



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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

A For the 2009 calendar year, or tax year beginning **, 2009, and ending**, **, 20**

<input type="checkbox"/> 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.			D Employer identification number	30-0001703		
	Doing Business As					E Telephone number	(608) 276-4660	
	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					G Gross receipts \$	9,342,952.	
	MADISON, WI 53711					H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
	F Name and address of principal officer					H(b) Are all affiliates included?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SUSAN PHILLIPS 5395 E. CHERYL PARKWAY MADISON, WI 53711					If "No," attach a list (see instructions)			
I Tax-exempt status	X 501(c)( 03) <input type="checkbox"/> (insert no)	4947(a)(1) or	527	H(c) Group exemption number ► N/A				
J Website	► WWW.HOSPICECAREINC.COM							
K Form of organization	X Corporation	Trust	Association	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 ILL- NESS. 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)	RECEIVED JUN 06 2010 IRS-OOSC OGDEN, UT			Prior Year	6,263,866. 3,158,176.	
	9 Program service revenue (Part VIII, line 2g)				Current Year	0. 0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					-258,004. 217,239.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c and 11e)					15,823. -21,240.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)					6,021,685. 3,354,175.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)				Prior Year	6,249,170. 5,088,384.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)				Current Year	0. 0.	
	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.						
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)				Prior Year	1,453,102. 1,502,583.		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)				Current Year	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	34,913,681. 37,226,142.	
	21 Total liabilities (Part X, line 26)				End of Year	96,684. 112,952.	
	22 Net assets or fund balances Subtract line 21 from line 20					34,816,997. 37,113,190.	

## Part II Signature Block

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

Sign  
Here

► Signature of officer  
► Susan Phillips, President/CEO

6/30/10  
Date

Type or print name and title

Paid Preparer's Use Only	Preparer's signature CROWE HORWATH LLP	Date 6/27/10	Check if self- employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 70 WEST MADISON STREET, SUITE 700, CHICAGO, IL 60602-4903	EIN ►		
		Phone no ►	312-899-7000	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

Form 990 (2009)

JSA  
9E1010 1 000

09675X L073 6/24/2010 12:34:24 PM V 09-6.4

617

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 . . . . .	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	4 X	
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 . . . . .	5	
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 . . . . .	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	9 X	
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 . . . . .	10 X	
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 . . . . .	11 X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
• 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		
• 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		
• 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		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		
• 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		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII. . . . .	12 X	
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 . . . . .	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a X	
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 . . . . .	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II . . . . .	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III . . . . .	16 X	
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 . . . . .	17 X	
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 . . . . .	18 X	
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 . . . . .	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .	20 X	

**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. . . . .	21	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. . . . .	22	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 . . . . .	23	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 . . . . .	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
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 . . . . .	25a	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 . . . . .	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . .	26	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 . . . . .	27	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. . . . .	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	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 . . . . .	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31	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 . . . . .	32	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. . . . .	33	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 . . . . .	34	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 . . . . .	35	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 . . . . .	36	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 . . . . .	37	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 . . . . .	38	X

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

**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	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?	9a	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		

### 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	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	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	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?	15	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	X
a	The organization's CEO, Executive Director, or top management official	15b	X
b	Other officers or key employees of the organization	16a	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions )	16b	
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?		
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?		

### 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
	<input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input type="checkbox"/> 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			
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.

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**(continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . . . . .	4	X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .	5	X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 1

## Part VIII Statement of Revenue

30-00001703

		(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		
	<b>h Total. Add lines 1a-1f . . . . .</b>		3,158,176		
Program Service Revenue	2a	<b>Business Code</b>			
	b				
	c				
	d				
	e				
	f All other program service revenue . . . . .				
	<b>g Total Add lines 2a-2f . . . . .</b>		0		
	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	►	240,408	0
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		
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		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 . . . . .	►	ATCH. 6. ► SEE PAGE 55	0	
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>			
11a	OTHER		861.	861	0
b					
c					
d	All other revenue . . . . .				0
e	<b>Total. Add lines 11a-11d . . . . .</b>		861		
<b>12</b>	<b>Total Revenue. See instructions . . . . .</b>		3,354,175	861..	0 195,138.

**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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
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)				
a Management . . . . .	0.			
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	14,700.		
	b Less accumulated depreciation	10b 3,514.	10c 11,889.	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	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.
	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?	A Consolidated audit was performed				2a X
b Were the organization's financial statements audited by an independent accountant?					2b 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?					2c X
If the organization changed either its oversight process or selection process during the tax year, explain in THERE IS AN AUDIT COMMITTEE.					
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?					3a 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					3b

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? \_\_\_\_\_  
     h Provide the following information about the supported organization(s)

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

(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								
<b>Total</b>									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 . . . . .						
<b>4 Total.</b> 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). . . . .						
<b>6 Public support.</b> 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) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . .						
12 Gross receipts from related activities, etc (see instructions) . . . . .					<b>12</b>	
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)) . . . . .	<b>14</b>	%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
16a <b>33 1/3 % support test - 2009.</b> 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 <b>33 1/3 % support test - 2008.</b> 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 <b>10%-facts-and-circumstances test - 2009.</b> 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 <b>10%-facts-and-circumstances test - 2008.</b> 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 <b>Private foundation.</b> 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"/>		

**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 . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 First five years.</b> 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	%
<b>19a 33 1/3 % support tests - 2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3 % support tests - 2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

**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 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

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

**SCHEDULE D**  
**(Form 990)****Supplemental Financial Statements**

OMB No 1545-0047

**2009**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICECARE FOUNDATION, INC.

Employer identification number

30-0001703

► 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.

**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)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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
2a	
2b	
2c	
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  No6 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 . . . . . ► \$ \_\_\_\_\_

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

Schedule D (Form 990) 2009

**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 <input type="checkbox"/>	Public exhibition	d <input type="checkbox"/>	Loan or exchange programs
b <input type="checkbox"/>	Scholarly research	e <input type="checkbox"/>	Other _____
c <input type="checkbox"/>	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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if 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 ► 0 %

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

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)**

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

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

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

<b>Part X Other Liabilities. See Form 990, Part X, line 23</b>	
<b>1. (a) Description of liability</b>	<b>(b) Amount</b>
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)

53,682.

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.

**SCHEDULE G**

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

Department of the Treasury  
Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2009

Open To Public  
Inspection

---

**Name of the organization**

HOSPICECARE FOUNDATION, INC.

**Employer identification number**

30-0001703

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a  Mail solicitations      e  Solicitation of non-government grants  
b  Internet and email solicitations      f  Solicitation of government grants  
c  Phone solicitations      g  Special fundraising events  
d  In-person solicitations

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

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

JSA  
9E1281 1 000

**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))
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.
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))
1 Gross revenue . . . . .			48,788.	48,788.
2 Cash prizes . . . . .			1,000.	1,000.
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.

9 Enter the state(s) in which the organization operates gaming activities WI,  
 a Is the organization licensed to operate gaming activities in each of these states? . . . . .  
 b If "No," explain  
 \_\_\_\_\_

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  
 b If "Yes," explain  
 \_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?  
 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? . . . . .

9a	X	
10a		X
11		X
12		X

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 ► DEBBIE BRADLEY, HOSPICECARE, INC.

Address ► 5395 E. CHERYL PARKWAY, MADISON, WI 53711

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 ► FINANCE DEPARTMENT EMPLOYEES

Gaming manager compensation ► \$ 0.

Description of services provided ► ACCOUNTING AND RECORDKEEPING

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .  
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 ► \$



**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.

**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 BART T LINE 2**

卷之三

Schedule I (Form 990) 2009

**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

<input type="checkbox"/>	First-class or charter travel	<input type="checkbox"/>	Housing allowance or residence for personal use
<input type="checkbox"/>	Travel for companions	<input type="checkbox"/>	Payments for business use of personal residence
<input type="checkbox"/>	Tax indemnification and gross-up payments	<input type="checkbox"/>	Health or social club dues or initiation fees
<input type="checkbox"/>	Discretionary spending account	<input type="checkbox"/>	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 . . . . .

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

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

<input checked="" type="checkbox"/>	Compensation committee	<input checked="" type="checkbox"/>	Written employment contract
<input checked="" type="checkbox"/>	Independent compensation consultant	<input checked="" type="checkbox"/>	Compensation survey or study
<input type="checkbox"/>	Form 990 of other organizations	<input checked="" type="checkbox"/>	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? . . . . .  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

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

**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? . . . . .  
**b** Any related organization? . . . . .

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

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

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		
8		
9		

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

Schedule J (Form 990) 2009

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

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

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

**Part III Supplemental Information**

30-0001703

Page 3

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.

## 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**

Open To Public  
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 ►( ATCH 2 PAGE 43 )		208.	45,622.	
26 Other ►( _____ )				
27 Other ►( _____ )				
28 Other ►( _____ )				
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? . . . . .	30a	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? . . . . .	31	X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	32a	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		

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

Schedule M (Form 990) 2009

JSA

9E1298 1 000

09675X L073 6/24/2010 12:34:24 PM V 09-6.4

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
<b>TOTALS</b>		<b>208.</b>	<b>45,622.</b>	

**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 <u>HOSPICECARE FOUNDATION, INC.</u>	Employer identification number <u>30-0001703</u>
<u>ATTACHMENT 3 (CONT'D)</u>	

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.	30-00001703

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

HOSPICECARE FOUNDATION, INC.

Employer identification number

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. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HOSPICECARE, INC. 5395 E. CHERYL PARKWAY MADISON, WI 53711	PURCHASED SERVICES	1,243,800.
	TOTAL COMPENSATION	<u>1,243,800.</u>

**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	30-0001703	THRIFT STORE	WI	398,121.	51,000. N/A
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----				

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

**Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

### Part III

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part V, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.)

Part IV

**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	1a X	
b Gift, grant, or capital contribution to other organization(s)	1b X	
c Gift, grant, or capital contribution from other organization(s)	1c X	
d Loans or loan guarantees to or for other organization(s)	1d X	
e Loans or loan guarantees by other organization(s)	1e X	
f Sale of assets to other organization(s)	1f X	
g Purchase of assets from other organization(s)	1g X	
h Exchange of assets	1h X	
i Lease of facilities, equipment, or other assets to other organization(s)	1i X	
j Lease of facilities, equipment, or other assets from other organization(s)	1j X	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l X	
m Sharing of facilities, equipment, mailing lists, or other assets	1m X	
n Sharing of paid employees	1n X	
o Reimbursement paid to other organization for expenses	1o X	
p Reimbursement paid by other organization for expenses	1p X	
q Other transfer of cash or property to other organization(s)	1q X	
r Other transfer of cash or property from other organization(s)	1r X	

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)			

Part VI

## Unrelated Organizations Taxable as a Partnership (Comp)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2009

FORM 6010 BART VIII - GROSS SALES AND COST OF GOODS SOLD

<u>ATTACHMENT 6</u>					
<u>DESCRIPTION</u>	<u>GROSS SALES</u>	<u>BEGINNING INVENTORY</u>	<u>PURCHASES</u>	<u>SALARIES AND WAGES</u>	<u>OTHER COSTS</u>
THRIFT STORE	398,121	62,000		387,121.	
TOTALS	<u><u>398,121</u></u>	<u><u>62,000</u></u>	<u><u>387,121</u></u>		

<u>MINUS</u>	<u>ENDING INVENTORY</u>	<u>COST OF GOODS SOLD</u>
	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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>HOSPICECARE FOUNDATION, INC</b>	Employer identification number <b>30-0001703</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>5395 EAST CHERYL PARKWAY</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>MADISON, WI 53711</b>	

**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

e The books are in the care of ► **SUSAN PHILLIPS**Telephone No. ► **608 276-4660**

FAX No. ►

e If the organization does not have an office or place of business in the United States, check this box. ► e 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**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20**09** or

►  tax year beginning , 20, and ending , 20.

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

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