Paragraph of the A)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	/
		<u> </u>
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		
		····
		
		
	Other program continue (Decembe in Schodule O.)	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	010 207	
<u>-75</u>		m 990 (2010)

20-4535203 Page 3

Form 990 (2010) GULFPORT FOUNDATION, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٦,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			- T
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		-	
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	<u>X</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	<u> </u>
b	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	اسمما		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		_
f	the organization's separate or consolidated infancial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
199	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-1.11		
124	Schedule D, Parts XI, XII, and XIII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	ļ	X
17	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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.0		v
46	1c and 8a? If "Yes," complete Schedule G, Part II	18	 -	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		~
20-	complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a	 -	X
20a b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	∠Ud	 -	
U	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990	2010)

Form 990 (2010) GULFPORT FOUNDATION Part IV Checklist of Required Schedules (continued)

LFPORT	FOUNDATION,	INC.	

21 but the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 17 if Yes, complete Schedule I, Parts and III 22 but the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if Yes, complete Schedule I, Parts I and III 23 but the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensation of the organization's current and former officers, grants and the sat day of the year, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule K, If Yes," go to line 25 24 but the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? 25 but the organization maintain an escrow account other than a refunding escrow at any time during the year? 26 but the organization axis at as an 'on behalf of' issuer for bonds outstanding at any time during the year? 27 but the organization axis at a single of the organization engage in an excess benefit transaction with a dequalified person uning the year? 28 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a dequalified person uning the year? 28 In the organization axis to engage and any time during the year? 29 In the organization axis to engage and any time during the year? 29 In the organization axis to engage and any time during the year? 29 In the organization axis to engage and any time during the year? 29 In the organization axis to engage and any time axis to engage in an excess benefit transaction with a dequalified person uning the year? 29 In the organization repo				Yes	No
22 Dut the organization report more than \$5.000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 if "Yes," complete Schedule I, Part I and III 2 Dut the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, complete Schedule Schedule II, op to line 25 organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after Deember 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 10 bit the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 10 bit the organization maintain an escrow account other than a refunding escrow at any time during the year? 128 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II is the organization and that the transaction has not been reported on any of the organization sy proof proof the schedule L, Part II is the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person during the year? 129 Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV is a formed to the organization of the party of the party is a business transaction with one of the following parties (see Schedule L, Part IV is a formed to former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is a former officer, director, trustee, or key employee? If "Yes," co	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
column (A), line 27 II "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part IVI) Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule II" have 15 the organization inwest any proceeds of tax exempt bonds beyond a temporary period exception? 1 Did the organization inwest any proceeds of tax exempt bonds beyond a temporary period exception? 2 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 2 Did the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization and act as an "on behalf of" issuer for bonds outstanding at any time during the year? 2 Did the organization aware that engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule II. Part II 2 Did the organization aware that engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule I, Part III 2 Did the organization or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule I, Part III 2 Did the organization organization season as a season section of the following parties (see Schedule I, Part III) 3 A Comment of former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part III 4 A Annity member of a current or former officer, director, trustee, or key employee? If II Yes," complet			21	X	
23 Dut the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the tast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Do the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization and so to lick) and 501c(k) and 501c(k) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Se", complete Schedule L, Part I I I I I I I I I I I I I I I I I I I	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, "No", go to fine 25 b Did the organization minetal an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax exempt bonds? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage is an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I I Is the organization and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization spore Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I I Did the organization as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II I Did the organization as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV I I I Did the organization party to a business transaction with one of the following parties (see Schedule L, Part IV I I I I I I I I I I I I I I I I I I			22	X	<u> </u>
Schedule J 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No.", go to line 25	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 b) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c) Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 28a Section 501(QIS) and 501(QIV) organizations. Did the organization engage is an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is the organization aware that it engaged in an excess benefit transaction with a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I is the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instruction or ordinary ordinary and the acurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions? If "Yes," complete Schedule R, Part I instructions? If "Yes," complete Schedule R, Part I instruction or engage in any transaction with a contro		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No", go to line 25 b Did the organization meintain an escrive account other than a refunding escrive at any time during the year to defease any tax-evempt bonds? d) Did the organization maintain an escrive account other than a refunding escrive at any time during the year to defease any tax-evempt bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization provide a grant or there assistance to an officer, director, trustee, bey employee on genopleyse, bighly compensated employee, or disqualified person in a prior year, and that the transaction has not on the organization and the part of the organization with an exceptions of the organization in a part of the organization with one of the following parties (see Schedule L, Part IV institutions of a phenoperation of the organization receive more than \$25,000 in non-		•	23		X
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 246 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 247 258 258 258 250 250 250 250 250		**	24a		X
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18 Enter the number reported in Box 3 of Form 1096, Enter- 0-1 not applicable □ Enter the number of Forms W20 ancladed in the 1st. Enter- 0-1 not applicable □ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? □ Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1s and 2s is greater than 250, you may be required foreral employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-life, (see instructions) □ If at least one is reported on line 2s, did the organization file all required foreral employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-life, (see instructions) □ If the sum of lines 1s and 2s is greater than 250, you may be required to e-life, (see instructions) □ If wes, 1 has filled a Form 990°T for this year? If No. *provide an explanation in Schedule O □ If wes, 1 has filled a Form 990°T for this year? If No. *provide an explanation in Schedule O □ If wes, 1 has filled a Form 990°T for this year? If No. *provide an explanation in Schedule O □ If wes, 1 has the organization and provide that such a country. □ □ If wes, 2 has the organization and provide that such a country. □ □ If wes, 2 has the organization of the foreign country. □ □ If wes, 1 has the organization and requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. □ If wes, 1 has the organization and requirements for Form TD F 90 22.1, Report of Foreign Bank and Financial Accounts. □ If wes, 2 has the organization and party for a prohibitod tax therefore that such contributions or greater than 100,000, and did the organization solution and party of the organization solution and party of the propartition or greater than 100,000, and did the organization soluti				Yes	No
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b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		Note. See the instructions for additional information the organization must report on Schedule O.		ŀ	
c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which the			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		organization is licensed to issue qualified health plans	ļ '		
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	c		 	<u> </u>	
				<u> </u>	X
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		000	<u></u>

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GULFPORT FOUNDATION, INC.

20-4535203

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1.	_		
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 1.	Ľ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3_		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	and the second s		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with those of the organization?	10b	- 	
_	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40.	х	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	•	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use	12b	X	
_	to conflicts?	120	21	
С	in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			\vdash
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
9	The organization's CEO, Executive Director, or top management official	15a	}	x
h	Other officers or key employees of the organization	15b	, , , , , , , , , , , , , , , , , , ,	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	1		 -
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	1	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MS			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person of the pe	ation: 🕨	-	
	DAVID ESTORGE - 228-865-3062			
	4500 THIRTEENTH ST. GULFPORT MS 39502			

Form 990 (2010) GULFPORT FOUNDATION, INC. 20-4535203 Pa

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

'Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organia (A)	(B)			(0	()			(D)	(E)	(F)
Name and Title	Average	ļ		Pos				Reportable	Reportable	Estimated
	hours per	(cl	neck	all t	hat	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CHEVIS SWETMAN				<u> </u>			<u> </u>			
CHAIRMAN		X		X			_	0.	0.	0.
DREW ALLEN										
VICE-CHAIRMAN		X		X				0.	0.	0,
NANCY BILLUPS								·		
DIRECTOR		X				<u> </u>		0.	0.	0.
FRED WAGNER		ĺ				ļ			·	·
DIRECTOR		X	<u> </u>		<u> </u>	_	_	0.	0.	0.
CINDY BERGIN										
DIRECTOR		X	<u> </u>	L	<u> </u>	ļ.,	<u>L</u> ,	0.	0.	0.
ERNEST L. BURDETTE				i				_		_
SECRETARY/TREASURER		X	_	X	ļ	<u> </u>	ļ	0.	0.	0.
JENNY NICAUD		1			İ					
DIRECTOR		X	ļ,	<u> </u>	<u> </u>	ļ	┞	0.	0.	0,
RODGER WILDER										
DIRECTOR		X	ļ	ļ	ļ	-	ļ	0.	0.	0,
PAUL BERTUCCI										_
DIRECTOR		X	-	-	-	-	-	0.	0.	0.
PATRICK PIERCE, MD			ĺ				1	0.	0.	_
DIRECTOR		X	-	-		-	╫	 	0.	0.
THAD CARTER, MD		X	l				l	0.	0.	0
DIRECTOR									<u>.</u>	0.
			<u>.</u>							
								. ———		
				-			 - 			
			Ц	Ц			<u> </u>	<u></u>	<u> </u>	Form 990 (2010)

Par	VII Section A. Officers, Directors, Tru	ustees, Key Er	nple	yee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)		·		
	(A)	(B)				C)			(D)	(E)	,	•	(F)	
	Name and title	Average			Pos				Reportable	Reportable	}	Es	tımate	d
		hours per	(c	heck	all	that	app	ly)	compensation	compensatio	- 1		ount o	of
		week (describe	į			j]		from	from related	- 1		other	4
		hours for	Individual trustee or director				, E		the organization	organizations (W-2/1099-MIS			pensatom the	
		related	ee or	stee			nsate		(W-2/1099-MISC)	(44-2/1099-14113	,c,		anızatı	
		organizations	Figs	Institutional trustee		e de	Highest compensated employee		(** 2) 1033 111100)		i	_	d relate	
		in Schedule	yig ma	itutio	ᇙ	Key employee	lest c	퍝					nızatı	
		O)	홀	Inst	Officer	\$	물통	ş			- }	_		
		1										•		
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		 		\vdash			T			· · · · · · · · · · · · · · · · · · ·				-
1b	Sub-total		' —-				•		0.		0.			0.
	Total from continuation sheets to Part V	 II. Section A					•		0.		Ō.			0.
	Total (add lines 1b and 1c)	, 0001.0			••				0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wt	no re	eceived more than \$100	.000 in reportable	 B			
-	compensation from the organization						-,		•	,				0
													Yes	No
3	Did the organization list any former officer	. director or tru	stee	. ke	v en	olar	vee.	or h	nighest compensated er	nplovee on				
_	line 1a? If "Yes," complete Schedule J for			,	,		, ,	_	5	, ,		3	İ	Х
4	For any individual listed on line 1a, is the si			amo	ensa	atior	n and	d ot	her compensation from	the organization				
•	and related organizations greater than \$15									.		4_	1	Х
5	Did any person listed on line 1a receive or									dual for services				
	rendered to the organization? If "Yes," con					-						5	ĺ	X
Sec	tion B. Independent Contractors								,					
1	Complete this table for your five highest co	mpensated in	den	ende	ent o	ont	racto	ors t	that received more than	\$100,000 of com	pens	ation f	rom_	
•	the organization. NONE		-,-	• •				- •			,	•	-	
	(A)								(B)			(C	;}	
	Name and business	address						ļ	Description of s	ervices	С	ompe		n
														_
								l		İ				
			_		_									
				-			_							
								\neg			-		,	
						, ,								
	<u> </u>							_						
2	Total number of independent contractors (including but r	ot i	mite	d to	tho	se li	stec	d above) who received n	nore than			-	
	\$100,000 in compensation from the organ						0							
												Form	990 (2	2010)

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Part VIII Statement of Revenue

			(A)	(B)	(C)	(D) Revenue
		•	Total revenue	Related or exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
इइ	1 :	a Federated campaigns 1a				
Contributions, gifts, grants and other similar amounts	1	b Membership dues 1b				
s, g		c Fundraising events 1c				
a git	(d Related organizations				
S, E		e Government grants (contributions)				
tion is	1	f All other contributions, gifts, grants, and				
혈		similar amounts not included above 1f 1216377	<u>.</u>			
불	,	Noncash contributions included in lines 1a-1f \$				
<u>3 g</u>		h Total. Add lines 1a-1f	1216377.			
		Business Coo	ie			
9	2 :	a				
<u>ه چ</u>	١	b				
종	(c				
e a	(d				
Program Service Revenue	(e				<u></u>
₫	1	f All other program service revenue				
		g Total. Add lines 2a-2f	•			
	3	Investment income (including dividends, interest, and				
- 1		other similar amounts)	50,017.	50,017.		<u> </u>
	4	Income from investment of tax-exempt bond proceeds	·			
	5	Royalties .	•			ļ
		(i) Real (ii) Personal	<u></u>	}		
	6	a Gross Rents				
		b Less: rental expenses				
		c Rental income or (loss)	_			
ĺ		d Net rental income or (loss)	·			
- 1	7	a Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 1,770,157,	_			
- 1	!	b Less: cost or other basis				
		and sales expenses 1 856 063,				
- }		c Gain or (loss) <85906.▶	-05 006	-05 006		1
		d Net gain or (loss)	<85,906.	> <85,906.	<u> </u>	
e	8	a Gross income from fundraising events (not	İ			
ا <u>و</u>		including \$ of	}			
Other Revenu		contributions reported on line 1c). See				
je		Part IV, line 18	-			
8		b Less: direct expenses b	 	}		
j		c Net income or (loss) from fundraising events		· · · · · · · · · · · · · · · · · · ·		
	9	a Gross income from gaming activities. See Part IV, line 19				
]		b Less: direct expenses b	7	ļ		j
		c Net income or (loss) from gaming activities				
j		a Gross sales of inventory, less returns				
	10]		ļ
		b Less: cost of goods sold b	_	!		
		c Net income or (loss) from sales of inventory	-			
1		Miscellaneous Revenue Business Co	de			
	11		<u> </u>	·		
		b				
		c		<u> </u>		1
-		d All other revenue		1		
		e Total. Add lines 11a-11d			7	
	40	Total rayanua Sae instructions	1100400	-35 88Q	0	T

Form 990 (2010) GULFPORT FOUNDATION, INC.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

7b, 8b 1 G 01 2 G th 3 G	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII. rants and other assistance to governments and rganizations in the U.S. See Part IV, line 21 arants and other assistance to individuals in	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
01 2 G th 3 G	rganizations in the U.S. See Part IV, line 21	007 211			
2 G th 3 G	· -	007 211	i		•
th 3 G	irants and other assistance to individuals in	897,311.	897,311.		
3 G	1				
	ne U.S. See Part IV, line 22	10,860.	10,860.		
	Frants and other assistance to governments,		[
0	rganizations, and individuals outside the U.S.				
s	ee Part IV, lines 15 and 16				
4 B	enefits paid to or for members				
5 C	compensation of current officers, directors,				
tr	ustees, and key employees				
6 C	ompensation not included above, to disqualified				
p	ersons (as defined under section 4958(f)(1)) and		Ţ		
p	ersons described in section 4958(c)(3)(B)				
7 C	Other salanes and wages .				
8 P	ension plan contributions (include section 401(k)				
aı	nd section 403(b) employer contributions)				
9 C	other employee benefits				
10 P	ayroll taxes .				
11 F	ees for services (non-employees):				
a M	fanagement				
b L	egal				
c A	ccounting .	14,943.		14,943.	
	obbying				
e P	rofessional fundraising services. See Part IV, line 17				·-
f Ir	nvestment management fees				
g C	Other	12,622.			12,622.
12 A	dvertising and promotion				
13 C	Office expenses				
14 Ir	nformation technology				
15 F	Royalties				
16 C	Decupancy				
17 T	ravel .	1,375.	275.	825.	275.
18 P	Payments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
19 C	Conferences, conventions, and meetings	371.		371.	
	nterest				
	Payments to affiliates .				
	Depreciation, depletion, and amortization .	2 200		2 200	
	nsurance	3,308.	-	3,308.	
a 2	Other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	mount, list line 24f expenses on Schedule 0.) BANK CHARGES	39,072.		39,072.	·- <u>-</u>
_	EVENTS	14,797.		39,014.	14,797.
_	PROMOTION & SOLICITATIO	3,040.			3,040.
_		1,969.	·		1,969.
_	EXTERNAL COMMUNICATION PROFESSIONAL DUES	1,614.		1,614.	1,303.
_		9,507.	1,951.	3,967.	3,589.
	All other expenses	1,010,789.	910,397.	64,100.	36,292.
	otal functional expenses. Add lines 1 through 24f	1,010,703.	310,337.	04,100.	30,434.
	18-2 (ASC 958-720). Complete this line only if the				
0	organization reported in column (B) joint costs from a combined educational campaign and fundraising colicitation				

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Par	τX	Balance Sheet			4333203 ugo
			(A) Beginning of year	·	(B) End of year
	1	Cash · non-interest-bearing	693,181.	1	241,707.
	2	Savings and temporary cash investments	233,283.	2	233,283.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	34,225.	4	261,887.
	5	Receivables from current and former officers, directors, trustees, key			•
		employees, and highest compensated employees. Complete Part II			
		of Schedule L	· · · · · · · · · · · · · · · · · · ·	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		.	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instructions)	. ,	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventones for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 245,907.			
	b	Less: accumulated depreciation 10b 13,907.	232,000.	10c	232,000.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	1,777,933.	13	2,179,238.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,970,622.	16	3,148,115.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	• • •
	20	Tax-exempt bond liabilities	 	20	
ës	21	Escrow or custodial account liability Complete Part IV of Schedule D	.	21	, , , , , , , , , , , , , , , , , , ,
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Ľ.		highest compensated employees, and disqualified persons. Complete Part II		_	
_		of Schedule L	·	22	,
	23	Secured mortgages and notes payable to unrelated third parties	 	23	<u> </u>
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D	13,381.	25	45,190.
	26	Total liabilities. Add lines 17 through 25	13,381.		45,190.
	20	Organizations that follow SFAS 117, check here X and complete	13,301.	20	40,100.
(0		lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	627,935.	27	539,132.
alar	28	Temporarily restricted net assets	1,463,048.		1,197,535.
Ä	29	Permanently restricted net assets	866,258.		1,366,258.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and			
٦. ٣		complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	,
χA	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	2,957,241.	33	3,102,925.
	34	Total liabilities and net assets/fund balances	2,970,622.		3,148,115.
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MEMORIAL HOSPITAL AT GULFPORT FOUNDATION Form 990 (2010) 20-4535203 GULFPORT FOUNDATION, INC. Page **12** Part XI Reconciliation of Net Assets X Check if Schedule O contains a response to any question in this Part XI 1,180,488. Total revenue (must equal Part VIII, column (A), line 12) 010,789. Total expenses (must equal Part IX, column (A), line 25) 2 Revenue less expenses. Subtract line 2 from line 1 ... 169,699. 3 3 2,957,241. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 <24,015.> Other changes in net assets or fund balances (explain in Schedule O) 5 5 <u>3,102,925.</u> 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting \mathbf{x} Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990. Cash X Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? X 2a X b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? X 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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За

X

X Separate basis

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

MEMORIAL HOSPITAL AT GULFPORT FOUNDATION

2010

Open to Public

Employer identification number

GULFPORT FOUNDATION, 20-4535203 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III · Other c Type III · Functionally integrated a X Type I b Type II By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No X the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s). (iii) Type of (vi) Is the organization in col. (iv) is the organization (v) Did you notify the (i) Name of supported (vii) Amount of (ii) EIN organization in col. (i) listed in your organization in col. support organization (i) organized in the (described on lines 1-9 laovernina document? (i) of your support? above or IRC section. (see instructions)) Yes Yes Yes No MEMORIAL HOSPITAL AT 64-60102323 X X X 753,058. 753,058.

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)		· / · / · / ·	, ,, ,, ,, ,
· fails to qualify under the tests listed below, please complete Part III.)	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the	organization failed to qualify und	er Part III. If the organization
	fails to qualify under the tests listed below, please complete Part III.)		

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				l	ľ	
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			<u> </u>			
•	furnished by a governmental unit to						
	the organization without charge					1	
4	Total, Add lines 1 through 3			· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
5	The portion of total contributions	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included			•	j		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4				 	 	
	ction B. Total Support		<u></u>		1	<u>, </u>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	,					······································
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruct	ions)		· · · · · · · · · · · · · · · · · · ·	12	,
13	First five years. If the Form 990 is for	the organization'	s first, second, the	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	-
	organization, check this box and stop	here					<u> </u>
Se	ction C. Computation of Publ	ic Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
14	Public support percentage for 2010 (I	ine 6, column (f) c	livided by line 11,	column (f))	÷	14	<u>%</u>
	Public support percentage from 2009					15	
16	a 33 1/3% support test - 2010. If the o	rganization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies		_		•		. ▶∟
ì	33 1/3% support test - 2009.If the o	rganization did no	ot check a box on	line 13 or 16a, and	I line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	• •					▶∟
17 a	a 10% -facts-and-circumstances test						
	and if the organization meets the "fac			· · · · · · · · · · · · · · · · · · ·		art IV how the organ	nization
	meets the "facts-and-circumstances"	•	•		=		▶∟↓
ı	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				•		
	organization meets the "facts-and-circ						▶⊨
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17		· · · · · · · · · · · · · · · · · · ·	
					C-L	edule A (Form 990	~~ DOM E71 0040

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to 'qualify under the tests listed below, please complete Part II.)

Section A. Public Support	iow, picase com	piete i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not			ĺ			
include any "unusual grants.")						
2 Gross receipts from admissions,						, , , , , , , , , , , , , , , , , , , ,
merchandise sold or services per-]			
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose		1	ľ			
3 Gross receipts from activities that						
are not an unrelated trade or bus-			j			
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to			ł .		1	
or expended on its behalf						
5 The value of services or facilities		†			· · · · · · · · · · · · · · · · · · ·	
furnished by a governmental unit to						
the organization without charge					1	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and		<u> </u>				
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received		 			 	······································
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			ļ			
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)			 			 _
Section B. Total Support		 		<u> </u>		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on					,	
securities loans, rents, royalties and income from similar sources		ļ	Í	ĺ	1	}
b Unrelated business taxable income						
(less section 511 taxes) from businesses		ļ)		1	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business	~	1				w
activities not included in line 10b,					1	
whether or not the business is regularly carned on]]	1	
12 Other income. Do not include gain				1		,
or loss from the sale of capital				_		
assets (Explain in Part IV) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second. thu	rd, fourth, or fifth ta	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here	ga			•		▶□
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2010 (lii	ne 8, column (f)	divided by line 13,	column (f))		15	%
16 Public support percentage from 2009		-		<u></u>	16	%
Section D. Computation of Inves						
17 Investment income percentage for 20			-		17	%
18 Investment income percentage from 2			.,,		18	%
19a 33 1/3% support tests - 2010. If the			on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box an						. ▶□
b 33 1/3% support tests - 2009. If the	•					and
line 18 is not more than 33 1/3%, chec	•					
20 Private foundation If the organization						

SCHEDULE D

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MEMORIAL HOSPITAL AT GULFPORT FOUNDATION GULFPORT FOUNDATION, INC.

Employer identification number 20-4535203

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	16	
2	Aggregate contributions to (during year)	699,404.	
3	Aggregate grants from (dunng year)	217,988.	
4	Aggregate value at end of year	1,512,397.	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds
	are the organization's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
	ımpermissible private benefit?		X Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Pa	rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an histo	prically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of	a conservation easement on the last
	day of the tax year.		r
			Held at the End of the Tax Year
а	Total number of conservation easements		. 2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structur	1 i
	listed in the National Register		_2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the d	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		Yes No
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 170(ii	Yes No
_	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservate	on agreements in its revenue and expense s	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion 3 interioral statements that describes t	to organization o accounting to:
Pa	rt III Organizations Maintaining Collections of	f Art. Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" to Form		
	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		•
b			and balance sheet works of art, historical
_	treasures, or other similar assets held for public exhibition, e		
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS		
а	Davis and included in Forms 000. Dord VIII. Imp. 1		> \$
Ĺ	Assets included in Form 990. Part Y		> \$

Sche		T FOUNDATI		Treasures (or Othe		-453520	
3	Using the organization's acquisition, accessi							
3	(check all that apply):	on, and other record	is, check any or ti	ie ioliowing tria	al are a s	agrinicant use	OI IIS COIIECIIC	ni items
_	Public exhibition	_	Loanore	xchange progr	ame			
a	Scholarly research	d		criange progr	ams			
þ	Preservation for future generations	е	Culer		· · · · · ·			
C A		allockione and sunlaw	- ha tha ftha	the ergonizet			n Dort VIV	
-	Provide a description of the organization's co	•	=	_			III Parl XIV.	
5	During the year, did the organization solicit of				ier simila	rassets		
	to be sold to raise funds rather than to be me t IV Escrow and Custodial Arran				"V" 4-		Yes Yes	No No
r di	reported an amount on Form 990, Pa		ete ir the organiza	uon answered	Tes to	Form 990, Pa	irt 1V, III1 0 9, O	ſ
								
18	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribut	ons or other as	ssets not	included		
	on Form 990, Part X?			•			└── Yes	L No
þ	If "Yes," explain the arrangement in Part XIV	and complete the to	ollowing table:					
						<u> </u>	Amour	<u>it</u>
	Beginning balance	•		•		1c		
q	Additions during the year	•				1d		
е	Distributions during the year					1e		
f	Ending balance		0.10					
	Did the organization include an amount on F		217		•		Yes	L No
Par	t V Endowment Funds. Complete		averad "Vaa" ta	000 Bost	N/ line 1			
Fai	L V Elidowillett Fullus. Complete						hook (-) Fou	r veere book
_	.	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years	Dack (e) Fou	r years back
1a	Beginning of year balance	1,030,982,	912,05	·	1,851.			
b	Contributions	335,276.			3,600			
C	Net investment earnings, gains, and losses		116,13	0. 4	6,601.			
d	Grants or scholarships							
е	Other expenditures for facilities				İ		ļ	
	and programs							
f	Administrative expenses			-				
g	End of year balance	1,366,258,	1,030,98	2. 91	2,052.			
2	Provide the estimated percentage of the year	ir end balance held a						
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
C		%						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are nei	and administi	erea tor t	ne organizatio	on	Dr. Lau
	by.						[2.63	Yes No
	(i) unrelated organizations					•	3a(i)	X
	(ii) related organizations		0 50			•	3a(ii)	X
_	If "Yes" to 3a(ii), are the related organization						3b	<u> </u>
4	Describe in Part XIV the intended uses of the					-		
Fai	t VI Land, Buildings, and Equipn						1	
	Description of investment	(a) Cost or o		st or other		ccumulated	(q) Boo	ok value
		basis (investr		is (other)	ue	preciation		2 000
_	Land	232,	000.	 -	 		4.3	2,000.
b	Buildings				 			
C	Leasehold improvements	ļ		12 007	 	12 007	+	
d	Equipment	· 		13,907.	 	13,907	* 	0.
	Other .	15222.5		10/011	<u> </u>		1 23	2 000
Total	I. Add lines 1a through 1e. (Column (d) must e	equal ⊦orm 990, Part	x, column (B), lin	9 /U(C).)			43	2,000.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. S	ee Form 990 Part Y line 12		20-4535203 Page
(a) Description of security or category	T	(c) Met	thod of valuation:
· (including name of security)	(b) Book value		d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests	ļ		
(3) Other	<u> </u>		
(A)	 		
(B)	 	 	
<u>(C)</u>			
(D)			
(E)	 		
<u>(F)</u>	 	-,	
(G)			
(H)	 	- 	·
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	 		
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
			thod of valuation:
(a) Description of investment type	(b) Book value		d-of-year market value
(1) PUBLICLY TRADED			
(2) SECURITIES	2,179,238.	END-OF-YEAR	MARKET VALUE
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>	·	
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	2,179,238.	· · · · · · · · · · · · · · · · · · ·	***************************************
Part IX Other Assets. See Form 990, Part X, In			(h) Dealership
) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)	 		
(6)	· · · · · · · · · · · · · · · · · · ·		
(7)			
(8)			
(10)	- · · · · · · · · · · · · · · · · · · ·	······································	
Total. (Column (b) must equal Form 990, Part X, col (B) lir	16 15)		N
Part X Other Liabilities. See Form 990, Part X	(. line 25	- ,	
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) DUE TO MEMORIAL HOSPITAL	AT		
(3) GULFPOR		45,190.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) III FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740)	ne 25.)	45,190.	hility for importain to positions
2. FIN 48 (ASC 740) Poolitiote in Part Aiv, provide the text of the foothote	to the organization s unancial stateme	me mar reporte me organización s lia	somy for uncertain tax positions under

MEMORIAL HOSPITAL AT GULFPORT FOUNDATION Schedule D (Form 990) 2010 GULFPORT FOUNDATION, INC. 20-4535203 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1,180,488. Total revenue (Form 990, Part VIII, column (A), line 12) 1 1,010,789. Total expenses (Form 990, Part IX, column (A), line 25) 2 2 169,699. 3 Excess or (deficit) for the year. Subtract line 2 from line 1 3 <24,015.> Net unrealized gains (losses) on investments 4 Donated services and use of facilities 5 Investment expenses 6 7 Pnor period adjustments 8 Other (Describe in Part XIV) 8 <24,015.> Total adjustments (net). Add lines 4 through 8 9 145,684 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 156,473. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: <24,015. Net unrealized gains on investments 2a 2b Donated services and use of facilities c Recoveries of prior year grants 2c d Other (Describe in Part XIV.) 2d <24,015.> 2e Add lines 2a through 2d 1,180,488. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4h b Other (Describe in Part XIV.) c Add lines 4a and 4b 40 ,180, 5 Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 010,789. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b Prior year adjustments Other losses 2c Other (Describe in Part XIV.) e Add lines 2a through 2d 2e 1,010 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.) 4b Add lines 4a and 4b 4c 010 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule I (Form 990) (2010) **2** Employer identification number 20-4535203 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant EDUCATIONAL PURPOSES or assistance X Yes OR CHARITABLE SCIENTIFIC AND Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed amore than \$5,000. Part II can be duplicated if additional space is needed (if) Method of valuation (book, if applicable cash grant assistance other) 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 'OR CHARITABLE, SCIENTIFIC AND SDUCATIONAL : PURPOSES Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. GULFPORT FOUNDATION 751,058, : : LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 Enter total number of section 501(c)(3) and government organizations HOSPITAL AT GULFPORT FOUNDATION, 64-6010232 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations MEMORIAL 1 (a) Name and address of organization MEMORIAL HOSPITAL AT GULFPORT 4500 THIRTEENTH STREET Name of the organization GULFPORT MS 39501 Department of the Treasury Internal Revenue Service SCHEDULEI (Form 990) Part Part

Page 2

20-4535203

Schedule I (Form 990) (2010)

GULFPORT FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS TO BE USED BY EMPLOYEES AND OR NURSING STUDENTS.	4	2,000.	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: ONCE THE FOUNDATION GIVES GRANT FUNDS TO AN	HE FOUND	ATION GIVE	S GRANT FU	NDS TO AN	
ENTITY THEY FOLLOW UP ON WITH THEM TO MAKE SURE THAT THE FUNDS WERE SPENT	I TO MAKE	SURE THAT	THE FUNDS	WERE SPENT	
ACCORDINGLY.					

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

MEMORIAL HOSPITAL AT GULFPORT FOUNDATION GULFPORT FOUNDATION, INC.

Employer identification number 20-4535203

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PURPOSES INCLUDING, BUT NOT LIMITED TO, THE PROMOTION OF HEALTH WITHIN
THE SERVICE AREA OF THE MEMORIAL HOSPITAL AT GULFPORT AND FOR THE
BENEFIT OF MEMORIAL HOSPITAL AT GULFPORT.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OF MEMORIAL
HOSPITAL AT GULFPORT.
FORM 990, PART VI, SECTION A, LINE 7B: THE DECISIONS OF THE BOARD OF THE
FOUNDATION ARE SUBJECT TO REVIEW AND APPROVAL BY THE BOARD OF MEMORIAL HOSPITAL AT GULFPORT.
FORM 990, PART VI, SECTION A, LINE 8B: THE GOVERNING BODY DOES NOT HAVE
ANY COMMITTEE'S.
FORM 990, PART VI, SECTION B, LINE 11: ALL MEMBERS OF MHG FOUNDATION'S
BOARD OF DIRECTORS WILL REVIEW THE 990.
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE UPON
REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -24,015.

Name of the organi	egu or	99U-EZ	(2010)	TI O C	ישדמי	λτ λπ	CITLE	יים חמי	FOITNI	NT ON	, 	Page 2
Name of the organi	zation		LFPORT						FOON	DATION		Employer identification number 20-4535203
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Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships ➤ See separate instructions. MEMORIAL HOSPITAL AT GULFPORT FOUNDATION ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2010 Open to Public Inspection

OMB No 1545-0047

20-4535203

Employer identification number

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) INC. GULFPORT FOUNDATION,

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt End-of-year assets <u>e</u> Total income Legal domicile (state or foreign country) Primary activity 9 Name, address, and EIN of disregarded entity

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	12(b)(13) olled ty?	S		1	×					
	Section 512(bX13) controlled entity?	Yes								
	(f) Direct controlling entity					•				
	(e) Public charity status (if section	501(c)(3))								
	(d) Exempt Code section									
	(c) Legal domicile (state or foreign country)				MISSISSIPPI		:			
	(b) Primary activity			A MULTI-SPECIALTY MEDICAL	COMPLEX.					
Part II organizations during the tax year)	(a) Name, address, and EIN of related organization		MEMORIAL HOSPITAL AT GULFPORT - 64-6010232	4500 THIRTEENTH STREET						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

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GULFPORT FOUNDATION MEMORIAL HOSPITAL AT

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INC. GULFPORT FOUNDATION Schedule R (Form 990) 2010

Code V-UBI General of Percentage amount in box managing ownership 20 of Schedule Partner?
K-1 (Form 1065) Yes No B Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) 9 \equiv ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets **(**B) Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization <u>a</u> Part III

Part IV	Part IV Identification of Related Organizations Taxable as a Corporation organizations treated as a corporation or trust during the tax year.)	rration or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related (ear.)	he organizati	on answered "Yes"	to Form 990, Part	IV, line 34 because	it had one or mo	re related
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Schedule R (Form 990) 2010

MEMORIAL HOSPITAL AT GULFPORT FOUNDATION GULFPORT FOUNDATION, INC.

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Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Ĺ	Yes	Ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	lated organizations listed i	n Parts II:IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	:		:::::::::::::::::::::::::::::::::::::::		1a	×
b Gift, grant, or capital contribution to other organization(s)	:	•	:		1 b	×
c Gift, grant, or capital contribution from other organization(s)		:		-	1c X	
				_	P	×
	· · · ·	•			٩	×
		:::::::::::::::::::::::::::::::::::::::		<u>'</u>		
f Sale of assets to other organization(s)		•		<u> </u>	¥	×
					2	×
			•		ŧ	×
	:			:		>
 Lease of facilities, equipment, or other assets to other organization(s) 				1_	=	4
j Lease of facilities, equipment, or other assets from other organization(s)	:	•	:	<u> </u>	1,	×
 R Performance of services or membership or fundraising solicitations for other organization(s) 	ization(s)			¥	<u> </u>	×
	ization(s)			=	_	×
	•	•		_ -	111	×
Chaire of paid amployage			:		Ę	×
	:	:		1		
Reimbursement paid to other organization for expenses	:		:	<u> </u>	9	×
					5	×
				L	_	_
q Other transfer of cash or property to other organization(s)			: : : : : : : : : : : : : : : : : : : :	<u> </u>	무	×
r Other transfer of cash or property from other organization(s)					1.	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete the	is line, including covered r	elationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	ning I		
(1) MEMORIAL HOSPITAL AT GULFPORT	U	751,058.				
(2)						
(6)						
(4)						
(5)						
(9)						
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MEMORIAL HOSPITAL AT GULFPORT FOUNDATION

GULFPORT FOUNDATION, INC. Schedule R (Form 990) 2010 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(h) General or managing partner? Yes No				
(g) Code V-UBI amount in box 20 of Schedule K·1 (Form 1065)	,			
Disproportionate allocations?				
(e) Share of end-of- year assets				
(d) Are all partners section 501(c)(3) organizations? Yes No				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	MEMORIAL GULFPORT	HOSPITAL AT FOUNDATION,	GULFPORT FOUNDAT	ION 20-4535203 Page 5
Part VII	Supplemental Infor	mation	I COMDITION,	11101	
	Complete this part to prov	vida additional info	rmation for recognises to	questions on Schedule R (see in	entructions)
	Complete this part to pro-	vide additional illio	imation for responses to	destions on Schedule H (see in	structions).
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Schedule R (Form 990) 2010