

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 10/01, 2005, and ending 09/30/2006

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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

C Name of organization

SPECTRUM HEALTH CARE FOUNDATION, INC.

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

Room/suite

5300 EAST AVENUE

City or town, state or country, and ZIP + 4

WEST PALM BEACH, FL 33407

D Employer identification number

20-3974070

E Telephone number

(561) 841-5200

F Accounting method: ☐ Cash ☒ Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☒ No
(If "No," attach a list. See instructions.)H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

G Website: WWW.SPECTRUMHEALTHCAREFOUNDATION.ORG

J Organization type (check only one) ☒ 501(c)(03) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 23,536,497.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Direct public support	1a	5,857,811.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 5,857,811. noncash \$)	1d	5,857,811.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4		
	5	Dividends and interest from securities	5	1,274,563.	
	6a	Gross rents	6a		
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	16,404,123.	
	b	Less cost or other basis and sales expenses	8b	13,192,243.	
	c	Gain or (loss) (attach schedule)	8c	3,211,880.	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	3,211,880.	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b	Less direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	10,344,254.		
Expenses	13	Program services (from line 44, column (B))	13	NONE	
	14	Management and general (from line 44, column (C))	14	345,551.	
	15	Fundraising (from line 44, column (D))	15	463,982.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	809,533.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	9,534,721.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	NONE	
	20	Other changes in net assets or fund balances (attach explanation) STMT 1	20	71,279,283.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	80,814,004.	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
(cash \$ <u>NONE</u> noncash \$ <u>NONE</u>)	22	NONE	NONE		
If this amount includes foreign grants, check here <input type="checkbox"/>					
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	NONE			
26 Other salaries and wages	26	307,965.			307,965.
27 Pension plan contributions	27	NONE			
28 Other employee benefits	28	52,297.			52,297.
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	5,710.			5,710.
34 Telephone	34	2,095.			2,095.
35 Postage and shipping	35	3,992.			3,992.
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38	31,017.			31,017.
39 Travel	39	2,501.			2,501.
40 Conferences, conventions, and meetings	40	5,307.			5,307.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize)					
a STMT 2	43a	398,649.		345,551.	53,098.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44	809,533.	NONE	345,551.	463,982.

Joint Costs. Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,

(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? **SEE STATEMENT 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a SPECTRUM HEALTH CARE FOUNDATION PROVIDES FUNDRAISING,
INVESTMENT MANAGEMENT, AND OTHER SUPPORT SERVICES TO
SPECTRUM HEALTH, INC. AND ITS SUBSIDIARIES, INCLUDING
HOSPICE OF PALM BEACH COUNTY.

(Grants and allocations \$ NONE) If this amount includes foreign grants, check here ☐

NONE

b _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

c _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

d _____

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$ _____) If this amount includes foreign grants, check here ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). ☐

NONE

Form **990** (2005)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	NONE	45 400,890.
	46 Savings and temporary cash investments		46
	47a Accounts receivable 47a		47c
	b Less allowance for doubtful accounts 47b		
	48a Pledges receivable 48a 894,391.		48c 894,391.
	b Less allowance for doubtful accounts 48b	NONE	
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50
	51a Other notes and loans receivable (attach schedule) 51a		51c
	b Less allowance for doubtful accounts 51b		
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	NONE	53 20,679.
	54 Investments - securities (attach schedule) STMT 4. <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	NONE	54 79,582,486.
	55a Investments - land, buildings, and equipment basis 55a		55c
	b Less accumulated depreciation (attach schedule) 55b		
56 Investments - other (attach schedule)		56	
57a Land, buildings, and equipment basis 57a		57c	
b Less accumulated depreciation (attach schedule) 57b			
58 Other assets (describe ►)		58	
59 Total assets (must equal line 74) Add lines 45 through 58	NONE	59 80,898,446.	
Liabilities	60 Accounts payable and accrued expenses	NONE	60 84,442.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63
	64a Tax-exempt bond liabilities (attach schedule)		64a
	b Mortgages and other notes payable (attach schedule)		64b
	65 Other liabilities (describe ►)		65
66 Total liabilities. Add lines 60 through 65	NONE	66 84,442.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	NONE	67 78,114,004.
	68 Temporarily restricted	NONE	68 NONE
	69 Permanently restricted	NONE	69 2,700,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	NONE	73 80,814,004.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	NONE	74 80,898,446.	

Form 990 (2005)

a	Total revenue, gains, and other support per audited financial statements	a	81,362,772.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	2,060,556.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <u>SEE STATEMENT 5</u>	b4	69,218,727.
	Add lines b1 through b4	b	71,279,283.
c	Subtract line b from line a	c	10,083,489.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <u>SEE STATEMENT 6</u>	d2	260,765.
	Add lines d1 and d2	d	260,765.
e	Total revenue (Part I, line 12) Add lines c and d	e	10,344,254.

a	Total expenses and losses per audited financial statements	a	548,768.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) -----	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	548,768.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) -- <u>SEE STATEMENT 7</u> -----	d2	260,765.
	Add lines d1 and d2	d	260,765.
e	Total expenses (Part I, line 17) Add lines c and d	e	809,533.

[illegible]

	Yes	No
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75b	X	
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75c	X	

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75d	X	
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(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

	Yes	No
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76		X

77		X
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78a	X
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78b	N/A
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79		X
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80a	X	

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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[illegible]

81b	X
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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82 b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).	NONE	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) orgs Enter a Gross income from members or shareholders	N/A	
87 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911. NONE, section 4912. NONE, section 4955. NONE		
89 b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
89 c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	NONE	
89 d	Enter Amount of tax on line 89c, above, reimbursed by the organization.	NONE	
90 a	List the states with which a copy of this return is filed.		
90 b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions).	6	
91 a	The books are in care of <u>GREGORY M. KISSEL</u> Telephone no <u>561-848-5200</u> Located at <u>5300 EAST AVENUE, WEST PALM BEACH, FL</u> ZIP + 4 <u>33407</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
91 c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country _____		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u> N/A		

Part VII Analysis of Income-Producing Activities (See the instructions)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	1,274,563.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	3,211,880.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				4,486,443.	
105 Total (add line 104, columns (B), (D), and (E))					4,486,443.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	N/A

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)

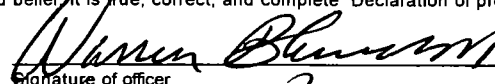
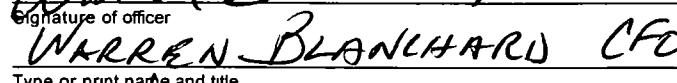
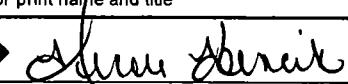
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

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

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

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>8/14/07</u>	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 CROWE CHIZEK AND COMPANY LLC PO BOX 3697 OAK BROOK, IL 60522-3697	Date <u>8/13/07</u> Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W) EIN <u>35-0921680</u> Phone no <u>630-574-7878</u>	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2005

Name of the organization

SPECTRUM HEALTH CARE FOUNDATION, INC.

Employer identification number

20-3974070

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 . . ▶		NONE		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		NONE

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities? STMT. 14	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? STMT. 15	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5** ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6** ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7** ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8** ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9** ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a** ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b** ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12** ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13** ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ► ☐ Type 1 ☒ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above
SEE STATEMENT 16	

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting **NOT APPLICABLE**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17.					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 NOT APPLICABLE					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					26d
e Public support (line 26c minus line 26d total)					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. NOT APPLICABLE (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add: Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31	
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is -			
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
Lobbying nontaxable amount					
45 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
Grassroots nontaxable amount					
48 Grassroots ceiling amount (150% of line 48(e))					
49 Grassroots lobbying expenditures					
50					

Part VI-B Lobbying Activity by Nonelecting Public Charities**NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

Yes	No	Amount

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

16

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

UNREALIZED GAIN ON INVESTMENTS
INVESTMENTS TRANSFERRED FROM HPBC2,060,556.
69,218,727.

TOTAL

71,279,283.
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	MANAGEMENT AND GENERAL	FUNDRAISING.
-----	-----	-----	-----
MISCELLANEOUS	5,983.		5,983.
DUES, LICENSES & SUB	920.		920.
FUNCTIONS AND EVENTS	860.		860.
CONSULTING SERVICES	14,823.		14,823.
HOSPITALITY	4,866.		4,866.
MATERIALS	652.		652.
RECOGNITION	24,122.		24,122.
DISPLAYS & ENGRAVING	872.		872.
MGMT SERVICES PROVIDED BY HPBC	84,786.	84,786.	
INVESTMENT EXPENSE	260,765.	260,765.	
	-----	-----	-----
TOTALS	398,649.	345,551.	53,098.
	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

OUR VISION IS TO BECOME THE LEADING FOUNDATION FUNDING GREAT
HEALTHCARE EXPERIENCES.

THE MISSION OF SPECTRUM HEALTH CARE FOUNDATION IS TO RAISE AND MANAGE
FUNDS TO SUPPORT THE VISION AND MISSION OF SPECTRUM HEALTH INC. AND
ITS SUBSIDIARIES THROUGH A COMPREHENSIVE FUNDRAISING PROGRAM.

THE VALUES:
RESPONSIBLE STEWARDSHIP
ETHICAL
COMPETITIVE
CARING & COMPASSIONATE
WHATEVER IT TAKES

FORM 990, PART IV - INVESTMENTS - SECURITIES
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
CASH AND CASH EQUIVALENTS	453,446.	FMV
FIXED INCOME	24,039,627.	FMV
EQUITIES	32,494,081.	FMV
ALTERNATIVE INVESTMENT FUNDS	22,595,332.	FMV

TOTALS	79,582,486.	
	=====	

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN
=====

DESCRIPTION -----	AMOUNT -----
INVESTMENTS TRANSFERRED FROM HPBC	NONE 69,218,727.

TOTAL	69,218,727. =====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS
=====DESCRIPTION
-----AMOUNT

INVESTMENT EXPENSE

260,765.

TOTAL

260,765.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

=====

DESCRIPTION

AMOUNT

INVESTMENT EXPENSE

260,765.

TOTAL

260,765.
=====

SPECTRUM HEALTH CARE FOUNDATION, INC.

20-3974070

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
JOHN BROGAN 5300 EAST AVENUE WEST PALM BEACH, FL 33407	DIRECTOR 1	NONE	NONE	NONE
MICHAEL CONNORS, ESQ. 5300 EAST AVENUE WEST PALM BEACH, FL 33407	CHAIRMAN 1	NONE	NONE	NONE
JUDY GIUFFRIDA 5300 EAST AVENUE WEST PALM BEACH, FL 33407	DIRECTOR 1	NONE	NONE	NONE
MARY HULITAR 5300 EAST AVENUE WEST PALM BEACH, FL 33407	DIRECTOR 1	NONE	NONE	NONE
DAVE MCCOY 5300 EAST AVENUE WEST PALM BEACH, FL 33407	DIRECTOR 1	NONE	NONE	NONE
JOHN MARINO 5300 EAST AVENUE WEST PALM BEACH, FL 33407	DIRECTOR 1	NONE	NONE	NONE
HELEN MESSIC 5300 EAST AVENUE WEST PALM BEACH, FL 33407	DIRECTOR 1	NONE	NONE	NONE
JUDY MITCHELL 5300 EAST AVENUE WEST PALM BEACH, FL 33407	DIRECTOR 1	NONE	NONE	NONE

SPECTRUM HEALTH CARE FOUNDATION, INC.

20-3974070

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PHIL O'CONNELL, JR., ESQ. 5300 EAST AVENUE WEST PALM BEACH, FL 33407	SECRETARY 1	NONE	NONE	NONE
DAVID RALICKI 5300 EAST AVENUE WEST PALM BEACH, FL 33407	TREAS./VICE CHAIR 1	NONE	NONE	NONE
BILL YEARGIN 5300 EAST AVENUE WEST PALM BEACH, FL 33407	DIRECTOR 1	NONE	NONE	NONE
DAVID C. FIELDING 5300 EAST AVENUE WEST PALM BEACH, FL 33407	PRESIDENT AND CEO 40	NONE	NONE	NONE
WARREN W. BLANCHARD 5300 EAST AVENUE WEST PALM BEACH, FL 33407	CFO 1	NONE	NONE	NONE
GREGORY M. KISSEL 5300 EAST AVENUE WEST PALM BEACH, FL 33407	VP - INVESTMENTS 1	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

FORM 990, PART V-A RELATIONSHIP SCHEDULE
=====RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	JOHN BROGAN
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	AFFILIATED ORGANIZATION
NAME OF OFFICER, DIRECTOR, ETC:	MICHAEL CONNORS, ESQ.
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	CHAIRMAN
RELATIONSHIP:	AFFILIATED ORGANIZATION
NAME OF OFFICER, DIRECTOR, ETC:	JUDY GIUFFRIDA
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	AFFILIATED ORGANIZATION
NAME OF OFFICER, DIRECTOR, ETC:	MARY HULITAR
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	AFFILIATED ORGANIZATION
NAME OF OFFICER, DIRECTOR, ETC:	DAVE MCCOY
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	AFFILIATED ORGANIZATION
NAME OF OFFICER, DIRECTOR, ETC:	JOHN MARINO
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	AFFILIATED ORGANIZATION
NAME OF OFFICER, DIRECTOR, ETC:	HELEN MESSIC
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	AFFILIATED ORGANIZATION
NAME OF OFFICER, DIRECTOR, ETC:	JUDY MITCHELL
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	AFFILIATED ORGANIZATION
NAME OF OFFICER, DIRECTOR, ETC:	PHIL O'CONNELL, JR., ESQ.
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	SECRETARY
RELATIONSHIP:	AFFILIATED ORGANIZATION

FORM 990, PART V-A RELATIONSHIP SCHEDULE
=====RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	DAVID RALICKI
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	TREASURER/VICE CHAIRMAN
RELATIONSHIP:	AFFILIATED ORGANIZATION

NAME OF OFFICER, DIRECTOR, ETC:	BILL YEARGIN
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	DIRECTOR
RELATIONSHIP:	AFFILIATED ORGANIZATION

NAME OF OFFICER, DIRECTOR, ETC:	DAVID C. FIELDING
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILATES
TITLE OR ROLE:	PRESIDENT & CEO
RELATIONSHIP:	AFFILIATED ORGANIZATION

NAME OF OFFICER, DIRECTOR, ETC:	WARREN W. BLANCHARD
NAME OF RELATED BUSINESS:	SPECTRUM HEALTH, INC. & AFFILIATES
TITLE OR ROLE:	CFO
RELATIONSHIP:	AFFILIATED ORGANIZATION

SPECTRUM HEALTH CARE FOUNDATION, INC.

20-3974070

FORM 990, PART V-A COMPENSATION PROVIDED BY RELATED ORGANIZATION

NAME AND ADDRESS	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SPECTRUM HEALTH, INC. 20-3974015 DAVID C. FIELDING 5300 EAST AVENUE	306,100.	16,417.	NONE
WEST PALM BEACH, FL 33407			
SPECTRUM HEALTH, INC. 20-3974015 WARREN W. BLANCHARD 5300 EAST AVENUE	78,469.	4,045.	NONE
WEST PALM BEACH, FL 33407			
GRAND TOTALS	384,569.	20,462.	NONE

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS
=====

RELATED ORGANIZATION NAME: SPECTRUM HEALTH, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: HOSPICE OF PALM BEACH COUNTY, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: THE MEDICAL STORE OF PALM BEACH
COUNTY

EXEMPT: X NONEXEMPT:

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

=====

HOSPICE OF PALM BEACH COUNTY ALLOCATED MANAGEMENT SERVICES IN THE AMOUNT
OF \$84,786 TO SPECTRUM HEALTH CARE FOUNDATION, INC.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2E

=====

HOSPICE OF PALM BEACH COUNTY TRANSFERRED INVESTMENTS IN THE AMOUNT OF
\$69,218,727 TO SPECTRUM HEALTH CARE FOUNDATION, INC.

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS
=====

NAME(S) OF SUPPORTED ORGANIZATION(S) -----	BOX NUMBER FROM PART IV -----
THE MEDICAL STORE OF PALM BEACH COUNTY, INC.	11A
HOSPICE OF PALM BEACH COUNTY, INC.	11A
SPECTRUM HEALTH, INC.	13

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ☐*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041***Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization	Employer identification number
	SPECTRUM HEALTH CARE FOUNDATION, INC.	20-3974070
	Number, street, and room or suite no. If a P O box, see instructions 5300 EAST AVENUE	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions WEST PALM BEACH, FL 33407	

Check type of return to be filed (file a separate application for each return)

- | | | |
|----------------------------------------------|-------------------------------------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **HOSPICE OF PALM BEACH COUNTY, INC.**

Telephone No ▶ **561-841-5200**

FAX No ▶

- If the organization does **not** have an office or place of business in the United States, check this box ☐

- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the **whole** group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2007** to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning **OCT 1, 2005**, and ending **SEP 30, 2006**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

- c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ **N/A**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructionsLHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 12-2004)

• If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.

Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	SPECTRUM HEALTH CARE FOUNDATION, INC.	20-3974070
	Number, street, and room or suite no. If a P.O. box, see instructions 5300 EAST AVENUE	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WEST PALM BEACH, FL 33407	

Check type of return to be filed (File a separate application for each return)

☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **HOSPICE OF PALM BEACH COUNTY, INC.**

Telephone No **561-841-5200**

FAX No

• If the organization does **not** have an office or place of business in the United States, check this box ☐

• If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) . If this is for the **whole** group, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **AUGUST 15, 2007**

5 For calendar year , or other tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

\$

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868

\$

c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions

\$

N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Sharon M. Throckmorton**

Title **CFA**

Date **4/23/07**

Notice to Applicant - To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return
- ☐ We have **not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return
- ☐ We have **not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- ☐ We **cannot** consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other

Director By:

Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name
	CROWE CHIZEK AND COMPANY LLC C/O NICOLE BENCIK
	Number and street (include suite, room, or apt. no.) or a P.O. box number 70 WEST MADISON STREET, SUITE 700
	City or town, province or state, and country (including postal or ZIP code) CHICAGO, IL 60602

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05-01-05