

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2005

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning 10-01-2005 and ending 09-30-2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CAPE CANAVERAL HOSPITAL INC. Number and street: 3300 FISKE BLVD. City or town, state or country, and ZIP + 4: ROCKLEDGE, FL 32955

D Employer identification number: 59-2477479

E Telephone number: (321) 434-5150

F Accounting method: Accrual

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: WWW HEALTH-FIRST ORG

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

L Gross receipts: 127,310,518

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes No

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions )

Table with 6 columns: Description, (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include items like Grants and allocations, Salaries and wages, Pension plan contributions, etc., ending with Total functional expenses.

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No
If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶ OPERATION OF ACCUTE CARE HOSPITAL</b>  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
<b>a</b> SEE GENERAL EXPLANATION ATTACHMENT  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	95,121,199
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <input type="checkbox"/>	95,121,199

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		<b>(A)</b>		<b>(B)</b>	
		Beginning of year		End of year	
Assets	<b>45</b> Cash—non-interest-bearing . . . . .		<b>45</b>		
	<b>46</b> Savings and temporary cash investments . . . . .	32,604,428	<b>46</b>	35,848,117	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 25,267,383			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b> 10,349,427	11,934,418	<b>47c</b>	14,917,956
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>		<b>48c</b>	
	<b>49</b> Grants receivable . . . . .			<b>49</b>	
	<b>50</b> Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .			<b>50</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .	2,232,892	<b>52</b>	2,304,724	
	<b>53</b> Prepaid expenses and deferred charges . . . . .	81,612	<b>53</b>	42,638	
	<b>54</b> Investments—securities (attach schedule) . . . . .	2,327,126	<b>54</b>	2,370,371	
	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV				
	<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .	23,578,625	<b>56</b>	24,523,486		
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 137,423,534				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 75,238,613	59,734,910	<b>57c</b>	62,184,921	
<b>58</b> Other assets (describe <input type="checkbox"/> _____)	3,230,984	<b>58</b>	2,127,264		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	135,724,995	<b>59</b>	144,319,477		
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	11,237,181	<b>60</b>	10,195,159	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .		<b>62</b>		
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .	30,584,329	<b>64a</b>	39,602,425	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .	1,199,214	<b>64b</b>	956,721	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____)	38,719,641	<b>65</b>	37,699,771	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	81,740,365	<b>66</b>	88,454,076		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74				
	<b>67</b> Unrestricted . . . . .	52,490,767	<b>67</b>	55,784,917	
	<b>68</b> Temporarily restricted . . . . .	1,493,863	<b>68</b>	80,484	
	<b>69</b> Permanently restricted . . . . .		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
	<b>73 Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) <b>must</b> equal line 19, column (B) <b>must</b> equal line 21) . . . . .	53,984,630	<b>73</b>	55,865,401	
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	135,724,995	<b>74</b>	144,319,477	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	
<b>d</b>	Amounts included on line 12, but not on line <b>a</b>		
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total revenue</b> (line 12) Add lines <b>c</b> and <b>d</b> . . . . . ▶	<b>e</b>	

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	
<b>b</b>	Amounts included on line <b>a</b> but not on line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	
<b>2</b>	Prior year adjustments reported on line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	
<b>d</b>	Amounts included on line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (line 17) Add lines <b>c</b> and <b>d</b> . . . . . ▶	<b>e</b>	

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
See Additional Data Table				

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> <i>(continued)</i>	<b>Yes</b>	<b>No</b>
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . . . <u>12</u>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	<b>75b</b>	No
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>	No
<b>d</b> Does the organization have a written conflict of interest policy? . . . . .	<b>75d</b>	Yes

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

<b>Part VI Other Information</b> <i>(See the instructions.)</i>	<b>Yes</b>	<b>No</b>
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	No
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? . . . . . If "Yes," attach a conformed copy of the changes	<b>77</b>	No
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	<b>78a</b>	No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . . . .	<b>79</b>	No
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? . . . . .	<b>80a</b>	Yes
<b>b</b> If "Yes," enter the name of the organization <input type="checkbox"/> See Additional Data Table _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures (See line 81 instructions) . . . . . <b>81a</b>   0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>81b</b>	No

**Part VI Other Information** (continued)

		Yes	No
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? . . . . .	<b>82a</b>	Yes	
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III) . . . . .	<b>82b</b>		
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	Yes	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions? . . . . .	<b>83b</b>	Yes	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible? . . . . .	<b>84a</b>		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>84b</b>		
<b>85 501(c)(4), (5), or (6) organizations. a</b> Were substantially all dues nondeductible by members? . . . . .	<b>85a</b>		
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	<b>85b</b>		
If "Yes," was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.			
<b>c</b> Dues assessments, and similar amounts from members . . . . .	<b>85c</b>		
<b>d</b> Section 162(e) lobbying and political expenditures . . . . .	<b>85d</b>		
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices . . . . .	<b>85e</b>		
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e) . . . . .	<b>85f</b>		
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? . . . . .	<b>85g</b>		
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? . . . . .	<b>85h</b>		
<b>86 501(c)(7) orgs.</b> Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	0	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities . . . . .	<b>86b</b>	0	
<b>87 501(c)(12) orgs.</b> Enter <b>a</b> Gross income from members or shareholders . . . . .	<b>87a</b>	0	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>87b</b>	0	
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX . . . . .	<b>88</b>	Yes	
<b>89a 501(c)(3) organizations</b> Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____ 0, section 4912 <input type="checkbox"/> _____ 0, section 4955 <input type="checkbox"/> _____ 0			
<b>b 501(c)(3) and 501(c)(4) orgs.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction . . . . .	<b>89b</b>		No
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="checkbox"/> _____ 0			
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization . . . . . <input type="checkbox"/> _____ 0			
<b>90a</b> List the states with which a copy of this return is filed <input type="checkbox"/> FL			
<b>b</b> Number of employees employed in the pay period that includes March 12, 2005 (See instructions) . . . . .	<b>90b</b>		885
<b>91a</b> The books are in care of <input type="checkbox"/> ROBERTA STONER Telephone no <input type="checkbox"/> (321) 434-5150			
3300 FISKE BLVD			
Located at <input type="checkbox"/> ROCKLEDGE, FL ZIP + 4 <input type="checkbox"/> 32955			
<b>b</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)?	<b>91b</b>	Yes	No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the United States?	<b>91c</b>		No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
<b>92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041</b> —Check here . . . . . <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> _____	<b>92</b>		

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> PATIENT SERVICES					122,319,298
<b>b</b> PRO HEALTH REVENUE					2,780,523
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	1,021,524	
<b>96</b> Dividends and interest from securities . . . . .					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .			17	57,754	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .			14	40,680	
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	13,450	
<b>101</b> Net income or (loss) from special events . . . . .					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> CAFETERIA			03	772,621	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				1,906,029	125,099,821
<b>105 Total</b> (add line 104, columns (B), (D), and (E)) . . . . .					127,005,850

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	See Additional Data Table

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
CAPE HEALTH PROPERTIES INC POST OFFICE BOX 320069 COCOA BEACH, FL32932 59-3086711	100 0	REAL ESTATE	782,657	3,623,397
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
  - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
- NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Under penalties of perjury, I declare that I have examined this return, including any schedules or attachments, and the information therein is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer  
Robert C Galloway SVP CFO  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4  
ERNST & YOUNG US LLP  
200 S BISCAYNE BLVD STE 3900  
MIAMI, FL 33131



**SCHEDULE A**  
(Form 990 or 990EZ)

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CAPE CANAVERAL HOSPITAL INC

Employer identification number

59-2477479

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
RODNEY R MOORE 3300 FISKE BLVD ROCKLEDGE, FL 32955	VP MEDICAL AFFAIRS 40	236,189	21,432	50
JANICE M MCCOY 3300 FISKE BLVD ROCKLEDGE, FL 32955	VP PATIENT CARE SVC 40	154,161	15,585	50
RICCI DEPASCALE 3300 FISKE BLVD ROCKLEDGE, FL 32955	PHARMACIST 40	128,530	11,460	0
RONALD C MCGRIER JR 3300 FISKE BLVD ROCKLEDGE, FL 32955	PHARMACY MANAGER 40	120,354	3,983	0
SCOTT A NEEL 3300 FISKE BLVD ROCKLEDGE, FL 32955	PHARMACY CLINICAL CO 40	118,731	13,512	0
Total number of other employees paid over \$50,000	253			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NEUROLOGIC ASSOCIATES OF CENTRAL BR 1395 N COURTENAY PKWY MERRITT ISLAND, FL 32953	On call services	251,250
CHIP CALDWELL ASSOCIATES LLC PO BOX 3273 ST AUGUSTINE, FL 32085	Consulting services	158,437
FAIRUZ F MATUK MD 32 SUNTREE PLACE MELBOURNE, FL 32940	Physician service	128,250
CENTRAL SPACE COAST ANESTHESIOLOGY 701 W COCOA BEACH CSWY COCOA BEACH, FL 32931	Physician service	100,000
HEALTH CARE FUTURES LP 300 PARK BOULEVARD ITASCA, IL 60143	Physician service	84,424
Total number of others receiving over \$50,000 for professional services	8	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page X for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HEALTH FIRST 3300 FISKE BLVD ROCKLEDGE, FL 32955	LAB SERVICE	729,070
ROA IMAGING SERVICES INC PO BOX 850001 ORLANDO, FL 32885	MEDICAL SERVICES	479,525
SPACE COAST HOSPITAL SERVICE INC 1895 MURRELL ROAD ROCKLEDGE, FL 32955	LAUNDRY SERVICE	421,768
QUEST DIAGNOSTICS INCORPORATED PO BOX 86731 SAN DIEGO, CA 92138	LAB SERVICE	212,810
COASTAL HEALTH SYSTEM OF BREVARD I PO BOX 560750 ROCKLEDGE, FL 32956	MEDICAL SVCS	67,173
Total number of other contractors receiving over \$50,000 for other services	1	

**Part III Statements About Activities** (See page 2 of the instructions.)

Yes No

<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <input type="checkbox"/>			
<b>a</b>	Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b>	Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b>	Furnishing of goods, services, or facilities?	<b>2c</b>	Yes	
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b>	Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	<b>3a</b>		No
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	Yes	
<b>c</b>	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	<b>3c</b>		No
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4a</b>		No
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>4b</b>		No

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►** \_\_\_\_\_
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in **(1)** lines 5 through 12 above, or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations (see page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )					
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose					
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22					
<b>24</b> Line 23 minus line 17					
<b>25</b> Enter 1% of line 23					
<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24				<b>26a</b>
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a <b>Do not file this list with your return.</b> Enter the total of all these excess amounts					<b>26b</b>
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b>
<b>d</b> Add Amounts from column (e) for lines	18 _____	19 _____			<b>26d</b>
	22 _____	26b _____			<b>26e</b>
<b>e</b> Public support (line 26c minus line 26d total)					<b>26f</b>
<b>f</b> <b>Public support percentage (line 26e (numerator) divided by line 26c (denominator))</b>					<b>26f</b>
<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year				
	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the <b>larger</b> of <b>(1)</b> the amount on line 25 for the year or <b>(2)</b> \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals ) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in <b>(1)</b> or <b>(2)</b> , enter the sum of these differences (the excess amounts) for each year	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
<b>c</b> Add Amounts from column (e) for lines	15 _____	16 _____			<b>27c</b>
	17 _____	20 _____	21 _____		<b>27d</b>
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27e</b>
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27e</b>
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27f</b>
<b>g</b> <b>Public support percentage (line 27e (numerator) divided by line 27f (denominator))</b>					<b>27g</b>
<b>h</b> <b>Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</b>					<b>27h</b>
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant <b>Do not file this list with your return.</b> Do not include these grants in line 15					

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32b</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32c</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32d</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to	<b>33a</b>	
<b>a</b> Students' rights or privileges?	<b>33b</b>	
<b>b</b> Admissions policies?	<b>33c</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33d</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33e</b>	
<b>e</b> Educational policies?	<b>33f</b>	
<b>f</b> Use of facilities?	<b>33g</b>	
<b>g</b> Athletic programs?	<b>33h</b>	
<b>h</b> Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)Check  **a** if the organization belongs to an affiliated group Check  **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000        \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000     \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                    \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
<b>45</b>	Lobbying nontaxable amount				
<b>46</b>	Lobbying ceiling amount (150% of line 45(e))				
<b>47</b>	Total lobbying expenditures				
<b>48</b>	Grassroots nontaxable amount				
<b>49</b>	Grassroots ceiling amount (150% of line 48(e))				
<b>50</b>	Grassroots lobbying expenditures				

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			Yes	No	Amount
<b>a</b>	Volunteers				
<b>b</b>	Paid staff or management (Include compensation in expenses reported on lines c through h.)				
<b>c</b>	Media advertisements				
<b>d</b>	Mailings to members, legislators, or the public				
<b>e</b>	Publications, or published or broadcast statements				
<b>f</b>	Grants to other organizations for lobbying purposes				
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body				
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means				
<b>i</b>	Total lobbying expenditures (Add lines c through h.)				

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



Form 4797

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No 1545-0184

2005

Attachment Sequence No 27

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return. See separate instructions.

Name(s) shown on return CAPE CANAVERAL HOSPITAL INC

Identifying number

59-2477479

1 Enter the gross proceeds from sales or exchanges reported to you for 2005 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)

1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost or other basis, (g) Gain or (loss)

3 Gain, if any, from Form 4684, line 42
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824
6 Gain, if any, from line 32, from other than casualty or theft
7 Combine lines 2 through 6 Enter the gain or (loss) here and on the appropriate line as follows

Table with 2 columns: Line number, Amount

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9 Skip lines 8, 9, 11, and 12 below

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9 If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below

8 Nonrecaptured net section 1231 losses from prior years (see instructions)
9 Subtract line 8 from line 7 If zero or less, enter -0- If line 9 is zero, enter the gain from line 7 on line 12 below If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)

Table with 2 columns: Line number, Amount

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less)

Table with 7 columns: Description, Date 1, Date 2, Price 1, Price 2, Price 3

11 Loss, if any, from line 7
12 Gain, if any, from line 7, or amount from line 8, if applicable
13 Gain, if any, from line 31
14 Net gain or (loss) from Form 4684, lines 34 and 41a
15 Ordinary gain from installment sales from Form 6252, line 25 or 36
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824
17 Combine lines 10 through 16

Table with 2 columns: Line number, Amount

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below For individual returns, complete lines a and b below

a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22 Identify as from "Form 4797, line 18a " See instructions

Table with 2 columns: Line number, Amount

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a Enter here and on Form 1040, line 14

Table with 2 columns: Line number, Amount

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instruction)

<b>19</b> (a) Description of section 1245, 1250, 1252, 1254, or 1255 property	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)
<b>A</b>		
<b>B</b>		
<b>C</b>		
<b>D</b>		

These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
<b>20</b> Gross sales price (Note: See line 1 before completing)	<b>20</b>				
<b>21</b> Cost or other basis plus expense of sale	<b>21</b>				
<b>22</b> Depreciation (or depletion) allowed or allowable	<b>22</b>				
<b>23</b> Adjusted basis Subtract line 22 from line 21	<b>23</b>				
<b>24</b> Total gain Subtract line 23 from line 20	<b>24</b>				
<b>25 If section 1245 property:</b>					
<b>a</b> Depreciation allowed or allowable from line 22	<b>25a</b>				
<b>b</b> Enter the smaller of line 24 or 25a	<b>25b</b>				
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291					
<b>a</b> Additional depreciation after 1975 (see instructions)	<b>26a</b>				
<b>b</b> Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	<b>26b</b>				
<b>c</b> Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	<b>26c</b>				
<b>d</b> Additional depreciation after 1969 and before 1976	<b>26d</b>				
<b>e</b> Enter the smaller of line 26c or 26d	<b>26e</b>				
<b>f</b> Sections 291 amount (corporations only)	<b>26f</b>				
<b>g</b> Add lines 26b, 26e, and 26f	<b>26g</b>				
<b>27 If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership)					
<b>a</b> Soil, water, and land clearing expenses	<b>27a</b>				
<b>b</b> Line 27a multiplied by applicable percentage (see instructions)	<b>27b</b>				
<b>c</b> Enter the smaller of line 24 or 27b	<b>27c</b>				
<b>28 If section 1254 property:</b>					
<b>a</b> Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	<b>28a</b>				
<b>b</b> Enter the smaller of line 24 or 28a	<b>28b</b>				
<b>29 If section 1255 property:</b>					
<b>a</b> Applicable percentage of payments excluded from income under section 126 (see instructions)	<b>29a</b>				
<b>b</b> Enter the smaller of line 24 or 29a (see instructions)	<b>29b</b>				

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b> Total gains for all properties Add property columns A through D, line 24	<b>30</b>	
<b>31</b> Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	<b>31</b>	
<b>32</b> Subtract line 31 from line 30 Enter the portion from casualty or theft on Form 4684, line 36 Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
<b>34</b> Recomputed depreciation (see instructions)	<b>34</b>	
<b>35</b> Recapture amount Subtract line 34 from line 33 See the instructions for where to report	<b>35</b>	



## TY 2005 General Explanation Attachment

**Name:** CAPE CANAVERAL HOSPITAL INC

**EIN:** 59-2477479

Identifier	Return Reference	Explanation
TRANSFERS TO AND FROM CONTROLLED ORGANIZATIONS		Transfers Out Health First, Inc , 59-3336894 3300 Fiske Blvd Rockledge, FL 32955 Equity \$4,679,086 Transfers In Health First, Inc , 59-3336894 3300 Fiske Blvd Rockledge, FL 32955 Accounts Payable \$34,466,946 Payroll \$29,189,597 Health First Foundation, Inc , 59-3528774 3300 Fiske Blvd Rockledge, FL 32955 Contributions received \$855,417 Rent Paid Health First, Inc , 59-3336894 3300 Fiske Blvd Rockledge, FL 32955 \$1,125,192 Holmes Regional Medical Center, 59-1911574 3300 Fiske Blvd Rockledge, FL 32955 \$26,400 Health First Physicians, Inc , 59-3346397 3300 Fiske Blvd Rockledge, FL 32955 \$18,000 Rent Received Health First, Inc , 59-3336894 3300 Fiske Blvd Rockledge, FL 32955 \$7,632 None of the above were qualified specified payments

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 64A - TAX-EXEMPT BOND LIABILITIES		HEALTH FACILITIES REVENUE BONDS, SERIES 2001 PURPOSE OF ISSUE CAPITAL IMPROVEMENTS HEALTH FACILITIES REFUNDING REVENUE BONDS, SERIES 2003 PURPOSE OF ISSUE REFUNDING OF HRMC & CCH SERIES 1993 BOND ISSUES BREVARD COUNTY HEALTH ATY SERIES 2005 PURPOSE OF ISSUE CAPITAL IMPROVEMENTS

Identifier	Return Reference	Explanation
FORM 990, PART II-LINE 42, DEPRECIATION & PART IV-LINE 57, FIXED ASSETS		<p>LINE 42 - DEPRECIATION EXPENSE LAND &amp; LAND IMPROVEMENTS \$83,955 BUILDINGS &amp; IMPROVEMENTS \$2,331,443 LEASEHOLD IMPROVEMENTS \$25,887 MAJOR MOVEABLE EQUIPMENT \$3,430,985 FIXED EQUIPMENT \$175,788 TOTAL DEPRECIATION EXPENSE \$6,048,058 DEPRECIATION IS COMPUTED UTILIZING THE STRAIGHT-LINE METHOD AT RATES ESTIMATED BY MANAGEMENT TO AMORTIZE THE COST OF THE VARIOUS ASSETS WITHIN THE PERIOD OF EXPECTED USE THE FOLLOWING GENERAL RANGE OF USEFUL LIVES ASSETS ESTIMATED LIFE LAND IMPROVEMENTS 10-20 YEARS BUILDINGS &amp; IMPROVEMENTS 3-40 YEARS FIXED EQUIPMENT 5-25 YEARS MAJOR MOVABLE EQUIP 3-20 YEARS LINE 57 - FIXED ASSETS LAND &amp; LAND IMPROVEMENTS \$2,324,087 BUILDINGS &amp; IMPROVEMENTS \$66,493,639 LEASEHOLD IMPROVEMENTS \$748,414 MAJOR MOVEABLE EQUIPMENT \$53,385,658 FIXED EQUIPMENT \$13,423,437 CONSTRUCTION IN PROGRESS \$1,048,299 TOTAL FIXED ASSETS \$137,423,534 LESS ACCUMULATED DEPRECIATION -\$75,238,613 NET FIXED ASSETS \$62,184,921</p>

Identifier	Return Reference	Explanation
FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS		<p>CAPE CANAVERAL HOSPITAL, INC PROVIDES QUALITY MEDICAL HEALTHCARE REGARDLESS OF RACE, CREED, GENDER, NATIONAL ORIGIN, HANDICAP, AGE OR ABILITY TO PAY ALTHOUGH REIMBURSEMENT FOR SERVICES RENDERED IS CRITICAL TO THE OPERATION AND STABILITY OF CAPE CANAVERAL HOSPITAL, INC , IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES AND FURTHER, THAT OUR MISSION IS TO SERVE THE COMMUNITY WITH RESPECT TO PROVIDING HEALTHCARE SERVICES AND HEALTHCARE EDUCATION THEREFORE, IN KEEPING WITH THIS HOSPITAL'S COMMITMENT, TO SERVE ALL MEMBERS OF ITS COMMUNITY 1) FREE CARE AND/OR SUBSIDIZED CARE IS PROVIDED WHERE THE NEED AND/OR INABILITY TO PAY EXISTS 2) CARE IS PROVIDED AT BELOW COST TO PERSONS COVERED BY GOVERNMENTAL PROGRAMS 3) HEALTHCARE ACTIVITIES AND PROGRAMS ARE PROVIDED TO THE COMMUNITY THESE ACTIVITIES INCLUDE WELLNESS PROGRAMS, COMMUNITY EDUCATION PROGRAMS, SPECIAL PROGRAMS FOR ELDERLY, HANDICAPPED AND MENTALLY UNDERSERVED ALONG WITH A VARIETY OF BROAD COMMUNITY SUPPORT ACTIVITIES SEE ATTACHED COMMUNITY BENEFIT REPORT</p>

**Form 990, Part VIII - Relationship of Activities to the Accomplishment of Exempt Purposes:**

<b>Line No.</b> ▼	<b>Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).</b>
93A	CAPE CANAVERAL HOSPITAL IS A GENERAL ACUTE CARE HOSPITAL
0	LOCATED IN COCOA BEACH, FLORIDA THAT PROVIDED MEDICAL
0	SERVICES TO THE SURROUNDING COMMUNITY IT MAINTAINS
0	APPROXIMATELY 150 BEDS
0	
93B	REVENUE GENERATED BY THE HOSPITAL'S FITNESS FACILITY
0	INCLUDING, BUT NOT LIMITED TO, MEMBERSHIPS, MASSAGE,
0	AEROBICS, ENROLLMENT FEES, SWI CLASSES, AND SALE OF
0	MERCHANDISE THIS FACILITY AND INSTRUCTION IS PROVIDED FOR
0	PATIENTS, EMPLOYEES AND PHYSICIANS

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
CAPE HEALTH PROPERTIES INC		
HEALTH FIRST INC	X	
HOSPICE OF HEALTH FIRST INC	X	
HOLMES REGIONAL MEDICAL CENTER IN	X	
HEALTH FIRST HOLDING INC & SUBS		
HEALTH FIRST FOUNDATION INC	X	

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
ROBERT L BASHORE 3300 FISKE BLVD ROCKLEDGE, FL 32955	DIRECTOR 10	0	0	0
TONY HERNANDEZ III ESQ 3300 FISKE BLVD ROCKLEDGE, FL 32955	SECRETARY 10	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
RUSSELL E FISCHER 3300 FISKE BLVD ROCKLEDGE, FL 32955	CHAIR 10	0	0	0
NICHOLAS E PELLEGRINO 3300 FISKE BLVD ROCKLEDGE, FL 32955	VICE CHAIR 10	0	0	0
BRIAN J BUSSEN 3300 FISKE BLVD ROCKLEDGE, FL 32955	PAST CHAIR 10	0	0	0
GEORGE W LEWIS 3300 FISKE BLVD ROCKLEDGE, FL 32955	DIRECTOR 10	0	0	0
JAMES E CARTER MD 3300 FISKE BLVD ROCKLEDGE, FL 32955	DIRECTOR 10	0	0	0
JEFFREY STAINAKER MD 3300 FISKE BLVD ROCKLEDGE, FL 32955	DIRECTOR 10	0	0	0
JUDITH A GEORGE 3300 FISKE BLVD ROCKLEDGE, FL 32955	DIRECTOR 10	0	0	0
KEVIN B STEELE 3300 FISKE BLVD ROCKLEDGE, FL 32955	DIRECTOR 10	0	0	0
KEVIN S PRUETT 3300 FISKE BLVD ROCKLEDGE, FL 32955	DIRECTOR 10	0	0	0
ROY R WRIGHT 3300 FISKE BLVD ROCKLEDGE, FL 32955	PRESIDENT/COO 40	276,004	84,145	5,550



**Additional Data****Software ID:****Software Version:****EIN:** 59-2477479**Name:** CAPE CANAVERAL HOSPITAL INC**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> INSURANCE EXPENSE	<b>43a</b>	1,520,835	10,563	1,510,272	
<b>b</b> BANKING & INVESTMENT FEES	<b>43b</b>	80,002		80,002	
<b>c</b> ADVERTISING	<b>43c</b>	109,564	10,624	98,940	
<b>d</b> DUES	<b>43d</b>	126,959	27,430	99,529	
<b>e</b> COLLECTIONS	<b>43e</b>	206,131	9,354	196,777	
<b>f</b> PROVISION FOR BAD DEBTS	<b>43f</b>	9,572,542	9,572,542		
<b>g</b> PROFESSIONAL SERVICES	<b>43g</b>	1,176,990		1,176,990	
<b>h</b> MEDICAL SERVICES	<b>43h</b>	887,188	887,188		
<b>i</b> PURCHASED SERVICES	<b>43i</b>	3,580,916	3,531,758	49,158	
<b>j</b> TAXES & LICENSES	<b>43j</b>	973,319	42,908	930,411	
<b>k</b> MINOR EQUIPMENT	<b>43k</b>	154,627	132,499	22,128	
<b>l</b> TRAINING	<b>43l</b>	232,629	91,780	140,849	
<b>m</b> UTILITIES	<b>43m</b>	2,102,565	1,623,180	479,385	
<b>n</b> REPAIRS & MAINTENANCE	<b>43n</b>	481,224	328,193	153,031	
<b>o</b> TRANSCRIPTION SERVICE	<b>43o</b>	162,561	32,400	130,161	
<b>p</b> OTHER DIRECT EXPENSES	<b>43p</b>	746,574	108,202	638,372	
<b>q</b> CORPORATE ALLOCATION-DEP	<b>43q</b>	2,665,467	1,759,208	906,259	

Identifier	Return Reference	Explanation
FORM 990, PART III - COMMUNITY BENEFIT REPORT CONTINUED		<p>Community through its very successful health sciences program where numbers of nursing graduates are trained as highly skilled and competent nurses who then enter the local workforce Health First has joined BCC as one of its founding community visionary partners to support the BCC nursing associate of science degree program as it is expanded to BCC's Palm Bay Campus Health First has committed nearly \$2 million through January 2013 to support the expansion of this nursing education program The dollars that Health First and other area partners are contributing is being matched by state grants from jobs for Florida's future Health First monies will be used to cover the cost of instructional personnel, while grant funds will be used to purchase the specialized healthcare equipment Health First Health Plans As a complementary addition to the Health First healthcare system, Health First Health Plans was created in 1995 to make local, quality health insurance available for our community That goal is more than being accomplished The "America's Best Health Plans 2006" study published by US News &amp; World Report and the independent, not-for-profit organization National Committee for Quality Assurance (NCQA) ranked our Medicare plans 24th in the nation And for both Medicare and commercial group plans, only one organization in Florida scored higher than Health First Health Plans Last May, Health First Health Plans received an accreditation status of "Excellent" - the highest possible level - from NCQA The Excellent status was based on a voluntary review of how a health plan ensures its members are receiving high quality care Health First Health Plans designs benefits to assist individuals of all ages, from young people to seniors One of the most popular benefits for Medicare members is the SilverSneakers Fitness Program - a nationwide program designed to encourage senior citizens to get and stay fit Through SilverSneakers, members can attend any of Health First's Pro-Health &amp; Fitness Centers, where they can access all types of equipment, as well as participate in numerous programs and classes at no extra cost Health First Health Plans is proud to have the highest SilverSneakers' participation rate of any health plan in the country One way Health First Health Plans is ensuring its members with diabetes receive excellent screening and treatment is through its Practice Excellence program Through Practice Excellence, 62 primary care physicians and endocrinologists have enrolled in the American Diabetes Association/NCQA Physician Diabetes Recognition Program Many more physicians have also participated in similar NCQA programs through Health First Health Plans, proving they meet stringent guidelines for providing customer service and treating heart/stroke conditions Completing these programs means these physicians not only provide the highest levels of care for Health First Health Plans members, but their expertise can also benefit other patients they treat in our community Enhancing the quality of overall treatment and care for patients with illnesses that require close monitoring and rapid reaction when problems develop, Health First Health Plans invests significant resources into disease management programs to help members cope with potentially debilitating illnesses Primary areas of focus include diabetes and obesity/weight management From its start with 10 employees, 172 physicians, and a choice of only two HMO plans, Health First Health Plans now employs 135 associates, offers access to more than 750 physicians, and includes a choice of more than 70 HMO, Point-of-Service, and high-deductible health plans along with pharmacy and vision riders for local employers, plus four Medicare Advantage Prescription Drug plans that include the new Part D Medicare prescription drug benefits Serving nearly one out of every seven Brevard residents, Health First Health Plans membership reached 73,500 in 2006 Hospital Volunteer Force The Auxiliary teams at all three hospitals, total more than 1,800 men and women, and provide a significant benefit to our healthcare system and patients These volunteers represent diverse experience from a CIA retiree, to a welding instructor, NASA engineer, bank president, and trauma survivor They assist with duties such as newspaper delivery to patient rooms, wheelchair repair, in-house transport, information desk assistance, and flower delivery The core of our hospital Volunteer Services takes place through the Cape Canaveral Hospital Auxiliary and the Holmes Regional Medical Center/Palm Bay Community Hospital Auxiliary Some volunteers also provide assistance off-site, making baby hats or mending blankets These volunteers give much more than their time They also have donated significant monies to the hospitals Last year the Cape Canaveral Hospital Auxiliary purchased life-saving equipment and donated more than \$20,000 to the hospital's general funds Cape Canaveral Hospital Auxiliary volunteers also donated more than \$12,000 for the purchase of neonatal ventilators and nursery equipment The Holmes Regional Medical Center/Palm Bay Community Hospital Auxiliary purchased three people-mover carts, provided \$15,000 to purchase newspapers that are distributed every day to patients, and made a ten-year pledge of \$15 million to The Heart Center that was used to fund the corridor linking The Heart Center with the main hospital building The Auxiliaries from Holmes and Palm Bay Community Hospital also awarded \$1,000 scholarships to 20 area students who are pursuing careers in the healthcare field Health First Foundation As a not-for-profit healthcare system, Health First depends on our community for financial support and volunteer assistance to strengthen our outreach In recent years, the advances in technology and the robust population growth in Brevard have fueled the need for capital improvements and expansion of our healthcare facilities at a time when lower reimbursements and shrinking margins are the reality Philanthropic support for health care has become more important than ever before The mission of the Foundation Board is to lead Health First's fund development efforts by our own example, as well as by reaching into our community as ambassadors to build awareness and support for organizational needs Thanks to the participation of many friends and supporters, we continue to be successful in these critical endeavors and we encourage your continued support The Foundation Board of Directors thanks each of our caring volunteers and benefactors whose generosity has helped Health First to provide superior health care for the Brevard community Pat Biddix, Chairman Health First Foundation Board of Directors Health First Foundation Report on Giving Health First Foundation raised more than \$225 million in fiscal year 2006 in support of organizational healthcare needs This total represents an aggregate of cash and pledges included in this sum is \$227,400 or 10%, received from our hospital auxiliaries and Health First associates Gifts of \$1,000 and up totaled \$1,727,909, or 77% of funds received We thank all those who supported these efforts to help Health First bring the very best health care to Brevard County The Foundation Board of Directors Patrick T Biddix, Chairman Dale A Dettmer, Vice Chairman Gene Bjerning, Treasurer Evelyn Foster, Secretary Wendy Brandon Mike Chaplin Debbie Cherin Carl Coddington, Jr Linda Coleman Catherine A Ford Larry F Garrison Emmee Harmon-Hanna Mark Hobbs Rhonda Lee Robert Mandel, MD Gene McCarthy Michael D Means Tibor Menyhart Chris Norton Patricia Pruitt Charles Ragland Turry Lum Sieveking John Stark Kevin Steele Elting Storms Nancy Taylor Rick Theisen Mindy Thompson Jean Turner Revenue by Donor Type Businesses - 26% Foundations - 4% Individuals - 62% Organizations/Other - 8% Revenue by Fundraising Activity Special Events - 35% Annual Giving - 15% Grants - 1% Major Gifts - 11% Planned Giving - 6% Memorial Gifts - 7% Capital Campaign - 25% Philanthropy enhances the Health First community commitment Through the generosity of local residents and caring individuals like Harry and Wendy Brandon, Health First is able to improve the patient experience with expanded and streamlined services The Brandons recently made a philanthropic donation for the new Heart Center at Holmes Regional Medical Center that was one of the single largest cash gifts received by the hospital's fundraising arm, the Health First Foundation To recognize the couple's generosity, the Wendy and Harry Brandon Atrium in the new Heart Center is named in their honor When making the gift, Harry Brandon said, "This community has been very good to us and we feel very fortunate to be able to give back to the community by helping to fund the Heart Center " The Brandons have a family history of heart disease, making them acutely aware of the need for quality medical care Both Harry and Wendy lost their fathers to heart disease and they learned the value of getting early diagnosis and treatments nearby Wendy, an attorney, serves on the board of the Health First Foundation where she keeps up to date on community medical needs and issues "About one third of the patients coming into the hospital through the Emergency Department suffer from heart problems," she said "Furthermore, hundreds, if not thousands, of people living in Brevard County do not have medical insurance and are still provided with quality medical services at Holmes We want to help ensure that this high quality of medical care will continue " The Brandon's commitment and devotion to our community's health will be a lasting legacy The Health First system depends on community support to ensure the best health care possible We extend a heartfelt thanks to the Brandons, as well as all of our donors, for their kindness and caring A Tie to Our Future At the Health First Foundation, we are committed to our organization's core values and mission Philanthropic partners are crucial to accomplishing Health First's vision and growth for the century ahead In 2006, we saw an increase in estate and charitable gift planning revenues Contributing to this important area of giving are grateful patients, volunteers, family foundations, and friends whose long-standing relationships with our organization has inspired them to leave a legacy that will continue providing quality health care for future generations Through our Living Legacy Society, we are proud to honor benefactors whose gifts through wills, bequest intentions, or other planned giving vehicles, help to ensure the future excellence and positive impact of Health First in our community If you have included us in your will or estate plan or you would like additional information on how to make a planned gift, please contact Jeanene Donilon, Director of Individual Giving, at 321 434 7386 or by e-mail at jeanene.donilon@health-first.org "We believe that the quality of life in our community is directly related to the health care available to our citizens That's why we decided on a planned gift to Holmes Regional Medical Center We know that Health First will be providing compassionate care for our local residents for many years to come " - Warren and Evelyn Foster Health First Foundation Making a Difference Summary of Funds Raised and Projects Supported from October 1, 2005 through September 30, 2006 \$179,583 received in unrestricted gifts used to Fund Health First Aging Institute services, including Leeza's Place Provide funds for staff education, facility enhancements, and equipment purchases at all three Health First hospitals \$650,734 received in restricted support of programs at Cape Canaveral Hospital, Holmes Regional Medical Center, and Palm Bay Community Hospital to Purchase life-saving equipment and enhance Cardiology services at all three hospitals Support Trauma education outreach and awareness programs Provide patient education materials for new mothers Purchase equipment for the new born nursery Provide wheelchairs at Cape Canaveral Hospital and Holmes Regional Medical Center Support Pastoral Care programs at each hospital Purchase supplies and toys for Pediatric patients Provide scholarships for area high school seniors pursuing medical and science careers \$85,864 given by Health First EAGLES (Every Associates' Gift Leaves Everlasting Spirit) to Expand organ &amp; tissue donor awareness through support of the Tiger Teams at each hospital Sponsor Health First associates on medical missions to El Salvador Renovate the Center for Child Development Provide scholarships to children attending Bright Star Center for Grieving Children &amp; Families, a Hospice grief counseling center Establish an "Arts in Medicine" Music Therapy Program at Holmes Regional Medical Center Provide diabetic testing supplies for community members in need \$575,076 received for Hospice of Health First as memorials to loved ones or as unrestricted gifts in support of Hospice initiatives and outreach programs to Provide in-home hospice care, medical supplies, and indigent care Provide grief counseling to families and children who lost a loved one Help build a new wing at The William Childs Hospice House, adding eight additional patient beds to the current eight-bed facility \$757,469 raised by special Health First events across the county The Annual Benefit Ball proceeds were designated to the Holmes Regional Medical Center Stroke Program Proceeds from Grape Escape V helped to enhance Cardiology services at The Heart Center and purchase defibrillator devices in partnership with the American Heart Association for cardiac emergencies throughout Brevard County The Grand Prix revenue helped purchase equipment, patient education materials, and provided staff training for the Cancer Care Program at Cape Canaveral Hospital Proceeds from the Jaguar Invitational Golf Tournament benefited Women's and Children's Services and were also used for equipment, renovation, and staff education at Cape Canaveral Hospital The Palm Bay Golf Classic revenue helped provide a special procedures room for medical diagnostics and treatment at Palm Bay Community Hospital</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI - LINE 90B - NUMBER OF EMPLOYEES		EMPLOYEES FOR CAPE CANAVERAL HOSPITAL, INC ARE INCLUDED IN THE FORM 941 FILED BY HEALTH FIRST, INC , EIN 59-3336894, WHICH SERVES AS A COMMON PAY AGENT

**TY 2005 Investments - Other Schedule**

**Name:** CAPE CANAVERAL HOSPITAL INC

**EIN:** 59-2477479

Description	Book Value	Cost/FMV
INV IN HEALTHCARE RELATED JV	5,133,683	
DEMAND NOTE REC FROM PARENT	19,389,803	

## TY 2005 Investments - Securities Schedule

**Name:** CAPE CANAVERAL HOSPITAL INC

**EIN:** 59-2477479

Description	Book Value	Cost/FMV
CASH AND SHORT-TERM INVESTMENT	293,303	F
TREASURY & AGENCY BONDS	2,076,068	F
CARTER BROADCASTING INVESTMENT	1,000	F

## TY 2005 Mortgages and Notes Payable Schedule

**Name:** CAPE CANAVERAL HOSPITAL INC

**EIN:** 59-2477479

**Total Mortgage Amount:** 956721

<b>Item No.</b>	1
<b>Lender's Name</b>	CHARLES PROVOST ANNUITY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	391490
<b>Balance Due</b>	302131
<b>Date of Note</b>	1994-05
<b>Maturity Date</b>	2021-05
<b>Repayment Terms</b>	\$37,665 ANNUITY PAYMENT DUE ANNUALLY IN MAY
<b>Interest Rate</b>	8.6
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	CASH ADVANCE TO CCH FOUNDATION, TRANSFERRED TO CCH
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

<b>Item No.</b>	2
<b>Lender's Name</b>	MARY-PROVOST-KATZ ANNUITY
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	411824
<b>Balance Due</b>	354590
<b>Date of Note</b>	1994-05
<b>Maturity Date</b>	2027-05
<b>Repayment Terms</b>	\$36,003 ANNUITY PAYMENT DUE ANNUALLY IN MAY
<b>Interest Rate</b>	8.1
<b>Security Provided by Borrower</b>	NONE
<b>Purpose of Loan</b>	CASH ADVANCE TO CCH FOUNDATION, TRANSFERRED TO CCH
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

<b>Item No.</b>	3
<b>Lender's Name</b>	SUNTRUST BANK CREDIT LINE
<b>Lender's Title</b>	
<b>Relationship to Insider</b>	
<b>Original Amount of Loan</b>	975000
<b>Balance Due</b>	300000
<b>Date of Note</b>	2002-09
<b>Maturity Date</b>	2008-09
<b>Repayment Terms</b>	6 MOS INTEREST(LIBOR+90PTS) THEN 60 PRINCIPAL PMTS
<b>Interest Rate</b>	1.0
<b>Security Provided by Borrower</b>	CASH IN BUSINESS MONEY MARKET PERFORMANCE ACCOUNT
<b>Purpose of Loan</b>	PURCHASE EQUIPMENT FOR HOSPITAL
<b>Description of Lender Consideration</b>	
<b>Consideration FMV</b>	

## TY 2005 Other Assets Schedule

**Name:** CAPE CANAVERAL HOSPITAL INC

**EIN:** 59-2477479

Description	Beginning of Year Amount	End of Year Amount
DEF LOAN COST&INGANGIBLE ASSET	1,829,740	1,578,539
OTHER ASSETS	62,836	57,299
INTEREST IN FOUNDATION	1,338,408	491,426



## TY 2005 Other Changes in Net Assets Schedule

**Name:** CAPE CANAVERAL HOSPITAL INC

**EIN:** 59-2477479

Description	Amount
TRANSFERS TO EXEMPT AFFILIATES	5,003,190
UNREALIZED LOSS ON INVESTMENT	34,638
ABANDONED PROJECTS	431,311
NET ASSETS RELEASED FROM RESTRICTION	2,225

**TY 2005 Other Investment Income Schedule****Name:** CAPE CANAVERAL HOSPITAL INC**EIN:** 59-2477479

Description	Amount
INV. IN HEALTHCARE RELATED JOINT VENTURE	40,680

## TY 2005 Other Liabilities Schedule

**Name:** CAPE CANAVERAL HOSPITAL INC

**EIN:** 59-2477479

Description	Beginning of Year Amount	End of Year Amount
CAPITAL LEASE OBLIGATION	23,940,000	23,940,000
DUE TO RELATED PARTIES	13,975,045	12,893,233
OTHER LIABILITIES	804,596	866,538

### TY 2005 Tax-Exempt Bond Liabilities Schedule

**Name:** CAPE CANAVERAL HOSPITAL INC

**EIN:** 59-2477479

<b>Item No.</b>	1
<b>Name of Issue</b>	
<b>Purpose</b>	SERIES 2001 BONDS
<b>Amount Outstanding</b>	20551603
<b>Unexpended Bond Proceeds</b>	0
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security</b>	

<b>Item No.</b>	2
<b>Name of Issue</b>	
<b>Purpose</b>	SERIES 2003 BONDS
<b>Amount Outstanding</b>	9144287
<b>Unexpended Bond Proceeds</b>	0
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security</b>	

<b>Item No.</b>	3
<b>Name of Issue</b>	
<b>Purpose</b>	SERIES 2005 BONDS
<b>Amount Outstanding</b>	9906535
<b>Unexpended Bond Proceeds</b>	0
<b>Third Party Use</b>	
<b>Space Percentage</b>	
<b>Maturity Date</b>	
<b>Repayment Terms</b>	
<b>Interest Rate</b>	
<b>Security</b>	

**TY 2005 Self Dealing Statement****Name:** CAPE CANAVERAL HOSPITAL INC**EIN:** 59-2477479

<b>Line Number</b>	<b>Explanation</b>
2c	THE EMPLOYEES OF CAPE CANAVERAL HOSPITAL, INC. (CCH), ARE INSURED BY HEALTH FIRST HEALTH PLANS, INC. (HFHP). HFHP IS A SUBSIDIARY OF HEALTH FIRST HOLDING COMPANY, INC. (HOLDING), WHICH IS WHOLLY OWNED BY HEALTH FIRST, INC. (HFI). HFI IS THE SOLE CORPORATE MEMBER OF CCH. ALL PREMIUMS ARE PAID AT FMV RATES. . HEALTH FIRST PHYSICIANS, INC. (HFPI) LEASES SPACE TO CCH. HFPI IS A SUBSIDIARY OF HOLDING WHICH IS WHOLLY OWNED BY HFI. THE TERMS OF ALL RENTAL AGREEMENTS ARE AT FAIR MARKET VALUE RATES.

**Line Number**

**Explanation**

2d

FORM 990,PART V.

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2005, or tax year beginning 10/01, 2005, and ending 09/30, 2006

# 2005

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ See instructions on back.

Name of exempt organization  
**CAPE CANAVERAL HOSPITAL, INC.**

Employer identification number  
**59-2477479**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b whichever is applicable blank (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, line 12)	1b	<u>127,310,518</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	

## Part II Declaration of Officer

6  I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account to revoke a payment I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ [Signature] | 8/4/07 | Sec. V. J. Finance

Signature of officer | Date | Title

## Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4205, Information for Authorized IRS e-file Providers for Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's Use Only**

ERO's signature: Linda Mason | Date: 8/7/2007 | Check if also paid preparer:  | Check if self-employed:  | ERO's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed) address and ZIP code: ERNST & YOUNG U.S. LLP  
200 S. BISCAYNE BLVD., SUITE 3900  
MIAMI, FL 33131 | EIN: 34-6565596 | Phone no: 305-358-4111

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ | Date: \_\_\_\_\_ | Check if self-employed:  | Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed) address and ZIP code: \_\_\_\_\_ | EIN: \_\_\_\_\_ | Phone no: \_\_\_\_\_