

NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit <http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx>



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2008 Open to Public Inspection
	1 2 3 4 5 6 7 8 9 10 11 12	

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008		C Name of organization HOSPICE OF THE WESTERN RESERVE INC		D Employer identification number 34-1256377	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending		Doing Business As		E Telephone number (216) 383-2222	
Please use IRS label or print or type. See Specific Instructions.		Number and street (or P O box if mail is not delivered to street address) Room/suite 300 EAST 185TH STREET		G Gross receipts \$ 83,807,571	
		City or town, state or country, and ZIP + 4 CLEVELAND, OH 441191330			
F Name and address of Principal Officer CLARK HARVEY 300 EAST 185TH STREET CLEVELAND, OH 441191330		H(a) Is this a group return for affiliates? ☐ Yes ☒ No			
I Tax-exempt status ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527		H(b) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list See instructions)			
J Web site: www.HOSPICEWR.ORG		H(c) Group Exemption Number			
K Type of organization ☒ Corporation ☐ trust ☐ association ☐ other			L Year of Formation 1978		M State of legal domicile OH

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities HOSPICE OF THE WESTERN RESERVE PROVIDES PALLIATIVE END-OF-LIFE CARE, CAREGIVER SUPPORT, AND BEREAVEMENT SERVICES THROUGHOUT NORTHERN OHIO We strive to relieve suffering & enhance comfort in end of life care		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	26
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of employees (Part V, line 2a)	5	1,053
	6	Total number of volunteers (estimate if necessary)	6	1,200
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	4,254,990	8,829,804
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,018,845	73,369,832
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,352,422	228,183
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	241,893	326,388
			77,868,150	82,754,207
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	41,102,631	44,278,989
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	183,569	45,000
	b	(Total fundraising expenses, Part IX, column (D), line 25 <u>1,040,720</u>)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	33,407,401	31,820,522
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	74,693,601	76,144,511
	19	Revenue less expenses Subtract line 18 from line 12	3,174,549	6,609,696
Net Assets or Fund Balances			Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	47,705,278	47,882,349
	21	Total liabilities (Part X, line 26)	13,637,856	14,180,457
	22	Net assets or fund balances Subtract line 21 from line 20	34,067,422	33,701,892

Part II	Signature Block

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	
	*****	2009-11-16
	Signature of officer	Date
	MR DAVID A SIMPSON CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature  James J Carnovale	Date	Check if self-employed 	Preparer's PTIN (See Gen Inst)
	Firm's name (or yours if self-employed), address, and ZIP + 4  HOWARD WERSHBALE & CO 23240 CHAGRIN BLVD CLEVELAND, OH 441225450			EIN  Phone no  (216) 831-1200

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

HOSPICE CARE SERVICES ARE ABOUT PROVIDING PEOPLE (ADULTS AND CHILDREN) WITH A LIFE-LIMITING ILLNESS, AND THEIR FAMILIES WITH CHOICES AND DIGNITY CARE IS PROVIDED THROUGH A TEAM OF PAID AND NON-PAID STAFF AND ARE AVAILABLE 24-HOURS A-DAY, SEVEN DAYS A WEEK ADDITIONALLY, BEREAVEMENT SERVICES ARE PROVIDED FOR FAMILIES FOR MORE THAN A YEAR FOLLOWING THE LOSS OF A LOVED ONE

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting or make significant changes in how it conducts any program services? ☐ Yes ☒ No
If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses
Section 501(c)(3) and (4) organizations and 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 \$ 60,846,575 including grants of \$) (Revenue \$ 73,369,832)
HOSPICE CARE SERVICES ARE ABOUT PROVIDING PEOPLE (ADULTS AND CHILDREN) WITH A LIFE-LIMITING ILLNESS, AND THEIR FAMILIES WITH CHOICES AND DIGNITY CARE IS PROVIDED THROUGH A TEAM OF PAID AND NON-PAID STAFF AND ARE AVAILABLE 24-HOURS A-DAY, SEVEN DAYS A WEEK ADDITIONALLY, BEREAVEMENT SERVICES ARE PROVIDED FOR FAMILIES FOR MORE THAN A YEAR FOLLOWING THE LOSS OF A LOVED ONE

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 \$ 60,846,575 Must equal Part IX, Line 25, column (B).

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as 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 U S ?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? 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 United States? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 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? 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 question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? 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, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV . . . . . 	28a Yes	
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV . . . . . 	28b	No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . 	28c Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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 section 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	No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	No
36	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 percent 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

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a925		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,053		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	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 provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?	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?		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		No
6	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	the governing body?	Yes	
8b	each committee with authority to act on behalf of the governing body?	Yes	
9a	Does the organization have local chapters, branches, or affiliates?		No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		No
11	Is there any officer, director or 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		No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?		No
14	Does the organization have a written document retention and destruction policy?		No
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		
15a	The organization's CEO, Executive Director, or top management official?	Yes	
15b	Other officers or key employees of the organization? . . . . . Describe the process in Schedule O	Yes	
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?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <u>OH</u>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☐ own website ☒ another's website ☒ upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JOHN E HARVAN JR 300 EAST 185TH STREET CLEVELAND, OH 44119 (216) 383-2222

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

* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees 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 **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

Form **990** (2008)

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization: 15

Section B. Independent Contractors

2	Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization	0

Part VIII

Statement of Revenue

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a476,533			
	b	Membership dues				
			1b			
	c	Fundraising events				
			1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	8,353,271			
			1f			
g	Noncash contributions included in lines 1a-1f \$					
h	Total (Add lines 1a-1f)		8,829,804			
Program Service Revenue	2a	HOSPICE CARE SERVICES	Business Code623,000	73,369,832	73,369,832	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
		\$ 73,369,832				
Other Revenue	3	Investment income (including dividends, interest other similar amounts)		801,992		801,992
	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)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities479,555(ii) Other			
	b	Less cost or other basis and sales expenses	1,053,364			
	c	Gain or (loss)	-573,809			
	d	Net gain or (loss)		-573,809		-573,809
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	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			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory		0		
		Miscellaneous Revenue	Business Code			
	11a	RESALE SHOP	900,099	271,262	271,262	
b	MISCELLANEOUS REVENUE	900,099	55,126	55,126		
c						
d	All other revenue					
e	Total. Add lines 11a-11d					
	\$ 326,388					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		82,754,207	73,696,220		228,183

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S 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	684,107		684,107	
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	33,470,262	25,717,664		565,138
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	54,494	40,519	13,291	684
9	Other employee benefits	6,198,585	3,147,520	3,001,245	49,820
10	Payroll taxes	3,871,541	2,879,906	944,670	46,965
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
c	Accounting	137,802		137,802	
d	Lobbying	21,856		21,856	
e	Professional fundraising See Part IV, line 17	45,000			45,000
f	Investment management fees	0			
g	Other	1,109,519	837,842	203,187	68,490
12	Advertising and promotion	331,017	329,318		1,699
13	Office expenses	2,293,498	1,645,033	537,654	110,811
14	Information technology	0			
15	Royalties	0			
16	Occupancy	1,334,951	239,390	998,714	96,847
17	Travel	86,618		72,647	13,971
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	138,502	84,708	27,786	26,008
20	Interest	80,565	61,205	19,360	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	991,966	752,499	238,022	1,445
23	Insurance	255,598	194,178	61,420	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	NURSING FACILITIES	16,372,997	16,372,997		
b	PATIENT SERVICES	1,864,141	1,864,141		
c	SUPPLIES	5,045,612	5,045,612		
d	DIETARY SERVICES	212,179	212,179		
e	PATIENT SUPPLIES	668,395	668,395		
f	All other expenses	875,306	753,469	107,995	13,842
25	Total functional expenses. Add lines 1 through 24f	76,144,511	60,846,575	14,257,216	1,040,720
26	Joint Costs. Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing		1	1,266	
	2	Savings and temporary cash investments	3,881,131	2	4,647,009	
	3	Pledges and grants receivable, net	1,403,627	3	4,021,709	
	4	Accounts receivable, net	9,451,641	4	8,688,751	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	602,856	9	436,581	
	10a	Land, buildings, and equipment cost basis				
			10a	17,678,387		
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>				
			10b	4,684,912		
			9,413,840	10c	12,993,475	
	11	Investments—publicly traded securities	22,201,576	11	15,953,086	
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>	750,607	12	1,028,525	
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13			
14	Intangible assets		14	81,003		
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>		15	30,944		
16	Total assets. <i>Add lines 1 through 15 (must equal line 34)</i>	47,705,278	16	47,882,349		
Liabilities	17	Accounts payable and accrued expenses	9,596,068	17	7,348,089	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	3,195,000	20	2,995,000	
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21		
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22		
	23	Secured mortgages and notes payable to unrelated third parties	0	23	3,134,514	
	24	Unsecured notes and loans payable		24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>	846,788	25	702,854	
	26	Total liabilities. <i>Add lines 17 through 25</i>	13,637,856	26	14,180,457	
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	32,053,569	27	27,348,589	
	28	Temporarily restricted net assets	1,548,951	28	5,888,401	
	29	Permanently restricted net assets	464,902	29	464,902	
	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	34,067,422	33	33,701,892	
	34	Total liabilities and net assets/fund balances	47,705,278	34	47,882,349	

Part XI

Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☒ accrual ☐ other			
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 lines 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?	2c	Yes	
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?	3b		

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue
Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization HOSPICE OF THE WESTERN RESERVE INC	Employer identification number 34-1256377

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1

☐

A church, convention of churches, or association of churches described in 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). (Attach Schedule H)

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). (See instructions)

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?

(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?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the organizations the organization supports

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						☐

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. 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% Test - 2007. 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 - 2008. 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 - 2007. 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		☐

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,825,585	3,915,067	3,641,093	4,254,990	3,109,270	17,746,005
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	49,396,275	58,356,264	65,636,042	72,018,845	73,369,832	318,777,258
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 1-5	52,221,860	62,271,331	69,277,135	76,273,835	76,479,102	336,523,263
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						336,523,263

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	52,221,860	62,271,331	69,277,135	76,273,835	76,479,102	336,523,263
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	652,098	951,295	1,004,901	842,135	801,992	4,252,421
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	652,098	951,295	1,004,901	842,135	801,992	4,252,421
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)	197,937	212,709	232,692	241,893	326,388	1,211,619
13 Total Support (Add lines 9, 10c, 11 and 12)						341,987,303
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						

Computation of Public Support Percentage		
15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	98 402 %
16 Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	98 14 %

Computation of Investment Income Percentage		
17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	1 243 %
18 Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	1 584 %
19a 33 1/3% Tests - 2008. 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% Tests - 2007. 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.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization HOSPICE OF THE WESTERN RESERVE INC	Employer identification number 34-1256377

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 other 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 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 <table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year										
a	Total number of conservation easements										
b	Total acreage restricted by conservation easements										
c	Number of conservation easements on a certified historic structure included in (a)										
d	Number of conservation easements included in (c) acquired after 8/17/06										
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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No										
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►										
7	Amount of expenses incurred in monitoring, inspecting, and enforcing 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 <table><tr><td>(i)</td><td>Revenues included in Form 990, Part VIII, line 1</td><td>► \$</td></tr><tr><td>(ii)</td><td>Assets included in Form 990, Part X</td><td>► \$</td></tr></table>	(i)	Revenues included in Form 990, Part VIII, line 1	► \$	(ii)	Assets included in Form 990, Part X	► \$
(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 <table><tr><td>a</td><td>Revenues included in Form 990, Part VIII, line 1</td><td>► \$</td></tr><tr><td>b</td><td>Assets included in Form 990, Part X</td><td>► \$</td></tr></table>	a	Revenues included in Form 990, Part VIII, line 1	► \$	b	Assets included in Form 990, Part X	► \$
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
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

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 Trust, 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 why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
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	464,902				
b Contributions					
c Investment earnings or losses	37,729				
d Grants or scholarships					
e Other expenditures for facilities and programs	37,729				
f Administrative expenses					
g End of year balance	464,902				

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

- a** Board designated or quasi-endowment ☐
- b** Permanent endowment ☐ 100 %
- c** Term endowment ☐

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		4,506,899		4,506,899
b Buildings		6,524,506	2,365,195	4,159,311
c Leasehold improvements		86,099	50,507	35,592
d Equipment		2,257,706	1,114,152	1,143,554
e Other		4,303,177	1,155,058	3,148,119
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i>				12,993,475

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ALTERNATIVE INVESTMENTS	1,028,525	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		

(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)		

(a) Description	(b) Book value
DEPOSITS	30,944
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITY OBLIGATIONS	109,978
DEFERRED COMPENSATION OBLIGATIONS	592,876
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	702,854

Schedule D (Form 990) 2008

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	82,754,207		
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	76,144,511		
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,609,696		
4	Net unrealized gains (losses) on investments	4	-6,992,328		
5	Donated services and use of facilities	5			
6	Investment expenses	6			
7	Prior period adjustments	7			
8	Other (Describe in Part XIV)	8	17,100		
9	Total adjustments (net) Add lines 4 - 8	9	-6,975,228		
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-365,532		
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	76,681,736		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments		2a	-6,992,328	
b	Donated services and use of facilities		2b	902,757	
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIV)		2d	17,100	
e	Add lines 2a through 2d	2e	-6,072,471		
3	Subtract line 2e from line 1	3	82,754,207		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b		4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b	4c			
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	82,754,207		

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements	1	77,047,268		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities		2a	902,757	
b	Prior year adjustments		2b		
c	Losses reported on Form 990, Part IX, line 25		2c		
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d	2e	902,757		
3	Subtract line 2e from line 1	3	76,144,511		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :				
a	Investment expenses not included on Form 990, Part VIII, line 7b		4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b	4c			
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	76,144,511		

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 XIV, 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		
Identif ier	Return Reference	Explanat ion
CHANGES IN NET ASSETS	SCHEDULE D, PART XI, #8	Change in Split Value Interest Agreements
OTHER REVENUE	SCHEDULE D, PART XII, #2D	Change in Split Value Interest Agreements
INTENDED USES OF ENDOWMENT FUNDS	SCHEDULE D, PART V, #4	DONOR-IMPOSED STIPULATIONS INDICATING THAT THE FUNDS BE MAINTAINED PERMANENTLY BY THE ORGANIZATION AND THAT ALLOW THE INCOME EARNED ON ANY RELATED INVESTMENT TO BE USED FOR GENERAL PURPOSES

Part XIV Supplemental Information(continued)

[illegible]

OMB No 1545-0047

Open to Public Inspection

34-1256377

a	☒	Mail solicitations	e	☒	Solicitation of non-government grants
b	☐	Email solicitations	f	☒	Solicitation of government grants
c	☐	Phone solicitations	g	☐	Special fundraising events
d	☒	In-person solicitations			

☒ Yes ☐ No

OH

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts			
	2	Less Charitable contributions			
	3	Gross revenue (line 1 minus line 2)			
Direct Expenses	4	Cash Prizes			
	5	Non-cash Prizes			
	6	Rent/Facility costs			
	7	Other direct expenses			
	8	Direct expense summary Add lines 4 through 7 in column (d) . . . . . ▶			
	9	Net income summary Combine lines 3 and 8 in column (d). . . . . ▶			

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
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) . . . . . ▶			

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

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

Schedule J

(Form 990)

Department of the
Treasury
Internal Revenue
Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
HOSPICE OF THE WESTERN RESERVE INC

Employer identification number

34-1256377

Part I

Questions Regarding Compensation

1a Check the appropriate 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 line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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?

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

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

Yes

No

1b

2

4a

No

4b

No

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

Part II

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
MEREDITH DRISCOL	(i)	144,966	0	15,500	5,444	922	166,832	0
	(ii)	0	0	0	0	0	0	0
DANN GANZHORN	(i)	175,600	800	10,185	5,995	2,731	195,311	0
	(ii)	0	0	0	0	0	0	0
JOHN E HARVAN JR	(i)	175,062	400	36,000	5,696	2,731	219,889	0
	(ii)	0	0	0	0	0	0	0
BRIDGET J MONTANA	(i)	176,736	400	31,000	5,981	0	214,117	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH PITORAK	(i)	133,787	400	18,170	4,553	2,731	159,641	0
	(ii)	0	0	0	0	0	0	0
DAVID A SIMPSON	(i)	287,740	0	36,000	7,088	3,451	334,279	0
	(ii)	0	0	0	0	0	0	0
JEFFREY SPIESS	(i)	164,357	800	15,500	5,595	2,731	188,983	0
	(ii)	0	0	0	0	0	0	0
CHARLES V WELLMAN	(i)	221,687	400	36,000	6,312	2,731	267,130	0
	(ii)	0	0	0	0	0	0	0
ALAN C WINE	(i)	150,000	400	12,032	1,615	2,731	166,778	0
	(ii)	0	0	0	0	0	0	0
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Software ID:

Software Version:

EIN: 34-1256377

Name: HOSPICE OF THE WESTERN RESERVE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
MEREDITH DRISCOL	(i)	144,966	0	15,500	5,444	922	166,832	0
	(ii)	0	0	0	0	0	0	0
DANN GANZHORN	(i)	175,600	800	10,185	5,995	2,731	195,311	0
	(ii)	0	0	0	0	0	0	0
JOHN E HARVAN JR	(i)	175,062	400	36,000	5,696	2,731	219,889	0
	(ii)	0	0	0	0	0	0	0
BRIDGET J MONTANA	(i)	176,736	400	31,000	5,981	0	214,117	0
	(ii)	0	0	0	0	0	0	0
ELIZABETH PITORAK	(i)	133,787	400	18,170	4,553	2,731	159,641	0
	(ii)	0	0	0	0	0	0	0
DAVID A SIMPSON	(i)	287,740	0	36,000	7,088	3,451	334,279	0
	(ii)	0	0	0	0	0	0	0
JEFFREY SPIESS	(i)	164,357	800	15,500	5,595	2,731	188,983	0
	(ii)	0	0	0	0	0	0	0
CHARLES V WELLMAN	(i)	221,687	400	36,000	6,312	2,731	267,130	0
	(ii)	0	0	0	0	0	0	0
ALAN C WINE	(i)	150,000	400	12,032	1,615	2,731	166,778	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.

Ident if ier	Return Reference	Explanation

Schedule L

(Form 990 or 990-EZ)

Department of the
Treasury
Internal Revenue
Service

Transactions with Interested Persons

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **To be completed by organizations that answered**
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
HOSPICE OF THE WESTERN RESERVE INC

Employer identification number
34-1256377

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ _____

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
RICHARD SPOTZ JR	DIRECTOR	3,890	PROVIDED LEGAL SERVICE		No
JOHN E HARVAN JR	CEO	4,200	ANNUAL organization DUES		No

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization HOSPICE OF THE WESTERN RESERVE INC	Employer identification number 34-1256377

Identifier	Return Reference	Explanation
DOCUMENTS AVAILABLE TO PUBLIC	PAGE 6, PART VI, SECTION C, #19	HOSPICE OF THE WESTERN RESERVE DOES MAKE ITS FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC BY PROVIDING COPIES ON REQUEST, INSPECTION AT THE HEADQUARTERS OFFICE AND BY PROVIDING FINANCIAL DATA IN ANNUAL REPORTS WHICH ARE AVAILABLE ON HOSPICE OF THE WESTERN RESERVE'S WEBSITE HOSPICE OF THE WESTERN RESERVE DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE GENERAL PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	PAGE 6, PART VI, SECTION B, #15A & 15B	THE COMPENSATION OF THE CEO IS BASED ON ANNUAL LABOR MARKET DATA FROM BOTH LOCAL AND NATIONAL SOURCES WITH THE HELP OF THE HUMAN RESOURCES TEAM, THE ORGANIZATION PARTICIPATES IN ANNUAL AND SPECIAL COMPENSATION SURVEYS AND THE RESULTING DATA IS SHARED WITH THE BOARD OF DIRECTORS COMPENSATION INFORMATION IS ALSO OBTAINED FROM FORM 990'S FROM OTHER COMPARABLE NOT-FOR-PROFIT HOSPICES IN ADDITION, EACH BOARD DIRECTOR IS ASKED TO RESPOND TO A QUESTIONNAIRE EVALUATING THE CEO'S PERFORMANCE COMPARED TO GOALS ESTABLISHED DURING THE PREVIOUS YEAR'S EVALUATION THE RESULTS OF THE QUESTIONNAIRES ARE TABULATED AND SHARED WITH THE BOARD'S EXECUTIVE COMMITTEE BASED ON THE THE LABOR MARKET DATA AND ANNUAL PERFORMANCE EVALUATION PROCESS, THE EXECUTIVE COMMITTEE THEN ESTABLISHES THE CEO'S COMPENSATION LEVEL AS WELL AS ANY PERFORMANCE BONUS THAT MAY BE PROVIDED FOR OTHER KEY OFFICERS, THE PROCESS IS SIMILAR TO THE PROCESS NOTED ABOVE THE ORGANIZATION OBTAINS ANNUAL LABOR MARKET DATA FROM BOTH LOCAL AND NATIONAL SOURCES THE ORGANIZATION PARTICIPATES IN ANNUAL AND SPECIAL COMPENSATION SURVEYS AND THE RESULTING DATA IS SHARED WITH THE CEO IN ADDITION, THE INTERNAL ALIGNMENT OF OUR POSITIONS IS CONTINUALLY REVIEWED RATES OF PAY ARE REVIEWED AND ESTABLISHED FOR INTERNAL POSITIONS BASED ON EQUITABLE RELATIONSHIPS AND THE DIFFICULTY AND RESPONSIBILITY OF WORK PERFORMED RECOMMENDATIONS FOR REQUISITE CHANGES ARE DISCUSSED WITH THE CEO THE OFFICER'S PERFORMANCE IS REVIEWED ON AN ANNUAL BASIS BY THE CEO BASED ON THE INDIVIDUAL'S ANNUAL PERFORMANCE AND GOALS ACHIEVED, AND THE INTERNAL AND EXTERNAL DATA, THE CEO WILL ESTABLISH THE COMPENSATION LEVEL FOR HIS OFFICERS THIS PROCESS HELPS US MAINTAIN THE ORGANIZATIONS' INTERNAL ALIGNMENT AND EXTERNAL COMPETITIVENESS THE ABOVE PROCESSES ARE DOCUMENTED AT THE TIME THE DECISIONS ARE MADE

Identifier	Return Reference	Explanation
FAMILY OR BUSINESS RELATIONSHIPS	PAGE 6, PART VI, SECTION A, #2	MRS MARGARET MENDENHALL SIMPSON, THE WIFE OF HOSPICE OF THE WESTERN RESERVE'S CEO, MR DAVID A SIMPSON, IS AN EMPLOYEE OF ZIEGLER, METZER, MILLER, LLP (THE LAW FIRM PROVIDED LEGAL ADVICE AND SERVICES TO THE ORGANIZATION DURING 2008) MR RICHARD T SPOTZ, JR IS A BOARD MEMBER OF HOSPICE OF THE WESTERN RESERVE AND A PARTNER AT ZIEGLER, METZER, MILLER, LLP

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PAGE 6, PART VI, SECTION A, #10	THE FINANCE AND AUDIT COMMITTEE OF THE BOARD RECEIVES A COPY OF THE FORM 990 FOR REVIEW, FEEDBACK, AND APPROVAL PRIOR TO SUBMISSION TO THE IRS

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	MR RICHARD T SPOTZ, JR IS AN ATTORNEY AND LONG STANDING MEMBER OF THE BOARD OF DIRECTORS MR SPOTZ IS A PARTNER AT THE LAW FIRM, ZIEGLER, METZER, MILLER, LLP, IN CLEVELAND, OHIO IN 2008, THAT FIRM PROVIDED LEGAL ADVICE AND SERVICES TO HOSPICE OF THE WESTERN RESERVE AND WAS PAID \$3,890 HOSPICE OF THE WESTERN RESERVE IS A MEMBER OF THE HOSPICE ALLIANCE OF OHIO (ANNUAL DUES PAID IN 2008 OF \$4,200) HOSPICE ALLIANCE OF OHIO, AN OHIO 501(C)(3) ORGANIZATION, IS A GROUP OF EIGHTEEN HOSPICES THROUGHOUT THE STATE THAT COLLECTIVELY NEGOTIATE CONTRACTS WITH HEALTHCARE INSURANCES FOR HOSPICE SERVICES MR JOHN E HARVAN, JR, CFO OF HOSPICE OF THE WESTERN RESERVE, IS A BOARD MEMBER OF THE HOSPICE ALLIANCE OF OHIO AND SERVES IN THE ROLE OF TREASURER

Identifier	Return Reference	Explanation
MONITOR AND ENFORCE CONFLICT OF INTEREST POLICY	PAGE 6, PART VI, SECTION B, #12C	All Board members and employees are required to submit a disclosure statement at the beginning of employment and annually thereafter If a matter arises which a Board member or employee has a conflict of interest, it shall be promptly disclosed to the Board or Chief Executive Officer as appropriate Staff may initiate disclosure through their supervisor However, the Board member or employee shall not participate in the discussion or vote to determine whether a conflict exists unless requested to do so The Human Resources Commttee shall be available to the Chief Executive Officer for review of conflict situations