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# Short Form Return of Organization Exempt From Income Tax

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

A For the 2009 calendar year, or tax year beginning **, 2009, and ending**

B Check if applicable	Please use IRS label or print or type See Specific Instructions.			C Name of organization <b>NATIONAL HOSPICE WORK GROUP, INC.</b>		D Employer identification number <b>05-0504522</b>
Address change	Number and street (or P O box, if mail is not delivered to street address)			Room/suite	E Telephone number <b>(313) 447-5542</b>	
Name change	217 LAKESHORE DRIVE				F Group Exemption Number ...	
Initial return	City or town, state or country, and ZIP + 4					
Termination	GROSSE POINTE FARMS, MI 48236					
Amended return						
Application pending						

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► **WWW.NHWG.ORG**J Tax-exempt status (check only one) -  501(c) (3)  (insert no)  4947(a)(1) or  527

H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **405,850.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances		See the instructions for Part I	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	656.
	2 Program service revenue including government fees and contracts	2	29,865.
	3 Membership dues and assessments	3	370,800.
	4 Investment income	4	4,529.
	5 a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7 a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	405,850.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	183,000.
	13 Professional fees and other payments to independent contractors	13	120,970.
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► _____)	16	88,814.
	17 Total expenses. Add lines 10 through 16	17	392,784.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	13,066.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	171,513.
	20 Other changes in net assets or fund balances (attach explanation)	20	-3,251.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	181,328.

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OCT 19 2010

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Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ		
(See the instructions for Part II)		
(A) Beginning of year	(B) End of year	
22 Cash, savings, and investments	22 341,802.	22 189,402.
23 Land and buildings	23 5,178.	23 5,446.
24 Other assets (describe ► _____)	24 4,033.	24 2,794.
25 Total assets	25 351,013.	25 197,642.
26 Total liabilities (describe ► _____)	26 179,500.	26 16,314.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 171,513.	27 181,328.



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	35a	X
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year? . . . . .	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	37a	
a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	X
b Did the organization file Form 1120-POL for this year? . . . . .	38a	X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	39a	
39 Section 501(c)(7) organizations Enter	39b	
a Initiation fees and capital contributions included on line 9 . . . . .	40a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	40b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	40c	
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40d	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► 0.	40e	X
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . ► 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		
41 List the states with which a copy of this return is filed ► NONE		
42 a The organization's books are in care of ► ELIZABETH KURTA Telephone no ► 313-447-5542 Located at ► 217 LAKESHORE DRIVE, GROSSE POINTE FARMS, MI ZIP + 4 ► 48236		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? . . . . . If "Yes," enter the name of the foreign country ►	42c	X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .	45	X

Form 990-EZ (2009)

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	46	Yes	No
46 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	46	X	
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X	
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X	
b If "Yes," was the related organization a section 527 organization?	49b		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"			

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ► NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ► NONE

<b>Sign Here</b>	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		
	<i>John J. Horwath</i>	<i>October 8, 2010</i>	Date
Signature of officer	Type or print name and title	<i>John J. Horwath, PRESIDENT &amp; CEO</i>	
Paid Preparer's Use Only	Preparer's signature <i>John J. Horwath</i>	Date <i>9/21/10</i>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>CROWE HORWATH LLP 330 E JEFFERSON BLVD, PO BOX 7 SOUTH BEND,</i>	EIN <i>►</i>	Preparer's identifying number (See instructions) <i>► 574-232-3992</i>

May the IRS discuss this return with the preparer shown above? See instructions ►  Yes  No

Form 990-EZ (2009)

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

## Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 550 or Form 550-1  
► See separate instructions.

**Name of the organization**

NATIONAL HOSPICE WORK GROUP, INC.

**Employer identification number**

05-0504522

**Part I** **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1	<input type="checkbox"/> A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> .
2	<input type="checkbox"/> A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E )
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii)</b> .
4	<input type="checkbox"/> A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii)</b> . Enter the hospital's name, city, and state
5	<input type="checkbox"/> An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv)</b> . (Complete Part II )
6	<input type="checkbox"/> A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v)</b> .
7	<input checked="" type="checkbox"/> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )
8	<input type="checkbox"/> A community trust described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II )
9	<input type="checkbox"/> 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 <b>section 509(a)(2)</b> . (Complete Part III )
10	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4)</b> .
11	<input type="checkbox"/> 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> See <b>section 509(a)(3)</b> . Check the box that describes the type of supporting organization and complete lines 11e through 11h
	a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/> 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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b>
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 <input type="checkbox"/>
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 supported organization? <input type="checkbox"/>
	(ii) A family member of a person described in (i) above? <input type="checkbox"/>
	(iii) A 35% controlled entity of a person described in (i) or (ii) above? <input type="checkbox"/>
h	Provide the following information about the supported organization(s)

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

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

**Schedule A (Form 990 or 990-EZ) 2009**

**Part II Support Schedule for Organizations Described in Sections 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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	272,817	348,897	325,100	346,950	371,456	1,665,220
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 lines 1 through 3 . . . . .	272,817	348,897	325,100	346,950	371,456	1,665,220
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
6 Public support Subtract line 5 from line 4						1,665,220

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	272,817	348,897	325,100	346,950	371,456	1,665,220
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,691	6,213	6,342	7,085	4,529	26,860
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 . . . . .						1,692,080
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	122,364
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	98.41 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	98.54 %
16a 33 1/3 % support test - 2009. 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 . . . . . ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test - 2008. If the organization did not check a 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 . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2009. 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 . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2008. 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 . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 Total. Add lines 1 through 5 . . . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
c Add lines 7a and 7b . . . . .						
8 Public support (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	%
19a 33 1/3 % support tests - 2009. 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 ► <input type="checkbox"/>		
b 33 1/3 % support tests - 2008. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions

Form **8868**  
(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-1709

► File a separate application for each return.

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

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only  ▶

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization  NATIONAL HOSPICE WORK GROUP, INC.	Employer identification number  05-0504522
	Number, street, and room or suite no. If a P O box, see instructions.  217 LAKESHORE DRIVE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions  GROSSE POINTE FARMS, MI 48236	

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

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

- The books are in the care of ► **ELIZABETH KURTA**

Telephone No. ► **313-447-5542** FAX No. ►

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

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year **2009** or
- tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	NONE
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	NONE
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	NONE

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.  
ISA

Form **8868** (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►   
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization <b>NATIONAL HOSPICE WORK GROUP, INC.</b>	Employer identification number 05 : 0504522
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions <b>217 LAKESHORE DRIVE</b>	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>GROSSE POINTE FARMS, MI 48236</b>	

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

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

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

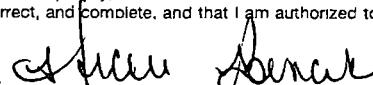
- The books are in the care of ► **ELIZABETH KURTA**  
Telephone No ► ( 313 ) 447-5542 FAX No ► ( )
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15**, 20 10.
- 5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$ <b>NONE</b>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$ <b>NONE</b>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c \$ <b>NONE</b>

**Signature and Verification**

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

Signature ► Title ► **CFO**Date ► **7/30/10**

CROWE HORWATH LLP  
70 W MADISON, SUITE 700  
CHICAGO, IL 60602-4903

NATIONAL HOSPICE WORK GROUP, INC.

05-0504522

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
INTEREST INCOME	4,529.
TOTAL	<u>4,529.</u>

ATTACHMENT 2FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	1,416.
TRAVEL	11,648.
CONFERENCES, CONVENTIONS	36,194.
DEPRECIATION	1,986.
PRINTING/POSTAGE	3,485.
PHONE/INTERNET/WEBSITE	6,341.
DUES/SUBSCRIPTIONS	946.
INSURANCE	1,368.
GIFTS/AWARDS	250.
SALES MEETING EXPENSE	21,714.
MISCELLANEOUS	3,466.
 TOTAL	 <u>88,814.</u>

NATIONAL HOSPICE WORK GROUP, INC.

05-0504522

ATTACHMENT 3

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

DECREASES IN FUND BALANCES

PRIOR PERIOD ADJUSTMENT	3,251.
TOTAL	<u>3,251.</u>

NATIONAL HOSPICE WORK GROUP, INC.

05-0504522

ATTACHMENT 4

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	237,304.	6,878.
SAVINGS	104,498.	182,524.
TOTALS	<u>341,802.</u>	<u>189,402.</u>

ATTACHMENT 5FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	1,350.	1,540.
PREPAID EXPENSES OR DEFERRED CHARGES	2,683.	1,254.
<b>TOTALS</b>	<b><u>4,033.</u></b>	<b><u>2,794.</u></b>

NATIONAL HOSPICE WORK GROUP, INC.

05-0504522

ATTACHMENT 6

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	0.	16,314.
SUPPORT AND REVENUE FOR FUTURE PERIODS	179,500.	0.
<b>TOTALS</b>	<b><u>179,500.</u></b>	<b><u>16,314.</u></b>

NATIONAL HOSPICE WORK GROUP, INC.

05-0504522

ATTACHMENT 7

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

THE NATIONAL HOSPICE WORK GROUP (THE "ORGANIZATION") WAS FOUNDED BY EXECUTIVES FROM SOME OF THE NATION'S LARGEST AND MOST INNOVATIVE HOSPICES FOR THE PURPOSE OF INCREASING ACCESS TO HOSPICE AND PALLIATIVE CARE FOR THOSE INDIVIDUALS FACING LIFE-THREATENING DISEASE. THE ORGANIZATION IS COMMITTED TO THE ADVANCEMENT OF THE PROVEN MODEL OF CARE FOR PEOPLE FACING THEIR LIFE'S FINAL JOURNEY.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
AMBER JONES 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	IMMEDIATE PAST CHAIR  CHAIR 1.00	0.	0.	0.
MARY LABYAK 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	 TREASURER 1.00	0.	0.	0.
SAMIRA BECKWITH 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	 VICE CHAIR 1.00	0.	0.	0.
BILL FINN 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	 SECRETARY 1.00	0.	0.	0.
DOTTIE DEREMO 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	 PRESIDENT & CEO 40.00	183,000.	0.	0.
CAROLYN CASSIN 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	 DIRECTOR 1.00	0.	0.	0.
CYNTHIA BOUGHER 217 LAKESHORE DRIVE				

NATIONAL HOSPICE WORK GROUP, INC.

FORM 90EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

05-0504522

ATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
GROSSE POINTE FARMS, MI 48236				
GRETCHEN BROWN 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
JAN CETTI 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
CHRISTOPHER COMEAUX 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
DEBORAH DAILEY 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
MALENE DAVIS 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
DAVID FIELDING 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.

## NATIONAL HOSPICE WORK GROUP, INC.

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

05-0504522

## ATTACHMENT 8 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS	EXPENSE ACCT.
			TO EMPLOYEE BENEFIT PLANS	AND OTHER ALLOWANCES
MARIANNE GILLAN 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
ANDREA GREEN 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
JAN JONES 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
DALE KNEE 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
JEAN KUTNER 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
JEANNE PARKER MARTIN 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
PATTI MOORE 217 LAKESHORE DRIVE	DIRECTOR 1.00	0.	0.	0.

## NATIONAL HOSPICE WORK GROUP, INC.

## FORM 90EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

05-0504522

## ATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
GROSSE POINTE FARMS, MI 48236				
MARJORIE MULANAX 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
CONNIE A. RAFFA 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	EX-OFFICIO MEMBER 1.00	0.	0.	0.
DAVID REHM 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
MARCIA P. REISSIG 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
DON SCHUMACHER 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	MEMBER AT LARGE 1.00	0.	0.	0.
MARY SHEEHAN 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.

## NATIONAL HOSPICE WORK GROUP, INC.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

05-0504522

ATTACHMENT 8 (CONT'D)

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
DAVID SIMPSON 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
BEV SLOAN 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
RON WATSON 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
CHRISTY WHITNEY 217 LAKESHORE DRIVE GROSSE POINTE FARMS, MI 48236	DIRECTOR 1.00	0.	0.	0.
GRAND TOTALS		<u>183,000.</u>	<u>0.</u>	<u>0.</u>