

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  
**2007**  
**Open to Public Inspection**

**A For the 2007 calendar year, or tax year beginning 07-01-2007 and ending 06-30-2008**

- 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**  
 TIDEWELL HOSPICE AND PALLIATIVE CARE INC

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 5955 RAND BOULEVARD

City or town, state or country, and ZIP + 4  
 SARASOTA, FL 34238

**D Employer identification number**  
 59-1911861

**E Telephone number**  
 (941) 923-5822

**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).

**G Web site:** WWW.TIDEWELL.ORG

**J Organization type** (check only one)  501(c)(3) (insert no )  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**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)

**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 100,836,968

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		3,899,840	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
	<b>e Total</b> (add lines 1a through 1d) (cash \$ 3,633,546 noncash \$ 266,294)	<b>1e</b>			3,899,840
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			85,908,813
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			297,669
	<b>5</b> Dividends and interest from securities	<b>5</b>			1,842,787
	<b>6a</b> Gross rents	<b>6a</b>		98,150	
	<b>b</b> Less rental expenses	<b>6b</b>		15,204	
<b>c</b> Net rental income or (loss) subtract line 6b from line 6a	<b>6c</b>			82,946	
<b>7</b> Other investment income (describe _____)	<b>7</b>				
<b>8a</b> Gross amount from sales of assets other than inventory	<b>(A) Securities</b>		<b>(B) Other</b>		
		8,428,018	<b>8a</b>	352,008	
	<b>b</b> Less cost or other basis and sales expenses	8,298,664	<b>8b</b>	395,318	
	<b>c</b> Gain or (loss) (attach schedule)	129,354	<b>8c</b>	-43,310	
<b>d</b> Net gain or (loss) Combine line 8c, columns (A) and (B)	<b>8d</b>			86,044	
<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			9,683	
<b>12 Total revenue</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			92,127,782	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		76,130,251	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		10,032,618	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		997,378	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17 Total expenses</b> Add lines 16 and 44, column (A)	<b>17</b>			87,160,247
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>		4,967,535	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		80,694,475	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		-2,646,987	
	<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>			83,015,023

**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.)

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		<b>(A) Total</b>	<b>(B) Program services</b>	<b>(C) Management and general</b>	<b>(D) Fundraising</b>
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b>	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	1,288,513	560,670	574,999	152,844
<b>b</b>	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	33,801,273	30,045,420	3,459,897	295,956
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	1,009,996	858,460	149,598	1,938
<b>28</b>	Employee benefits not included on lines 25a - 27	5,420,686	4,492,718	888,162	39,806
<b>29</b>	Payroll taxes	2,539,451	2,096,232	422,265	20,954
<b>30</b>	Professional fundraising fees	<b>30</b>			
<b>31</b>	Accounting fees	21,890	230	21,660	
<b>32</b>	Legal fees	228,808	2,404	226,404	
<b>33</b>	Supplies	416,062	205,424	201,087	9,551
<b>34</b>	Telephone	1,220,293	907,311	302,408	10,574
<b>35</b>	Postage and shipping	95,216	6,077	42,181	46,958
<b>36</b>	Occupancy	700,513	469,330	228,317	2,866
<b>37</b>	Equipment rental and maintenance	170,366	42,807	127,559	
<b>38</b>	Printing and publications	462,104	197,880	107,515	156,709
<b>39</b>	Travel	233,516	121,666	92,990	18,860
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>			
<b>41</b>	Interest	<b>41</b>			
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	1,799,441	1,351,792	431,914	15,735
<b>43</b>	Other expenses not covered above (itemize)	<b>43a</b>			
<b>a</b>	See Additional Data Table	<b>43a</b>			
<b>b</b>		<b>43b</b>			
<b>c</b>		<b>43c</b>			
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	87,160,247	76,130,251	10,032,618	997,378

**Joint Costs.** Check  if you are following SOP 98-2

Are 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.

<p>What is the organization's primary exempt purpose? <b>▶</b> TIDEWELL HOSPICE AND PALLIATIVE CARE'S MISSION IS TO PROVIDE THE HIGHEST QUALITY OF CARE THAT EMBRACES A COMPREHENSIVE CONTINUUM OF SERVICES FOR PATIENTS AND FAMILIES DEALING WITH ADVANCED ILLNESS</p> <p>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.)</p>	<p><b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</p>
<p><b>a</b> See Additional Data Table</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>b</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>c</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>d</b></p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here <b>▶</b> <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . <b>▶</b></p>	<p>76,130,251</p>

**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)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	4,400	<b>45</b>	4,800
	<b>46</b> Savings and temporary cash investments . . . . .	9,148,174	<b>46</b>	7,460,393
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 7,743,527		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b>	5,960,039	<b>47c</b> 7,743,527
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 84,247		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b>	181,390	<b>48c</b> 84,247
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b>		<b>51c</b>
	<b>52</b> Inventories for sale or use . . . . .	213,179	<b>52</b>	218,617
	<b>53</b> Prepaid expenses and deferred charges . . . . .	214,844	<b>53</b>	293,955
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	33,980,334	<b>54a</b>	33,526,826
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>	
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>		
<b>57a</b> Land, buildings, and equipment basis	<b>57a</b> 40,077,063			
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 9,121,442	28,030,491	<b>57c</b> 30,955,621	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		9,509,015	<b>58</b> 9,171,105	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	87,241,866	<b>59</b>	89,459,091	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	6,523,793	<b>60</b>	6,429,409
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	23,598	<b>62</b>	14,659
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )		<b>65</b>	
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	6,547,391	<b>66</b>	6,444,068	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
	<b>67</b> Unrestricted . . . . .	72,235,389	<b>67</b>	76,421,257
	<b>68</b> Temporarily restricted . . . . .	1,689,504	<b>68</b>	69,698
	<b>69</b> Permanently restricted . . . . .	6,769,582	<b>69</b>	6,524,068
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	80,694,475	<b>73</b>	83,015,023
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	87,241,866	<b>74</b>	89,459,091

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>a</b>	89,734,365
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12		
<b>1</b>	Net unrealized gains on investments . . . . .	<b>b1</b>	-2,383,314
<b>2</b>	Donated services and use of facilities . . . . .	<b>b2</b>	67,499
<b>3</b>	Recoveries of prior year grants . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	-77,602
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	-2,393,417
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	92,127,782
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	-2,393,417
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	92,127,782

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements . . . . .	<b>a</b>	87,413,817
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17		
<b>1</b>	Donated services and use of facilities . . . . .	<b>b1</b>	67,499
<b>2</b>	Prior year adjustments reported on Part I, line 20 . . . . .	<b>b2</b>	
<b>3</b>	Losses reported on Part I, line 20 . . . . .	<b>b3</b>	
<b>4</b>	Other (specify) _____	<b>b4</b>	186,071
	Add lines <b>b1</b> through <b>b4</b> . . . . .	<b>b</b>	253,570
<b>c</b>	Subtract line <b>b</b> from line <b>a</b> . . . . .	<b>c</b>	87,160,247
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
<b>1</b>	Investment expenses not included on Part I, line 6b . . . . .	<b>d1</b>	
<b>2</b>	Other (specify) _____	<b>d2</b>	
	Add lines <b>d1</b> and <b>d2</b> . . . . .	<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b> . . . . .	<b>e</b>	87,160,247

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

Table with 3 columns: Question (75a-75d), Yes, No. 75a: Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. 75b: Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? 75c: Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? 75d: Does the organization have a written conflict of interest policy?

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (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.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation (If not paid enter -0-), (D) Contributions to employee benefit plans and deferred compensation plans, (E) Expense account and other allowances.

**Part VI Other Information (See the instructions.)**

Table with 3 columns: Question (76-81b), Yes, No. 76: Did the organization make a change in its activities or methods of conducting activities? 77: Were any changes made in the organizing or governing documents but not reported to the IRS? 78a: Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 78b: If "Yes," has it filed a tax return on Form 990-T for this year? 79: Was there a liquidation, dissolution, termination, or substantial contraction during the year? 80a: Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80b: If "Yes," enter the name of the organization and check whether it is exempt or nonexempt. 81a: Enter direct or indirect political expenditures. 81b: Did the organization file Form 1120-POL for this year?

Part VI Other Information (continued)

Form with multiple sections (82a-91b) containing questions and answers regarding organizational activities, dues, lobbying, and financial accounts. Includes a table for state listing and a table for foreign financial accounts.

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **92** \_\_\_\_\_

**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	
<b>93</b> Program service revenue					
<b>a</b> Private Insurance					2,004,682
<b>b</b> Private payments					333,611
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					83,570,520
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	297,669	
<b>96</b> Dividends and interest from securities			14	1,842,787	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> non debt-financed property			16	82,946	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			01	86,044	
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> <u>Miscellaneous Revenues</u>			01	9,683	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))				2,319,129	85,908,813
<b>105</b> Total (add line 104, columns (B), (D), and (E))					88,227,942

**Note:** Line 105 plus line 1e, 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)
93a,	hospice provides medical care, comfort, understanding and
b, &	BEREAVEMENT SERVICES TO TERMINALLY ILL PATIENTS AND THEIR
f	FAMILIES OR CAREGIVERS

**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).



**Part XI Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

**106** Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?

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.

**Please Sign Here**

Signature of officer: \*\*\*\*\* Date: 2009-03-10

Type or print name and title: MARGE MAISTO CEO

**Paid Preparer's Use Only**

Preparer's signature: Rebecca U Stoner Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: KERKERING BARBERIO & CO PA PO BOX 49348 SARASOTA, FL 342306348

Preparer's SSN or PTIN (See Gen Inst W): \_\_\_\_\_ EIN: \_\_\_\_\_ Phone no: (941) 365-4617

**SCHEDULE A**  
(Form 990 or 990EZ)

**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.)**

OMB No 1545-0047

**2007**

Department of the Treasury  
Internal Revenue Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
TIDEWELL HOSPICE AND PALLIATIVE CARE INC

Employer identification number

59-1911861

**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
HUBERT GERRY 5955 RAND BLVD SARASOTA, FL 34238	ASSOC MED DIR 40 00	326,431	8,590	0
DOUGLAS ROGERS 5955 RAND BLVD SARASOTA, FL 34238	ASSOC MED DIR 40 00	328,550	18,147	0
DIANNE PORTMAN 5955 RAND BLVD SARASOTA, FL 34238	ASSOC MED DIR 40 00	313,503	15,439	0
WALTER GUTHRIE 5955 RAND BLVD SARASOTA, FL 34238	ASSOC MED DIR 40 00	211,337	13,566	0
BRUCE HARROW 5955 RAND BLVD SARASOTA, FL 34238	ASSOC MED DIR 40 00	244,946	12,918	0
Total number of other employees paid over \$50,000	286			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individual 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
BMK ARCHITECTS 323 CENTRAL AVE SARASOTA, FL 34236	ENGINEERING	180,581
NEWELL TERRY PA 817 N GADSDEN ST TALLAHASSEE, FL 32303	LEGAL	166,125
DRESSER & ASSOCIATES 243 US ROUTE 1 SCARBOROUGH, ME 04074	CONSULTING	51,775
Total number of others receiving over \$50,000 for professional services		

**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 individual or firms. If there are none, enter "None". See page 2 for 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		

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

**Yes No**

<p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include 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 1 of Part VI-B )</p> <p>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</p>	<b>1</b>		No
<p><b>2</b> 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.)</p> <p><b>a</b> Sale, exchange, or leasing property?</p>	<b>2a</b>		No
<p><b>b</b> Lending of money or other extension of credit?</p>	<b>2b</b>		No
<p><b>c</b> Furnishing of goods, services, or facilities?</p>	<b>2c</b>		No
<p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	<b>2d</b>	Yes	
<p><b>e</b> Transfer of any part of its income or assets?</p>	<b>2e</b>		No
<p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p>	<b>3a</b>		No
<p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p>	<b>3b</b>	Yes	
<p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement</p>	<b>3c</b>		No
<p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	<b>3d</b>		No
<p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g</p>	<b>4a</b>		No
<p><b>b</b> Did the organization make any taxable distributions under section 4966?</p>	<b>4b</b>		
<p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>	<b>4c</b>		
<p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>			
<p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0 _____</p>			
<p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0 _____</p>			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					<input type="checkbox"/>

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants See line 28 )	7,539,381	4,332,979	5,403,743	3,278,903	20,555,006
<b>16</b> Membership fees received					0
<b>17</b> 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	71,871,207	59,367,268	52,016,192	38,961,670	222,216,337
<b>18</b> 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	1,731,046	1,417,442	1,168,455	1,111,426	5,428,369
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> 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					0
<b>22</b> Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	6,497	8,798	2,723	3,962	21,980
<b>23</b> Total of lines 15 through 22	81,148,131	65,126,487	58,591,113	43,355,961	248,221,692
<b>24</b> Line 23 minus line 17	9,276,924	5,759,219	6,574,921	4,394,291	26,005,355
<b>25</b> Enter 1% of line 23	811,481	651,265	585,911	433,560	
<b>26 Organizations described on lines 10 or 11:</b>					
<b>a</b> Enter 2% of amount in column (e), line 24					<b>26a</b> 520,107
<b>b</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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 1,036,633
<b>c</b> Total support for section 509(a)(1) test Enter line 24, column (e)					<b>26c</b> 26,005,355
<b>d</b> Add Amounts from column (e) for lines	18 5,428,369	19 0			
	22	26b 1,036,633			<b>26d</b> 6,486,982
<b>e</b> Public support (line 26c minus line 26d total)					<b>26e</b> 19,518,373
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 75.05 %
<b>27 Organizations described on line 12:</b>					
<b>a</b> 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>b</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 11b, 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 (2006) _____ (2005) _____ (2004) _____ (2003) _____					
<b>c</b> Add Amounts from column (e) for lines	15 _____	16 _____			
	17 _____	20 _____	21 _____		
<b>d</b> Add Line 27a total _____ and line 27b total _____					<b>27c</b> _____
<b>e</b> Public support (line 27c total minus line 27d total)					<b>27d</b> _____
<b>f</b> Total support for section 509(a)(2) test Enter amount from line 23, column (e)					<b>27e</b> _____
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27f</b> _____
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27g</b> _____
<b>28 Unusual Grants:</b> For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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					<b>27h</b> _____

**Part V Private School Questionnaire** (See page 7 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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?		
<b>30</b>	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?		
<b>31</b>	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 )   		
<b>32</b>	Does the organization maintain the following		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>33</b>	Does the organization discriminate by race in any way with respect to		
<b>a</b>	Students' rights or privileges?		
<b>b</b>	Admissions policies?		
<b>c</b>	Employment of faculty or administrative staff?		
<b>d</b>	Scholarships or other financial assistance?		
<b>e</b>	Educational policies?		
<b>f</b>	Use of facilities?		
<b>g</b>	Athletic programs?		
<b>h</b>	Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )  		
<b>34a</b>	Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b>	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
<b>35</b>	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		

**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)

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

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> 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	<b>41</b>		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**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 )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				
	<b>(a)</b> 2007	<b>(b)</b> 2006	<b>(c)</b> 2005	<b>(d)</b> 2004	<b>(e)</b> Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(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





Form 4562-FY

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-

2007

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return TIDEWELL HOSPICE AND PALLIATIVE CARE INC

Business or activity to which this form relates Form 990 Page 2

Identifying number 59-1911861

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for Section 179 expense deduction calculation, including description of property, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 4 rows for Special Depreciation Allowance and Other Depreciation details.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service in tax years beginning before 2007.

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for Section B assets, including classification, month placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 6 columns for Section C assets, including class life, recovery period, convention, and depreciation deduction.

Part IV Summary (see instructions)

Table with 3 rows for Part IV summary, including listed property amount, total depreciation, and section 263A costs.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 30-36 cover total miles driven and personal use availability.

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Yes, No. Rows 37-41 cover policy statements and requirements for vehicle use by employees.

**Part VI Amortization**

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 59-1911861  
**Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC

**Form 990, Part II, Line 43 - Other expenses not covered above (itemize):**

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>a</b> PRESCRIPTIONS AND PHARMACY	<b>43a</b>	4,636,843	4,636,843		
<b>b</b> INPATIENT AND THERAPY CARE	<b>43b</b>	19,904,947	19,904,947		
<b>c</b> MEDICAL SUPPLIES	<b>43c</b>	4,216,020	4,216,020		
<b>d</b> LABORATORY EXPENSE	<b>43d</b>	81,003	81,003		
<b>e</b> PATIENT TRANSPORTATION	<b>43e</b>	678,234	678,234		
<b>f</b> PATIENT MEALS	<b>43f</b>	50,444	50,444		
<b>g</b> EDUCATION AND TRAINING	<b>43g</b>	28,765	28,765		
<b>h</b> MAINTENANCE	<b>43h</b>	929,721	601,518	319,832	8,371
<b>i</b> DUES AND FEES	<b>43i</b>	456,398	39,044	408,129	9,225
<b>j</b> MISCELLANEOUS	<b>43j</b>	30,827	21,630	9,197	
<b>k</b> CONTRACTUAL SERVICES	<b>43k</b>	2,873,455	2,645,073	132,718	95,664
<b>l</b> BANK CHARGES	<b>43l</b>	26,912		21,663	5,249
<b>m</b> INSURANCE	<b>43m</b>	494,515	337,773	151,888	4,854
<b>n</b> Investment Fees	<b>43n</b>	186,532		186,532	
<b>o</b> ADVERTISING	<b>43o</b>	696,793		694,005	2,788
<b>p</b> PROFESSIONAL FEES	<b>43p</b>	339,339	44,441	240,080	54,818
<b>q</b> personnel expense	<b>43q</b>	309,645		309,645	
<b>r</b> fundraising expense	<b>43r</b>	13,785		13,785	
<b>s</b> Networking expense	<b>43s</b>	87,310		87,310	
<b>t</b> mileage	<b>43t</b>	1,621,171	1,486,095	131,119	3,957
<b>u</b> Event expense	<b>43u</b>	89,460		49,759	39,701



**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
GERRY RADFORD 5955 RAND BLVD SARASOTA, FL 34238	EXEC VP 40 00	150,538	15,707	0
DAWN CRABLE 5955 RAND BLVD SARASOTA, FL 34238	VP 40 00	138,251	14,785	0
SARA J ORDWAY-FAUCHER 5955 RAND BLVD SARASOTA, FL 34238	VP 40 00	132,703	16,358	0
MARY ELLEN POE 5955 RAND BLVD SARASOTA, FL 34238	COO 40 00	172,855	18,839	0
ANNE POLLETT 5955 RAND BLVD SARASOTA, FL 34238	VP 40 00	271,131	22,594	0
ROBERT BUTCH KLEMEYER 5955 RAND BLVD SARASOTA, FL 34238	CHAIR 1 00	0	0	0
MACK r WILCOX JR 5955 RAND BLVD SARASOTA, FL 34238	VICe CHAIR 1 00	0	0	0
JAN MILLER 5955 RAND BLVD SARASOTA, FL 34238	SECRETARYTreasurer 1 00	0	0	0
JUDY KIRKPATRICK 5955 RAND BLVD SARASOTA, FL 34238	pasT CHAIR 1 00	0	0	0
MATTHEW MAYPER 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0

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STANLEY GODLESKI 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
WAYNE GOFF 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
JAMES MACCALLUM 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
RICHARD HULL 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
REV ARTHUR B SCHUTE 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
DEBRA H DOUGLAS 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
MARK MARETKA 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
SCOTT L MARASCO 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
AH SKIP KITCHNER 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0
MIKE KRZYKOWSKI 5955 RAND BLVD SARASOTA, FL 34238	TRUSTEE 1 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
MARGE MAISTO 5955 RAND BLVD SARASOTA, FL 34238	PRESIDENT CEO 40 00	308,727	23,832	2,193

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

### TY 2007 Gain/Loss from Sale of Other Assets Schedule

**Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC

**EIN:** 59-1911861

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
SALE OF PPE	2007-12	PURCHASED	2007-12		152,008	395,318		0	-243,310	
SALE OF JOURNEYS HOME CARE DIVISION	2007-12	PURCHASED	2007-12		200,000	0		0	200,000	



**TY 2007 Gain/Loss from Sale of Public Securities Schedule****Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC**EIN:** 59-1911861**Gross Sales Price:** 8,428,018**Basis:** 8,298,664**Sales Expenses:** 0**Total (net):** 129,354

**TY 2007 Land etc. Schedule**

**Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC

**EIN:** 59-1911861

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
FIXED ASSETS	37,714,473	9,121,442	28,593,031
LAND	2,362,590		2,362,590

## TY 2007 Other Assets Schedule

**Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC

**EIN:** 59-1911861

Description	Beginning of Year Amount	End of Year Amount
DEPOSITS	49,328	62,524
BEQUESTS RECEIVABLE	2,699,584	2,612,151
BENEFICIAL INTEREST - COMMUNITY FOUNDATION	6,760,103	6,496,430

## TY 2007 Other Changes in Net Assets Schedule

**Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC

**EIN:** 59-1911861

Description	Amount
Unrealized Gains (Losses) on Investment	-2,383,314
CHANGE IN NET ASSETS OF THE COMMUNITY FOUNDATION OF SARASOTA COUNTY INC	-263,673

**TY 2007 Other Expenses Included Schedule**

**Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC

**EIN:** 59-1911861

Description	Amount
RENTAL EXPENSES	15,204
revenue netted with expense for reimbursement	170,867

**TY 2007 Other Revenues Included Schedule****Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC**EIN:** 59-1911861

<b>Description</b>	<b>Amount</b>
rental expense	15,204
revenue netted with expense for reimbursement	170,867
Change in net assets of the Community Foundation of Sarasota	-263,673

## TY 2007 Other Income Schedule

**Name:** TIDEWELL HOSPICE AND PALLIATIVE CARE INC

**EIN:** 59-1911861

Description	2006	2005	2004	2003	Total
MISCELLANEOUS	6,497	8,798	2,723	3,962	21,980