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Form 990-EZ

Department of the Treasury  
Internal Revenue Service

# Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).  
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2010

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A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY F		D Employer identification number 59-2171911
	Number & street (or P O box, if mail is not delivered to street addr) 449 W 23RD STREET		E Telephone number (850) 747-7109
	City or town, state or country, and ZIP + 4 PANAMA CITY FL 32405-4507		F Group Exemption Number
	G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) _____		
H Check <input checked="" type="checkbox"/> if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website: WWW.MEDICALSTAFFOFFICE.COM			
J Tax-exempt status (check only one) -- <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(4) (insert no ) 4947(a)(1) or 527			

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 28,568

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	27,491
	4	Investment income	4	1,077
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	28,568	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	20,000
	11	Benefits paid to or for members	11	11,760
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	11,610
	17	<b>Total expenses.</b> Add lines 10 through 16	17	43,370
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,802
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	85,146
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20.	21	70,344

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35a	X
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year (see instructions)? . . . . .	35b	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> _____		
b Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. . . . . <b>38b</b> _____		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> _____		
b Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> _____		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____, section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	X
41 List the states with which a copy of this return is filed. ▶ <b>NONE</b>		
42a The organization's books are in care of ▶ <b>SEE ATTACHMENT #4</b> Telephone no ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	42b	X
If "Yes," enter the name of the foreign country ▶ _____		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	42c	X
If "Yes," enter the name of the foreign country: ▶ _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> _____		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44a	X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44b	X
c Did the organization receive any payments for indoor tanning services during the year? . . . . .	44c	X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	44d	X

	Yes	No
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	<b>45</b>	X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	<b>45a</b>	X
<b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

**52** Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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

**Sign Here** Signature of officer Quang Tran 11/12/2011  
 Type or print name and title ISMAIL ZABIH DIRECTOR

**Paid Preparer Use Only** Print/Type preparer's name W Gregory French Preparer's signature W Gregory French Date 11/22/11 Check ☐ if self-employed PTIN   
 Firm's name FRENCH & FRENCH PA, CPAS Firm's EIN   
 Firm's address 105 PEACHTREE DRIVE Phone no 850-271-3272  
LYNN HAVEN FL 32444

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY FUND

Employer identification number

59-2171911

PART I, LINE 10, GRANTS...:

THE LIBRARY FUND PROVIDED A \$20,000 GRANT TO BAYS MEDICAL SOCIETY TO  
FINANCE CONTINUING EDUCATION COURSES.

PART I, LINE 16, OTHER EXPENSES:

ACCOUNTING FEES \$ 610

DIRECTORS FEES 11,000

## 990 PRIMARY EXEMPT PURPOSE

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 2, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning , and ending
Name of Organization GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY FUND	Employer Identification Number 59-2171911

### Primary Purpose

STAFF MEDICAL LIBRARY - PROVIDES MEDICAL RESEARCH REFERENCE MATERIALS FOR HOSPITAL STAFF OF GULF COAST MEDICAL CENTER (PANAMA CITY, FL). PROVIDES RESEARCH MATERIAL IN WRITTEN AND ELECTRONIC FORMATS.

## 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC			
INSPECTION	For calendar year 2010 or tax period beginning , and ending		
Name of Organization		Employer Identification Number	
GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY FUND		59-2171911	

### Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	43,370
Exempt Purpose Achievements			

STAFF MEDICAL LIBRARY - PROVIDES MEDICAL RESEARCH REFERENCE FOR HOSPITAL STAFF OF GULF COAST MEDICAL CENTER (PANAMA CITY, FL). PROVIDES RESEARCH MATERIALS IN WRITTEN AND ELECTRONIC FORMATS. DURING 2010, FUNDING WAS ALSO PROVIDED THROUGH GRANTS TO FUND CONTINUING MEDICAL EDUCATION COURSES.



# 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

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

OPEN TO PUBLIC				
INSPECTION	For calendar year 2010 or tax period beginning , and ending			
Name of Organization			Employer Identification Number	
GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY FUND			59-2171911	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def Comp	(E) Expense Account & Other Allowances
ISMAIL ZABIH, MD 449 W 23RD STREET PANAMA CITY, FL 32405	DIRECTOR 1.00	0	0	0
MICHAEL JENKINS, MD 449 W. 23RD ST PANAMA CITY, FL 32405	DIRECTOR 1.00	0	0	0
C. GLEN BAILEY, MD 449 W 23RD ST PANAMA CITY, FL 32405	DIRECTOR 1.00	0	0	0
SAMUEL WOLF, DO 449 W 23RD ST PANAMA CITY, FL 32405	DIRECTOR 1.00	0	0	0
QUANG TRAN, MD 449 W 23RD ST PANAMA CITY, FL 32405	DIRECTOR 4.00	11,000	0	0
DUC-THANH VU, MD 449 W. 23RD ST. PANAMA CITY, FL 32405	DIRECTOR 1.00	0	0	0
TRICIA PERCY, DO 449 W. 23RD ST. PANAMA CITY, FL 32405	DIRECTOR 1.00	0	0	0
EEHAB KENAWY, MD 449 W. 23RD ST. PANAMA CITY, FL 32405	DIRECTOR 1.00	0	0	0
MICHAEL TAYLOR, MD 449 W. 23RD ST. PANAMA CITY, FL 32405	DIRECTOR 1.00	0	0	0

990 BOOKS ARE IN CARE OF

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

OPEN TO PUBLIC INSPECTION	For calendar year 2010 or tax period beginning , and ending
Name of Organization GULF COAST COMMUNITY HOSPITAL STAFF LIBRARY FUND	Employer Identification Number 59-2171911
Part V - Line 42a	

Individual Name ..... RICHARD BAKER  
or  
Business Name

Street Address ..... 449 W 23RD STREET

U S Address

Zip code 32405 City PANAMA CITY State FL  
or

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (850) 747-7109

Fax Number ..... (850) 770-8938