

Form 990-EZ

Short Form 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)

OMB No 1545-1150

2009

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

Open to Public Inspection

A For 2009 calendar year, or tax year beginning OCTOBER 01, 2009, and ending SEPTEMBER 30, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: JAMES E HOLMES REGIONAL MEDICAL CENTER. D Employer identification number: 59-1889057. E Telephone number: (321) 434-5210. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual. Other (specify) >

H Check [] if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

I Website: N/A. J Tax-exempt status (check only one) - [X] 501(c)(3) (insert no) 4947(a)(1) or 527. K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 139,270

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 21 rows for revenue and expenses. Includes a 'RECEIVED' stamp dated MAR 14 2011 from IRS-OSC OGDEN, UT. Total revenue on line 9 is 54,347. Total expenses on line 17 is 45,560. Net assets at end of year on line 21 is 75,148.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

Table with 7 rows for balance sheets. (A) Beginning of year, (B) End of year. Total assets on line 25: 66,361. Total liabilities on line 26: 0. Net assets on line 27: 66,361.

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

Form 990-EZ (2009)

SCANNED MAR 29 2011 MCMZMCM

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| Part III Statement of Program Service Accomplishments (See the instructions for Part III.) | Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)</small> |
|--|---|
| What is the organization's primary exempt purpose? <u>SUPPORT HRMC DEVELOPMENT CENTER</u> Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title 28 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 28a | |
| 29 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 29a | |
| 30 _____ _____ _____ (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 30a | |
| 31 Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> 31a | |
| 32 Total program service expenses (add lines 28a through 31a) _____ <input type="checkbox"/> 32 | 0 |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instr for Part IV)

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|----------------------|--|---|---|--|
| SEE ATTACHMENT #3 | | | | |
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Part V Other Information (Note the statement requirements in the instructions for Part V)

| | | Yes | No |
|-----|---|-------------------|----|
| 33 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 34 | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | | X |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T | | |
| a | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | 37a | |
| b | Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? | 38a | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved. | 38b | |
| 39 | Section 501(c)(7) organizations Enter | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40a | Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955 | | |
| b | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | X |
| c | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | | |
| e | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 | List the states with which a copy of this return is filed | NONE | |
| 42a | The organization's books are in care of | SEE ATTACHMENT #4 | |
| | Located at | Telephone no | |
| | | ZIP + 4 | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | X |
| | If "Yes," enter the name of the foreign country. | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the U.S? | 42c | X |
| | If "Yes," enter the name of the foreign country. | | |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | X |
| 45 | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ | 45 | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | X |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|--|--|------------------|---|--|
| NONE | | | | |
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f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, and information of which preparer has any knowledge

Sign Here ▶ *Bettye Pitcock*
Signature of officer

▶ BETTYE PITCOCK
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ MARIANN HANLEY

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ MIMI HANLEY CPA
700 NORTH WICKHAM
MELBOURNE, FL 329

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **JAMES E HOLMES REGIONAL MEDICAL CENTER** Employer identification number **59-1889057**

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).
- 4 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 _____
- 5 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)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 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)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 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
 - a Type I
 - b Type II
 - c Type III-Functionally integrated
 - d Type III-Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified 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)
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | X |
| 11g(ii) | | X |
| 11g(iii) | | X |

h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| Total | | | | | | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | | 90 | 1,276 | 1,065 | 2,602 | 5,033 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | 115,978 | 117,978 | 99,178 | 136,551 | 469,685 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | 116,068 | 119,254 | 100,243 | 139,153 | 474,718 |
| 7a Amounts included on lines 1, 2, and 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 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 474,718 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | 116,068 | 119,254 | 100,243 | 139,153 | 474,718 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | 950 | 1,344 | | 117 | 2,411 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | 950 | 1,344 | | 117 | 2,411 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | 117,018 | 120,598 | 100,243 | 139,270 | 477,129 |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|---|----|---------|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | 99.49 % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|--------|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.51 % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3 % support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests – 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization
JAMES E HOLMES REGIONAL MEDICAL CENTER

Employer identification number
59-1889057

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
| | | Yes | No | | | |
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Total ▶

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing
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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000

| REVENUE | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|-----------------|---|------------------------------|------------------------------|------------------|-------------------------------|
| | | MASQUERADE J (event type) | HEALTHY CAND (event type) | (total number) | (Add col (a) through col (c)) |
| 1 | Gross receipts | 24,337 | 25,890 | 86,324 | 136,551 |
| 2 | Less Charitable contributions | | | | |
| 3 | Gross income (line 1 minus line 2) | 24,337 | 25,890 | 86,324 | 136,551 |
| DIRECT EXPENSES | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | | | | |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 18,252 | 20,712 | 45,959 | 84,923 |
| 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | | (84,923) |
| 11 | Net income summary. Combine line 3, column (d), and line 10 | | | | 51,628 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| REVENUE | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) thru col. (c)) |
|-----------------|--|---------------------------|---|---|---|
| | | 1 | Gross revenue | | |
| DIRECT EXPENSES | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 | Volunteer labor | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | () |
| 8 | Net gaming income summary Combine line 1, column d, and line 7 | | | | |

| | Yes | No |
|--|-----|----|
| 9 Enter the state(s) in which the organization operates gaming activities _____ | | |
| a Is the organization licensed to operate gaming activities in each of these states? | 9a | X |
| b If "No," explain _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | 10a | X |
| b If "Yes," explain _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? | 11 | X |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | 12 | X |

| | | | Yes | No |
|------------|--|-------|-----|----|
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| a | The organization's facility | 13a % | | |
| b | An outside facility | 13b % | | |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records. | | | |
| | Name ▶ _____ | | | |
| | Address ▶ _____ | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 15a | | X |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ | | | |
| c | If "Yes," enter name and address of the third party. | | | |
| | Name ▶ _____ | | | |
| | Address ▶ _____ | | | |
| 16 | Gaming manager information | | | |
| | Name ▶ _____ | | | |
| | Gaming manager compensation ▶ \$ _____ | | | |
| | Description of services provided ▶ _____ | | | |
| | <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor | | | |
| 17 | Mandatory distributions | | | |
| a | Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 17a | | X |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____ | | | |

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 16

OPEN TO PUBLIC
INSPECTION

For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.

Name of Organization

JAMES E HOLMES REGIONAL MEDICAL CENTER

Employer Identification Number

59-1889057

| Description of Other Expenses | Amount |
|-------------------------------|---------------|
| CONFERENCES & TRAVEL | 8,528 |
| UNIFORMS | 1,058 |
| PINS | 105 |
| CARE NOTES | 398 |
| OFFICE EXPENSE | 70 |
| SUPPLIES | 639 |
| PILLOWS | 160 |
| VOLUNTEER APPRECIATION | 149 |
| SIGN | 726 |
| Total | 11,833 |

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC INSPECTION For Calendar year 2009, or tax year period beginning 10-01-2009 and ending 09-30-2010.

Name of Organization: JAMES E HOLMES REGIONAL MEDICAL CENTER Employer Identification Number: 59-1889057

| Class of Activity | Recipient's Name and Address | Amount (FMV) | Purpose of Payment to Affiliate |
|-------------------|-------------------------------|--------------|---------------------------------|
| SCHOLARSHIPS | UNIVERSITY OF FLORIDA | | SCHOLARSHIP |
| SCHOLARSHIPS | UNIVERSITY OF CENTRAL FLORIDA | 4,000 | SCHOLARSHIP |
| SCHOLARSHIPS | BREVARD COMMUNITY COLLEGE | 6,000 | SCHOLARSHIP |
| SCHOLARSHIPS | FLORIDA ATLANTIC UNIVERSITY | 1,000 | SCHOLARSHIP |
| | | 11,000 | |

| Relationship | Description of Property | Book Value | How Book Value is Determined | How FMV is Determined | Date of Gift |
|--------------|-------------------------|------------|------------------------------|-----------------------|--------------|
| | CASH | | CASH | CASH | |
| | CASH | 4,000 | CASH | CASH | 2010-06 |
| | CASH | 6,000 | CASH | CASH | 2010-06 |
| | CASH | 1,000 | CASH | CASH | 2010-06 |
| Total | | 11,000 | | | |

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning 10-01-2009

and ending 09-30-2010.

Name of Organization

JAMES E HOLMES REGIONAL MEDICAL CENTER

Employer Identification Number

59-1889057

| Class of Activity | Recipient's Name and Address | Amount (FMV) | Purpose of Payment to Affiliate |
|-------------------|-------------------------------|--------------|-----------------------------------|
| SCHOLARSHIPS | FLORIDA STATE UNIVERSITY | 1,000 | SCHOLARSHIP |
| SCHOLARSHIPS | UNIVERSITY OF CENTRAL FLORIDA | 1,000 | SCHOLARSHIP |
| DONATIONS | HEALTH FIRST FOUNDATION | 1,000 | IN MEMORY OF VOLUNTEERS |
| DONATIONS | PALM BAY SENIOR CENTER | 200 | APPRECIATION FOR THEIR VOLUNTEERS |
| | | 3,200 | |

| Relationship | Description of Property | Book Value | How Book Value is Determined | How FMV is Determined | Date of Gift |
|--------------|-------------------------|--------------|------------------------------|-----------------------|--------------|
| | CASH | 1,000 | CASH | CASH | 2010-07 |
| | CASH | 1,000 | CASH | CASH | 2010-07 |
| | CASH | 1,000 | CASH | CASH | 2010-08 |
| | CASH | 200 | CASH | CASH | 2010-09 |
| Total | | 3,200 | | | |

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 3 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning 10-01-2009

and ending 09-30-2010.

Name of Organization

JAMES E HOLMES REGIONAL MEDICAL CENTER

Employer Identification Number

59-1889057

| Class of Activity | Recipient's Name and Address | Amount (FMV) | Purpose of Payment to Affiliate |
|-------------------|-----------------------------------|--------------|--|
| DONATIONS | ' ' ' PALM BAY SUNSHINE COMMITTEE | 50 | HELP APPRECIATION FOR THEIR VOLUNTEERS HELP |
| DOANTIONS | ' ' ' GPBSC | 60 | APPRECIATION FOR THEIR VOLUNTEERS HELP |
| DONATIONS | ' ' ' FIRST BABY OF THE YEAR | 100 | APPRECIATION |
| DOANTIONS | ' ' ' HOLMES REGIONAL | 150 | DONATION |
| | | 360 | |

| Relationship | Description of Property | Book Value | How Book Value is Determined | How FMV is Determined | Date of Gift |
|--------------|-------------------------|------------|------------------------------|-----------------------|--------------|
| | CASH | 50 | CASH | CASH | 2010-05 |
| | CASH | 60 | CASH | CASH | 2010-07 |
| | CASH | 100 | CASH | CASH | 2010-04 |
| | CART | 150 | PURCHASE PRICE | PURCHASE PRICE | 2010-01 |
| Total | | 360 | | | |

SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID

ATTACHMENT 1: PAGE 4 - 990-EZ PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

OPEN TO PUBLIC
INSPECTION

For Calendar year 2009, or tax year period beginning 10-01-2009

and ending 09-30-2010.

Name of Organization

JAMES E HOLMES REGIONAL MEDICAL CENTER

Employer Identification Number

59-1889057

| Class of Activity | Recipient's Name and Address | Amount (FMV) | Purpose of Payment to Affiliate |
|-------------------|------------------------------|--------------|---------------------------------|
| | ' ' ' | 18,096 | |

18,096

| Relationship | Description of Property | Book Value | How Book Value is Determined | How FMV is Determined | Date of Gift |
|--------------|-------------------------|------------|------------------------------|-----------------------|--------------|
| | | 18,096 | | | 2010-07 |

Total 18,096

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 3: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC
INSPECTION

For calendar year 2009 or tax period beginning 10-01-2009, and ending 09-30-2010.

Name of Organization
JAMES E HOLMES REGIONAL MEDICAL CENTER

Employer Identification Number
59-1889057

| (A) Name and Address | (B) Title and Average Hrs per Week | (C) Compensation (If not paid, enter 0) | (D) Cont to Employee Ben Plans & Def Comp | (E) Expense Account & Other Allowances |
|---|---------------------------------------|--|--|---|
| BETTYE PITCOCK 601 LANGLEY DR MELBOURNE, FL 32901 | PRESIDENT 32.00 | 0 | 0 | 0 |
| CAROL OLSEN 736 GREENWOOD MANOR CIRCLE MELBOURNE, FL 32904 | PRESIDENT-ELE 32.00 | 0 | 0 | 0 |
| MARY ROGERS 4331 SWANNA DR MELBOURNE, FL 32901 | VICE-PRESIDEN 32.00 | 0 | 0 | 0 |
| JANET ALLEN 1058 ELEUTHERA DR NE PALM BAY, FL 32905 | VICE-PRSEIDEN 32.00 | 0 | 0 | 0 |
| SHERRY PALMER 103 E AVE C MELBOURNE, FL 32901 | TRESURER 32.00 | 0 | 0 | 0 |
| JOHN STECH 2250 GOLF ISLE DR # 505 MELBOURNE, FL 32935 | SECRETARY 32.00 | 0 | 0 | 0 |
| ALLAN GAIR 688 DANVILLE CIR MELBOURNE, FL 32904 | SECRETARY 32.00 | 0 | 0 | 0 |

BOOKS ARE IN CARE OF

ATTACHMENT 4 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION For calendar year 2009 or tax period beginning 10-01 , and ending 09-30-2010.

Name of Organization JAMES E HOLMES REGIONAL MEDICAL CENTER Employer Identification Number 59-1889057

Part V - Line 42a

Individual Name or Business Name SHERRY PALMER

Street Address 1350 HICKORY ST

U.S. Address:

Zip code 32901 City MELBOURNE State FL

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number