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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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01, 2008, and ending 09/30, 2009

B Check if applicable: Address change; X Name change; Initial return; Terminated; Amended return; Application pending

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

C Name of organization: HOSPICE OF PALM BEACH COUNTY FOUNDATI

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 5300 EAST AVENUE

Room/suite

City or town, state or country, and ZIP + 4: WEST PALM BEACH, FL 33407

D Employer identification number: 20-3974070

E Telephone number: (561) 494-6888

G Gross receipts $: 37,901,204.

F Name and address of principal officer: DAVID FIELDING
5300 EAST AVENUE, WEST PALM BEACH, FL 33407

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

H(b) Are all affiliates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: X 501(c)(03) ◀ (insert no) | 4947(a)(1) or | 527

J Website ▶ WWW.HPBCF.ORG

K Type of organization: X Corporation | Trust | Association | Other ▶

L Year of formation: 2005

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE ORGANIZATION'S MISSION IS TO RAISE AND MANAGE FUNDS TO SUPPORT THE MISSION OF SPECTRUM HEALTH, INC, A RELATED TAX-EXEMPT ORGANIZATION AND ITS SUBSIDIARIES THROUGH A COMPREHENSIVE FUNDRAISING PROGRAM.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5	Total number of employees (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	50
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T line 34	7b	NONE

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	3,540,397.	7,124,959.
9	Program service revenue (Part VIII, line 2g)	NONE	NONE
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,143,476.	714,982.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	70,333.	-257,136.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,754,206.	7,582,805.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,013,008.	4,620,083.
14	Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	462,427.	790,968.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ NONE		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	963,007.	1,196,981.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,438,442.	6,608,032.
19	Revenue less expenses. Subtract line 18 from line 12	-1,684,236	974,773.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	78,186,192.	78,608,424.
21	Total liabilities (Part X, line 26)	3,720,369.	5,056,041.
22	Net assets or fund balances. Subtract line 21 from line 20	74,465,823.	73,552,383.

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Part II Signature Block

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 — Date

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 2/15/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CROWE HORWATH LLP, 70 WEST MADISON STREET, SUITE 700 CHICAGO, IL 60602-4903 — EIN ▶ — Phone no. ▶ 312-899-8700

May the IRS discuss this return with the preparer shown above? (See instructions) X Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

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