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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012

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

C Name of organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Doing Business As
SUNCOAST HOSPICE FOUNDATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5771 Roosevelt Boulevard

City or town, state or country, and ZIP + 4
Clearwater, FL 33760

D Employer identification number
59-2252045

E Telephone number
(727) 586-4432

G Gross receipts $ 17,552,738

F Name and address of principal officer
ANNE HOCHSPRUNG
5771 Roosevelt Blvd
clearwater, FL 33760

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SUNCOASTHOSPICEFOUNDATION ORG

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
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC RAISES AND DISTRIBUTES FUNDS IN SUPPORT OF SUNCOAST CARING COMMUNITY, INC AND ITS FAMILY OF PROGRAMS

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	26
6	Total number of volunteers (estimate if necessary)	**6**	1,114
7a	Total 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
Revenue			
8	Contributions and grants (Part VIII, line 1h)	8,620,833	7,068,243
9	Program service revenue (Part VIII, line 2g)	1,052,380	1,085,976
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,042,839	1,134,278
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	807,092	764,808
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,523,144	10,053,305
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,340,000	5,566,792
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)	1,210,709	1,242,582
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶818,967		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,910,406	2,119,869
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,461,115	8,929,243
19	Revenue less expenses Subtract line 18 from line 12	3,062,029	1,124,062

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	49,335,853	51,058,433
21	Total liabilities (Part X, line 26)	13,493,302	12,723,160
22	Net assets or fund balances Subtract line 21 from line 20	35,842,551	38,335,273

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

****** | 2013-08-06
Signature of officer | Date

ANNE HOCHSPRUNG VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Nicole Bencik	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00756195
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

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

THE MISSION OF SUNCOAST HOSPICE FOUNDATION IS TO ADVANCE UNDERSTANDING, PARTICIPATION AND SUPPORT OF THE MISSION AND PROGRAMS OF SUNCOAST HOSPICE AND ITS AFFILIATED ORGANIZATIONS, HONORING THE COMMUNITY'S SACRED TRUST THROUGH SOUND STEWARDSHIP THE FOUNDATION'S VISION IS - A COMMUNITY THAT EMBRACES SUNCOAST HOSPICE AND POSITIONS IT AS A PREMIER PHILANTHROPIC ORGANIZATION

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 7,045,424 including grants of $ 5,566,792) (Revenue $ 1,085,976)

SUNCOAST HOSPICE FOUNDATION RAISES AND DISTRIBUTES FUNDS ON BEHALF OF SUNCOAST CARING COMMUNITY, INC AND ITS FAMILY OF PROGRAMS SUNCOAST CARING COMMUNITY, INC PROVIDES LEADERSHIP AND STRATEGIC GUIDANCE FOR SUNCOAST HOSPICE AND ITS AFFILIATED ORGANIZATIONS BECAUSE SUNCOAST HOSPICE AND ITS FAMILY OF PROGRAMS BELONG TO THE PINELLAS COUNTY COMMUNITY, IT IS VITALLY IMPORTANT FOR THE ORGANIZATION TO REMAIN TUNED INTO THE NEEDS AND DESIRES OF COMMUNITY RESIDENTS THE WORK OF SUNCOAST HOSPICE IS MISSION-DRIVEN AND IT IS ESSENTIAL TO CONVEY THAT DEGREE OF COMMITMENT TO OTHERS IN THAT REGARD, SUNCOAST HOSPICE FOUNDATION SERVES AS A TRUSTED CONNECTION TO SUNCOAST HOSPICE AND ITS FAMILY OF PROGRAMS AND SERVICES AREA RESIDENTS, AS WELL AS THOSE WHO MIGHT RESIDE OUTSIDE OF PINELLAS COUNTY BUT HAVE A CONNECTION TO SUNCOAST HOSPICE, RELY ON THE SUNCOAST HOSPICE FOUNDATION TO PROVIDE WAYS IN WHICH CONTRIBUTIONS OF ALL KINDS MAY BE MADE ON BEHALF OF PATIENTS AND FAMILIES DONORS MAY DESIGNATE USE OF FUNDS OR IN-KIND GIFTS OR SUNCOAST HOSPICE FOUNDATION WILL FIND THE MOST JUDICIOUS CHOICES, DEPENDING ON IMMEDIATE OR LONG-RANGE NEEDS (CONTINUED IN 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** ▶ $ 7,045,424

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b	Yes	
c	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.*	11c		No
d	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.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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**	Yes	
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**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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**		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	24		
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**	26			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18		
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		Yes	
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 governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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		No
	If "Yes," to line 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 ▶ FL

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 made 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 made 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 ▶

ANNE HOCHSPRUNG
5771 ROOSEVELT BLVD
CLEARWATER, FL 33760
(727) 586-4432

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) BETTY OLDANIE President and CEO (partial year)	1 00	X		X				0	143,057	6,853
(2) BRUCE MARGER Chair	1 00	X		X				0	0	0
(3) DEBORAH NICKLAUS Vice Chair	1 00	X		X				0	0	0
(4) ELIZABETH KNOWLES Treasurer	1 00	X		X				0	0	0
(5) JOSEPH LO CICERO Secretary	1 00	X		X				0	0	0
(6) MARY LABYAK MSSW LCSW President and CEO (deceased 2/2012)	1 00	X		X				0	300,049	13,334
(7) ALLISON CARMEN Director	1 00	X						0	0	0
(8) ANN KELLY Director	1 00	X						0	0	0
(9) DAVID ARCHIE Director	1 00	X						0	0	0
(10) DAVID SYRASKI Director	1 00	X						0	0	0
(11) FORD KYES Director	1 00	X						0	0	0
(12) HERB ENG Director	1 00	X						0	0	0
(13) JOSEPH SOROTA JR Director	1 00	X						0	0	0
(14) JULIE WESTON Director	1 00	X						0	0	0
(15) KATHY WILDER Director	1 00	X						0	0	0
(16) LINDA HARRIS Director	1 00	X						0	0	0
(17) MICHAEL COHEN Director	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) SUSAN BROWN Director	1 00	X						0	0	0
(19) THERESA CRANE Director	1 00	X						0	0	0
(20) THOMAS WALKER Director	1 00	X						0	0	0
(21) ANNE HOCHSPRUNG Vice President of Finance	1 00			X				0	239,764	28,784
(22) MICHAEL BELL Executive Director	40 00			X				147,305	0	28,893

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	147,305	682,870	77,864

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SUNCOAST CARING COMMUNITY INC 5771 ROOSEVELT BLVD CLEARWATER, FL 33760	ADMINISTRATIVE SERVICES	260,512

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 1

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				
	b	Membership dues	1b				
	c	Fundraising events	1c	310,922			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,757,321			
	g	Noncash contributions included in lines 1a-1f $ 14,149					
	h	**Total.** Add lines 1a-1f		7,068,243			
			Business Code				
Program Service Revenue	2a	RENTAL INCOME FROM AFFILIATES	531120	1,085,976	1,085,976		
	b						
	c						
	d						
	e						
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f		1,085,976			
	3	Investment income (including dividends, interest and other similar amounts)		816,444			816,444
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	6,573,994	47,289			
	b	Less cost or other basis and sales expenses	6,256,135	47,314			
	c	Gain or (loss)	317,859	-25			
	d	Net gain or (loss)		317,834			317,834
Other Revenue	8a	Gross income from fundraising events (not including $ 310,922 of contributions reported on line 1c) See Part IV, line 18 a	180,205				
	b	Less direct expenses b	273,991				
	c	Net income or (loss) from fundraising events		-93,786			-93,786
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances a	1,780,587				
	b	Less cost of goods sold b	921,993				
	c	Net income or (loss) from sales of inventory		858,594			858,594
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue		0	0	0	0
	e	**Total.** Add lines 11a–11d		0			
	12	**Total revenue.** See Instructions		10,053,305	1,085,976	0	1,899,086

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	5,566,792	5,566,792		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	984,681	455,807	329,423	199,451
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,445	11,778	8,513	5,154
9	Other employee benefits	159,097	73,646	53,225	32,226
10	Payroll taxes	73,359	33,958	24,542	14,859
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	26,000		26,000	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	99,231	99,231		
g	Other	628,651		314,095	314,556
12	Advertising and promotion	34,000			34,000
13	Office expenses	242,007	106,939	54,568	80,500
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	7,500			7,500
17	Travel	9,315		9,315	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	51,409	1,347	25,730	24,332
20	Interest	146,143		146,143	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	636,411	636,411		
23	Insurance	14,595		14,595	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	SUPPLY EXPENSE	113,597	1,397	13,536	98,664
b	REPAIRS AND MAINTENANCE	31		31	
c	BAD DEPT EXPENSE	6,313			6,313
d	MISCELLANEOUS EXPENSES	104,666	58,118	45,136	1,412
e					
f	All other expenses	0	0	0	0
25	**Total functional expenses.** Add lines 1 through 24f	8,929,243	7,045,424	1,064,852	818,967
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		381,868	1	359,222
	2	Savings and temporary cash investments		9,598,271	2	9,677,796
	3	Pledges and grants receivable, net		1,112,156	3	1,285,536
	4	Accounts receivable, net		0	4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		173,357	9	193,376
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 23,361,158			
	b	Less accumulated depreciation	10b 4,232,395	19,562,396	10c	19,128,763
	11	Investments—publicly traded securities		11,197,411	11	13,191,777
	12	Investments—other securities See Part IV, line 11		7,178,758	12	7,097,843
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		101,769	14	94,064
	15	Other assets See Part IV, line 11		29,867	15	30,056
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		49,335,853	16	51,058,433
Liabilities	17	Accounts payable and accrued expenses		504,640	17	384,263
	18	Grants payable			18	
	19	Deferred revenue		162,395	19	65,525
	20	Tax-exempt bond liabilities		9,839,448	20	9,304,882
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,986,819	25	2,968,490
	26	**Total liabilities.** Add lines 17 through 25		13,493,302	26	12,723,160
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		27,577,777	27	30,217,592
	28	Temporarily restricted net assets		3,786,133	28	3,185,381
	29	Permanently restricted net assets		4,478,641	29	4,932,300
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		35,842,551	33	38,335,273
	34	Total liabilities and net assets/fund balances		49,335,853	34	51,058,433

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	10,053,305
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,929,243
3	Revenue less expenses Subtract line 2 from line 1	3	1,124,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	35,842,551
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,368,660
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,335,273

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2011

Open to Public Inspection

Name of the organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Employer identification number
59-2252045

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 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (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)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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?
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,183,078	8,598,992	5,261,858	8,620,833	7,068,243	34,733,004
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	5,183,078	8,598,992	5,261,858	8,620,833	7,068,243	34,733,004
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)						2,772,245
6 **Public Support.** Subtract line 5 from line 4						31,960,759

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	5,183,078	8,598,992	5,261,858	8,620,833	7,068,243	34,733,004
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,550,803	775,254	536,457	636,037	816,444	4,314,995
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	308,656	350,148	246,277	230,611	180,205	1,315,897
11 **Total support** (Add lines 7 through 10)						40,363,896

12	Gross receipts from related activities, etc (See instructions)	12	2,296,790

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 2011 (line 6 column (f) divided by line 11 column (f))	14	79 180 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	77 960 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

OTHER INCOME, SCHEDULE A, PART II, LINE 10, DESCRIPTION - MISCELLANEOUS INCOME, COLUMN A - 308656, COLUMN B - 350148, COLUMN C - 246277, COLUMN D - 230611, COLUMN E - 180205, COLUMN F - 1315897,,

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Employer identification number
59-2252045

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	2,945,939	2,945,939	2,116,400	2,192,040	
b Contributions		0	0	0	
c Investment earnings or losses	544,546	68,599	924,406	94,845	
d Grants or scholarships	544,946	68,599	94,867	170,485	
e Other expenditures for facilities and programs					
f Administrative expenses			0	0	
g End of year balance	2,945,539	2,945,939	2,945,939	2,116,400	

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- 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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	293,656	2,746,951		3,040,607
b Buildings		18,732,963	3,274,705	15,458,258
c Leasehold improvements		774,693	496,919	277,774
d Equipment		709,823	460,771	249,052
e Other		103,072		103,072
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				19,128,763

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
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other		
(A) CORPORATE DEBT SECURITIES	999,353	F
(B) GOVERNMENT DEBT SECURITIES	197,055	F
(C) COMMERCIAL MORTGAGE AND ASSET BACKED SECURITIES	1,458,124	F
(D) ASSETS HELD IN TRUST	4,443,311	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	7,097,843	

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ANNUITIES PAYABLE	1,224,543
DUE TO AFFILIATES	212,681
INTEREST RATE SWAP AGREEMENT	1,531,266
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,968,490

2. Fin 48 (ASC 740) 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 (ASC740)

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	10,053,305
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,929,243
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,124,062
4	Net unrealized gains (losses) on investments	4	1,075,564
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	293,096
9	Total adjustments (net) Add lines 4 - 8	9	1,368,660
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,492,722

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	12,518,718
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,075,564		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,489,080		
e	Add lines **2a** through **2d**			2e	2,564,644
3	Subtract line **2e** from line **1**			3	9,954,074
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	99,231		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	99,231
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,053,305

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

1	Total expenses and losses per audited financial statements			1	10,025,996
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	1,195,984		
e	Add lines **2a** through **2d**			2e	1,195,984
3	Subtract line **2e** from line **1**			3	8,830,012
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	99,231		
b	Other (Describe in Part XIV)	4b	0		
c	Add lines **4a** and **4b**			4c	99,231
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,929,243

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 INTENDED USE OF THE ENDOWMENT FUNDS IS TO SUPPORT THE PROGRAMS AND SERVICES OF SUNCOAST CARING COMMUNITY, INC AND ITS AFFILIATED NOT-FOR-PROFIT ENTITIES
FIN 48 (ASC 740) footnote	Schedule D, Part X, Line 2	U S GAAP REQUIRES THAT A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED DUE TO ITS TAX-EXEMPT STATUS, FOUNDATION IS NOT SUBJECT TO U S FEDERAL INCOME TAX OR STATE INCOME TAX FOUNDATION'S FORM 990 HAS NOT BEEN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE STATE OF FLORIDA FOR THE LAST THREE YEARS FOUNDATION DOES NOT EXPECT THE TOTAL OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS FOUNDATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE FOUNDATION DID NOT HAVE ANY AMOUNTS ACCRUED OR RECOGNIZED FOR INTEREST AND PENALTIES AT SEPTEMBER 30, 2012 AND 2011
Other changes in net assets	Schedule D, Part XI, Line 8	UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT - -188972, UNREALIZED GAINS ON ASSETS HELD IN TRUST - 482068,
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	UNREALIZED LOSS ON INTEREST RATE SWAP AGREEMENT - -188972, COST OF GOODS SOLD - 921993, UNREALIZED GAINS ON ASSETS HELD IN TRUST - 482068, EXPENSES FROM FUNDRAISING EVENTS - 273991,
Other expenses in audited financial statements not in form 990	Schedule D, Part XIII, Line 2d	COST OF GOODS SOLD - 921993, EXPENSES FROM FUNDRAISING EVENTS - 273991,

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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

2011

Open to Public Inspection

Name of the organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Employer identification number
59-2252045

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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 services? ☐ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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 GALA (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	275,447	171,568	44,112	491,127
	2 Less Charitable contributions	155,010	138,325	17,587	310,922
	3 Gross income (line 1 minus line 2)	120,437	33,243	26,525	180,205
Direct Expenses	4 Cash prizes				0
	5 Non-cash prizes				0
	6 Rent/facility costs	143,206	46,660	14,586	204,452
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	10,734	47,193	11,612	69,539
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(273,991)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-93,786

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide 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? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Employer identification number
59-2252045

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) THE HOSPICE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT BLVD CLEARWATER,FL 33760	59-1744006	501(C)(3)	4,838,105	0	N/A	N/A	GENERAL OPERATIONS
(2) AIDS SERVICE ASSOCIATION OF PINELLAS INC5771 ROOSEVELT BLVD CLEARWATER,FL 33760	59-2862537	501(C)(3)	300,000	0	N/A	N/A	GENERAL OPERATIONS
(3) THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT BLVD CLEARWATER,FL 33760	59-3176721	501(C)(3)	300,000	0	N/A	N/A	GENERAL OPERATIONS
(4) PROJECT GRACE INC 5771 ROOSEVELT BLVD CLEARWATER,FL 33760	31-1699259	501(C)(3)	120,000	0	N/A	N/A	GENERAL OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedures for monitoring use of grant funds	Schedule I, Part I, Line 2	AS THE PARENT AND HOLDING COMPANY OF THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC , SUNCOAST CARING COMMUNITY, INC DIRECTS AND MONITORS THE AMOUNT OF FUNDING AND GRANTS DISTRIBUTED TO THE AFFILIATED ORGANIZATIONS

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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

2011

Open to Public Inspection

Name of the organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Employer identification number
59-2252045

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**		
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**		
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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) ANNE HOCHSPRUNG	(i)	0	0	0	0	0	0	0
	(ii)	235,260	0	4,504	7,536	21,248	268,548	0
(2) MARY LABYAK MSSW LCSW	(i)	0	0	0	0	0	0	0
	(ii)	299,059	0	990	5,091	8,243	313,383	0
(3) MICHAEL BELL	(i)	144,439	0	2,866	4,437	24,456	176,198	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
Arrangement used to establish the top management official's compensation	Schedule J, Part I, Line 3	THE COMPENSATION OF THE TOP MANAGEMENT OFFICIAL IS DETERMINED BY SUNCOAST CARING COMMUNITY, INC (SCCI), A RELATED ORGANIZATION SCCI USES A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, FORM 990 OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE TO DETERMINE HER COMPENSATION

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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

2011

Open to Public Inspection

Name of the organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Employer identification number
59-2252045

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	PINELLAS COUNTY HEALTH FACILITIES AUTHORITY	59-6000800	72316MEL9	12-15-2004	21,375,000	FINANCE HOSPICE CARE FACILITIES AND REFUND 1/2004 BONDS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,509,363			
2	Amount of bonds defeased	0			
3	Total proceeds of issue	21,784,363			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrow	0			
7	Issuance costs from proceeds	258,125			
8	Credit enhancement from proceeds	142,893			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	14,883,345			
11	Other spent proceeds	6,500,000			
12	Other unspent proceeds	0			
13	Year of substantial completion	2006			

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

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any 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 %							
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 %							
6	Total of lines 4 and 5	0 %							
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		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						
2	Is the bond issue a variable rate issue?	X							
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge		0 0						
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC		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						
6	Did the bond issue qualify for an exception to rebate?	X							

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Employer identification number
59-2252045

Identifier	Return Reference	Explanation
PROGRAM DESCRIPTION	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) AS IT FULFILLS ITS STEWARDSHIP ROLES, SUNCOAST HOSPICE FOUNDATION CAREFULLY POSITIONS SUNCOAST HOSPICE AND ITS AFFILIATES AS THE COMMUNITY'S PREMIER PHILANTHROPIC ORGANIZATION, AN ORGANIZATION THAT IS IN TUNE WITH THOSE IT SERVES THE FOUNDATION FOCUSES ON COMMUNITY OUTREACH AND EVENTS, SUCH AS THE SUNCOAST HOSPICE BEACH STROLL, AS WELL AS SUNCOAST HOSPICE RESALE SHOPPES AND SOCIAL RESPONSIBILITIES TO ACCOMPLISH ITS GOALS THANKS TO A GENEROUS COMMUNITY AND THE SUNCOAST HOSPICE FOUNDATION'S EFFORTS, HOSPICE CARE AND COMMUNITY PROGRAMS ARE MADE AVAILABLE TO ALL WHO NEED THEM REGARDLESS OF DIAGNOSES, RACE, FAITH, AGE OR FINANCIAL CIRCUMSTANCES CHARITABLE SUPPORT ENABLES SUNCOAST HOSPICE AND ITS FAMILY OF PROGRAMS TO EXCEED BASIC STANDARDS OF CARE AND SERVICE, DEVELOP NEW PROGRAMS AS NEEDED AND ENSURE NO ONE IS TURNED AWAY REGARDLESS OF ABILITY TO PAY SUNCOAST HOSPICE FOUNDATION STAFF AND VOLUNTEERS ENGAGE IN COUNTLESS COMMUNITY ENDEAVORS THEY ARE FREQUENTLY GUEST PRESENTERS FOR CIVIC GROUPS, NEIGHBORHOOD ASSOCIATIONS, PROFESSIONAL ASSOCIATIONS, FAITH COMMUNITIES AND OTHERS THEY TAKE ACTIVE ROLES IN A NUMBER OF COMMUNITY ORGANIZATIONS, SUCH AS CHAMBERS OF COMMERCE, CIVIC CLUBS, LEADERSHIP GROUPS AND MORE THEIR PRESENCE HELPS TO EDUCATE AND ENLIGHTEN OTHERS ABOUT THE BENEFITS OF SUNCOAST HOSPICE CARE AND OTHER PROGRAMS AND SERVICES SUNCOAST HOSPICE BEACH STROLL THE ANNUAL SUNCOAST HOSPICE BEACH STROLL OFFERS TWO PICTURE-PERFECT SETTINGS - CLEARWATER BEACH AND ST PETE BEACH - FOR THE COMMUNITY TO COME TOGETHER TO ENJOY NATURE AND CELEBRATE SPECIAL PEOPLE IN THEIR LIVES OR PAY TRIBUTE TO LOVED ONES WHO HAVE DIED STROLLERS MAY PARTICIPATE INDIVIDUALLY OR FORM GROUPS - PARTICIPATION IS OPEN TO ALL WHATEVER THE MOTIVATION, STROLLERS HAVE A GREAT TIME AND SUPPORT THE SUNCOAST HOSPICE MISSION AS WELL SUNCOAST HOSPICE RESALE SHOPPES SPANNING PINELLAS COUNTY, SUNCOAST HOSPICE RESALE SHOPPES ARE IN TARPON SPRINGS, CLEARWATER AND ST PETERSBURG THE SHOPS ARE UNIQUE IN THAT THEY ARE ALMOST ENTIRELY OPERATED BY VOLUNTEERS WHO PUT THEIR HEARTS AND SOULS INTO MAKING THE STORES SUCCESSFUL ITEMS IN THE STORES ARE DONATED BY THE COMMUNITY AND ARE TAX-DEDUCTIBLE IN SOME CASES, BELONGINGS OF MUCH-LOVED INDIVIDUALS NOW DECEASED ARE DONATED BY THEIR FAMILIES OR FRIENDS WORKERS AT THE SHOPS HAVE BEEN TRAINED TO TREAT ALL DONATIONS, ESPECIALLY THESE, WITH THE UTMOST CARE AND RESPECT IN HONOR OF THOSE WHO CAN NO LONGER USE THEM AND OF THOSE WHO LOVINGLY OFFER THEM THE SUNCOAST RESALE SHOPPES ALSO OFFER INFORMATIONAL MATERIALS ABOUT SUNCOAST HOSPICE PROGRAMS AND SERVICES AS WELL AS A WELCOMING GATHERING PLACE FOR THE COMMUNITY THE STORES BROUGHT IN NEARLY $2 MILLION LAST FISCAL YEAR SOCIAL RESPONSIBILITIES SUNCOAST HOSPICE FOUNDATION PROVIDES LIMITED, THOUGHTFUL SUPPORT TO COMMUNITY PARTNERS BY SUPPORTING OTHER NOT-FOR-PROFIT ORGANIZATIONS SUPPORT EXTENDS BEYOND FINANCIAL SPONSORSHIPS TO ACTUAL HANDS-ON INVOLVEMENT WITH OTHER S IN THE FORM OF SUNCOAST HOSPICE FOUNDATION STAFF MEMBERS AND OTHER SUNCOAST HOSPICE STAFF IN LEADERSHIP POSITIONS ON VARIOUS BOARDS AND ADVISORY GROUPS, THUS ENHANCING QUALITY OF COMMUNITY LIFE

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE, WHICH CONSISTS OF THE CHAIRMAN OF THE BOARD, THE VICE CHAIRMAN OF THE BOARD, THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE SECRETARY AND THE TREASURER THE BOARD OF DIRECTORS MAY DESIGNATE FROM ITS MEMBERS UP TO TWO ADDITIONAL DIRECTORS TO SERVE AS MEMBERS OF THE EXECUTIVE COMMITTEE. WHEN THE BOARD OF DIRECTORS IS NOT IN SESSION, THE EXECUTIVE COMMITTEE HAS AND MAY EXERCISE ALL OF THE POWERS OF THE BOARD OF DIRECTORS, EXCEPT TO THE EXTENT, IF ANY, THAT SUCH AUTHORITY SHALL BE LIMITED BY A RESOLUTION ADOPTED BY A MAJORITY OF DIRECTORS IN OFFICE.

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	MARY LABYAK, BETTY OLDANIE, & MICHAEL BELL - ALL SERVE ON THE BOARD OF HOSPICE SYSTEMS, INC A RELATED, FOR-PROFIT COMPANY - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Classes of members or stockholders	Form 990, Part VI, Section A, Line 6	PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS, THE SOLE VOTING MEMBER OF THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC SHALL BE SUNCOAST CARING COMMUNITY, INC (SCCI), A RELATED TAX-EXEMPT ORGANIZATION AS THE ORGANIZATION'S SOLE CORPORATE MEMBER, SCCI HAS THE RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE

Identifier	Return Reference	Explanation
Members or stockholders electing members of governing body	Form 990, Part VI, Section A, Line 7a	PURSUANT TO THE ORGANIZATION'S GOVERNING DOCUMENTS, THE SOLE CORPORATE MEMBER, SCCI, HAS THE RIGHT TO ELECT, APPOINT, OR REMOVE ANY BOARD OF DIRECTOR OF THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC WITHOUT CAUSE AT ANY TIME.

Identifier	Return Reference	Explanation
Decisions requiring approval by members or stockholders	Form 990, Part VI, Section A, Line 7b	THE SOLE CORPORATE MEMBER, SCCI, HAS THE RIGHT TO APPROVE OR RATIFY SIGNIFICANT DECISIONS OF THE ORGANIZATION'S GOVERNING BODY THE BOARD OF DIRECTORS OF THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC SHALL NOT HAVE THE AUTHORITY TO MAKE SIGNIFICANT DECISIONS WITHOUT THE APPROVAL OF THE SCCI BOARD SIGNIFICANT DECISIONS INCLUDE BUT ARE NOT LIMITED TO THE RIGHT TO AMEND, REPEAL OR ALTER THEIR GOVERNING DOCUMENTS, SELL, LEASE OR OTHERWISE DISPOSE OF SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS, AND MERGE OR CONSOLIDATE THE ORGANIZATION WITH ANOTHER ORGANIZATION

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE ORGANIZATION RETAINS THE EXPERTISE OF AN INDEPENDENT TAX ADVISOR TO ASSIST IN THE PREPARATION AND REVIEW OF ITS IRS FORM 990 PRIOR TO FILING THE IRS FORM 990, MANAGEMENT AND THE INDEPENDENT TAX ADVISOR REVIEW THE TAX RETURN AND ALL REQUIRED DISCLOSURES THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE, CONSISTING OF INDEPENDENT DIRECTORS OF THE ORGANIZATION THE AUDIT COMMITTEE MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS THE FORM 990 IS THEN PROVIDED TO THE FULL BOARD OF DIRECTORS FOR THEIR REVIEW PRIOR TO FILING WITH THE IRS

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	ALL OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES AND HIGHEST PAID EMPLOYEES (INTERESTED PERSONS) OF THE ORGANIZATION HAVE A DUTY TO AVOID CONFLICTS OF INTEREST, BOTH REAL AND PERCEIVED, WHICH MAY NEGATIVELY IMPACT THE ORGANIZATION OR THOSE IT SERVES THE ORGANIZATION'S INTERESTED PERSONS ARE TO BE GUIDED BY THE ORGANIZATION'S MISSION, VISION AND VALUES AND TO SERVE PATIENTS, FAMILIES AND THE GENERAL PUBLIC WITHOUT NEED FOR ANY PERSONAL FAVOR OR GAIN THE ORGANIZATION'S ETHICS AND COMPLIANCE PLAN EMPHASIZES THE DUTY INTERESTED PERSONS HAVE TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST THAT MAY BENEFIT THEIR PRIVATE INTERESTS OR RESULT IN A POSSIBLE EXCESS BENEFIT TRANSACTION CONFLICTS ARE DISCLOSED ANNUALLY ON A CONFLICT OF INTEREST QUESTIONNAIRE THAT IS DISTRIBUTED TO THE OFFICERS, DIRECTORS, KEY EMPLOYEES, AND HIGHEST COMPENSATED EMPLOYEES IN THE EVENT OF ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, INTERESTED PERSONS MUST DISCLOSE THE EXISTENCE OF THEIR FINANCIAL INTEREST AND DISCLOSE ALL MATERIAL FACTS TO THE BOARD CHAIR, CEO OR OTHER DESIGNATED PERSONS IF IT IS DETERMINED AN ACTUAL CONFLICT OF INTEREST EXISTS BETWEEN THE ORGANIZATION AND AN INTERESTED PERSON, THE PARTY WITH A CONFLICT OF INTEREST MUST ABSTAIN FROM ANY DISCUSSION OR VOTING ON THE TRANSACTION OR ARRANGEMENT INVOLVING THE CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE COMPENSATION OF THE EXECUTIVE DIRECTOR OF THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC IS DETERMINED BY SUNCOAST CARING COMMUNITY, INC (SCCI), A RELATED ORGANIZATION THE COMPENSATION OF THE EXECUTIVE DIRECTOR OF THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST, INC WILL BE REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF SCCI THIS REVIEW WILL INCLUDE ANY INFORMATION RECEIVED FROM THE CAREER CENTER WHEN AN EXTERNAL REVIEW HAS BEEN PERFORMED PER THE PROCESS BELOW EVERY 3-5 YEARS THE CAREER CENTER WILL EMPLOY A WELL-RECOGNIZED, INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE MARKET RANGES FOR THE OFFICERS OF SCCI AND AFFILIATES THE REVIEW WILL INCLUDE A NATIONAL COMPARISON OF SIMILAR JOBS AT SIMILARLY SITUATED COMPANIES IN ORDER TO MAKE CERTAIN THAT THESE KEY EMPLOYEES ARE PAID WITHIN A REASONABLE AND APPROPRIATE RANGE THE RESULTING RECOMMENDATIONS WILL BE REVIEWED AS IS APPROPRIATE TO RECOMMEND ANY MARKET-BASED CHANGES OR POSSIBLY JUST ASSURE OURSELVES OF THE CURRENT CORRECT POSITIONING OF COMPENSATION FOR THESE INDIVIDUALS THIS PROCESS WAS LAST UNDERTAKEN IN THE YEAR ENDED SEPTEMBER 30, 2012 THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES

Identifier	Return Reference	Explanation
COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	FORM 990, PART VI, LINE 15B	BELOW IS THE PROCESS USED BY SUNCOAST CARING COMMUNITY, INC (SCCI) FOR DETERMINING COMPENSATION OF THE OTHER OFFICERS THE COMPENSATION OF THE OTHER OFFICERS OF THE FAMILY OF PROGRAMS WILL BE REVIEWED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE OF SCCI THIS REVIEW WILL INCLUDE ANY INFORMATION RECEIVED FROM THE CAREER CENTER WHEN AN EXTERNAL REVIEW HAS BEEN PERFORMED PER THE PROCESS BELOW EVERY 3-5 YEARS THE CAREER CENTER WILL EMPLOY A WELL-RECOGNIZED, INDEPENDENT COMPENSATION CONSULTANT TO REVIEW THE MARKET RANGES FOR THE CEO OF SCCI AND THE OTHER OFFICERS THE REVIEW WILL INCLUDE A NATIONAL COMPARISON OF SIMILAR JOBS AT SIMILARLY SITUATED COMPANIES IN ORDER TO MAKE CERTAIN THAT THESE KEY EMPLOYEES ARE PAID WITHIN A REASONABLE AND APPROPRIATE RANGE THE RESULTING RECOMMENDATIONS WILL BE REVIEWED AS IS APPROPRIATE TO RECOMMEND ANY MARKET-BASED CHANGES OR POSSIBLY JUST ASSURE OURSELVES OF THE CURRENT CORRECT POSITIONING OF COMPENSATION FOR THESE INDIVIDUALS THIS PROCESS WAS LAST UNDERTAKEN IN THE YEAR ENDED SEPTEMBER 30, 2012 THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE EXECUTIVE COMMITTEE MINUTES

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	Form 990, Part VI, Section C, Line 19	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

Identifier	Return Reference	Explanation
Average number of hours devoted per week to related organization	Form 990, Part VII, Section A, Column B	BETTY OLDANIE AIDS SERVICE ASSOCIATION OF PINELLAS, INC - 1 0001 000, THE HOSPICE OF THE FLORIDA SUNCOAST, INC - 1 0001 000, SUNCOAST CARING COMMUNITY, INC - 40 00040 000, PROJECT GRACE, INC - 1 0001 000, SUNCOAST PACE- 1 0001 000, THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, INC - 1 0001 000, HOSPICE SYSTEMS, INC - 1 000,MARY LABYAK, MSSW, LCSW SUNCOAST CARING COMMUNITY, INC - 40 00040 000, AIDS SERVICE ASSOCIATION OF PINELLAS, INC - 1 0001 000, THE HOSPICE OF THE FLORIDA SUNCOAST, INC - 1 0001 000, PROJECT GRACE, INC - 1 0001 000, SUNCOAST PACE- 1 0001 000, THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, INC - 1 0001 000, HOSPICE SYSTEMS, INC - 1 000,SUSAN BROWN SUNCOAST CARING COMMUNITY, INC - 1 0001 000, THE HOSPICE OF THE FLORIDA SUNCOAST, INC - 1 0001 000, SUNCOAST PACE- 1 000,FORD KYES SUNCOAST PACE- 1 000,ANNE HOCHSPRUNG SUNCOAST CARING COMMUNITY, INC - 40 00040 000, THE HOSPICE OF THE FLORIDA SUNCOAST, INC - 1 0001 000, THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST, INC - 1 0001 000, SUNCOAST PACE- 1 0001 000, PROJECT GRACE, INC - 1 0001 000, AIDS SERVICE ASSOCIATION OF PINELLAS, INC - 1 0001 000, HOSPICE SYSTEMS, INC - 1 000,MICHAEL BELL AIDS SERVICE ASSOCIATION OF PINELLAS, INC - 1 0001 000, HOSPICE SYSTEMS, INC - 1 000,

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990, Part XI, Line 5	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS - 1075564, UNREALIZED GAIN ON ASSETS HELD IN TRUST - 482068, UNREALIZED LOSS ON INTERESR RATE SWAP - -188972,

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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

2011

Open to Public Inspection

Name of the organization
THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Employer identification number
59-2252045

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) SUNCOAST CARING COMMUNITY INC 5771 ROOSEVELT CLEARWATER, FL 33760 26-3605761	HOLDING CO	FL	501(C)(3)	11 - Type II	NA		No
(2) AIDS SERVICE ASSOCIATION OF PINELLAS INC 5771 ROOSEVELT CLEARWATER, FL 33760 59-2862537	AIDS PREVENTION	FL	501(C)(3)	7	SCCI		No
(3) THE HOSPICE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT CLEARWATER, FL 33760 59-1744006	HOSPICE	FL	501(C)(3)	9	SCCI		No
(4) PROJECT GRACE INC 5771 ROOSEVELT CLEARWATER, FL 33760 31-1699259	HOSPICE RESOURCES	FL	501(C)(3)	9	SCCI		No
(5) THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT CLEARWATER, FL 33760 59-3176721	EDUCATION	FL	501(C)(3)	7	SCCI		No
(6) SUNCOAST PACE INC 5771 ROOSEVELT BOULEVARD CLEARWATER, FL 33760 45-2980257	PACE PROGRAM	FL	501(C)(3)	9	SCCI		No

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	(k) Percentage ownership

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
(1) HOSPICE SYSTEMS INC 5771 ROOSEVELT BLVD STE 600 CLEARWATER, FL 33760 59-3502780	SOFTWARE SALES	FL	NA	C CORPORATION			

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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	(d) Method of determining amount involved
(1)				
(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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID: 11000230
Software Version: v2011.1.0
EIN: 59-2252045
Name: THE HOSPICE FOUNDATION OF THE FLORIDA SUNCOAST INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
SUNCOAST CARING COMMUNITY INC 5771 ROOSEVELT CLEARWATER, FL 33760 26-3605761	HOLDING CO	FL	501(C)(3)	11 - Type II	NA		No
AIDS SERVICE ASSOCIATION OF PINELLAS INC 5771 ROOSEVELT CLEARWATER, FL 33760 59-2862537	AIDS PREVENTION	FL	501(C)(3)	7	SCCI		No
THE HOSPICE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT CLEARWATER, FL 33760 59-1744006	HOSPICE	FL	501(C)(3)	9	SCCI		No
PROJECT GRACE INC 5771 ROOSEVELT CLEARWATER, FL 33760 31-1699259	HOSPICE RESOURCES	FL	501(C)(3)	9	SCCI		No
THE HOSPICE INSTITUTE OF THE FLORIDA SUNCOAST INC 5771 ROOSEVELT CLEARWATER, FL 33760 59-3176721	EDUCATION	FL	501(C)(3)	7	SCCI		No
SUNCOAST PACE INC 5771 ROOSEVELT BOULEVARD CLEARWATER, FL 33760 45-2980257	PACE PROGRAM	FL	501(C)(3)	9	SCCI		No