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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
HPC HEALTHCARE INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
12973 TELECOM PARKWAY

City or town, state or country, and ZIP + 4
TEMPLE TERRACE, FL 33637

D Employer identification number
59-2264957

E Telephone number
(813) 871-8111

G Gross receipts $ 47,603,548

F Name and address of principal officer
KATHY FERNANDEZ PRESIDENT CEO
12973 TELECOM PARKWAY STE 100
TEMPLE TERRACE, FL 33637

H(a) Is this a group return for affiliates? ☐ Yes ☑ 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 ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1982 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of employees (Part V, line 2a)	**5**	303
6	Total number of volunteers (estimate if necessary)	**6**	52
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,881,403	5,167,994
9	Program service revenue (Part VIII, line 2g)	50,426,201	38,789,704
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,100,528	404,501
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	323,072	204,132
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,731,204	44,566,331
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	29,343,651	25,144,796
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,240,308		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	22,377,927	12,993,725
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	51,721,578	38,138,521
19	Revenue less expenses Subtract line 18 from line 12	3,009,626	6,427,810

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	126,329,479	129,809,289
21	Total liabilities (Part X, line 26)	51,951,165	44,506,536
22	Net assets or fund balances Subtract line 21 from line 20	74,378,314	85,302,753

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

****** | 2010-08-12
Signature of officer | Date

GEORGE H WALLACE EVP-Finance & Operations
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | 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 606024903

EIN ▶

Phone no ▶ (312) 899-7000

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☑ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 34,409,955 including grants of $ 0) (Revenue $ 39,062,466)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 34,409,955

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	524		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	303		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	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)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 15		
b	Enter the number of voting members that are independent . .	1b 14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DAVID J O'NEIL VICE PRESIDENT CFO
12973 TELECOM PARKWAY SUITE 100
TEMPLE TERRACE, FL 33637
(813) 871-8111

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHY L FERNANDEZ PRESIDENT & CEO	40	X		X				457,860	0	107,214
TAMARA SHUMATE BROWN VICE CHAIR	2	X		X				0	0	0
BRIAN HINTON CHAIR	2	X		X				0	0	0
JACK KOLOSKY TREASURER	2	X		X				0	0	0
GENE FOGARTY SECRETARY	2	X		X				0	0	0
HERB BELL BOARD MEMBER	2	X						0	0	0
REX YENTES BOARD MEMBER	2	X						0	0	0
KRISTIN E DIMEO BOARD MEMBER	2	X						0	0	0
THOMAS E CONGER BOARD MEMBER	2	X						0	0	0
MIKE MARINO BOARD MEMBER	2	X						0	0	0
SUSAN MCMILLAN BOARD MEMBER	2	X						0	0	0
JENNIFER B WILLIAMS BOARD MEMBER	2	X						0	0	0
WALTER M LINCER IMMEDIATE PAST CHAIR	2	X						0	0	0
JAMES JOINER BOARD MEMBER	2	X						0	0	0
MICHAEL ALOIAN BOARD MEMBER	2	X						0	0	0
GEORGE H WALLACE EVP-FINANCE & OPERATIONS	40			X				230,237	0	96,320
RONALD S SCHONWETTER EVP-CHIEF MED OFFICER	40			X				349,042	0	142,871

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID J O'NEIL VP-FINANCE/CFO	40				X			159,479	0	46,569
BJ DUDNEY VP-CLINICAL SERV & EDUC	40				X			159,400	0	85,676
H DARRELL WHITE VP-GENERAL COUNSEL/LEGAL SERV	40				X			209,299	0	65,509
ROXANNE RILEY EXEC DIRECTOR-LPH/FORMER EVP- PROG & SERV	40				X			219,108	67,041	561
JUDITH M GODDARD VP-HR	40				X			156,811	0	88,921
CHERYL HAMILTON VP-BUSINESS DEVELOPMENT	40				X			46,519	127,541	54,876
PEGGY M MADILL VP-CHIEF QUALITY & COMPLIANCE OFFICER	40				X			163,736	0	28,980
LAWRENCE V WITT VP-CHIEF INFO OFFICER	40				X			213,002	0	4,157
ELISA T RAMSTACK VP-SALES & MARKETING	40					X		137,840	0	0
SHARON A JONES VP-DEVELOPMENT	40					X		133,810	0	31,072
CHAD A FARMER PHYSICIAN	40					X		160,674	0	1,747
DEIDRA WOODS MEDICAL DIRECTOR-LPH	40					X		101,183	114,501	7,942
DIPESH PATEL DIRECTOR-PHARMACY MGMT	40					X		132,180	0	11,917
1b Total . . . . . ▶								3,030,180	309,083	774,332

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 24

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
H LEE MOFFITT CANCER CTR MOFFITT MED GROUP 12902 MAGNOLIA DR OLDSMAR, FL 336129497	PATIENT SERVICES	990,616
CROSSTOWN COURIERS ELM BUSINESS DEV INC PO BOX 10871 TAMPA, FL 336790871	COURIER SERVICES - DRUGS	791,910
PALMTERRACE OF LAKELAND SA-LAKELAND INC 44 S BROADWAY 614 WHITE PLAINS, NY 10601	NURSING HOME ROOM & BOARD	1,318,382
LAKELAND REGIONAL MEDICAL PO BOX 102049 ATLANTA, GA 30368	PATIENT SERVICES	1,313,323
ST JOSEPHS HOSPITAL INC BAYCARE CBO 3986 TAMPA ROAD OLDSMAR, FL 34677	PATIENT SERVICES	1,237,054

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 110

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 40,220				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 425,389				
	d	Related organizations	1d 2,929,014				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,773,371				
	g	Noncash contributions included in lines 1a-1f $ 450,936					
	h	**Total.** Add lines 1a-1f		5,167,994			
Program Service Revenue			Business Code				
	2a	PALLIATIVE MED SERVICES		329,335	329,335	0	0
	b	RENTAL INCOME FROM SUBS		2,701,614	2,701,614	0	0
	c	MANAGEMENT FEE INCOME		991,500	991,500	0	0
	d	SHARED SERVICE REVENUE		34,767,255	34,767,255	0	0
	e			0	0	0	0
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		38,789,704			
	3	Investment income (including dividends, interest and other similar amounts)		340,802	0	0	340,802
	4	Income from investment of tax-exempt bond proceeds		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	0 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)		0	0	0	0
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,917,547 / 1,577				
	b	Less cost or other basis and sales expenses	1,855,425 / 0				
	c	Gain or (loss)	62,122 / 1,577				
	d	Net gain or (loss)		63,699	0	0	63,699
Other Revenue	8a	Gross income from fundraising events (not including $ 42,642 of contributions reported on line 1c) See Part IV, line 18	a 425,389				
	b	Less direct expenses	b 111,272				
	c	Net income or (loss) from fundraising events		-68,630	0	0	-68,630
	9a	Gross income from gaming activities See Part IV, line 19	a 0				
	b	Less direct expenses	b 0				
	c	Net income or (loss) from gaming activities		0	0	0	0
	10a	Gross sales of inventory, less returns and allowances	a 870,127				
	b	Less cost of goods sold	b 687,774				
	c	Net income or (loss) from sales of inventory		182,354	182,354	0	0
		Miscellaneous Revenue	Business Code				
	11a	VISITOR & GUEST MEALS		27,697	27,697	0	0
	b	MISCELLANEOUS		62,711	62,711	0	0
	c			0	0	0	0
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		90,408			
	12	**Total revenue.** See Instructions		44,566,331	39,062,466	0	335,871

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	2,501,641	1,631,556	801,045	69,040
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	185,643	121,225	0	64,418
7	Other salaries and wages	10,754,625	10,150,038	0	604,587
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	638,709	634,829	0	3,880
9	Other employee benefits	9,864,357	9,741,271	0	123,086
10	Payroll taxes	1,199,821	1,119,468	35,949	44,404
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	145,491	0	145,491	0
c	Accounting	211,262	0	211,262	0
d	Lobbying	0	0	0	0
e	Professional fundraising *See Part IV, line 17*	0			0
f	Investment management fees	18,814	0	18,814	0
g	Other	959,257	942,704	0	16,553
12	Advertising and promotion	361,840	354,605	0	7,235
13	Office expenses	2,691,969	2,533,130	0	158,839
14	Information technology	946,352	946,352	0	0
15	Royalties	0	0	0	0
16	Occupancy	625,284	625,284	0	0
17	Travel	172,323	162,782	0	9,541
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	86,517	82,454	0	4,063
20	Interest	1,014,186	432,172	582,014	0
21	Payments to affiliates	26,493	26,493	0	0
22	Depreciation, depletion, and amortization	3,449,268	2,755,585	693,683	0
23	Insurance	1,185,040	1,185,040	0	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	OTHER-MED, OXYGEN, IV & DME	145,220	145,220	0	0
b	OTHER-NONCLINICAL PURCHASE SERV	506,569	506,569	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f	All other expenses	447,840	313,178	0	134,662
25	**Total functional expenses.** Add lines 1 through 24f	38,138,521	34,409,955	2,488,258	1,240,308
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,051	1	1,100
	2	Savings and temporary cash investments		47,992,960	2	58,553,653
	3	Pledges and grants receivable, net		340,980	3	310,105
	4	Accounts receivable, net		19,252,039	4	9,014,070
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		582,920	8	594,580
	9	Prepaid expenses and deferred charges		1,222,977	9	1,185,387
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 42,994,320			
	b	Less accumulated depreciation	10b 16,281,143	27,418,640	10c	26,713,177
	11	Investments—publicly traded securities		5,911,315	11	10,109,771
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		1,000	13	0
	14	Intangible assets		16,870,333	14	16,397,333
	15	Other assets See Part IV, line 11		6,735,264	15	6,930,113
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		126,329,479	16	129,809,289
Liabilities	17	Accounts payable and accrued expenses		18,156,108	17	14,849,783
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		30,270,000	20	24,997,250
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities Complete Part X of Schedule D		3,525,057	25	4,659,503
	26	**Total liabilities.** Add lines 17 through 25		51,951,165	26	44,506,536
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		73,535,190	27	83,858,196
	28	Temporarily restricted net assets		760,263	28	1,318,923
	29	Permanently restricted net assets		82,861	29	125,634
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		74,378,314	33	85,302,753
	34	Total liabilities and net assets/fund balances		126,329,479	34	129,809,289

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
LIFEPATH HOSPICE INC	205276870	9	Yes		Yes		Yes		0
GOOD SHEPHERD HOSPICE INC	205276923	9	Yes		Yes		Yes		0
Total									0

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
PART I, LINE 11H, COLUMN (VII), AMOUNT OF SUPPORT, HPC HEALTHCARE, INC PROVIDES SUPPORT SERVICES TO IT SUBSIDIARIES OR ITS SUPPORTED ORGANIZATIONS, LIFEPATH HOSPICE, INC AND GOOD SHEPHERD HOSPICE, INC , IN THE FORM OF INFORMATION TECHNOLOGY, HUMAN RESOURCES, LEGAL, FUND RAISING, COMPLIANCE, ACCOUNTING, MANAGEMENT OVERSIGHT AND HEALTHCARE PERSONNEL ,

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
HPC HEALTHCARE INC	59-2264957

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		3,305
j	Total lines 1c through 1i			3,305
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Other lobbying activities	Schedule C, Part II-B, Line 1i	THE ORGANIZATION PAYS ANNUAL DUES TO THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) FOR ITS MEMBERSHIP 6 34% OF THE TOTAL DUES PAID ARE RELATED TO LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	125,458	80,360			
b Contributions	176	45,098			
c Investment earnings or losses	0	0			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	0	0			
f Administrative expenses	0	0			
g End of year balance	125,634	125,458			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 %
- b Permanent endowment ▶ 0 %
- c Term endowment ▶ 0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	2,980,930		2,980,930
b Buildings	0	23,220,087	5,734,261	17,485,826
c Leasehold improvements	0	2,161,160	1,143,694	1,017,466
d Equipment	0	9,012,526	7,362,697	1,649,829
e Other	0	5,619,617	2,040,491	3,579,126
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				26,713,177

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
DEFERRED SERP	2,374,686
DEBT ISSUE COSTS	373,516
DEPOSITS	207,011
BENEFICIAL INTEREST IN TRUST	25,504
CASH SURRENDER VALUE LIFE INS	13,506
DUE FROM RELATED PARTIES	3,632,850
OTHER RECEIVABLES	303,040
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	6,930,113

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED SERP LIABILITY	2,374,686
INTEREST RATE SWAP AGREEMENT	788,773
CHARITABLE GIFT ANNUITIES	585,891
CAPITAL LEASE OBLIGATION	496,599
DUE TO RELATED PARTIES	413,554
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,659,503

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Intended uses of endowment funds	Schedule D, Part V, Line 4	THE BUILDING ENDOWMENT FUND PROVIDES FUNDS FOR THE NECESSARY MAINTENANCE AND FACILITY UP-KEEP OF ALL HPC HEALTHCARE, INC FACILITIES, THE CHILDREN'S ENDOWMENT FUND PROVIDES FUNDS FOR SPECIFIC EQUIPMENT AND STAFFING TO MEET THE NEEDS OF PEDIATRIC PATIENTS, GRIEVING CHILDREN AND FAMILIES, THE MEDICAL STUDENT ENDOWMENT PROVIDES FUNDS TO THE MEDICAL STUDENT PROGRAM THAT EDUCATES FUTURE PHYSICIANS ON THE IMPORTANCE OF END-OF-LIFE CARE
FIN 48 footnote	Schedule D, Part X, Line 2	FIN 48 (FASB ASC 740), INCOME TAXES, PROVIDES GUIDANCE FOR HOW UNCERTAIN TAX POSITIONS SHOULD BE RECOGNIZED, MEASURED, PRESENTED AND DISCLOSED IN THE CONSOLIDATED STATEMENTS THIS GUIDANCE REQUIRES TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE COURSE OF PREPARING TAX RETURNS TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE LIKELY OR NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY, INCLUDING RESOLUTION OF ANY APPEALS OR LITIGATION, BASED ON THE TECHNICAL MERITS OF THE POSITION, INCLUDING ADMINISTRATIVE PRACTICES AND PRECEDENTS THE TAX BENEFIT TO BE RECOGNIZED IS MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WHICH COULD RESULT IN HPC RECORDING A TAX LIABILITY THAT WOULD REDUCE NET ASSETS TAX POSITIONS NOT DEEMED TO MEET A "MORE LIKELY OR NOT" THRESHOLD WOULD BE RECORDED AS TAX EXPENSE IN THE CURRENT YEAR HPC HAS NO SIGNIFICANT UNCERTAIN TAX POSITIONS AT DECEMBER 31, 2009

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

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

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ISLAND NIGHT (event type)	(b) Event #2 GLOBAL GETAWAYS (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	235,854	124,909	107,268	468,031
	2 Less Charitable contributions	219,840	115,801	89,748	425,389
	3 Gross income (line 1 minus line 2)	16,014	9,108	17,520	42,642
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	260	260
	6 Rent/facility costs	3,275	2,009	10,231	15,515
	7 Food and beverages	13,592	8,951	4,290	26,833
	8 Entertainment	0	900	130	1,030
	9 Other direct expenses	25,001	17,365	25,268	67,634
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				111,272
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-68,630

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID J O'NEIL	(i)	152,201	0	7,278	35,039	11,530	206,048	0
	(ii)	0	0	0	0	0	0	0
BJ DUDNEY	(i)	143,931	0	15,469	83,880	1,796	245,076	0
	(ii)	0	0	0	0	0	0	0
H DARRELL WHITE	(i)	198,384	0	10,915	56,171	9,338	274,808	0
	(ii)	0	0	0	0	0	0	0
ROXANNE RILEY	(i)	86,380	0	132,728	0	77	219,185	0
	(ii)	64,005	0	3,036	0	484	67,525	0
KATHY L FERNANDEZ	(i)	322,563	0	135,297	104,810	2,404	565,074	0
	(ii)	0	0	0	0	0	0	0
GEORGE H WALLACE	(i)	218,539	0	11,698	93,916	2,404	326,557	0
	(ii)	0	0	0	0	0	0	0
SHARON A JONES	(i)	119,341	0	14,469	21,086	9,986	164,882	0
	(ii)	0	0	0	0	0	0	0
JUDITH M GODDARD	(i)	145,228	0	11,583	80,990	7,931	245,732	0
	(ii)	0	0	0	0	0	0	0
RONALD S SCHONWETTER	(i)	334,470	0	14,572	140,467	2,404	491,913	0
	(ii)	0	0	0	0	0	0	0
CHERYL HAMILTON	(i)	44,380	0	2,139	33,765	3,311	83,595	0
	(ii)	120,086	0	7,455	8,837	8,963	145,341	0
PEGGY M MADILL	(i)	155,765	0	7,971	20,314	8,666	192,716	0
	(ii)	0	0	0	0	0	0	0
CHAD A FARMER	(i)	159,756	0	918	1,485	262	162,421	0
	(ii)	0	0	0	0	0	0	0
DEIDRA WOODS	(i)	97,490	0	3,693	0	0	101,183	0
	(ii)	110,396	0	4,105	7,942	0	122,443	0
LAWRENCE V WITT	(i)	141,358	0	71,644	0	4,157	217,159	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Health or social club dues or initiation fees	Schedule J, Part I, Line 1a	THE ORGANIZATION PAYS FOR THE PRESIDENT/CEO TO BE A MEMBER OF THE CENTRE CLUB TO CULTIVATE PROSPECTIVE DONORS AND OTHER BUSINESS PURPOSES THE USE OF THIS MEMBERSHIP IS BUSINESS RELATED AND THEREFORE THE RELATED BENEFIT HAS NOT BEEN INCLUDED IN THE RECIPIENT'S TAXABLE COMPENSATION
Severance or change-of-control payment	Schedule J, Part I, Line 4a	WITT, LAWRENCE - $19,208 60 AND RILEY, ROXANNE - $131,792 64
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	FERNANDEZ, KATHY - $121,640 59, DUDNEY, BJ - $4,371 83, GODDARD, JUDITH -$4,460 91,JONES, SHARON -$3,879 80

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	CITY OF TEMPLE TERRACE FLORIDA	59-6000439		08-13-2009	13,827,500	2 HOSPICE HOUSES AND RESOURCE CNTRS		X		X
B	POLK COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	59-1292108	731120MW8	08-13-2009	11,617,500	PURCHASE OF GOOD SHEPHERD HOSPICE		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	13,827,500	11,617,500			
2	Gross proceeds in reserve funds	0	0			
3	Proceeds in refunding or defeasance escrows	0	0			
4	Other unspent proceeds	0	0			
5	Issuance costs from proceeds	0	0			
6	Working capital expenditures from proceeds	0	0			
7	Capital expenditures from proceeds	0	0			
8	Year of substantial completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X							
10	Were the bonds issued as part of an advance refunding issue?		X		X						
11	Has the final allocation of proceeds been made?	X		X							
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X							

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X						
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X						

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X		X							
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X		X							
b	Name of provider	SUNTRUST BANK		SUNTRUST BANK							
c	Term of hedge	10 0		15 0							
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider										
c	Term of GIC	0 0		0 0							
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?	X		X							

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	**(a)** Name of disqualified person	**(b)** Description of transaction	**(c)** Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	**(b)** Loan to or from the organization? To	From	**(c)** Original principal amount	**(d)** Balance due	**(e)** In default? Yes	No	**(f)** Approved by board or committee? Yes	No	**(g)** Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues? Yes	No
BEVERLY WALLACE	DIRECTOR, THRIFT STORES	64,418	WIFE OF EVP-FINANCE & OPERATIONS, GEORGE WALLACE		No
RICK LOTT	BOD-LIFEPATH HOSPICE, INC AND FINANCE COMMITTEE, HPC	121,225	100% OWNER OF ZENO OFFICE SOLUTIONS, WHICH PROVIDES COPIER LEASING		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	295,488	SELLING COST
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (GOODS FOR AUCTION)	X	43	69,996	DONOR VALUATION
26	Other ▶ (EQUIP AND OTHER GOODS)	X	42	69,482	DONOR VALUATION
27	Other ▶ (FOOD FOR FUND-RAISING EVENTS)	X	8	12,066	DONOR VALUATION
28	Other ▶ (GIFT CARDS)	X	3	3,904	DONOR VALUATION

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third parties used to solicit, process, or sell noncash contributions	Schedule M, Part I, Line 32a	A THIRD PARTY INVESTMENT BROKER SELLS DONATED STOCKS AS DIRECTED BY MANAGEMENT OF THE ORGANIZATION

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

Identifier	Return Reference	Explanation
Organization's mission or most significant activities	Form 990, Part I, Line 1	HPC HEALTHCARE, INC , THROUGH ITS SUBSIDIARY ORGANIZATIONS, PROVIDES HOSPICE AND PALLIATIVE CARE SERVICES THAT RELIEVE THE SUFFERING OF PERSONS RESIDING IN ITS COMMUNITIES AFFECTED BY LIFE-LIMITING ILLNESSES AND END-OF-LIFE ISSUES SO ALL MAY LIVE AS FULLY AND COMFORTABLY AS POSSIBLE HPC HEALTHCARE, INC ALSO WORKS TO PROMOTE AN UNDERSTANDING OF THE NEEDS OF PERSONS WITH SERIOUS OR LIFE-LIMITING ILLNESSES AS WELL AS THE NEEDS OF ITS FAMILIES AND CAREGIVERS HPC ALSO PROVIDES SUPPORT SERVICES TO EACH OF ITS SUBSIDIARIES
Organization's mission	Form 990, Part III, Line 1	HPC HEALTHCARE, INC , THROUGH ITS SUBSIDIARY ORGANIZATIONS, PROVIDES HOSPICE AND PALLIATIVE CARE SERVICES THAT RELIEVE THE SUFFERING OF PERSONS RESIDING IN ITS COMMUNITIES AFFECTED BY LIFE-LIMITING ILLNESSES AND END-OF-LIFE ISSUES SO ALL MAY LIVE AS FULLY AND COMFORTABLY AS POSSIBLE HPC HEALTHCARE, INC ALSO WORKS TO PROMOTE AN UNDERSTANDING OF THE NEEDS OF PERSONS WITH SERIOUS OR LIFE-LIMITING ILLNESSES AS WELL AS THE NEEDS OF ITS FAMILIES AND CAREGIVERS HPC HEALTHCARE PROVIDES SIGNIFICANT MANAGEMENT DUTIES, INCLUDING WITHOUT LIMITATION, FINANCIAL AND ACCOUNTING SERVICES, HUMAN RESOURCES, LEGAL AND MARKETING SERVICES, INFORMATION TECHNOLOGY SERVICES, TO ITS SUBSIDIARIES AND WHOLLY OWNED LLC'S VIA A WRITTEN MANAGEMENT AGREEMENT
New program services	Form 990, Part III, Line 2	HPC STAFFING SERVICES, LLC- IN 2009, HPC HEALTHCARE ESTABLISHED A NOT-FOR-PROFIT SUBSIDIARY, HPC STAFFING SERVICES, LLC, WHICH OPERATES A LICENSED HEALTH CARE SERVICES POOL THIS COMPANY PROVIDES TEMPORARY STAFFING OF HEALTH CARE PERSONNEL TO OTHER HPC HEALTHCARE SUBSIDIARIES AND ENABLES HPC HEALTHCARE TO CENTRALIZE THE MANAGEMENT OF CLINICAL STAFF WHOSE DUTIES CROSS BETWEEN MULTIPLE SUBSIDIARIES HPC STAFFING SERVICES STAFF INCLUDES PHYSICIANS, NURSES, RESPIRATORY THERAPISTS AND MANAGERS FOR THE ONCOLOGY PROGRAM, MEDICAL STAFF AND INFUSION SERVICES
Program service description	Form 990, Part III, Line 4a	A HPC HEALTHCARE, INC HPC HEALTHCARE, INC PROVIDES HOSPICE CARE AND SERVICES TO PATIENTS AND FAMILIES THROUGH ITS TWO HOSPICE SUBSIDIARIES - LIFEPATH HOSPICE, INC AND GOOD SHEPHERD HOSPICE, INC BOTH ARE NOT-FOR-PROFIT HOSPICE PROGRAMS CERTIFIED BY THE FEDERAL MEDICARE PROGRAM AND PROVIDE A WIDE RANGE OF PALLIATIVE AND SUPPORTIVE CARE SERVICES TO HELP TERMINALLY ILL PATIENTS, THEIR FAMILIES AND THEIR LOVED ONES IN ADDITION HPC HEALTHCARE IS THE SOLE MEMBER AND OPERATES THREE ADDITIONAL LLC'S - AXIS PALLIATIVE HEALTHCARE, LLC, HPC PHARMACY SERVICES, LLC AND HPC STAFFING SERVICES, LLC HPC HEALTHCARE PROVIDES SIGNIFICANT MANAGEMENT DUTIES, INCLUDING WITHOUT LIMITATION, FINANCIAL AND ACCOUNTING SERVICES, HUMAN RESOURCES, LEGAL AND MARKETING SERVICES, INFORMATION TECHNOLOGY SERVICES, TO ITS SUBSIDIARIES AND WHOLLY OWNED LLC'S VIA A WRITTEN MANAGEMENT AGREEMENT THE AMOUNT OF THESE SERVICES IS REFLECTED IN THE STATEMENT OF REVENUE AS SHARED SERVICES REVENUE" AND MANAGEMENT FEE INCOME B LIFEPATH HOSPICE, INC LIFEPATH HOSPICE IS A MEDICARE-CERTIFIED AGENCY THAT PROVIDES END-OF-LIFE CARE IN HILLSBOROUGH COUNTY, FLORIDA IN 2009, LIFEPATH HOSPICE SERVED 7,036 PATIENTS IN ITS COMMUNITY LIFEPATH HOSPICE PROFESSIONALS CARED FOR 66 4% OF ALL PEOPLE WHO DIED IN HILLSBOROUGH COUNTY IN 2009 (THIS FIGURE ALSO TAKES INTO ACCOUNT SUDDEN DEATHS, ACCIDENTS, HOMICIDES AND SUICIDES) THE COMPANY HAS 1,236 TRAINED VOLUNTEERS WHOSE DONATED TIME IS VALUED AT $1 25 MILLION LIFEPATH HOSPICE PROVIDED $3 3 MILLION IN CHARITY CARE IN 2009 C GOOD SHEPHERD HOSPICE, INC GOOD SHEPHERD HOSPICE IS A MEDICARE-CERTIFIED AGENCY THAT PROVIDES END-OF-LIFE CARE IN POLK, HIGHLANDS AND HARDEE COUNTIES IN FLORIDA IN 2009, GOOD SHEPHERD HOSPICE SERVED 4,030 PATIENTS IN ITS COMMUNITIES GOOD SHEPHERD HOSPICE PROFESSIONALS CARED FOR 45 8% OF ALL PEOPLE WHO DIED IN POLK, HIGHLANDS AND HARDEE COUNTIES IN 2009 (THIS FIGURE ALSO TAKES INTO ACCOUNT SUDDEN DEATHS, ACCIDENTS, HOMICIDES AND SUICIDES) THE COMPANY HAS 552 TRAINED VOLUNTEERS WHOSE DONATED TIME IS VALUED AT $555,000 GOOD SHEPHERD HOSPICE PROVIDED $1 4 MILLION IN CHARITY CARE IN 2009 D AXIS PALLIATIVE HEALTHCARE, LLC AXIS PALLIATIVE HEALTHCARE PROVIDES PAIN AND PALLIATIVE CARE CONSULTS IN HOSPITALS AND OTHER FACILITIES IN HILLSBOROUGH AND POLK COUNTIES IN 2009, AXIS PALLIATIVE HEALTHCARE PROVIDED 3,135 PATIENT VISITS, WHICH INCLUDED 880 NEW PALLIATIVE CARE CONSULTS AT THREE HOSPITALS AND THREE NURSING HOME/REHABILITATION CENTERS E HPC PHARMACY SERVICES, LLC HPC PHARMACY SERVICES IS A NOT-FOR-PROFIT SUBSIDIARY THAT PROVIDES MEDICATIONS FOR THE PATIENTS OF LIFEPATH HOSPICE AND GOOD SHEPHERD HOSPICE HPC PHARMACY SERVICES IMPROVED STAFF EFFICIENCY WITH ELECTRONIC MEDICATION ORDERS, FILLING 148,534 PRESCRIPTIONS IN 2009 HPC PHARMACY SERVICES PROVIDES FREE DELIVERY OF MEDICATIONS FOR HOSPICE PATIENTS, AT A COST OF MORE THAN $766,000 F HPC STAFFING SERVICES, LLC HPC HEALTHCARE ESTABLISHED A NOT-FOR-PROFIT SUBSIDIARY, HPC STAFFING SERVICES, LLC, IN 2009 HPC STAFFING SERVICES OPERATES A LICENSED HEALTH CARE SERVICES POOL THIS COMPANY PROVIDES TEMPORARY STAFFING OF HEALTHCARE PERSONNEL TO OTHER HPC HEALTHCARE SUBSIDIARIES AND ENABLES HPC HEALTHCARE TO CENTRALIZE THE MANAGEMENT OF CLINICAL STAFF WHOSE DUTIES CROSS BETWEEN MULTIPLE SUBSIDIARIES HPC STAFFING SERVICES STAFF INCLUDES PHYSICIANS, NURSES, RESPIRATORY THERAPISTS AND MANAGERS FOR THE ONCOLOGY PROGRAM, MEDICAL STAFF AND INFUSION SERVICES G HPC HEALTHCARE DEVELOPMENT DEPARTMENT THE HPC HEALTHCARE DEVELOPMENT DEPARTMENT IS THE FUNDRAISING ENTITY FOR LIFEPATH HOSPICE AND GOOD SHEPHERD HOSPICE THROUGH COMMUNITY EVENTS AND FUNDRAISING ACTIVITIES, THE DEVELOPMENT DEPARTMENT RAISES FUNDS TO SUPPORT THE UNFUNDED PROGRAMS OF LIFEPATH HOSPICE AND GOOD SHEPHERD HOSPICE, WHICH INCLUDE CHARITY CARE, COMMUNITY GRIEF SUPPORT AND MEDICAL STUDENT EDUCATION IN 2009, A TOTAL OF 14,546 DONORS CONTRIBUTED $5,099,364 TO THE HPC DEVELOPMENT DEPARTMENT THROUGH CAPITAL CAMPAIGNS, MEMORIALS, REALIZED PLANNED GIFTS, SPECIAL EVENTS AND OTHER GIFTS
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	HPC HEALTHCARE, INC RETAINS AN INDEPENDENT TAX ADVISOR TO ASSIST MANAGEMENT IN THE PREPARATION AND REVIEW OF ITS IRS FORM 990 PRIOR TO FILING THE RETURN, MANAGEMENT AND THE INDEPENDENT TAX ADVISOR REVIEW THE RETURN AND ALL REQUIRED SCHEDULES WITH THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS THE COMPENSATION COMMITTEE IS COMPOSED OF INDEPENDENT DIRECTORS OF THE COMPANY UPON COMPLETION OF ITS REVIEW, THE COMPENSATION COMMITTEE RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THAT MANAGEMENT BE AUTHORIZED TO SIGN AND FILE THE RETURN UNDER THE COMPANY'S BY LAWS THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO TAKE THIS ACTION ON BEHALF OF THE BOARD OF DIRECTORS A COPY OF THE FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE IRS AND THE EXECUTIVE COMMITTEE REPORTS ITS ACTIVITIES TO THE BOARD OF DIRECTORS ON A QUARTERLY BASIS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ANNUALLY, EACH OFFICER, DIRECTOR AND KEY EMPLOYEE SIGNS AN ACKNOWLEDGEMENT AND DISCLOSURE FORM ATTESTING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY AND AGREEING TO COMPLY FULLY WITH ITS TERMS AND CONDITIONS DURING THEIR SERVICES WITH HPC HEALTHCARE, INC THEY FURTHER AGREE THAT IF, AT ANY TIME SUBSEQUENT TO THE SUBMISSION OF THE DISCLOSURE FORM, THEY BECOME AWARE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST OR THE INFORMATION PREVIOUSLY SUBMITTED BECOMES INACCURATE OR INCOMPLETE, THEY WILL PROMPTLY NOTIFY THE HPC BOARD OF DIRECTORS OR THE PRESIDENT AND CEO OF HPC HEALTHCARE, INC DETERMINATION OF AND REMEDIES FOR CONFLICTS OF INTEREST 1 DISCLOSURE IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS (AND MEMBERS OF COMMITTEES) CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT THE DISCLOSURE SHALL BE MADE AS SOON AS PRACTICABLE FOLLOWING THE REALIZATION BY THE INTERESTED PERSON THAT AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST EXISTS ORDINARILY, DISCLOSURES BY INTERESTED PERSONS SHOULD BE TO THE CHAIRPERSON OF THE BOARD WHEN AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST BECOMES APPARENT IN THE COURSE OF A BOARD MEETING (OR COMMITTEE MEETING), THE INTERESTED PERSON SHALL IMMEDIATELY DISCLOSE HIS OR HER FINANCIAL INTEREST AND RELATED MATERIAL FACTS TO THE PRESIDING DIRECTOR OR OFFICER AT SUCH MEETING 2 DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE INTERESTED PERSON SHALL LEAVE THE BOARD (OR COMMITTEE) MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD (OR COMMITTEE) MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS 3 PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST (A) AN INTERESTED PERSON WHO HAS A CONFLICT OF INTEREST MAY MAKE A PRESENTATION AT THE BOARD (OR COMMITTEE) MEETING, BUT AFTER SUCH PRESENTATION, HE OR SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT THAT RESULT IN THE CONFLICT OF INTEREST THE INTERESTED PERSON WHO HAS A CONFLICT OF INTEREST WILL NOT BE COUNTED AS PRESENT FOR DETERMINING A MAJORITY WITH RESPECT TO THE VOTE ON THE TRANSACTION OR ARRANGEMENT THAT RESULTS IN THE CONFLICT OF INTEREST (B) THE CHAIRPERSON OF THE BOARD (OR COMMITTEE) SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT (C) AFTER EXERCISING DUE DILIGENCE, THE BOARD (OR COMMITTEE) SHALL DETERMINE WHETHER HPC CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR BUSINESS ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST (D)IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD (OR COMMITTEE) SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS (OR COMMITTEE MEMBERS) WHETHER THE TRANSACTION OR ARRANGEMENT IS IN HPC'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO HPC AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY (A) IF THE BOARD (OR COMMITTEE) HAS REASONABLE CAUSE TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE (B) IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE WARRANTED UNDER THE CIRCUMSTANCES, THE BOARD (OR COMMITTEE) DETERMINES THAT THE INTERESTED PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE SUCH ACTION AS IT DETERMINES TO BE APPROPRIATE, INCLUDING CORRECTIVE AND DISCIPLINARY ACTION RECORD OF PROCEEDINGS THE MINUTES OF THE BOARD (AND EACH COMMITTEE) SHALL CONTAIN 1 THE NAME OF EACH PERSON WHO DISCLOSED OR OTHERWISE WAS FOUND TO HAVE A FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE BOARD'S (OR COMMITTEE'S) DECISION AS TO WHETHER A CONFLICT OF INTEREST IN FACT EXISTED 2 THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION, INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND A RECORDS OF ANY VOTES TAKEN IN CONNECTION THEREWITH PERIODIC REVIEWS TO ENSURE THAT HPC OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAX, PERIODIC REVIEWS SHALL BE CONDUCTED HPC MAY, BUT NEED NOT, USE AN OUTSIDE ADVISOR TO CONDUCT A PERIODIC REVIEW THE PERIODIC REVIEW SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING SUBJECTS 1 WHETHER COMPENSATION ARRANGEMENTS AND BENEFITS ARE REASONABLE AND ARE THE RESULTS OF ARM'S-LENGTH BARGAINING 2 WHETHER AGREEMENTS TO PROVIDE HEALTH CARE AND AGREEMENTS WITH OTHER HEALTH CARE PROVIDERS, EMPLOYEES AND THIRD PARTY PAYERS FURTHER HPC'S CHARITABLE PURPOSES AND DO NOT RESULT IN PRIVATE INUREMENT OR IMPERMISSIBLE PRIVATE BENEFIT

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
HPC HEALTHCARE INC

Employer identification number
59-2264957

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
AXIS PALLIATIVE HEALTHCARE LLC 12973 TELECOM PARKWAY STE 100 TEMPLE TERRACE, FL 33637 20-5620723	PALLIATIVE	FL	333,794	0	NA
HPC PHARMACY SERVICES LLC 12973 TELECOM PARKWAY STE 100 TEMPLE TERRACE, FL 33637 20-8607458	PHARMACY	FL	0	848,017	NA
HPC STAFFING SERVICES LLC 12973 TELECOM PARKWAY STE 100 TEMPLE TERRACE, FL 33637 26-4146328	STAFFING	FL	0	0	NA

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
LIFEPATH HOSPICE INC 12973 TELECOM PARKWAY STE 100 TEMPLE TERRACE, FL 33637 20-5276870	HOSPICE CARE	FL	501(C)(3)	9	NA
GOOD SHEPHERD HOSPICE INC 12973 TELECOM PARKWAY STE 100 TEMPLE TERRACE, FL 33637 20-5276923	HOSPICE CARE	FL	501(C)(3)	9	NA
THE JUDGE ALVA CARVER FOUNDATION INC 12973 TELECOM PARKWAY STE 100 TEMPLE TERRACE, FL 33637 20-0187631	SUPPORT	FL	501(C)(3)	N/A	NA

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**		**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**		**No**
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Process used to establish compensation of top management official Form 990, Part VI, Section B, Line 15a THE ORGANIZATION ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO ASSIST IN ESTABLISHING A COMPENSATION CHARTER THAT DETAILS THE ORGANIZATION'S PROCEDURES FOR SETTING COMPENSATION OF THE CEO AND ALL OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THE COMPENSATION CHARTER ESTABLISHED THE COMPENSATION COMMITTEE, THE INDEPENDENT BODY RESPONSIBLE FOR ESTABLISHING THE COMPENSATION OF THE CEO AND ALL OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THE COMPENSATION COMMITTEE RELIES ON A RECENT COMPENSATION STUDY PERFORMED BY AN INDEPENDENT COMPENSATION CONSULTANT, WHICH IS DONE ON AN ANNUAL BASIS, THAT PROVIDES COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE ORGANIZATIONS TO SUPPORT ITS DECISION-MAKING PROCESS AND REPORTS ITS ACTIVITIES TO THE BOARD OF DIRECTORS AT THE NEXT REGULARLY SCHEDULED MEETING THE COMPENSATION COMMITTEE ADEQUATELY DOCUMENTS ITS COMPENSATION DETERMINATIONS IN THE MEETING MINUTES ON A TIMELY BASIS Process used to establish compensation of other officers/key employees Form 990, Part VI, Section B, Line 15b SEE NARRATIVE FOR PART VI, LINE 15A

Identifier	Return Reference	Explanation
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE FILED WITH AND VIEWABLE BY THE PUBLIC AT THE OFFICIAL WEBSITE OF THE FLORIDA DEPARTMENT OF STATE, DIVISION OF CORPORATIONS THE ORGANIZATION'S BYLAWS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC UNAUDITED FINANCIAL STATEMENTS OF THE ORGANIZATION ARE FILED AND VIEWABLE BY THE PUBLIC AT THE OFFICIAL WEBSITE OF THE STATE OF FLORIDA, DIVISION OF CONSUMER SERVICES THE ORGANIZATION IS REQUIRED TO FILE ITS AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND OTHER FINANCIAL INFORMATION WITH ITS ANNUAL MEDICARE COST REPORT THIS INFORMATION IS SUBJECT TO A PUBLIC RECORDS REQUEST IN ADDITION, THE ORGANIZATION REPORTS ITS FINANCIAL PERFORMANCE EACH YEAR IN ITS ANNUAL REPORT, COPIES OF WHICH ARE AVAILABLE TO THE PUBLIC UPON REQUEST

FORM 990, PART VII, SECTION A, LINE 1(A), COLUMN (B) COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES GEORGE H WALLACE, H DARRELL WHITE, KATHY L FERNANDEZ, RONALD S SCHONWETTER, BRIAN HINTON, JAMES T JOINER, AND REX YENTES DEVOTE APPROXIMATELY 2 HOURS A WEEK TO GOOD SHEPHERD HOSPICE, INC , A RELATED TAX-EXEMPT ORGANIZATION CHERYL HAMILTON, DEIDRA WOODS, AND ROXANNE RILEY DEVOTE APPROXIMATELY 40 HOURS A WEEK TO LIFEPATH HOSPICE, INC , A RELATED TAX-EXEMPT ORGANIZATION GEORGE H WALLACE, H DARRELL WHITE, KATHY L FERNANDEZ, RONALD S SCHONWETTER, GENE FOGARTY, HERB BELL, JENNIFER B WILLIAMS, KRISTIN E DIMEO AND TAMARA SHUMATE BROWN DEVOTE APPROXIMATELY 2 HOURS A WEEK TO LIFEPATH HOSPICE, INC , A RELATED TAX-EXEMPT ORGANIZATION GEORGE H WALLACE, H DARRELL WHITE, KATHY L FERNANDEZ, RONALD S SCHONWETTER DEVOTE APPROXIMATELY 1 HOUR A WEEK TO THE JUDGE ALVA CARVER FOUNDATION, A RELATED TAX EXEMPT ORGANIZATION

Additional Data

Return to Form

Software ID: 09000329
Software Version: v2009.2.0
EIN: 59-2264957
Name: HPC HEALTHCARE INC

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	LIFEPATH HOSPICE INC	I	2,218,975
(2)	GOOD SHEPHERD HOSPICE INC	I	482,639
(3)	LIFEPATH HOSPICE INC	K	620,543
(4)	GOOD SHEPHERD HOSPICE INC	K	356,464
(5)	LIFEPATH HOSPICE INC	N	1,246,781
(6)	GOOD SHEPHERD HOSPICE INC	N	647,379
(7)	LIFEPATH HOSPICE INC	P	700,201
(8)	GOOD SHEPHERD HOSPICE INC	P	624,933

Additional Data

Software ID:
Software Version:
EIN: 59-2264957
Name: HPC HEALTHCARE INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PALLIATIVE MED SERVICES		329,335	329,335	0	0
RENTAL INCOME FROM SUBS		2,701,614	2,701,614	0	0
MANAGEMENT FEE INCOME		991,500	991,500	0	0
SHARED SERVICE REVENUE		34,767,255	34,767,255	0	0
		0	0	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
OTHER-MED, OXYGEN, IV & DME	145,220	145,220	0	0
OTHER-NONCLINICAL PURCHASE SERV	506,569	506,569	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0