

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)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization HOSPICE OF THE COMFORTER, INC.</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 480 W. CENTRAL PARKWAY</p> <p>City or town, state or country, and ZIP + 4 ALTAMONTE SPRINGS, FL 32714</p>	<p>D Employer identification number 59-2935928</p> <p>E Telephone number (407) 682-0808</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____</p>
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Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number **N/A**

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

G Website: **N/A**

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **30,528,451.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:							
	a	Contributions to donor advised funds		1a					
	b	Direct public support (not included on line 1a)		1b	1,512,557.				
	c	Indirect public support (not included on line 1a)		1c					
	d	Government contributions (grants) (not included on line 1a)		1d					
	e	Total (add lines 1a through 1d) (cash \$ 1,512,557. noncash \$ _____)				1e	1,512,557.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	28,564,713.		
	3	Membership dues and assessments				3			
	4	Interest on savings and temporary cash investments				4			
	5	Dividends and interest from securities				5	397,536.		
	6 a	Gross rents		6a					
	b	Less: rental expenses		6b					
c	Net rental income or (loss). Subtract line 6b from line 6a				6c				
7	Other investment income (describe _____)				7				
8 a	Gross amount from sales of assets other than inventory								
		(A) Securities		(B) Other					
b	Less: cost or other basis and sales expenses		8a						
c	Gain or (loss) (attach schedule)		8b						
d	Net gain or (loss). Combine line 8c, columns (A) and (B)		8c						
8d					8d				
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>								
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)		9a						
b	Less: direct expenses other than fundraising expenses		9b						
c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c				
10 a	Gross sales of inventory, less returns and allowances		10a						
b	Less: cost of goods sold		10b						
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c				
11	Other revenue (from Part VII, line 103)				11	53,645.			
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	30,528,451.			
Expenses	13	Program services (from line 44, column (B))			13	25,419,092.			
	14	Management and general (from line 44, column (C))			14	4,450,116.			
	15	Fundraising (from line 44, column (D))			15	432,001.			
	16	Payments to affiliates (attach schedule)			16				
	17	Total expenses. Add lines 16 and 44, column (A)			17	30,301,209.			
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	227,242.			
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	11,455,461.			
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1			20	-100,000.			
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	11,582,703.			

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). **N/A**

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.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

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.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- ----- -----			
b	----- ----- -----			
c	----- ----- -----			
Totals				

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

Yes	No


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: **ROBERT WILSON, PRESIDENT/CEO** Date: _____

Type or print name and title

Paid Preparer's Use Only

Preparer's signature:  Date: **9-17-08** Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X): **900836892**

Firm's name (or yours if self-employed), address, and ZIP + 4: **SCHAFFER, TSCHOPP, WHITCOMB, ET AL
2600 MAITLAND CENTER PKWY., SUITE 330
MAITLAND, FL 32751** EIN: **26 1492386** Phone no.: **407-875-2760**