

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2006
 Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 10-01-2006 and ending 09-30-2007

- 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 (or P O box if mail is not delivered to street address) Room/suite
 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 Cash Accrual
 Other (specify) _____

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 (check only one) 501(c) (3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 119,906,860

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
 (If "No," attach a list See instructions)
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.)

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		66,000	
	c Indirect public support (not included on line 1a)	1c		488,525	
	d Government contributions (grants) (not included on line 1a)	1d		129,976	
	e Total (add lines 1a through 1d) (cash \$ 684,501 noncash \$ _____)	1e			684,501
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			117,233,529
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			1,106,804
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less rental expenses	6b			
c Net rental income or (loss) subtract line 6b from line 6a	6c				
7 Other investment income (describe _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities				
	8a		25,124		
	b Less cost or other basis and sales expenses	8b		81,447	
	c Gain or (loss) (attach schedule)	8c		-56,323	
d Net gain or (loss) Combine line 8c, columns (A) and (B)	8d			-56,323	
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
	b Less direct expenses other than fundraising expenses	9b			
	c Net income or (loss) from special events Subtract line 9b from line 9a	9c			
10a Gross sales of inventory, less returns and allowances	10a				
	b Less cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			856,902	
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			119,825,413	
Expenses	13 Program services (from line 44, column (B))	13		92,014,726	
	14 Management and general (from line 44, column (C))	14		26,259,507	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses Add lines 16 and 44, column (A)	17			118,274,233
Net Assets	18 Excess or (deficit) for the year Subtract line 17 from line 12	18		1,551,180	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		55,865,401	
	20 Other changes in net assets or fund balances (attach explanation)	20		-1,458,986	
	21 Net assets or fund balances at end of year Combine lines 18, 19, and 20	21			55,957,595

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.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach Schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ ⁰ noncash \$ ⁰) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	247,809	247,809	
b Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b and c	26	47,527,570	38,360,102	9,167,468
27 Pension plan contributions not included on lines 25a, b and c	27	1,897,476	1,535,568	361,908
28 Employee benefits not included on lines 25a - 27	28	10,091,740	6,949,933	3,141,807
29 Payroll taxes	29	3,871,563	3,028,716	842,847
30 Professional fundraising fees	30			
31 Accounting fees	31	149,653		149,653
32 Legal fees	32	335,338		335,338
33 Supplies	33	17,410,005	17,354,048	55,957
34 Telephone	34	365,133	76,921	288,212
35 Postage and shipping	35	21,915	19,532	2,383
36 Occupancy	36	533,068	275,439	257,629
37 Equipment rental and maintenance	37	3,436,808	1,868,819	1,567,989
38 Printing and publications	38	291,297	247,993	43,304
39 Travel	39	287,839	271,576	16,263
40 Conferences, conventions, and meetings	40			
41 Interest	41	4,030,472	3,175,895	854,577
42 Depreciation, depletion, etc. (attach schedule)	42	6,436,804	6,436,804	
43 Other expenses not covered above (itemize)				
a See Additional Data Table	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	118,274,233	92,014,726	26,259,507
				0

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 \$⁰, (ii) the amount allocated to Program services \$⁰, (iii) the amount allocated to Management and general \$⁰, and (iv) the amount allocated to Fundraising \$⁰

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.

<p>What is the organization's primary exempt purpose? OPERATION OF ACUTE CARE HOSPITAL</p> <p>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.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p>a 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 FREE 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 Please see attached community benefit report</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>92,014,726</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>92,014,726</p>

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.

		(A)		(B)	
		Beginning of year		End of year	
Assets	45 Cash—non-interest-bearing		45		
	46 Savings and temporary cash investments	35,848,117	46	29,444,547	
	47a Accounts receivable	47a 26,575,880			
	b Less allowance for doubtful accounts	47b 12,694,473	14,917,956	47c	13,881,407
	48a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use	2,304,724	52	2,384,837	
	53 Prepaid expenses and deferred charges	42,638	53	430,392	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	2,370,371	54a	2,427,913	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a Investments—land, buildings, and equipment basis	55a				
b Less accumulated depreciation (attach schedule)	55b		55c		
56 Investments—other (attach schedule)	24,523,486	56	25,526,656		
57a Land, buildings, and equipment basis	57a 145,345,114				
b Less accumulated depreciation (attach schedule)	57b 80,518,234	62,184,921	57c	64,826,880	
58 Other assets, including program-related investments (describe <input type="checkbox"/> _____)	2,127,264	58	2,174,541		
59 Total assets (must equal line 74) Add lines 45 through 58	144,319,477	59	141,097,173		
Liabilities	60 Accounts payable and accrued expenses	10,195,159	60	7,660,412	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)	39,602,425	64a	38,688,695	
	b Mortgages and other notes payable (attach schedule)	956,721	64b	725,851	
	65 Other liabilities (describe <input type="checkbox"/> _____)	37,699,771	65	38,064,620	
66 Total liabilities Add lines 60 through 65	88,454,076	66	85,139,578		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	55,784,917	67	54,783,649	
	68 Temporarily restricted	80,484	68	1,173,946	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	55,865,401	73	55,957,595	
	74 Total liabilities and net assets / fund balances Add lines 66 and 73	144,319,477	74	141,097,173	

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

Table with 5 main rows (a-e) and sub-rows for adjustments (1-4). Includes columns for adjustments (b1-b4, d1-d2) and a final total row (e).

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

Table with 5 main rows (a-e) and sub-rows for adjustments (1-4). Includes columns for adjustments (b1-b4, d1-d2) and a final total row (e).

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.)

Table with 5 columns: (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.

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	12		
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) .	75b		No
c 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 the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	Yes	
d Does the organization have a written conflict of interest policy?	75d	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 (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77 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	77		No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a 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?	80a	Yes	
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			
81a Enter direct or indirect political expenditures (See line 81 instructions)	81a		0
b Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

		Yes	No
82a	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?	Yes	
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)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year		
c	Dues assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	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?	85h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a 0		
b	Gross receipts, included on line 12, for public use of club facilities	86b	0
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	0
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	0
88a	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	Yes	
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	Yes	
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="text" value="0"/> , section 4912 <input type="text" value="0"/> , section 4955 <input type="text" value="0"/>		
b	501(c)(3) and 501(c)(4) orgs. 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		No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?		No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?		No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
89g			
90a	List the states with which a copy of this return is filed <input type="text"/>		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)	90b	887
91a	The books are in care of <input type="text" value="ROBERTA STONER"/> Telephone no <input type="text" value="(321) 434-5150"/> Located at <input type="text" value="3300 FISKE BLVD"/> ZIP + 4 <input type="text" value="ROCKLEDGE, FL"/> <input type="text" value="32955"/>		
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)?		No
	If "Yes," enter the name of the foreign country <input type="text"/>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		
91b		Yes	No

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c Yes No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

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	
93 Program service revenue					
a PATIENT SERVICES	621500	44,452			116,716,732
b MEDICAL MONITORING			41	60,744	
c OTHER PROGRAM REVENUE					411,601
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,106,804	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-56,323	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a CAFETERIA/CATERING			03	846,925	
b OTHER			01	55,051	
c INV-HLTHCARE JV			14	-45,074	
d					
e					
104 Subtotal (add columns (B), (D), and (E))		44,452		1,968,127	117,128,333
105 Total (add line 104, columns (B), (D), and (E))					119,140,912

Note: Line 105 plus line 1e, 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)

93	CAPE CANAVERAL HOSPITAL IS A GENERAL ACUTE CARE HOSPITAL
0	LOCATED IN COCOA BEACH, FLORIDA THAT PROVIDES MEDICAL
0	SERVICES TO THE SURROUNDING COMMUNITY IT MAINTAINS
0	APPROXIMATELY 150 BEDS

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	10000 %	REAL ESTATE	798,867	3,485,371
	%			
	%			
	%			

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? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				114,555

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No
	Yes	

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				488,525

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer	2008-08-14 Date
robert c galloway sr vp financec 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	

**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

2006

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 2 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 0	260,115	22,536	72
JANICE M MCCOY 3300 FISKE BLVD ROCKLEDGE, FL 32955	VP PATIENT CARE SVC 40 0	170,752	17,266	0
RICCI DEPASCALE 3300 FISKE BLVD ROCKLEDGE, FL 32955	PHARMACIST 40 0	144,561	12,217	0
RONALD C MCGRIER JR 3300 FISKE BLVD ROCKLEDGE, FL 32955	PHARMACY MANAGER 40 0	135,390	5,940	0
RAFONCIL N PANCHO 3300 FISKE BLVD ROCKLEDGE, FL 32955	PER DIEM RN 40 0	133,905	4,939	120
Total number of other employees paid over \$50,000	276			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals 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	183,000
neolink physicians pa 93 DELLANOY AVE COCOA BEACH, FL 32922	PHYSICIAN SERVICES	223,497
FAIRUZ F MATUK MD 32 SUNTREE PLACE MELBOURNE, FL 32940	Physician services	141,750
ATLANTIC PSYCHIATRIC CENTER 2123 FRANKLINK DR PALM BAY, FL 32905	PHYSICIAN SERVICES	116,909
FLORIDA LITHOLOGY LTD 14255 US HIGHWAY ONE JUNO BEACH, FL 33408	LITHOLOGICAL SERVICE	79,700
Total number of others receiving over \$50,000 for professional services	2	

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 individuals or firms. If there are none, enter "None". See page 2 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	623,067
ROA IMAGING SERVICES INC PO BOX 850001 ORLANDO, FL 32885	MEDICAL SERVICES	520,275
SPACE COAST HOSPITAL SERVICE INC 1895 MURRELL ROAD ROCKLEDGE, FL 32955	LAUNDRY SERVICE	404,158
QUEST DIAGNOSTICS INCORPORATED 7470 mission valley road SAN DIEGO, CA 92108	LAB SERVICES	191,454
BIDSHIFT INC 5405 OBERLIN DR SAN DIEGO, CA 92121	TIME MANAGEMENT SVCS	139,543
Total number of other contractors receiving over \$50,000 for other services	7	

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

Yes No

<p>1 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)</p> <p>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</p>	1		No
<p>2 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.) 🗨</p> <p>a Sale, exchange, or leasing property?</p>	2a		No
<p>b Lending of money or other extension of credit?</p>	2b		No
<p>c Furnishing of goods, services, or facilities?</p>	2c	Yes	
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	Yes	
<p>e Transfer of any part of its income or assets?</p>	2e		No
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)</p>	3a		No
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	Yes	
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	3c		No
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		No
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	4a		No
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		No
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		No
<p>d Enter the total number of donor advised funds owned at the end of the tax year ► _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)					
16 Membership fees received					
17 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					
18 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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	26a	
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts		26b	
c Total support for section 509(a)(1) test Enter line 24, column (e)		26c	
d Add Amounts from column (e) for lines	18 _____ 19 _____ 22 _____ 26b _____	26d	
e Public support (line 26c minus line 26d total)		26e	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	

27 Organizations described on line 12:	a 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 " Do not file this list with your return. Enter the sum of such amounts for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____		
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 larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2) , enter the sum of these differences (the excess amounts) for each year (2005) _____ (2004) _____ (2003) _____ (2002) _____			
c Add Amounts from column (e) for lines	15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)		27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 **Do not file this list with your return.** 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
29 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?	29	
30 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?	30	
31 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)	31	
32 Does the organization maintain the following	32a	
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
35 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	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

(a)
Affiliated group
totals

(b)
To be completed
for all electing
organizations

36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38	Total lobbying expenditures (add lines 36 and 37)	38		
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— 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	41		
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		0
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		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 13 of the instructions)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 13 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

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

- (i)** Cash
 - (ii)** Other assets
- b** Other transactions
- (i)** Sales or exchanges of assets with a noncharitable exempt organization
 - (ii)** Purchases of assets from a noncharitable exempt organization
 - (iii)** Rental of facilities, equipment, or other assets
 - (iv)** Reimbursement arrangements
 - (v)** Loans or loan guarantees
 - (vi)** Performance of services or membership or fundraising solicitations

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Form 4797

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

OMB No 1545-0184

2006

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 2006 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, Amount, Amount, Amount, Amount

- 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 instructions)

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

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

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

30 Total gains for all properties Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b Enter here and on line 13	31	
32 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	32	

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)
33 Section 179 expense deduction or depreciation allowable in prior years	33	
34 Recomputed depreciation (see instructions)	34	
35 Recapture amount Subtract line 34 from line 33 See the instructions for where to report	35	











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
a INSURANCE EXPENSE	43a	1,667,078		1,667,078	
b ADVERTISING	43b	169,220	10,741	158,479	
c DUES AND SUBSCRIPTIONS	43c	153,763	34,635	119,128	
d BILLING AND COLLECTIONS	43d	344,085	30,957	313,128	
e PROVISION FOR BAD DEBTS	43e	6,328,619	6,328,619		
f PROFESSIONAL SERVICES	43f	1,356,748	799,256	557,492	
g PURCHASED SERVICES	43g	3,156,878	2,955,917	200,961	
h TAXES & LICENSES	43h	1,488,565	1,384,395	104,170	
i MINOR EQUIPMENT	43i	204,101	184,995	19,106	
j PROFESSIONAL DEVELOPMENT	43j	320,825	117,032	203,793	
k UTILITIES	43k	2,252,547	131,066	2,121,481	
l PHYSICIAN RECRUITMENT	43l	199,862		199,862	
m CORPORATE ALLOCATION-DEP	43m	2,970,997		2,970,997	
n OTHER	43n	482,353	191,665	290,688	
o PYMTS TO HEALTHCARE PROVIDERS	43o	244,102	244,102		

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

(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
Brian J Bussen  3300 Fiske Blvd Rockledge, FL 32955	Director 1 0	0	0	0
James E Carter MD  3300 Fiske Blvd Rockledge, FL 32955	Director 1 0	0	0	0
Russell E Fischer  3300 Fiske Blvd Rockledge, FL 32955	Past Chair 1 0	0	0	0
Judith A George  3300 Fiske Blvd Rockledge, FL 32955	Director 1 0	0	0	0
Tony Hernandez III Esq  3300 Fiske Blvd Rockledge, FL 32955	Vice Chairman 1 0	0	0	0
George W Lewis  3300 Fiske Blvd Rockledge, FL 32955	Director 1 0	0	0	0
Nicholas E Pellegrino  3300 Fiske Blvd Rockledge, FL 32955	Chairman 1 0	0	0	0
Kevin S Pruett  3300 Fiske Blvd Rockledge, FL 32955	Director 1 0	0	0	0
Jeffrey Stalnaker MD  3300 Fiske Blvd Rockledge, FL 32955	Director 1 0	0	0	0
Kevin B Steele  3300 Fiske Blvd Rockledge, FL 32955	Secretary / Treasurer 1 0	0	0	0

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

(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
R Roy Wright  3300 Fiske Blvd Rockledge, FL 32955	President / COO 40 0	218,746	19,826	9,237
Steven Wolff MD  3300 Fiske Blvd Rockledge, FL 32955	Trustee 1 0	0	0	0

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		X
HEALTH FIRST INC	X	
HOSPICE OF HEALTH FIRST INC	X	
HOLMES REGIONAL MEDICAL CENTER IN	X	
HEALTH FIRST HOLDING CORP AND SUBS		X
HEALTH FIRST FOUNDATION INC	X	

TY 2006 Compensation Explanation

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Person Name	Explanation
Brian J Bussen	Current benefits paid by related party include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid
James E Carter MD	Current benefits paid by related party include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid
Russell E Fischer	Compensation paid by related party includes \$174,699 from the Health First Executive Benefit plan which vested during the current year, but was earned since 1995 when the individual became eligible for the plan Benefits accrued were previously reported on the form 990
Judith A George	Current benefits paid by related party include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid
Tony Hernandez III Esq	Current benefits paid by related party include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid
George W Lewis	Current benefits paid by related party include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid
Nicholas E Pellegrino	Compensation paid by related party includes \$213,602 from the Health First Executive Benefit plan which vested during the current year, but was earned since 1995 when the individual became eligible for the plan Benefits accrued were previously reported on the form 990
Kevin S Pruett	Current benefits paid by related party include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid
Jeffrey Stalnaker MD	Current benefits paid by related party include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid
Kevin B Steele	Current benefits paid by related party include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid
R Roy Wright	Compensation paid by related party includes \$56,698 from the Health First Executive Benefit plan which vested during the current year, but was earned since 2002 when the individual became eligible for the plan Benefits accrued were previously reported on the form 990 Current benefits include unpaid contributions to the Health First Executive Benefit plan that will be reported again in compensation when paid

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Compensation Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Brian J Bussen	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	17,500	0	Current benefits paid by related party include unpaid contributions to
James E Carter MD	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	10,000	0	Current benefits paid by related party include unpaid contributions to
Russell E Fischer	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	174,699	0	0	Compensation paid by related party includes \$174,699 from the Health
Judith A George	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	10,000	0	Current benefits paid by related party include unpaid contributions to
Tony Hernandez III Esq	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	10,000	0	Current benefits paid by related party include unpaid contributions to
George W Lewis	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	10,000	0	Current benefits paid by related party include unpaid contributions to
Nicholas E Pellegrino	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	213,602	0	0	Compensation paid by related party includes \$213,602 from the Health
Kevin S Pruettt	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	10,000	0	Current benefits paid by related party include unpaid contributions to
Jeffrey Stalnaker MD	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	10,000	0	Current benefits paid by related party include unpaid contributions to
Kevin B Steele	HEALTH FIRST INC	59-3336894	PARENT-SUBSIDIARY	0	12,000	0	Current benefits paid by related party include unpaid contributions to
R Roy Wright	Health First Inc	59-3336894	parent-subsidiary	56,698	63,295	0	Compensation paid by related party includes \$56,698 from the Health First

TY 2006 General Explanation Attachment

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

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 A TY 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 & LAND IMPROVEMENTS \$77,947 BUILDINGS & IMPROVEMENTS \$ 2,605,697 LEASEHOLD IMPROVEMENTS \$39,255 MAJOR MOVEABLE EQUIPMENT \$3,568,382 FIXED EQUIPMENT \$145,523 TOTAL DEPRECIATION EXPENSE \$6,436,804 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 & IMPROVEMENTS 3-40 YEARS FIXED EQUIPMENT 5-25 YEARS MAJOR MOVABLE EQUIP 3-20 YEARS LINE 57 - FIXED ASSETS LAND & LAND IMPROVEMENTS \$2,325,466 BUILDINGS & IMPROVEMENTS \$68,418,980 LEASEHOLD IMPROVEMENTS \$768,127 MAJOR MOVEABLE EQUIPMENT \$54,484,587 FIXED EQUIPMENT \$13,382,521 CONSTRUCTION IN PROGRESS \$5,890,952 MINOR EQUIPMENT \$74,481 TOTAL FIXED ASSETS \$145,345,114 LESS ACCUMULATED DEPRECIATION -\$80,518,234 NET FIXED ASSETS \$664,826,880</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

Identifier	Return Reference	Explanation
Community Benefit Report		<p>HEALTH FIRST MISSION Our team positively changing the health and well-being of you and your family through excellent and compassionate health care HEALTH FIRST VISION Skilled and dedicated people delivering high quality, patient-centered health care that improves lives and communities Every person Every time Dear Community Member, Reflecting on a year's worth of accomplishments at Health First is both rewarding and inspiring We are proud to see how our talented team of physicians, clinicians, and associates, alongside our community partners and donors, are working together to improve both the lives of residents and the communities in which we live It is no secret that the healthcare challenges being faced by Health First and other healthcare systems throughout the country are daunting Issues such as reduced reimbursements, increasing uninsured populations, and shortages of healthcare professionals These developments are stretching the resources of all healthcare systems, presenting challenges for hospitals and outpatient facilities As a not-for-profit organization, Health First remains committed to providing appropriate health care for all residents regardless of their ability to pay Last year, the total value of Health First's mission-driven community benefits programs exceeded \$40.6 million in actual costs, including charity care As we observe the willingness and dedication of our own associates to create workable solutions to these challenges, we know the quality of health care provided by Health First will not be compromised We are fortunate to have a dynamic and professional team of 6,500-plus men and women in place who are among the nation's most capable and dedicated individuals, working continually to ensure that Brevard residents receive excellent health care Health First also has an outstanding group of nearly 2,000 volunteers who give of their time and talents to ensure that Health First continues to honor our mission of positively changing the health and well-being of our community Health First is deeply appreciative of the thousands of donors who have stood steadfastly alongside Health First, investing in our construction initiatives, life-saving equipment purchases, personnel and recruitment needs, as well as helping to fund many of our ancillary programs and services Health First depends on such philanthropic support to ensure that our system is always able to provide the highest quality health care to our community Our vantage point is unique - we constantly hear inspirational stories from our three-hospital system and outpatient service entities, our Auxiliary programs, our philanthropic supporters, as well as the partnerships we form in the community to benefit the men, women, and children who access our healthcare services This Community Report showcases just a few of the services and programs that Health First supports or funds through partnerships The stories included in this report help demonstrate the patient-centered commitment that Health First makes to Brevard residents Every person Every time Sincerely, Michael D Means, President/CEO, Health First William T Brennan, Chairman, Health First Board of Directors</p> <p>COMMUNITY BENEFIT FINANCIALS Total Value of Health First Mission-driven Community Benefits - \$40,628,589 Charity Care Based on Costs - \$17,414,498 Community Health Improvement - \$7,767,917 (Community health education, clinical services and support services, health profession education, subsidized health services and clinical research) Community Building Activities - \$1,818,458 (Community health improvement advocacy and support, leadership development, coalition building, and community benefit operations) Unpaid Costs of Government-Sponsored Health Care Medicaid Shortfalls - \$13,627,716 Total Costs in Excess of Payments to Deliver Care - \$57,620,031 (Not Classified as Community Benefit) Medicare Shortfalls - \$44,518,868 Bad Debt - \$13,101,163 TOTAL - \$98,248,620</p> <p>BREVARD HEALTH ALLIANCE offers health and hope to residents To meet Ethel DiBiase, one would never know that she once faced homelessness, hopelessness, and poor health Today she's the assistant director for Daily Bread, a non-profit organization dedicated to improving the dignity and quality of life for the hungry and homeless in our community She credits her improved health, as well as much of her new outlook and her new job, to the assistance she received from Brevard Health Alliance (BHA) BHA provides primary care, preventive, and enabling medical services to individuals who have limited or no means to pay for health care from fixed-site clinics in Cocoa, Palm Bay, and Melbourne, as well as at multiple on-site locations served by its Mobile Clinic The Mobile Clinic serves such locations as Daily Bread, a homeless food pantry and shelter, Resurrection Ranch, a family restoration ministry, and safe houses for abused women and their children "I knew about BHA and had received medical care in its</p>

Identifier	Return Reference	Explanation
Community Benefit Report		<p>stand-alone facility years ago," Ethel said, "but I did not realize they had a Mobile Clinic. I have suffered with chronic respiratory conditions for a long time." One day while Ethel was at Daily Bread, the BHA Mobile Clinic was parked for one of its regularly scheduled visits. "Once again suffering from my breathing difficulty, I decided to visit the van to ask for help," she said. "I was at a very low point in my life - emotionally and physically. The nurse practitioner, Deb Yesowitch, and her team changed my life. Stepping onto the van was a healing experience that I will never forget." Deb convinced Ethel that she needed to improve her physical health so her mental and emotional health would improve. "I was so afraid of having bloodwork done, because I didn't think I could handle any more bad news," Ethel remembers. "Deb convinced me to have lab work done, and told me she would give me the results herself. She gave me the confidence to do what I needed to do to work on getting healthier and move from a hopeless state to a hopeful one." Ethel's interaction with the BHA staff on that day was a turning point for her. Though she holds an undergraduate degree, she was unemployed and living with a friend. "I had no permanent address of my own and my car didn't work. I hadn't lived independently for 30 years. I now found myself all alone with no real support." "I felt genuine compassion from the BHA team," she said. "I knew that I would never be in that hopeless, helpless place in my life again. Now, because of my improved health and brighter outlook on life, I can help others change their lives. I see my life coming full circle. I am indebted to BHA and funding partners like Health First for their support." Brevard Health Alliance (BHA) is Health First's response to providing health care to individuals who have limited or no means to pay. As the county's only Federally Qualified Health Center created to provide healthcare access free or at reduced costs to individuals who would otherwise go without medical care, BHA works with a network of volunteer physicians and nurses. BHA is funded by Health First and other Brevard healthcare providers. Health First provides nearly \$1.1 million in cash annually and another \$1 million of in-kind services such as information technology, electronic medical records, practice management systems, and facility usage.</p>

Identifier	Return Reference	Explanation
Community Benefit Report (continued)		<p>BRIGHT STAR ASSISTS GRIEVING FAMILIES In May of 2006, Jacob Smith's father, Marion, died of cancer at the age of 52, leaving a heart-broken five-year-old struggling to cope with the tough challenges of losing a beloved family member. Now two years later, with the help of the Hospice of Health First's Bright Star Center for Grieving Children & Families program, Jacob has learned to share his feelings of grief with others who are also mourning the loss of family members. He has learned how to deal with the flood of emotions that are part of the normal grieving process during and after the loss of a loved one. Jacob's mother, Mary K. Smith, credits the Bright Star program for helping both herself and her son to move through the healing process during some very difficult times. Jacob has participated in Bright Star's support groups, as well as attending Camp Bright Star on four different occasions since his father died. "Children don't know how to grieve when they lose someone close like a father," said Mary. "Bright Star provides a safe and supportive environment where children can share their experiences. Once Jacob learned to express the emotions and thoughts he was feeling about losing his father, he was able to talk about his loss in a healthy, healing way. It was helpful to him to know that he was not alone in his feelings of sadness and loneliness." Camp Bright Star is a day-long program designed to assist children in learning the art of healing through fun activities and meaningful sharing opportunities. The camp is led by Hospice of Health First and the Bright Star Center's bereavement specialists, registered nurses, and volunteers - all specifically trained to work with grieving children. While children are attending the counseling support sessions, their parents can attend a support session in a nearby room, designed just for adults. "Meeting with other men and women who have experienced losses under the guidance of trained bereavement specialists provides me the barometer I need to let me know my feelings are normal," said Mary. "Bright Star is a wonderful program, and I recommend it for children and their parents who are undergoing family losses." Hospice of Health First, a not-for-profit community service, created the Bright Star Center for Grieving Children & Families in 1994 to assist children and their families during the grieving process. Bright Star is led by a licensed clinical social worker, who is assisted by a core staff of trained professionals and volunteers. Health First provided nearly \$90,000 to support the Bright Star program and camps last year. Hospice of Health First's staff provided more than 1,000 hours of community education through health fairs, lectures, and Hospice House activities.</p> <p>HEALTH FIRST HELPS FUND HEALTHCARE EDUCATION Each year Health First funds various scholarships and internships for men and women who are interested in pursuing careers in the healthcare field. This educational support initiative not only helps aspiring students who can always use additional funding assistance, but it also helps Health First recruit some of the most talented individuals into the Health First family. This was certainly the case with Health First's director of Patient Access Services Michelle Fox. A Brevard resident since age three, Michelle became interested in health care during high school. After a career shadowing experience on the clinical side of the system, Michelle decided to pursue the administrative side of health care. She was selected as one of five high school seniors in 1994 to receive a \$1,000 scholarship from the Health First Foundation. To fulfill her undergraduate requirements at the University of Florida (UF), Michelle returned to Health First in 1998, where she served an internship as a health educator for Health First's Pro-Health & Fitness Centers. In addition to teaching community classes at the fitness centers, she helped develop a corporate wellness program for the City of Melbourne during her Pro-Health internship. Two years later, while pursuing a dual Master's Degree Program at UF, Michelle once again brought her talents back to Health First for a one-year administrative residency assignment at Cape Canaveral Hospital where she gained knowledge about the entire Health First system, rotating through each of the hospital's departments, tackling numerous administrative projects. One project that was very special to her was helping the Hospice of Health First team along with the Hospice Board make plans to build a freestanding Hospice House. "As project leader, I was able to put all my focus on this strategic effort, from conducting the research and feasibility study, to developing a pro-forma, to helping present the project to the Hospice Board and the community," Michelle said. "Seeing the completed William Childs Hospice House has brought me a feeling of great accomplishment." When Michelle graduated from UF with Master of Business Administration and Mast</p>

Identifier	Return Reference	Explanation
Community Benefit Report (continued)		<p>er of Healthcare Administration degrees in 2000, there was no doubt where she wanted to work. Health First felt the same, and offered Michelle a full-time position as a project administrator at Cape Canaveral Hospital. After four years with Health First, Michelle was promoted to a new role - manager of Patient Access Services. What began as a one-person department, Patient Access Services now employs 40 associates and focuses on making Health First's healthcare system as easy as possible to navigate for all patients and other users. The Health First healthcare system, including the Health First Foundation and the Health First Auxiliary, provided \$180,500 in 2007 to help fund healthcare-related scholarships and pay internship salaries.</p> <p>ASSOCIATE REALIZES VITALWATCH BENEFITS FIRSTHAND</p> <p>When Health First Health Unit Coordinator (HUC) Lisa Goetz left for work on May 16, 2007, she never expected to become a patient under the watchful eyes of the very system she worked for - VitalWatch, Health First's eICU program. Following a head-on collision on Interstate-95, Lisa was pinned in her car, which had flipped over 300 feet off the highway. Within minutes Lisa was pulled from the car, placed on a stretcher by the Health First First Flight air ambulance team, and air-lifted to the Holmes Regional Trauma Center. Though she remembers little of what happened over the next two weeks, her colleagues in the centralized VitalWatch Clinical Operations Room were watching over her, as they do for every patient in the Intensive Care Units (ICUs) at all three Health First hospitals. "I'm grateful to know that my team members in eICU were observing me and monitoring my health during that critical time of my life," Lisa said. "Having that extra set of eyes was a comfort to my family."</p> <p>Staffed by a core group of intensivists and Critical Care nurses, the VitalWatch team monitors real-time vital signs and laboratory results through a live audio and video connection in the patients' rooms. They have access to electronic medical records of all ICU patients. This 24-hour/seven-day-a-week program is provided at no additional cost to the patients. A non-intrusive, practically invisible system to staff and patients, VitalWatch provides an extra layer of monitoring to those patients who need it the most. If the VitalWatch staff detects something about a patient that may signal a potential problem, they immediately contact nurses and physicians on duty in the ICU at the hospital where the patient is located. In Lisa's case, a VitalWatch nurse's observation of persistent pain and the unusual appearance of her arm led to the diagnosis of a fractured humerus. A year later, Lisa is back in her role as the lead HUC for the VitalWatch program. Since her accident, First Flight trip, and patient care experience at Holmes Regional Medical Center, she has a new appreciation for the care that Health First associates offer their patients. "I want Brevard residents to know that Health First, with its specialty programs such as VitalWatch, is an amazing healthcare provider. This community is very fortunate to have access to its services." Health First invested more than \$3 million dollars in June 2004 to implement its VitalWatch eICU program and continues to provide nearly \$2 million per year in annual operational costs. VitalWatch receives about 1,800 calls per month and conducts about 15,000 interventions per year on approximately 3,000 patients. Since its implementation, the eICU program has provided support to more than 12,000 ICU patients. eICU is a registered trademark of VISI CU, Inc.</p>

Identifier	Return Reference	Explanation
Community Benefit Report (continued)		<p>HEALTH FIRST HELPS FUND BCC NURSING PROGRAM Registered Nurses Breanna Taylor and Chi Bisse tt believe they might not be in the Nursing field today if it were not, in part, for the funding assistance that Health First provided to Brevard Community College (BCC) to expand its Nursing Program to its Palm Bay campus Health First's financial contributions began in 2005 to enable the college system to offer Nursing classes at the Palm Bay location, in addition to the Cocoa campus Along with 33 other men and women, Breanna and Chi were members of the first graduating class from BCC's Palm Bay campus in August 2007 Breanna now serves as a Registered Nurse at Holmes Regional Medical Center in the Progressive Care Unit (PCU) "The first time I applied to the Brevard Community College Nursing Program, I was one of more than 300 applicants for the Cocoa-based program," said Breanna "Only 60 applicants were accepted, leaving me and many others unable to pursue the field of Nursing at Brevard Community College at that time When I heard the college was going to expand its Nursing Program to Palm Bay, I applied to that campus and was accepted" Breanna knew she wanted to pursue the field of Nursing in high school, where she participated in the Certified Nursing Assistant (CNA) program, earning her CNA certification from BCC "I worked as a CNA at Palm Bay Community Hospital (PBCH) in the Med/Surg Unit while in college BCC's Palm Bay program, which offers its classes at night and its clinicals on the weekends, is really designed for working students" Upon graduating from BCC with her Nursing Degree, Breanna knew she wanted to work for Health First "I received my degree in August, spent three months in the Nursing Orientation Program at Holmes Regional Medical Center, and at the end of the year accepted a Nursing position at the hospital" After Chi earned her Bachelor's Degree in Microbiology and Cell Science from the University of Florida (UF), she realized that working in a lab was not her choice career field When she married and had her son Alex, Chi thought that she would enjoy a career as a nurse, even though it meant returning to college Like Breanna, Chi also had her CNA certification, so she began working as a CNA at Palm Bay Community Hospital "The Palm Bay Nursing Program expansion was a blessing in disguise," said Chi "My husband was in Iraq [US Military], our son was quite young, and I was working full time The emotional strain and financial burden of driving to and from the Cocoa campus every day would have been too difficult I truly appreciated the fact that I could attend evening classes only a few miles from my home, continue working full time at night, and do my clinicals on the weekends" "Once I was accepted to the Brevard Community College's Palm Bay Nursing Program, I did some of my clinical work at PBCH, but most was at HRMC," said Chi "I am now working as a Registered Nurse at PBCH in the Progressive Care Unit alongside some of the same great people [nurses] I assisted when I was a CNA They are like family to me This [becoming a nurse] is a career change that makes sense for me" In 2005 Health First joined Brevard Community College (BCC) as one of its Founding Community Visionary Partners to support the Nursing Associate of Science Degree Program expansion at BCC's Palm Bay campus Health First has committed nearly \$2 million through January 2013 to support the expansion of this educational program Dollars being contributed by Health First and other area partners are being matched by state grants from Jobs for Florida's Future In FY2007, Health First donated more than \$258,000 toward this program, as well as more than 45,000 staff hours in clinical practicums for BCC Nursing students</p> <p>PROJECT SEARCH PROVIDES CAREER OPPORTUNITIES Most individuals never have to learn what it's like to re-train their brain to work again Pete Allison was not so fortunate After a traumatic brain injury (TBI) from a car accident, Pete spent nearly six weeks in a coma After emerging from a comatose state, he began to slowly regain memories from various parts of his life over the next five years "A brain injury is invisible to others," said Pete, "but it takes a lot of effort to get your brain going the right way again" Although statistics show that one in four adults with a TBI will be unable to return to work, Pete was determined to beat the odds He initially began working part time watering plants in a garden center Later a friend told Pete about Project SEARCH at Health First, and offered to contact the program director for him Project SEARCH, operated at the Holmes' campus, provides education and employment opportunities for individuals with disabilities Dedicated to workforce development that benefits the individual, community, and workplace, the program is comprised of two work components the Adult Employment Program and the High School Transition Program The Adult Employment Program coor</p>

Identifier	Return Reference	Explanation
Community Benefit Report (continued)		<p>dinates job development and agency referrals with human resource needs. The High School Transition Program is a one-year educational program for students with disabilities in their last year of high school. Targeted to students whose main goal is competitive employment, the program takes place in a setting where total workplace immersion facilitates the teaching and learning processes through continuous feedback and application of new skills. Pete met with Maria Trieste, Health First Project SEARCH coordinator, who told him about an open position for an assistant transporter at Holmes Regional Medical Center. After an interview, Pete thought the position was a great opportunity and a good fit for him. He began working at the hospital in April 2007. As an assistant transporter, he is responsible for collecting stretchers and wheelchairs throughout the hospital for the clinical staff to use the next day. Pete loves his job. "I think it is meant for me. I lost 15 pounds during the first few months," laughed Pete, who walks a minimum of 10,000 steps each night and makes at least 50 trips up and down the elevators to retrieve the equipment that has been used during the day. The other transporters think that red-headed Pete is a remarkable guy. "I don't see it myself. I just do my job," he said. Health First is a key partner with the Brevard Workforce Development Board, Brevard Public Schools, Brevard Achievement Center, and Brevard Business Leadership Network in making Project SEARCH a reality. In 2007 Health First provided nearly \$100,000 to help fund the Project SEARCH program. Since the program began, 12 students have been hired at Holmes Regional Medical Center as well as one student at Cape Canaveral Hospital. In addition, nine adults have been hired through the Project SEARCH Adult Program. The program plans to expand to Cape Canaveral Hospital in 2008. VOLUNTEERS DONATE TIME AND TALENT. Health First is fortunate to have nearly 2,000 men, women, and young adults who are dedicated to assisting our associates and Medical Staff members in delivering our mission of changing the health and well-being of Brevard families through excellent and compassionate health care. The Auxiliary's Volunteer Teams in all three Health First hospitals and in the Hospice of Health First program are carefully screened and trained to provide needed assistance to a wide range of Health First departments. Many have been inspired to volunteer following experiences they have had while at Health First facilities. One such person is Marion Geiger, who became a volunteer for Hospice of Health First to help others better understand the loss of a loved one - something she had experienced herself five years earlier. Marion is one of more than 250 Volunteers in Hospice of Health First's award-winning Volunteer Program. "When my husband was ill, a Hospice Volunteer sat with him while I went out to do errands," Marion said. After a one-year bereavement waiting period following her husband's death, Marion joined the Hospice of Health First's Volunteer Program. "I didn't have a lot of money to give to charities, but I could donate my time to help others in Hospice." After completing two weeks of intensive training to become a Hospice Volunteer, Marion is now independently helping patients according to the schedule set up by families she visits and helps. Retired from Walt Disney World after 20 years of serving in Disney's hospitality and call centers, Marion now uses the same tact, experience, and skills by assisting Hospice patients and families when they need a friendly, helpful, and compassionate person to lend a hand or to just be a companion-sitter. "I sit with the patients so their family members can go out, or sometimes I run errands for the patient and/or family," she said. Volunteer opportunities are available in a variety of different areas within Health First. For more information about volunteering, call the Health First Community Engagement Center at 321-434-4335. Health First has nearly 2,000 active Auxiliaries and Volunteers who provide assistance to Health First patients and staff at its three hospitals, Hospice program, and Pro-Health & Fitness Centers. During 2007, these men, women, and young adults donated more than 300,000 hours of time to help accomplish the Health First mission. These hours, if paid rather than donated, would have equated to more than \$3.6 million dollars in payroll and related expenses.</p>

Identifier	Return Reference	Explanation
Community Benefit Report (continued)		<p>SON HONORS HIS MOTHER WITH GIFT People like Danny York capture the true spirit of philanthropy - giving funds toward a cause that promotes human welfare In the case of Danny, the projects he chose to fund - a new nurses' station at Cape Canaveral Hospital and underwriting Nursing scholarships - have a special meaning to him and his family Danny's gifts honor his mother, Betty Sue York, who was one of the first nurses as well as a Nursing supervisor for more than 20 years at Cape Canaveral Hospital in Cocoa Beach She died in 1991 "I was looking for a way to honor the dedication and commitment my mother gave while serving patients every day at the hospital," said Danny, who was raised on Merritt Island "Providing much-needed funds to the Emergency Department offered a special recognition opportunity in the hospital where my mother spent so much time providing exceptional care This seemed like the perfect tribute to her memory " Danny also wanted his mother's legacy of helping others to live on through the lives of future nurses He thought one of the best ways to accomplish this was to participate in Health First Foundation's Scholarship Program and financially assist those preparing for the Nursing field The first five \$1,000 Betty Sue York Nursing Scholarships were awarded last year, and Danny plans to continue this as an annual tradition Now living in Tennessee, Danny is the CEO of a major restaurant chain he founded He fondly remembers his years growing up in Brevard County, and encourages others to look for ways they can serve as community ambassadors and contribute to Health First healthcare initiatives that are closest to their hearts "I have been blessed in my career, and I believe by sharing some of that success through philanthropic support to Health First, I can help make a difference in the lives of others not as fortunate In my case, I knew I wanted to honor my mother for her tireless and selfless efforts in the healthcare field That has been a lifetime dream come true for me " As a not-for-profit healthcare system, Health First depends on generous community members for philanthropic support to assist with our life-saving and humanitarian efforts Gifts to the Health First Foundation can help build and renovate healthcare facilities, launch new patient services, purchase advanced medical technology, honor a deceased or living loved one, and much more To learn more , you can call the Health First Foundation at 321-434-7353 or go online at www.health-first.org and click on "Ways to Help" Dear Community Member, Many of the stories in this Community Report are examples of how philanthropic gifts to the Health First Foundation help strengthen Health First's delivery of quality, patient-centered health care here in Brevard County As a not-for-profit healthcare system, Health First depends on charitable contributions from people like you to help bridge the gap between the healthcare needs of our growing community and the limited resources available Healthcare providers are facing greater challenges today than ever before The number of uninsured patients is growing More insured patients are unable to pay their insurance deductibles Medicare and Medicaid reimbursements have declined And, nationwide there are critical shortages in medical staffing With the help of dedicated volunteers, community partners, and individual donors, the Health First Foundation raised more than \$2.5 million in Fiscal Year 2007 These gifts helped provide new life-saving technology, assisted with capital expansion, supported critical programs and services, provided outreach assistance, and much, much more We are extremely grateful for all who give so generously to help ensure that quality healthcare is available close to home in Brevard We also invite all to participate Your support is needed now more than ever before Dale A Dettmer, Chairman Health First Foundation Board of Directors Over the next five years, Health First needs \$400 million for capital expansion and upgrades at our hospitals to better serve our community Your help is needed to make these improvements a reality To learn more, you can call the Health First Foundation at 321-434-7353 or online at www.health-first.org and click on "Ways to Help" HEALTH FIRST IS More than 6,500 dedicated associates, hundreds of physicians, nearly 2,000 volunteers, three not-for-profit hospitals - Cape Canaveral Hospital, Holmes Regional Medical Center, and Palm Bay Community Hospital - with a fourth, Viera Hospital, to be built soon Health First also includes Health First Health Plans, a network of Outpatient & Wellness Services, Health First Foundation, Hospice of Health First, and so much more Health First associates' dedication is seen every day, with 468,325 patient visits to Health First hospitals in 2007 HEALTH FIRST IS DELIVERING Health First delivered 3,513 babies in 2007 HEALTH FIRST HEALTH PLANS IS EXCELLING Health First Health Plans (HFHP)</p>

Identifier	Return Reference	Explanation
Community Benefit Report (continued)		<p>) currently has 64,500 enrolled members - nearly one out of every eight residents in Brevard - including 22,500 Medicare members. A study published by U.S. News & World Report and the National Committee for Quality Assurance (NCQA) ranked HFHP's Medicare plans "first in Florida" for quality and customer service, and ranked their commercial plans second in the state. NCQA has also awarded HFHP an accreditation status of "Excellent" - the highest possible level. The Excellent status was based on a voluntary review of how a health plan ensures its members are receiving high-quality care. To further improve the health of its members, HFHP added fitness center memberships to all fully-insured group plans in 2008, and is the only commercial carrier in Florida to do so. In 2009, HFHP will begin offering individual plans.</p> <p>HEALTH FIRST IS A NETWORK OF OUTPATIENT & WELLNESS SERVICES Health First's Outpatient & Wellness Services continues to serve the outpatient needs of Brevard County through its network of more than 20 different outpatient services and programs. During 2007 this group of services, from diagnostic testing, to sleep centers, to pain management clinics, provided care to more than 30,000 Brevard County residents.</p> <p>HEALTH FIRST IS ANSWERING MORE THAN A MILLION CALLS Our associates who respond to incoming phone calls at our Health First hospitals answered more than 1.3 million hospital information calls and more than 25,000 calls for physician services.</p> <p>HEALTH FIRST IS VOLUNTEERING Health First Auxiliary members provide assistance in all Health First hospitals, touching virtually every department with their time and talents. In 2007 the Auxiliary Services at all three hospitals dedicated more than 300,000 hours of service.</p>

Identifier	Return Reference	Explanation
Community Benefit Report (continued)		<p>HEALTH FIRST BOARD OF DIRECTORS (SERVING AS OF SEPTEMBER 30, 2007) William T Brennan, Chairman Russell E Fischer, Vice Chairman Allen S Henry, PhD, Secretary James C Shaw, Treasurer Brian J Bussen James E Carter, MD Eugene S Cavallucci, Esq Harry L Deffebach, PhD Catherine A Ford Larry F Garrison, Executive VP/COO, ex officio Pamela A Gatto Judith A George Tony Hernandez III, Esq A Thomas Hollingsworth, PhD Martin W Isenman, MD George W Lewis Michael D Means, President/CEO, ex officio Nicholas E Pellegrino William C Potter, Esq Kevin S Pruett Jeffrey C Stalnaker, MD Kevin B Steele HEALTH FIRST FOUNDATION BOARD OF DIRECTORS (SERVING AS OF SEPTEMBER 30, 2007) Dale A Dettmer, Chairman Evelyn Foster, Vice Chairman Wendy S Brandon, Secretary Eugene K Bjerning, Treasurer Patrick T Biddix Michael B Chaplin Debbie Cherin Carl D Coddington, Jr Linda G Coleman Robert A Dow J Timothy Dwight Larry F Garrison, President Coleman Goatley Henry T Goode Il Myra I Haley Rhonda A Lee Robert J Mandel, MD Michael D Means Paula G Molnar Patricia D Pruitt Charles D Ragland Barry F Richardson John K Stark Kevin B Steele Nancy R Taylor Richard A Theisen Mindy Thompson HEALTH FIRST PHYSICIANS BOARD OF DIRECTORS (SERVING AS OF SEPTEMBER 30, 2007) A Thomas Hollingsworth, PhD, Chairman Larry F Garrison, Vice President R Roy Wright, Secretary Brian J Bussen, Treasurer Judith A Gizinski Timothy P Laird, MD William C Potter, Esq Kevin B Steele HOLMES REGIONAL MEDICAL CENTER AND PALM BAY COMMUNITY HOSPITAL BOARD OF DIRECTORS (SERVING AS OF SEPTEMBER 30, 2007) Catherine A Ford, Chairman James C Shaw, Vice Chairman Martin W Isenman, MD, Secretary William C Potter, Esq, Treasurer Eugene S Cavallucci, Esq Harry L Deffebach, PhD Patrick W Domkowski, MD, PhD, PBCH Medical Staff President, ex officio Pamela A Gatto A Thomas Hollingsworth, PhD Judith A Gizinski, PBCH President, ex officio Jerry Senne, HRMC President, ex officio John McKinney, MD, HRMC Medical Staff President, ex officio CAPE CANAVERAL HOSPITAL BOARD OF TRUSTEES / (SERVING AS OF SEPTEMBER 30, 2007) Nicholas E Pellegrino, Chairman Tony Hernandez III, Esq, Vice Chairman Kevin B Steele, Secretary/Treasurer Brian J Bussen James E Carter, MD Judith A George George W Lewis Jeffrey C Stalnaker, MD Steven M Wolff, MD, CCH Medical Staff President, ex officio R Roy Wright, CCH President, ex officio HEALTH FIRST HEALTH PLANS BOARD OF DIRECTORS (SERVING AS OF SEPTEMBER 30, 2007) Nicholas E Pellegrino, Chairman Tony Hernandez III, Esq, Vice Chairman Kevin B Steele, Secretary /Treasurer Brian J Bussen James E Carter, MD Judith A George George W Lewis Jeffrey C Stalnaker, MD Steven M Wolff, MD, CCH Medical Staff President R Roy Wright, CCH President, ex officio HOSPICE OF HEALTH FIRST BOARD OF DIRECTORS (SERVING AS OF SEPTEMBER 30, 2007) John H Thistle IV, Chairman Patricia D Pruitt, Vice Chairman R Roy Wright, President Edward A Andr Stephen D Batchelor Michael C Brownlie Rev Robert M Bruckart, PhD John K Campbell, MD Madeline Childs Michael D Means, ex officio Robin M Petersen, Esq Jerry Senne Leonor G Zies, MD</p>

TY 2006 Investments - Other Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Description	Book Value	Cost/FMV
INV IN HEALTHCARE RELATED JV	5,088,608	
DEMAND NOTE REC FROM PARENT	20,438,048	

TY 2006 Mortgages and Notes Payable Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Total Mortgage Amount: 725851

Item No.	1
Lender's Name	CHARLES PROVOST ANNUITY
Lender's Title	
Relationship to Insider	
Original Amount of Loan	391490
Balance Due	299983
Date of Note	1994-05
Maturity Date	2021-05
Repayment Terms	\$37,665 ANNUITY PAYMENT DUE ANNUALLY IN MAY
Interest Rate	8.6
Security Provided by Borrower	NONE
Purpose of Loan	CASH ADVANCE TO CCH FOUNDATION, TRANSFERRED TO CCH
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	MARY-PROVOST-KATZ ANNUITY
Lender's Title	
Relationship to Insider	
Original Amount of Loan	411824
Balance Due	350868
Date of Note	1994-05
Maturity Date	2027-05
Repayment Terms	\$36,003 ANNUITY PAYMENT DUE ANNUALLY IN MAY
Interest Rate	8.1
Security Provided by Borrower	NONE
Purpose of Loan	CASH ADVANCE TO CCH FOUNDATION, TRANSFERRED TO CCH
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Lender's Name	SUNTRUST BANK CREDIT LINE
Lender's Title	
Relationship to Insider	
Original Amount of Loan	975000
Balance Due	75000
Date of Note	2002-09
Maturity Date	2008-09
Repayment Terms	6 MOS INTEREST(LIBOR+90PTS) THEN 60 PRINCIPAL PMTS
Interest Rate	
Security Provided by Borrower	CASH IN BUSINESS MONEY MARKET PERFORMANCE ACCOUNT
Purpose of Loan	PURCHASE EQUIPMENT FOR HOSPITAL
Description of Lender Consideration	
Consideration FMV	

TY 2006 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	1,578,539	1,506,394
OTHER ASSETS	57,299	27,479
INTEREST IN FOUNDATION	491,426	640,668

TY 2006 Other Changes in Net Assets Schedule**Name:** CAPE CANAVERAL HOSPITAL INC**EIN:** 59-2477479

Description	Amount
INDIGENT TAX BB ADJUSTMENT	1,830,804
UNREALIZED GAINS	57,797
CHANGE IN INTEREST IN FOUNDATION	149,242
EQUITY TRANSFER TO TAX EXEMPT PARENT	3,496,829

TY 2006 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	12,893,233	12,135,954
OTHER LIABILITIES	866,538	879,398
RAC AUDIT RESERVE	0	1,109,268

TY 2006 Tax-Exempt Bond Liabilities Schedule

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Item No.	1
Name of Issue	
Purpose	SERIES 2001 BONDS
Amount Outstanding	20450856
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	2
Name of Issue	
Purpose	SERIES 2003 BONDS
Amount Outstanding	8327305
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

Item No.	3
Name of Issue	
Purpose	SERIES 2005 BONDS
Amount Outstanding	9910534
Unexpeded Bond Proceeds	0
Third Party Use	
Space Percentage	
Maturity Date	
Repayment Terms	
Interest Rate	
Security	

TY 2006 Self Dealing Statement

Name: CAPE CANAVERAL HOSPITAL INC

EIN: 59-2477479

Line Number	Explanation
2c	<p>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. . CAPE HEALTH PROPERTIES, INC. (CHP) LEASES SPACE TO CCH. CHP IS A WHOLLY OWNED SUBSIDIARY OF CCH. THE TERMS OF ALL RENTAL AGREEMENTS ARE AT FAIR MARKET VALUE RATES.</p>

Line Number

Explanation

2d

SEE FORM 990,PART V-A.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning 10/01, 2006, and ending 09/30 20 07

2006

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

Employer identification number

CAPE CANAVERAL HOSPITAL, INC.

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...

Table with 5 rows (1a-5a) and 2 columns (Form check here, Total revenue/tax/balance due). Includes handwritten 'X' in box 1a.

Part II Declaration of Officer

I authorize the US Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry...

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program...

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 2006 electronic return...

Sign Here

Handwritten signature of officer

8/14/06 Date

Sec. V.P. Finance 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...

ERO's Use Only section with fields for signature, date (5/13/2006), firm name (ERNST & YOUNG US LLP), address, and EIN (34-6565596).

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.

Paid Preparer's Use Only section with fields for signature, date, firm name, and EIN.