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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

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****, 2009, and ending****, 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HOSPICECARE FOUNDATION, INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 5395 E. CHERYL PARKWAY City or town, state or country, and ZIP + 4 MADISON, WI 53711	D Employer identification number 30-0001703
		E Telephone number (608) 276-4660
		G Gross receipts \$ 9,342,952.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer SUSAN PHILLIPS 5395 E. CHERYL PARKWAY MADISON, WI 53711		H(c) Group exemption number ▶ N/A
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (03) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website ▶ WWW.HOSPICECAREINC.COM		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2001 M State of legal domicile WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR MISSION, "ENHANCING QUALITY OF LIFE AT THE END OF LIFE," LIVES IN THE CARE PROVIDED TO PATIENTS AND FAMILIES FACING LIFE-LIMITING ILLNESS. FUNDS RAISED ARE USED TO SUPPORT CARE PROVIDED BY HOSPICECARE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	179
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,263,866.	3,158,176.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)	-258,004.	217,239.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,823.	-21,240.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,021,685.	3,354,175.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	6,249,170.	5,088,384.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25 ▶ 1,104,546.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,453,102.	1,502,583.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	7,702,272.	6,590,967.
	19 Revenue less expenses Subtract line 18 from line 12	-1,680,587.	-3,236,792.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	34,913,681.	37,226,142.
	22 Net assets or fund balances Subtract line 21 from line 20	96,684.	112,952.
		34,816,997.	37,113,190.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer SUSAN PHILLIPS, PRESIDENT/CEO	Date 6/30/10	
Paid Preparer's Use Only	Preparer's signature Andrew Horwath	Date 6/27/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) CROWE HORWATH LLP	EIN ▶	Preparer's identifying number (see instructions)
	Address and ZIP + 4 70 WEST MADISON STREET, SUITE 700, CHICAGO, IL 60602-4903	Phone no 312-899-7000	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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

Form 990 (2009)

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PAGE 1

24

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 4

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ 4,909,603 including grants of \$ 4,909,603) (Revenue \$ 0)

FACILITY PROJECT AND CAPITAL ACQUISITION SUPPORT: THE CONSTRUCTION OF THE ELLEN & PETER JOHNSON HOSPICECARE RESIDENCE WAS FINANCED THROUGH THE ISSUANCE OF BONDS BY HOSPICECARE HOLDINGS INC. IN 2009, THE FOUNDATION CONTRIBUTED \$4,906,653 TO HOSPICECARE HOLDINGS FOR DEBT RETIREMENT AND FINANCING FEES. THE FOUNDATION ALSO CONTRIBUTED A QUILT VALUED AT \$2,950.

4b (Code) (Expenses \$ 60,900 including grants of \$ 60,900) (Revenue \$ 0)

RESPITE CARE: THE FOUNDATION PROVIDED \$60,900 IN GRANTS TO HOSPICECARE INC. TO SUPPORT THE COSTS OF INPATIENT RESPITE CARE. RESPITE CARE PROVIDES A MUCH NEEDED BREAK FOR CAREGIVERS BY PROVIDING THE OPPORTUNITY FOR PATIENTS TO LIVE IN THE SUPPORTING ENVIRONMENT OF THE HOSPICECARE CAMPUS FOR UP TO 5 DAYS. THIS PREVENTS CAREGIVER BREAKDOWN AND GIVES CAREGIVERS AN OPPORTUNITY TO ATTEND TO OTHER LIFE NEEDS WHILE KNOWING THEIR LOVED ONE IS FULLY SUPPORTED BY HOSPICECARE STAFF AND VOLUNTEERS.

4c (Code) (Expenses \$ 54,300 including grants of \$ 54,300) (Revenue \$ 0)

COMMUNITY GRIEF SERVICES: THE FOUNDATION PROVIDED \$54,300 IN GRANTS TO HOSPICECARE INC. TO SUPPORT THE COSTS OF COMMUNITY BEREAVEMENT SUPPORT GROUPS AND COUNSELING SERVICES OFFERED BY HOSPICECARE TO ANYONE IN THE COMMUNITY FREE OF CHARGE.

4d Other program services (Describe in Schedule O) SEE PAGE 44

(Expenses \$ 63,581 including grants of \$ 63,581) (Revenue \$ 0)

4e Total program service expenses 5,088,384.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input type="checkbox"/>
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input type="checkbox"/>
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Form 990 (2009)

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes" complete Schedule J	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization 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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0- if not applicable. 1a 8		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. 2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders. 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
a Enter the number of voting members of the governing body	1a 16	
1b Enter the number of voting members that are independent	1b 16	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6 X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11 X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c X	
13 Does the organization have a written whistleblower policy?	13 X	
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed WI,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization SUSAN PHILLIPS, 5395 EAST CHERYL PARKWAY, MADISON, WI 53711
(608) 276-4660

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

☒ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LOU BERNHARDT DIRECTOR	1.00	X						0.	0.	0.
TOM BOLGER DIRECTOR	1.00	X						0.	0.	0.
JACK BOLZ DIRECTOR	1.00	X						0.	0.	0.
RALPH CAGLE DIRECTOR	1.00	X						0.	0.	0.
JAMES CRIPE VICE CHAIR	1.00	X		X				0.	0.	0.
GORDON DERZON DIRECTOR	1.00	X						0.	0.	0.
STEVE DITULLIO SECRETARY	1.00	X		X				0.	0.	0.
LOTTIE FRANK CHAIR	1.00	X		X				0.	0.	0.
NANCY FOX DIRECTOR	1.00	X						0.	0.	0.
RICK LANGER DIRECTOR	1.00	X						0.	0.	0.
TOM RAGATZ DIRECTOR	1.00	X						0.	0.	0.
GORDON RICE DIRECTOR	1.00	X						0.	0.	0.
KEN THOMPSON TREASURER	1.00	X		X				0.	0.	0.
VIRGINIA WYSS DIRECTOR	1.00	X						0.	0.	0.
MICHAEL SMITH DIRECTOR	1.00	X						0.	0.	0.
KATHY CULLEN DIRECTOR	1.00	X						0.	0.	0.

	Yes	No
3		X
4	X	
5		X

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5 SEE PAGE 50		

Part VIII Statement of Revenue

30-0001703

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	201,532			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,956,644			
	g	Noncash contributions included in lines 1a-1f \$		501,021			
	h	Total. Add lines 1a-1f		3,158,176			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		240,408	0	0	240,408
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		5,465,841			
	b	Less cost or other basis and sales expenses		5,489,010			
	c	Gain or (loss)		-23,169			
	d	Net gain or (loss)		-23,169	0	0	-23,169
	8a	Gross income from fundraising events (not including \$ 201,532 of contributions reported on line 1c) See Part IV, line 18	a	30,757			
	b	Less direct expenses	b	65,299			
	c	Net income or (loss) from fundraising events		-34,542	0	0	-34,542
	9a	Gross income from gaming activities See Part IV, line 19	a	48,788			
	b	Less direct expenses	b	36,347			
	c	Net income or (loss) from gaming activities		12,441	0	0	12,441
	10a	Gross sales of inventory, less returns and allowances	a	398,121			
b	Less cost of goods sold	b	398,121				
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a	OTHER		861	861	0	0	
b							
c							
d	All other revenue				0	0	
e	Total. Add lines 11a-11d		861				
12	Total Revenue. See instructions		3,354,175	861	0	195,138	

Form **990** (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 . . .	5,088,384.	5,088,384.		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0.			
7	Other salaries and wages	0.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	0.			
9	Other employee benefits	0.			
10	Payroll taxes	0.			
11	Fees for services (non-employees)	0.			
a	Management				
b	Legal	3,080.	0.	0.	3,080.
c	Accounting	6,000.	0.	6,000.	0.
d	Lobbying	0.			
e	Professional fundraising services See Part IV, line 17	0.			
f	Investment management fees	26,079.	0.	26,079.	0.
g	Other	1,243,800.	0.	358,200.	885,600.
12	Advertising and promotion	7,874.	0.	0.	7,874.
13	Office expenses	44,906.	0.	0.	44,906.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	94,232.	0.	0.	94,232.
17	Travel	4,533.	0.	0.	4,533.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	6,020.	0.	0.	6,020.
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	703.	0.	703.	0.
23	Insurance	0.			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	DONOR DEVELOPMENT	37,581.	0.	0.	37,581.
b	UNCOLLECTIBLE PLEDGES	2,887.	0.	0.	2,887.
c	CREDIT CARD MERCHANT FEES	8,031.	0.	0.	8,031.
d	TRANSPORTATION AND STORAGE	4,098.	0.	0.	4,098.
e	SUPPLIES	3,343.	0.	0.	3,343.
f	All other expenses	9,416.	0.	7,055.	2,361.
25	Total functional expenses Add lines 1 through 24f	6,590,967.	5,088,384.	398,037.	1,104,546.
26	Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	300.	1	1,285,618.
	2 Savings and temporary cash investments	4,791,504.	2	69,188.
	3 Pledges and grants receivable, net	2,950,100.	3	2,057,468.
	4 Accounts receivable, net	8,304.	4	11,132.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	62,000.	8	51,000.
	9 Prepaid expenses and deferred charges	16,885.	9	14,796.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 14,700.		
	b Less accumulated depreciation	10b 3,514.	10c	11,186.
	11 Investments - publicly traded securities	4,500,140.	11	7,025,630.
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	22,572,559.	15	26,700,124.
16 Total assets. Add lines 1 through 15 (must equal line 34)	34,913,681.	16	37,226,142.	
Liabilities	17 Accounts payable and accrued expenses	12,871.	17	6,764.
	18 Grants payable		18	
	19 Deferred revenue	7,931.	19	52,506.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	75,882.	25	53,682.
	26 Total liabilities. Add lines 17 through 25	96,684.	26	112,952.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,251,447.	27	36,195,809.
	28 Temporarily restricted net assets	5,519,624.	28	871,455.
	29 Permanently restricted net assets	45,926.	29	45,926.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	34,816,997.	33	37,113,190.
34 Total liabilities and net assets/fund balances	34,913,681.	34	37,226,142.	

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant? <small>A Consolidated audit was performed</small>	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O THERE IS AN AUDIT COMMITTEE.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

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 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
ATTACHMENT 1 PAGE 16									
Total									5,088,384.

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")						
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						
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						

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						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
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 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 ☐

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 ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the 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.

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
HOSPICECARE, INC	39-1319537	09	X		X		X		5,088,384
TOTAL AMOUNT OF SUPPORT									<u>5,088,384</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

HOSPICECARE FOUNDATION, INC.

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number

30-0001703

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if
the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	460,319	415,642			
b Contributions	0	90,070			
c Net investment earnings, gains, and losses	11,889	-11,128			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	0	34,265			
f Administrative expenses	0	0			
g End of year balance	472,208	460,319			

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

- a Board designated or quasi-endowment ▶ 90.0000 %
 b Permanent endowment ▶ 10.0000 %
 c Term endowment ▶ %

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

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	14,700	3,514	11,186
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				11,186

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Total (Column (b) must equal Form 990, Part X, col (B) line 12) ►		

Total (Column (b) must equal Form 990, Part X, col (B) line 12)

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, col (B) line 13)		

Total (Column (b) must equal Form 990, Part X, col (B) line 13)

Part IX **Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
INTEREST IN AFFILIATES ASSETS	26,563,303.
BENEFICIAL INTEREST IN ASSETS HELD BY COMMUNITY FOUNDATIONS	130,339.
ACCRUED INTEREST RECEIVABLE	1,084.
DUE FROM AFFILIATE	5,398.
Total (Column (b) must equal Form 990, Part X, col (B) line 15)	26,700,124.

Total (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X **Other Liabilities.** See Form 990, Part X, line 25

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	DUE TO AFFILIATES	53,682.
Total	(Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	53,682.

Total (Column (b) must equal Form 990, Part X, col (B) line 25)

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 33

Part XIV Supplemental Information (continued)

DESCRIPTION OF INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE PURPOSE OF THE ENDOWMENT FUND IS TO PROVIDE SUPPORT AS NEEDED FOR HOSPICECARE. THE ENDOWMENT FUND IS COMPRISED PRIMARILY OF BOARD-DESIGNATED FUNDS TOTALING \$416,813. THE BOARD-DESIGNATED FUND IS INTENDED TO BE USED TO SUPPORT HOSPICECARE DURING PERIODS OF FINANCIAL HARDSHIP. THE DONOR-DESIGNATED FUND TOTALS \$55,395 AND IS FOR THE GENERAL SUPPORT OF HOSPICECARE.

FIN 48 FOOTNOTE

SCHEDULE D, PART X

CURRENT ACCOUNTING STANDARDS REQUIRE THE ORGANIZATION TO DISCLOSE THE AMOUNT OF POTENTIAL BENEFIT OR OBLIGATION TO BE REALIZED AS A RESULT OF AN EXAMINATION PERFORMED BY A TAXING AUTHORITY. FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008, MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDING THE POSSIBLE IMPACT ON THE ORGANIZATION'S CONSOLIDATED FINANCIAL STATEMENT.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 BUTTERFLY GALA (event type)	(b) Event #2 GOLF OPEN (event type)	(c) Other Events 4 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	94,960.	60,665.	76,664.	232,289.
	2 Less Charitable contributions	79,880.	55,400.	66,252.	201,532.
	3 Gross income (line 1 minus line 2)	15,080.	5,265.	10,412.	30,757.
Direct Expenses	4 Cash prizes	0.	0.	0.	0.
	5 Noncash prizes	0.	0.	0.	0.
	6 Rent/facility costs	3,832.	190.	9,321.	13,343.
	7 Food and beverages	0.	0.	0.	0.
	8 Entertainment	0.	0.	0.	0.
	9 Other direct expenses	28,839.	8,714.	14,403.	51,956.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(65,299.)
	11 Net income summary Combine line 3, column (d), and line 10				-34,542.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			48,788.	48,788.
	2 Cash prizes			1,000.	1,000.
Direct Expenses	3 Noncash prizes			32,538.	32,538.
	4 Rent/facility costs			0.	0.
	5 Other direct expenses			2,809.	2,809.
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 90.0000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(36,347.)
	8 Net gaming income summary Combine line 1, column d, and line 7				12,441.

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

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a 0.0000 %		
b	An outside facility 13b 100.0000 %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ▶ <u>DEBBIE BRADLEY, HOSPICECARE, INC.</u>			
Address ▶ <u>5395 E. CHERYL PARKWAY, MADISON, WI 53711</u>			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		X
b	If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		
c	If "Yes," enter name and address of the third party		
Name ▶ _____			
Address ▶ _____			
16	Gaming manager information		
Name ▶ <u>FINANCE DEPARTMENT EMPLOYEES</u>			
Gaming manager compensation ▶ \$ <u>0.</u>			
Description of services provided ▶ <u>ACCOUNTING AND RECORDKEEPING</u>			
<input type="checkbox"/> Director/officer <input checked="" type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 17a		X
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____		

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
 ► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer Identification number

HOSPICECARE FOUNDATION, INC.

30-0001703

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- | | | |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 2 |
| 3 | Enter total number of other organizations | 3 |
| 0 | | 0 |
| 2 | | 2 |

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PAGE 37

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE I, PART I, LINE 2

ALL GRANT PROPOSALS ARE PRESENTED TO THE BOARD OF DIRECTORS AND THE BOARD

OF DIRECTORS APPROVES ALL GRANT AWARDS. HOSPICECARE FOUNDATION INC IS

OPERATED FOR THE EXCLUSIVE BENEFIT AND SUPPORT OF HOSPICECARE INC AND

HOSPICECARE HOLDINGS INC.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

1b

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a

X

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

4b

X

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

4c

X

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

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a

X

b Any related organization?

5b

X

If "Yes" to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a

X

b Any related organization?

6b

X

If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

7

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

8

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

METHODS USED TO ESTABLISH THE COMPENSATION

SCHEDULE J, PART I, LINE 3

THE ORGANIZATION RELIED ON HOSPICECARE, INC., A RELATED TAX-EXEMPT

ORGANIZATION, WHICH USED A COMPENSATION COMMITTEE, COMPARABILITY DATA, A

WRITTEN EMPLOYMENT CONTRACT, AND APPROVAL BY THE BOARD OR COMPENSATION

COMMITTEE, TO DETERMINE THE COMPENSATION OF ITS CEO. THIS REVIEW LAST

TOOK PLACE IN 2009 AND WAS DOCUMENTED IN THE BOARD MINUTES.

COMPENSATION FOR OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEE'S, ETC

SCHEDULE J, PART I, LINE 4B

HOSPICECARE INC ENTERED INTO A 457(F) DEFERRED COMPENSATION AGREEMENT

WITH THE CEO, SUSAN PHILLIPS. INCLUDED IN PART II, COLUMN (C) OF SCHEDULE

J IS \$27,100 OF COMPENSATION REPORTED FOR PARTICIPATION IN THIS PLAN.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2009

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Inspection**

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		377,137.	FAIR MARKET VALUE
6 Cars and other vehicles	X	1	16,000.	DEALER INVOICE
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X	7	52,278.	PUBLISHED PRICE
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles	X	1	9,984.	FAIR MARKET VALUE
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>ATCH 2 PAGE 43</u>)		208.	45,622.	
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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Schedule M (Form 990) 2009

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PAGE 42

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.ATTACHMENT 2SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
RAFFLE ITEMS	X	29	16,538.	FAIR MARKET VALUE
AUCTION ITEMS	X	168	22,615.	FAIR MARKET VALUE
EVENT FOOD & DRINK	X	11	6,469.	FAIR MARKET VALUE
TOTALS		208.	45,622.	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

ATTACHMENT 3

DESCRIPTION OF OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

THE FOUNDATION PROVIDED \$63,581 IN GRANTS TO HOSPICECARE INC TO SUPPORT
THE OTHER PROGRAM SERVICES, INCLUDING:

1) CHARITY CARE - \$29,571 IN GRANTS TO COVER THE COST OF HOSPICE CARE FOR
INDIVIDUALS WHO ARE UNINSURED OR UNDERINSURED TO THE EXTENT THAT THEY DO
NOT HAVE THE ABILITY TO PAY FOR HOSPICE CARE PRIVATELY.

2) PATIENT ASSISTANCE FUND - \$15,328 IN GRANTS USED TO ASSIST PATIENTS
AND FAMILIES BY IMPROVING QUALITY OF LIFE AND FULFILLING END OF LIFE
GOALS. EXAMPLES INCLUDE BUYING A BURIAL DRESS, ATTENDING A BALLGAME, OR
PROVIDING A BIRTHDAY CAKE.

3) PALLIATIVE CARE FELLOWSHIP - \$11,432 IN GRANTS TO COVER 25% OF THE THE
STIPEND FOR THE COLLABORATIVE PALLIATIVE CARE FELLOWSHIP PROGRAM, WITH
THE GOAL OF TRAINING THE NEXT GENERATION OF PALLIATIVE CARE PHYSICIANS.

4) STAFF LEARNING, SUPPORT AND APPRECIATION - \$7,200 IN GRANTS TO FUND
CONTINUING EDUCATION, STAFF APPRECIATION AND ACADEMIC ROTATIONS.
HOSPICECARE PUTS A STRONG EMPHASIS ON EMPLOYEE AND COMMUNITY EDUCATION.
THESE GRANTS HELP TO RAISE THE EXPERTISE OF HOSPICECARE STAFF AND TRAIN
THE NEXT GENERATION OF MEDICAL STUDENTS TO IMPROVE END-OF-LIFE CARE IN
OUR COMMUNITY.

Name of the organization	Employer identification number
HOSPICECARE FOUNDATION, INC.	30-0001703
ATTACHMENT 3 (CONT'D)	

5) GARDEN AND GROUNDS - \$50 IN GRANTS TO SUPPORT THE ONGOING MANAGEMENT OF THE HOSPICECARE GARDENS AND GROUNDS, WHICH PROVIDE A PEACEFUL, SOOTHING SETTING FOR PATIENTS AND FAMILIES.

ORGANIZATIONS THAT HAVE MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINES 6 & 7A-B

HOSPICECARE, INC, A RELATED 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF HOSPICECARE FOUNDATION, INC AND HAS THE AUTHORITY TO APPOINT, REMOVE, AND REPLACE ANY DIRECTOR ON FOUNDATION BOARD. HOSPICECARE INC ALSO HAS THE SOLE AUTHORITY TO AMEND THE HOSPICECARE FOUNDATION BYLAWS AND ARTICLES OF INCORPORATION. HOSPICECARE INC HAS NO OTHER RESPONSIBILITIES OR VOTING RIGHTS WITH RESPECT TO THE OPERATIONS OF HOSPICECARE FOUNDATION.

REVIEW OF FORM 990 BY GOVERNING BODY

FORM 990, PART VI, SECTION B, LINE 11A

THE EXECUTIVE VICE PRESIDENT/CFO AND THE FINANCIAL ACCOUNTING SUPERVISOR PERFORMED A DETAILED REVIEW OF FORM 990 AND THE RELATED SCHEDULES PRIOR TO FILING THE RETURN. THIS INCLUDED VERIFICATION OF ALL AMOUNTS FOR ACCURACY AND COMPLETENESS. THE FORM AND SCHEDULES WERE ALSO REVIEWED FOR CONTENT, PRESENTATION AND REASONABLENESS. THIS REVIEW WAS CONDUCTED IN MAY PRIOR TO THE REVIEW BY THE EXECUTIVE LEADERSHIP TEAM.

IN JUNE THE EXECUTIVE LEADERSHIP TEAM, WHICH INCLUDES THE PRESIDENT/CEO, REVIEWED THE FORM AND SCHEDULES FOR CONTENT, PRESENTATION AND REASONABLENESS. AT THE BOARD MEETING HELD IN JUNE THE OFFICERS AND DIRECTORS REVIEWED THE FORM 990 AND RELATED SCHEDULES FOR CONTENT,

Name of the organization

Employer identification number

HOSPICECARE FOUNDATION, INC.

30-0001703

ATTACHMENT 3 (CONT'D)

PRESENTATION AND REASONABLENESS PRIOR TO THE RETURN BEING FILED. THE
CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT/CFO, AND THE FINANCIAL ACCOUNTING
SUPERVISOR LED THE REVIEW DISCUSSIONS.

THE AUDIT COMMITTEE PERFORMED A REVIEW OF FORM 990 AND RELATED SCHEDULES
FOR CONTENT, PRESENTATION, AND REASONABLENESS. REPRESENTATIVES FROM THE
ACCOUNTING FIRM OF CROWE HORWATH WERE PRESENT AND ASSISTED THE
CEO/PRESIDENT, EXECUTIVE VICE PRESIDENT/CFO, AND FINANCIAL ACCOUNTING
SUPERVISOR IN LEADING THE REVIEW.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO ANNUALLY REVIEW THE
ORGANIZATION'S CODE OF CONDUCT, INCLUDING THE CONFLICT OF INTEREST
STATEMENT. THE BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICT IN
WRITING VIA THE ANNUAL QUESTIONNAIRE DISTRIBUTED ELECTRONICALLY TO EACH
BOARD MEMBER. THE BOARD MEMBER WILL EXCUSE HIM/HERSELF FROM ANY
DISCUSSION, VOTE OR SIMILAR ACTION AS IT RELATES TO THE CONFLICT
DISCLOSED. IF A CONFLICT OF INTEREST IS DISCOVERED THAT WAS NOT DISCLOSED
BY THE BOARD DIRECTOR, THE ISSUE WOULD BE DIRECTED TO THE EXECUTIVE
COMMITTEE FOR RESOLUTION. THE GOVERNANCE COMMITTEE IS CHARGED WITH
REGULAR REVIEW OF THE BOARD'S PRACTICES AND QUESTIONNAIRES REGARDING
MEMBER CONFLICT OF INTEREST AND SUGGESTS IMPROVEMENTS AS NEEDED. THE
CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED BY THE FINANCIAL
ACCOUNTING SUPERVISOR WHO DETERMINES AT THAT TIME WHETHER A POTENTIAL

Name of the organization

Employer identification number

HOSPICECARE FOUNDATION, INC.

30-0001703

ATTACHMENT 3 (CONT'D)

CONFLICT EXISTS BASED OFF OF THE COMPLETED QUESTIONNAIRES SUBMITTED BY
EACH BOARD MEMBER.

PROCESS USED TO ESTABLISH COMPENSATION FOR TOP MANAGEMENT OFFICIAL

FORM 990, PART VI, SECTION B, LINE 15A

EACH YEAR THE ORGANIZATION GATHERS MARKET DATA FOR DETERMINING
COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THIS INCLUDES BENCHMARKS OF
NATIONAL, REGIONAL, AND LOCAL COMPENSATION THAT ARE PROVIDED FROM
INDEPENDENT COMPENSATION CONSULTANTS.

IN JANUARY OF EACH YEAR, THE VICE PRESIDENT OF HUMAN RESOURCES AND/OR
COMPENSATION AND BENEFITS MANAGER PRESENTS THIS INFORMATION TO THE
EXECUTIVE COMMITTEE OF THE BOARD. BASED ON THIS INFORMATION, THE
EXECUTIVE COMMITTEE SETS AND APPROVES THE PAY FOR THE CHIEF EXECUTIVE
OFFICER FOR THE YEAR AND CONTEMPORANEOUSLY DOCUMENTS THEIR APPROVAL IN
WRITING.

DURING THE REPORTING YEAR, THIS PROCESS WAS LAST UNDERTAKEN IN JANUARY
2009.

PROCESS USED TO ESTABLISH COMPENSATION FOR OTHER OFFICERS/KEY EMPLOYEES

FORM 990, PART VI, SECTION B, LINE 15B

EACH YEAR THE ORGANIZATION GATHERS MARKET DATA FOR COMPENSATION OF THE
EXECUTIVE LEADERSHIP TEAM. THIS DATA INCLUDES BENCHMARKS OF NATIONAL,

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

ATTACHMENT 3 (CONT'D)

REGIONAL, AND LOCAL COMPENSATION THAT ARE PROVIDED FROM INDEPENDENT

COMPENSATION CONSULTANTS. EXECUTIVE LEADERSHIP PAY IS ADJUSTED BASED ON:

1) YEARS OF SERVICE, 2) MARKET DATA FOR THE POSITION AND 3) PERFORMANCE.

THE VICE PRESIDENT OF HUMAN RESOURCES PRESENTS THE MARKET DATA

INFORMATION TO THE EXECUTIVE COMMITTEE OF THE BOARD. BASED ON THIS

INFORMATION, THE EXECUTIVE COMMITTEE APPROVES THE PAY STRUCTURE FOR THE

EXECUTIVE LEADERSHIP TEAM AND DOCUMENTS THEIR APPROVAL IN WRITING.

DURING THE REPORTING YEAR, THIS PROCESS WAS LAST UNDERTAKEN IN JANUARY

2009.

DISCLOSURE OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ETC.

FORM 990, PART VI, SECTION C, LINE 19

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST

POLICIES ARE NOT REQUIRED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE

(IRC) SECTION 6104. THESE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC ON

RECEIPT OF A WRITTEN REQUEST.

COMPENSATION OF OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC

FORM 990, PART VII, SECTION A, LINE 1(A), COLUMN (B)

SUSAN PHILLIPS, CEO, DEVOTES APPROXIMATELY 60 HOURS A WEEK TO

HOSPICECARE, INC AND 5 HOURS TO HOSPICECARE HOLDINGS INC, BOTH OF WHICH

ARE RELATED ORGANIZATIONS.

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

ATTACHMENT 3 (CONT'D)

SARAH BEALLES, EXECUTIVE VICE PRESIDENT/CFO, DEVOTES APPROXIMATELY 45
HOURS A WEEK TO HOSPICECARE, INC AND 7 HOURS A WEEK TO HOSPICECARE
HOLDINGS INC, BOTH OF WHICH ARE RELATED ORGANIZATIONS.

GAMING MANAGER INFORMATION

SCHEDULE G, PART III, LINE 16

VARIOUS MEMBERS OF THE HOSPICECARE, INC'S FINANCE DEPARTMENT STAFF SHARE
IN THE RESPONSIBILITIES OF RECORDKEEPING, MONEY COUNTING, MAKING THE BANK
DEPOSIT, AND BEING PRESENT AT RAFFLE EVENT DRAWINGS.

ATTACHMENT 4FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HOSPICECARE FOUNDATION'S MISSION IS "ENHANCING THE QUALITY OF LIFE AT
THE END OF LIFE." HOSPICECARE FOUNDATION IS OPERATED EXCLUSIVELY FOR
THE SUPPORT AND BENEFIT OF HOSPICECARE, INC., WHICH IS A RELATED
501(C)(3) ORGANIZATION THAT PROVIDES CARE AND SUPPORT TO PATIENTS AND
FAMILIES FACING LIFE-LIMITING ILLNESS.

THE HOSPICECARE FOUNDATION IS A COMMUNITY OF DONORS WHO SHARE THE
VALUE OF A HEALTHY END-OF-LIFE JOURNEY. THE FOUNDATION'S SUPPORT HAS
HELPED HOSPICECARE ENHANCE THE QUALITY OF ITS SERVICE AND EXPAND ITS
REACH TO ALL THOSE WHO NEED HOSPICECARE'S SERVICES.

IN ADDITION TO THE GRANT SUPPORT THAT THE FOUNDATION PROVIDED TO
HOSPICECARE INC. AND HOSPICECARE HOLDINGS INC. IN 2009, THE
FOUNDATION HAS BEEN WORKING TO BUILD A SIX-MONTH OPERATING RESERVE

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

ATTACHMENT 4 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FUND TO HELP HOSPICECARE INC. WEATHER FINANCIAL CHALLENGES. THE
FOUNDATION CONTRIBUTED \$1,213,988 TO THE RESERVE FUND IN 2009.

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORSNAME AND ADDRESSDESCRIPTION OF SERVICESCOMPENSATION

HOSPICECARE, INC.
5395 E. CHERYL PARKWAY
MADISON, WI 53711

PURCHASED SERVICES

1,243,800.

TOTAL COMPENSATION

1,243,800.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
HOSPICECARE THRIFT STORE, LLC 5395 E. CHERYL PARKWAY MADISON, WI 53711 30-0001703	THRIFT STORE	WI	398,121.	51,000.	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HOSPICECARE, INC. 5395 E. CHERYL PARKWAY MADISON, WI 53711 39-1319537	HEALTH CARE	WI	501 (C) (3)	9	N/A
HOSPICECARE HOLDINGS, INC. 5395 E. CHERYL PARKWAY MADISON, WI 53711 30-0001715	PROPERTY MGMT	WI	501 (C) (3)	11A	HC INC.

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

Schedule R (Form 990) 2009

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)	HOSPICECARE INC.	B	178,781.
(2)	HOSPICECARE INC.	L	1,243,800.
(3)	HOSPICECARE HOLDINGS, INC.	B	4,909,603.
(4)			
(5)			
(6)			

FORM 990, PART VIII - GROSS SALES AND COST OF GOODS SOLD

ATTACHMENT 6

DESCRIPTION	GROSS SALES	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS ENDING INVENTORY	COST OF GOODS SOLD
THRIFT STORE	398,121	62,000	387,121.			51,000	398,121
TOTALS	398,121	62,000	387,121			51,000	398,121

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 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 HOSPICECARE FOUNDATION, INC	Employer identification number 30-0001703
	Number, street, and room or suite no. If a P.O. box, see instructions. 5395 EAST CHERYL PARKWAY	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MADISON, WI 53711	

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

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

• The books are in the care of ► SUSAN PHILLIPS

Telephone No. ► 608 276-4660

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 8/16, 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 Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.00

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.

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