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SCANNED AUG 02 2010

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2009**

Open to Public  
Inspection

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HOSPICECARE, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>5395 E. CHERYL PARKWAY</b> City or town, state or country, and ZIP + 4 <b>MADISON, WI 53711</b>	<b>D</b> Employer identification number <b>39-1319537</b>
		<b>E</b> Telephone number <b>(608) 276-4660</b>
		<b>G</b> Gross receipts \$ <b>45,236,974.</b>
		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>F</b> Name and address of principal officer <b>SUSAN PHILLIPS</b> <b>5395 EAST CHERYL PARKWAY, MADISON, WI 53711</b>		<b>H(c)</b> Group exemption number <b>N/A</b>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 03 ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website ► <b>WWW.HOSPICECAREINC.COM</b>		
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L</b> Year of formation <b>1978</b> <b>M</b> State of legal domicile <b>WI</b>

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <b>OUR MISSION, "ENHANCING QUALITY OF LIFE AT THE END OF LIFE," LIVES IN THE COMPREHENSIVE CARE WE PROVIDE TO PATIENTS AND FAMILIES FACED WITH LIFE-LIMITING ILLNESS, HELPING THEM TO LIVE AS FULLY AS THEY CAN.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>623</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>1,172</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	386,549.	1,266,679.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,451,535.	42,539,018.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,153.	-6,187.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,353,089.	1,399,371.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	39,205,326.	45,198,881.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	74,081.	22,257.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	26,146,729.	29,217,081.
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	797,462. See Schedule O, Pg 42	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,159,301.	13,546,497.
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	38,380,111.	42,785,835.
Net Assets or Fund Balances		<b>825,215.</b>	<b>2,413,046.</b>
	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	6,596,946.	9,260,158.
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	3,831,764.	3,832,196.
		2,765,182.	5,427,962.

**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 <i>Susan Phillips</i>	Date <b>6/30/10</b>
	Type or print name and title <b>SUSAN PHILLIPS, PRESIDENT/CEO</b>	
Paid Preparer's Use Only	Preparer's signature <i>Sharon Abernethy</i>	Date <b>6/27/10</b>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <b>CROWE HORWATH LLP</b> <b>70 WEST MADISON STREET, SUITE 700, CHICAGO, IL 60602-4903</b>	Check if self-employed <input type="checkbox"/> Preparer's identifying number (see instructions) <b>312-899-7000</b>

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)

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**Part III** Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

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 \$ 32,916,749 including grants of \$ 0) (Revenue \$ 42,263,689)

CLINICAL PATIENT CARE - HOSPICECARE OFFERS THE MOST COMPREHENSIVE  
 END-OF-LIFE CARE AVAILABLE. PATIENTS AND FAMILIES SERVED BY  
 HOSPICECARE ARE PROVIDED THE EXPERT HELP OF A COMPLETE TEAM OF  
 END-OF-LIFE PROFESSIONALS INCLUDING: NURSES, CERTIFIED NURSING  
 ASSISTANTS, SOCIAL WORKERS, CHAPLAINS, VOLUNTEERS, PHYSICIANS,  
 GRIEF COUNSELORS AND PHARMACISTS. THE HOSPICECARE TEAM ASSESSES  
 THE UNIQUE NEEDS OF EACH PATIENT AND FAMILY. WORKING TOGETHER,  
 HOSPICECARE STAFF, TRAINED VOLUNTEERS, AND THE PATIENT'S PHYSICIAN  
 DELIVER COMPREHENSIVE CARE FOCUSED ON HELPING THE PATIENT AND THE  
 FAMILY LIVE LIFE TO THE FULLEST. FOR MORE SEE FOOTNOTE #1, PAGE  
 49.

4b (Code \_\_\_\_\_) (Expenses \$ 961,911 including grants of \$ 0) (Revenue \$ 23,141)

GRIEF SERVICES - DURING 2009, HOSPICECARE'S GRIEF SERVICES PROGRAM  
 PROVIDED SERVICES TO 6,958 HOSPICE FAMILY MEMBERS AND 1,501  
 COMMUNITY MEMBERS. IN ADDITION TO INDIVIDUAL COUNSELING,  
 HOSPICECARE PROVIDES GRIEF SERVICES THROUGH GRIEF SUPPORT GROUPS,  
 HOLIDAY REMEMBRANCE PROGRAMS, MEMORIAL QUILT DEDICATION CEREMONIES  
 AND THE COMMUNITY TRAUMATIC DEATH RESPONSE TEAM. THESE PROGRAMS  
 ARE OFFERED AT NO CHARGE, AND GRIEF SUPPORT GROUPS ARE OPEN TO  
 ANYONE IN THE COMMUNITY EXPERIENCING LOSS, NOT JUST TO PATIENTS  
 AND FAMILIES SERVED BY HOSPICECARE. FOR MORE SEE FOOTNOTE #2, PG  
 51.

4c (Code \_\_\_\_\_) (Expenses \$ 682,124 including grants of \$ 0) (Revenue \$ 0)

COMMUNITY EDUCATION AND OUTREACH - AS THE COMMUNITY'S HOSPICE,  
 HOSPICECARE IS DEDICATED TO INCREASING AWARENESS AND UNDERSTANDING  
 OF MATTERS RELATED TO DEATH, DYING, CARE GIVING, GRIEF, AND LOSS.  
 WITH OUR GUIDANCE, OUR NEIGHBORS ARE BETTER PREPARED TO MAKE  
 DECISIONS ABOUT THE CARE THEY OR THEIR LOVED ONES RECEIVE.  
 HOSPICECARE CONDUCTS EDUCATIONAL PRESENTATIONS, SEMINARS,  
 CONFERENCES, AND IN-SERVICE PROGRAMS FOR COMMUNITY GROUPS AND  
 HEALTHCARE PROFESSIONALS. IN 2009, HOSPICECARE PARTICIPATED IN 864  
 EVENTS AND MADE OVER 17,000 CONTACTS.

4d Other program services (Describe in Schedule O) Page 37

(Expenses \$ 1,253,114 including grants of \$ 22,257) (Revenue \$ 252,188)4e Total program service expenses **▶** 35,813,898.

**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 . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .	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 . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	X	
5 <b>Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		
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 . . . . .		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 . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	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 . . . . .		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 . . . . .		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 . . . . .	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 . . . . .		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 . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		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 . . . . .	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 . . . . .	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 . . . . .		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 . . . . .		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 . . . . .		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 . . . . .		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X

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**Part IV** Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.	1a	87
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	623
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	<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?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	<b>Section 501(c)(7) organizations.</b> Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

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**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
<b>a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 14	
<b>1b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 14	
<b>2</b> 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? . . . . .	<b>2</b>	X
<b>3</b> 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? . . . . .	<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9</b> 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 . . . . .	<b>9a</b>	X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</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? . . . . .	<b>10b</b>	
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11</b> X	
<b>11A</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b> X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .		
<b>16a</b> 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>16a</b>	X
<b>b</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? . . . . .	<b>16b</b>	

**Section C. Disclosure**

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

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JIM BAKKE DIRECTOR	1.00	X						0.	0.	0.
JOAN BURKE VICE CHAIR	1.00	X		X				0.	0.	0.
DAVID CULLEN TREASURER	1.00	X		X				0.	0.	0.
SHARON CHAMBERLAIN SECRETARY	1.00	X		X				0.	0.	0.
GORDON DERZON DIRECTOR	1.00	X						0.	0.	0.
JEFF GROSSMAN DIRECTOR	1.00	X						0.	0.	0.
SUSANNA HERRO DIRECTOR	1.00	X						0.	0.	0.
DAVID KRUGER DIRECTOR	1.00	X						0.	0.	0.
HARVEY TEMKIN DIRECTOR	1.00	X						0.	0.	0.
KATIE WALLER DIRECTOR	1.00	X						0.	0.	0.
MARK WINTER CHAIR	1.00	X		X				0.	0.	0.
MARION WOZNIAK DIRECTOR	1.00	X						0.	0.	0.
GERALD LEFERT DIRECTOR	1.00	X						0.	0.	0.
MARY STARMANN-HARRISON DIRECTOR	1.00	X						0.	0.	0.
SUSAN PHILLIPS CEO	60.00			X				341,197.	0.	62,472.
SARAH BEALLES CFO	45.00			X				194,048.	0.	24,812.



(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE AGNEBERG CHIEF MEDICAL OFFICER	40.00					X		234,088.	0.	29,303.
JOANN KOWALSKI CHIEF CLINICAL OFFICER	40.00					X		144,782.	0.	30,117.
JANE QUINN VICE PRESIDENT REGIONAL SERV.	40.00					X		123,734.	0.	23,453.
PAMELA PETERSON VICE PRES OF EMPLOYEE SERVICES	40.00					X		116,312.	0.	1,544.
WENDY ADAMS MEDICAL DIRECTOR	40.00					X		194,213.	0.	23,943.
<b>1b Total</b>								1,348,374.	0.	195,644.

	Yes	No
3		X
4	X	
5		X

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4 SEE SCHEDULE O, PAGE 44		

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 ► 11

**Part VIII Statement of Revenue**

39-1319537

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 258,061				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 945,581				
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 63,037				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 7,204					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		1,266,679			
<b>Program Service Revenue</b>	<b>Business Code</b>						
	<b>2a</b>	NET PATIENT SERVICE REVENUE		42,286,830	42,286,830	0	0
	<b>b</b>	FOOD SERVICE		252,188	252,188	0	0
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .				0	0
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		42,539,018			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		8,720	0	0	8,720
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		0			
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross Rents. . . . .					
	<b>b</b>	Less rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
		(i) Securities	(ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .		675			
	<b>b</b>	Less cost or other basis and sales expenses . . . . .		15,582			
	<b>c</b>	Gain or (loss) . . . . .		-14,907			
	<b>d</b>	Net gain or (loss) . . . . .		-14,907	0	0	-14,907
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		0			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .		0			
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 41,375				
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b> 22,511					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		18,864	0	0	18,864	
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>	CONTRACTED SERVICES TO AFFILIATES		1,323,000	0	0	1,323,000	
<b>b</b>	EDUCATIONAL CONFERENCE REGISTRATIONS		27,708	27,708	0	0	
<b>c</b>	OTHER REVENUE		29,799	29,799	0	0	
<b>d</b>	All other revenue . . . . .				0		
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		1,380,507				
<b>12</b>	<b>Total Revenue.</b> See instructions . . . . .		45,198,881	42,596,525	0	1,335,677	

Form 990 (2009)

**Part IX: Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	257.	257.		
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 . . . . .	22,000.	22,000.		
4	Benefits paid to or for members . . . . .	0.			
5	Compensation of current officers, directors, trustees, and key employees . . . . .	535,246.	0.	535,246.	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 . . . . .	22,365,631.	18,590,086.	3,208,695.	566,850.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	1,101,496.	894,194.	179,785.	27,517.
9	Other employee benefits . . . . .	3,599,461.	2,922,040.	587,501.	89,920.
10	Payroll taxes . . . . .	1,615,247.	1,311,257.	263,639.	40,351.
11	Fees for services (non-employees)				
a	Management . . . . .	0.			
b	Legal . . . . .	28,092.	0.	28,092.	0.
c	Accounting . . . . .	76,149.	0.	76,149.	0.
d	Lobbying . . . . .	855.	0.	855.	0.
e	Professional fundraising services. See Part IV, line 17	0.			
f	Investment management fees . . . . .	0.			
g	Other . . . . .	189,262.	134,253.	55,009.	0.
12	Advertising and promotion . . . . .	518,753.	13,509.	505,244.	0.
13	Office expenses . . . . .	334,193.	194,421.	135,898.	3,874.
14	Information technology . . . . .	296,826.	242,750.	46,898.	7,178.
15	Royalties . . . . .	0.			
16	Occupancy . . . . .	1,429,568.	1,231,981.	173,152.	24,435.
17	Travel . . . . .	101,848.	82,581.	19,267.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . .	0.			
19	Conferences, conventions, and meetings . . . .	210,919.	135,495.	73,382.	2,042.
20	Interest . . . . .	216.	0.	216.	0.
21	Payments to affiliates . . . . .	0.			
22	Depreciation, depletion, and amortization . . . .	108,938.	89,646.	16,731.	2,561.
23	Insurance . . . . .	154,751.	105,541.	46,716.	2,494.
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	ROOM & BOARD EXPENSES . . . . .	2,923,938.	2,923,938.	0.	0.
b	MEDICAL SUPPLIES & EQUIPMENT . . . . .	2,220,269.	2,220,269.	0.	0.
c	MEDICATIONS & INFUSION THERA . . . . .	1,801,686.	1,801,686.	0.	0.
d	PATIENT RELATED COSTS . . . . .	1,723,493.	1,723,493.	0.	0.
e	EQUIPMENT RENTAL & MAINTENAN . . . . .	1,069,053.	867,857.	174,490.	26,706.
f	All other expenses . . . . .	357,688.	306,644.	47,510.	3,534.
25	<b>Total functional expenses.</b> Add lines 1 through 24f	42,785,835.	35,813,898.	6,174,475.	797,462.
26	<b>Joint Costs.</b> 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
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	1,718.	1	3,970,460.
	2 Savings and temporary cash investments . . . . .	1,365,105.	2	23,699.
	3 Pledges and grants receivable, net . . . . .	500.	3	400.
	4 Accounts receivable, net . . . . .	4,290,093.	4	4,169,815.
	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 . . . . .	69,777.	8	73,682.
	9 Prepaid expenses and deferred charges . . . . .	441,766.	9	526,661.
	10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .	10a 1,460,003.		
	b Less accumulated depreciation . . . . .	10b 1,304,303.		
		280,219.	10c	155,700.
	11 Investments - publicly traded securities . . . . .	18,797.	11	18,009.
	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 . . . . .	128,971.	15	321,732.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,596,946.	16	9,260,158.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	3,678,097.	17	3,660,042.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	55,387.	19	54,034.
	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 . . . . .	98,280.	25	118,120.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	3,831,764.	26	3,832,196.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets . . . . .	2,717,534.	27	5,340,183.
	28 Temporarily restricted net assets . . . . .	47,648.	28	87,779.
	29 Permanently restricted net assets . . . . .		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b> . . . . .	2,765,182.	33	5,427,962.
	34 <b>Total liabilities and net assets/fund balances</b> . . . . .	6,596,946.	34	9,260,158.

Form 990 (2009)

**Part X** Financial Statements and Reporting

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b> Were the organization's financial statements audited by an independent accountant? <small>A consolidated audit was performed</small>	X	
<b>2c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <b>THERE IS AN AUDIT COMMITTEE.</b>	X	
<b>d</b> 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		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>3b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

HOSPICECARE, INC.

Employer identification number

39-1319537

**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)

(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	
<b>Total</b>									

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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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</b> <b>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
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>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 <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>		%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>		%
<b>16a</b> <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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
<b>b</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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .			<input type="checkbox"/>
<b>17a</b> <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 <b>stop here.</b> 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</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 <b>stop here.</b> 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>18</b> <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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	460,533	360,002	390,807	386,549	1,266,679	2,864,570
<b>2</b> 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 . . . . .	18,802,521	24,302,120	33,720,125	37,451,535	42,539,018	156,815,319
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> 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 . . . . .	19,263,054	24,662,122	34,110,932	37,838,084	43,805,697	159,679,889
<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) . . . . .						159,679,889

**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 . . . . .	19,263,054	24,662,122	34,110,932	37,838,084	43,805,697	159,679,889
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,158	8,550	16,629	15,937	8,720	52,994
<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 . . . . .	3,158	8,550	16,629	15,937	8,720	52,994
<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) . . . . .	634,470	833,992	1,105,032	1,316,488	1,421,882	5,311,864
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12) . . . . .	19,900,682	25,504,664	35,232,593	39,170,509	45,236,299	165,044,747
<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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	96.75 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	96.78 %

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

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	.03 %
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	.03 %

- 19a 33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☒
- b 33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐



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

ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME (FROM SECTION B, LINE 12)

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISC INCOME	40,470	30,992	12,755	0	57,507	141,724
GIFT SHOP	0	0	37,277	39,792	41,375	118,444
PROPERTY INSURANCE SETTLEMENT	0	0	0	41,896	0	41,896
CONTRACTED SERVICES TO AFFIL	594,000	803,000	1,055,000	1,234,800	1,323,000	5,009,800
<b>TOTAL</b>	<u>634,470</u>	<u>833,992</u>	<u>1,105,032</u>	<u>1,316,488</u>	<u>1,421,882</u>	<u>5,311,864</u>

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ Complete if the organization is described below.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047

**2009**

**Open to Public Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of organization HOSPICECARE, INC.	Employer identification number 39-1319537
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

Schedule C (Form 990 or 990-EZ) 2009

JSA  
9E1264 1 000

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .														

☐ Yes ☐ No
**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2 a</b> Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities? If "Yes," describe in Part IV	X		855.
j	Total Add lines 1c through 1i			855.
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i.

Also, complete this part for any additional information  
DESCRIPTION OF LOBBYING ACTIVITIES

SCHEDULE C, PART II-B, LINE 1(I)

LOBBYING EXPENSES ARE ALLOCATED THROUGH MEMBERSHIP DUES WITH NATIONAL

HOSPICE AND PALLIATIVE CARE ORGANIZATION. ADDITIONALLY, DURING 2009

HOSPICECARE, INC. PUT SOME EFFORT INTO EDUCATING LEGISLATORS ON THE

IMPACT OF HEALTH CARE REFORM ON HOSPICE CARE.

**Part IV** **Supplemental Information** *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

HOSPICECARE, INC.

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number

39-1319537

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ \_\_\_\_\_ 0.

(ii) Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_ 98,515.

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 . . . . . ► \$ \_\_\_\_\_ 0.

b Assets included in Form 990, Part X . . . . . ► \$ \_\_\_\_\_ 0.

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 ☒ Public exhibition d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☒ Other PROVIDE WELCOMING ENVIRONMENT  
 c ☐ Preservation for future generations

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .					
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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


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

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


Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	0.	0.		0.
b Buildings . . . . .	0.	0.	0.	0.
c Leasehold improvements . . . . .	0.	3,345.	2,426.	919.
d Equipment . . . . .	0.	1,358,143.	1,301,877.	56,266.
e Other . . . . .	0.	98,515.	0.	98,515.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				155,700.

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

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

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

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

(a) Description	(b) Book value
<b>Total</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

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

1.	(a) Description of liability	(b) Amount
	Federal income taxes	
	SECURITY DEPOSITS	105,000.
	DUE TO AFFILIATES	13,120.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶		118,120.

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 29

**Part XIV** Supplemental Information (continued)

## COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS

SCHEDULE D, PART III, LINE 4

THE ORGANIZATION'S COLLECTIONS CONSIST PRIMARILY OF DONATED WORKS OF ART THAT ARE ON DISPLAY IN PUBLIC SPACES AS WELL AS PATIENT ROOMS AT THE FACILITIES OWNED BY HOSPICECARE HOLDINGS AND OPERATED BY HOSPICECARE INC. THESE WORKS OF ART ARE USED TO PROVIDE A WELCOMING, THERAPEUTIC, HOME-LIKE ENVIRONMENT TO HOSPICECARE, INC. PATIENTS AND FAMILIES IN FURTHERANCE OF THE ORGANIZATION'S MISSION OF ENHANCING QUALITY OF LIFE AT THE END OF LIFE. THE ARTWORK REPRESENTS EACH OF THE MANY CULTURES OF THE PEOPLE LIVING IN SOUTH CENTRAL WISCONSIN. THE FAMILIARITY OF THE PIECES HELPS PATIENTS AND FAMILIES TO FEEL MORE COMFORTABLE IN OUR HEALTHCARE FACILITY.

## 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 F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

- ▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b line 15, or line 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

HOSPICECARE, INC.

Employer identification number

39-1319537

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

**3 Activities per Region** (Use Schedule F-1 (Form 990) if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SUB-SAHARAN AFRICA	0	0	GRANTMAKING	N/A	22,000
<b>Totals</b>	0	0			22,000

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

Schedule F (Form 990) 2009

JSA  
9E1274 1 000





**Part IV****Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

SCHEDULE F, PART I, LINE 2

HOSPICECARE, INC. (HOSPICECARE) AND THE MERU HOSPICE IN MERU, KENYA, HAVE  
CREATED A UNIQUE AND IMPORTANT ALLIANCE. BY SHARING KNOWLEDGE AND  
RESOURCES, THE TWO ORGANIZATIONS WORK TOGETHER TO ALLEVIATE SUFFERING OF  
THOSE WITH AIDS AND OTHER TERMINAL ILLNESSES IN SUB-SAHARAN AFRICA.

BOTH ARE DEDICATED TO ENHANCING THEIR AWARENESS AND UNDERSTANDING ABOUT  
CARING FOR DYING PATIENTS AND THEIR FAMILIES. HOSPICECARE STAFF,  
VOLUNTEERS AND COMMUNITY MEMBERS ARE COMMITTED TO RAISING DOLLARS TO HELP  
PAY FOR MERU HOSPICE STAFF SALARIES, MEDICAL SUPPLIES, EQUIPMENT, AND A  
VEHICLE TO REACH PATIENTS IN OUTLYING AREAS.

THE MERU HOSPICE IN KENYA IS THE ONLY FOREIGN ORGANIZATION THAT RECEIVES  
GRANTS FROM HOSPICECARE. ALL GRANT PROPOSALS ARE PRESENTED TO THE BOARD  
OF DIRECTORS, AND THE BOARD OF DIRECTORS APPROVES ALL GRANT AWARDS. THE  
GRANTS TO THE MERU HOSPICE ARE FUNDED FROM DONATIONS THAT WERE GIVEN  
DIRECTLY TO HOSPICECARE IN SPECIFIC SUPPORT OF THE MERU HOSPICE  
PARTNERSHIP.

HOSPICECARE, INC. HAS A MERU PARTNERSHIP COMMITTEE THAT MONITORS THE  
ACTIVITY OF THE MERU HOSPICE. THE MERU PARTNERSHIP COMMITTEE REQUIRES THE  
MERU HOSPICE TO SUBMIT SEMI-ANNUAL FINANCIAL STATEMENTS, ANNUAL BUDGETS,  
ANNUAL STATISTICAL REPORTS, AND AN ANNUAL NARRATIVE OF ACCOMPLISHMENTS.  
THESE STATEMENTS ARE REVIEWED BY THE MERU PARTNERSHIP COMMITTEE AND  
HOSPICECARE'S EXECUTIVE VICE PRESIDENT/CHIEF FINANCIAL OFFICER. A  
CONTRACT IS UPDATED ANNUALLY AND SPECIFIES THE USE OF THE GRANT FUNDS.

**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, INC.

Employer identification number

39-1319537

**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

**1b**

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

**2**

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

- |   |   |
|---|---|
| <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? **4a** ☐ ☒
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☒ ☐
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ ☒
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

- a** The organization? **5a** ☐ ☒
- b** Any related organization? **5b** ☐ ☒
- If "Yes" to line 5a or 5b, describe in Part III

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

- a** The organization? **6a** ☐ ☒
- b** Any related organization? **6b** ☐ ☒
- If "Yes" to line 6a or 6b, describe in Part III

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

**7**

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

**8**

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

**9**

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

Schedule J (Form 990) 2009





**Part III. Supplemental Information**

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

NON-FIXED PAYMENTS

SCHEDULE J, PART I, QUESTION 7

BONUS AMOUNTS FOR THE EXECUTIVE LEADERS OF THE ORGANIZATION ARE

DISCRETIONARY. CRITERIA THAT ARE CONSIDERED IN AWARDING ANY DISCRETIONARY

BONUSES INCLUDE: PROGRESS TOWARD ACHIEVING DEFINED GOALS, OVERALL

FINANCIAL RESULTS, AND OTHER MEASURES. THE DISCRETIONARY BONUSES ARE

REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF

DIRECTORS.

OFFICERS, DIRECTORS, TRUSTEES, KEY EMPLOYEES, ETC

SCHEDULE J, PART I, LINE 4B

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

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

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

**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, INC.

Employer identification number

39-1319537

ATTACHMENT 2

OTHER PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4D

HOSPICECARE'S OTHER PROGRAMS INCLUDE THE VOLUNTEER SERVICES PROGRAM, THE  
FOOD SERVICE PROGRAM, THE GIFT SHOP, THE MERU PARTNERSHIP, AND GRANTS TO  
SUPPORT RELATED ORGANIZATIONS.

	EXP.	GRANT	REV.
VOLUNTEER	\$ 600,387	\$ 0	\$ 0
FOOD	\$ 585,572	\$ 0	\$252,188
GIFT	\$ 37,277	\$ 0	\$ 0
MERU	\$ 29,620	\$22,000	\$ 0
GRANTS TO RELATED ORGS.	\$ 257	\$ 257	\$ 0
 TOTAL	 \$1,253,114	 \$22,257	 \$252,188

VOLUNTEER SERVICES: IN 2009 MORE THAN 1,100 COMMUNITY MEMBERS VOLUNTEERED  
OVER 60,000 HOURS (THE EQUIVALENT OF 29 FULL-TIME POSITIONS). BECAUSE OF  
THIS SUPPORT, HOSPICECARE IS ABLE TO DEFER SOME STAFFING COSTS AND  
CONTINUE TO PROVIDE A NATIONALLY RECOGNIZED LEVEL OF CARE TO PATIENTS AND  
FAMILIES. SOME OF THE VOLUNTEER POSITIONS INCLUDE IN-HOME AND RESIDENTIAL  
PATIENT AND FAMILY VOLUNTEER; GRIEF SERVICES, OFFICE, GIFT SHOP, FLOWER  
ROOM AND KITCHEN VOLUNTEER; VIGIL PROGRAM; AND HOSPICECARE CAMPUS  
GREETER.

Name of the organization	Employer identification number
HOSPICECARE, INC.	39-1319537
ATTACHMENT 2 (CONT'D)	

FOOD SERVICE: HOSPICECARE EMPLOYS TALENTED CHEFS TO PROVIDE OUR PATIENTS AND FAMILIES COMFORTING MEALS COOKED WITH LOCALLY GROWN, FRESH PRODUCE, MEATS AND HERBS. STAFF DIETICIANS WORK WITH THE KITCHEN STAFF TO PREPARE MEALS THAT COMFORT PATIENTS ON THE OUTSIDE AND INSIDE. SOMETIMES A PATIENT WILL NOT BE ABLE TO DIGEST SOLID FOODS, BUT SMALL MEALS CAN BE PREPARED FOR THEM TO ENJOY THE COMFORTS OF THE SMELLS THAT MEALS PROVIDE.

THE CAFE ALSO SELLS FRESH BAKED GOODS, COFFEE, AND TEA TO PATIENTS AND FAMILIES TO HELP SOOTH THE SOUL. IN ADDITION TO PATIENT AND FAMILY MEALS, HOSPICECARE FOOD SERVICES MAKES THEIR FOOD AVAILABLE FOR PURCHASE BY STAFF, VOLUNTEERS, GUESTS, EDUCATIONAL EVENTS AND GRIEF SUPPORT GROUPS.

GIFT STORE: HOSPICECARE OPERATES A GIFT STORE WITHIN ITS MADISON FACILITY. MERCHANDISE IS AVAILABLE FOR PURCHASE BY EMPLOYEES, PATIENTS, FAMILIES, AND VISITORS. THE GIFT STORE SUPPORTS THE MISSION BY MAKING AVAILABLE COMFORT ITEMS AND GIFTS IN A WELCOMING ENVIRONMENT.

MERU PARTNERSHIP: HOSPICECARE AND THE MERU HOSPICE IN MERU, KENYA, HAVE CREATED A UNIQUE AND IMPORTANT ALLIANCE. BY SHARING KNOWLEDGE AND RESOURCES, THE TWO ORGANIZATIONS WORK TOGETHER TO ALLEVIATE SUFFERING OF THOSE WITH AIDS AND OTHER TERMINAL ILLNESSES IN SUB-SAHARAN AFRICA.

BOTH ARE DEDICATED TO ENHANCING THEIR AWARENESS AND UNDERSTANDING ABOUT CARING FOR DYING PATIENTS AND THEIR FAMILIES. HOSPICECARE STAFF,

Name of the organization	Employer identification number
HOSPICECARE, INC.	39-1319537

ATTACHMENT 2 (CONT'D)

VOLUNTEERS AND COMMUNITY MEMBERS ARE COMMITTED TO RAISING DOLLARS TO HELP

PAY FOR MERU HOSPICE STAFF SALARIES, MEDICAL SUPPLIES, EQUIPMENT, AND A

VEHICLE TO REACH PATIENTS IN OUTLYING AREAS.

THE MERU HOSPICE IN KENYA IS THE ONLY FOREIGN ORGANIZATION THAT RECEIVES

GRANTS FROM HOSPICECARE.

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 REASONABLENESS

PRIOR TO THE RETURN BEING FILED. THE CEO/PRESIDENT, EXECUTIVE VICE

PRESIDENT/CFO, AND THE FINANCIAL ACCOUNTING SUPERVISOR LED THE REVIEW

DISCUSSIONS.

Name of the organization

Employer identification number

HOSPICECARE, INC.

39-1319537

ATTACHMENT 2 (CONT'D)

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. DIRECTORS 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 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

Name of the organization	Employer identification number
HOSPICECARE, INC.	39-1319537
ATTACHMENT 2 (CONT'D)	

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,  
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.

Name of the organization

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HOSPICECARE, INC.

39-1319537

ATTACHMENT 2 (CONT'D)

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 15 HOURS A WEEK TO HOSPICECARE

FOUNDATION AND 5 HOURS TO HOSPICECARE HOLDINGS, BOTH OF WHICH ARE RELATED

ORGANIZATIONS.

SARAH BEALLES, EXECUTIVE VICE PRESIDENT/CFO, DEVOTES APPROXIMATELY 13

HOURS A WEEK TO HOSPICECARE FOUNDATION, INC. AND 7 HOURS A WEEK TO

HOSPICECARE HOLDINGS INC., BOTH OF WHICH ARE RELATED ORGANIZATIONS.

STATEMENT OF FUNCTIONAL EXPENSES

FORM 990, PART IX, COLUMN (D), LINE 25

SOME EMPLOYEES OF HOSPICECARE PROVIDE FUNDRAISING SERVICES FOR

HOSPICECARE FOUNDATION, A RELATED TAX-EXEMPT ORGANIZATION. HOSPICECARE

REPORTS THE EXPENSES OF PROVIDING THESE SERVICES AS FUNDRAISING EXPENSES.

HOSPICECARE HAS AN ADMINISTRATIVE SERVICE CONTRACT WITH HOSPICECARE

Name of the organization

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HOSPICECARE, INC.

39-1319537

ATTACHMENT 2 (CONT'D)

FOUNDATION IN WHICH IT RECEIVES REVENUE FOR PROVIDING THESE SERVICES.

ATTACHMENT 3FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

HOSPICECARE, INC.'S (HOSPICECARE) MISSION IS TO ENHANCE THE QUALITY OF LIFE AT THE END OF LIFE. HOSPICECARE'S VISION IS TO BUILD A COMMUNITY WHERE EXCEPTIONAL END OF LIFE CARE IS ACCEPTED, EXPECTED AND AVAILABLE TO ALL REGARDLESS OF THEIR AGE, INCOME, RELIGION, ETHNICITY AND/OR CULTURAL BACKGROUND.

HOSPICECARE PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THE ORGANIZATION'S CHARITY CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. SUCH PATIENTS ARE IDENTIFIED BASED ON FINANCIAL INFORMATION OBTAINED FROM THE PATIENT AT THE TIME THEY ENROLL IN THE PROGRAM OR SUBSEQUENT CHANGES TO THEIR FINANCIAL CIRCUMSTANCES. BECAUSE THE ORGANIZATION DOES NOT PURSUE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE.

HOSPICECARE'S MISSION, "ENHANCING QUALITY OF LIFE AT THE END OF LIFE," IS FULFILLED BY THE COMPREHENSIVE CARE WE PROVIDE TO PATIENTS AND FAMILIES FACED WITH LIFE-LIMITING ILLNESS, HELPING THEM TO LIVE AS FULLY AS THEY CAN UNTIL THE END OF LIFE.

ATTACHMENT 4



Name of the organization  
HOSPICECARE, INC.Employer identification number  
39-1319537

ATTACHMENT 4 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INGLESIDE NURSING HOME 407 NORTH 8 MT HOREB, WI 53572	ROOM & BOARD	272,391.
OAK PARK NURSING & REHABILITATION 718 JUPITER DRIVE MADISON, WI 53718	ROOM & BOARD	214,728.
ST ELIZABETH NURSING HOME 109 S ATWOOD AVE JANESVILLE, WI 53545	ROOM & BOARD	189,418.
KARMENTA CENTER 4502 MILWAUKEE ST MADISON, WI 53714	ROOM & BOARD	167,034.
CAPITAL LAKES 334 W. DOTY MADISON, WI 53703	ROOM & BOARD	142,789.
TOTAL COMPENSATION		<u>986,360.</u>

## Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization	Employer Identification number
HOSPICECARE, INC.	39-1319537

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

[illegible]

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

[illegible]



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

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 FOUNDATION, INC.	C	178,781.
(2)	HOSPICECARE HOLDINGS, INC.	C	766,800.
(3)	HOSPICECARE HOLDINGS, INC.	J	1,852,800.
(4)	HOSPICECARE HOLDINGS, INC.	K	79,200.
(5)	HOSPICECARE FOUNDATION, INC.	K	1,243,800.
(6)			

Schedule R (Form 990) 2009



FEDERAL FOOTNOTES

FOOTNOTE #1  
FORM 990, PART III, LINES 4A  
PROGRAM SERVICE ACCOMPLISHMENTS

THE HOSPICECARE PATIENT DIRECTS HIS OR HER OWN PLAN OF CARE BY CHOOSING THE SERVICES THAT WILL BEST ENHANCE THE QUALITY OF THEIR LIFE AND HELP REACH THEIR GOALS IN THE TIME THEY HAVE. A PLAN OF CARE MAY INCLUDE RELIEVING PAIN AND OTHER PHYSICAL SYMPTOMS; COORDINATION OF MEDICAL SERVICES, MEDICATIONS, EQUIPMENT AND SUPPLIES NECESSARY TO MANAGE THE PATIENT'S ILLNESS; ASSISTANCE WITH PSYCHOSOCIAL, EMOTIONAL, FINANCIAL AND LEGAL ISSUES THAT MAY ARISE FOR THE PATIENT AND FAMILY; AND FOR MANY OF OUR PATIENTS, IT MAY BE HELPING THEM TO ACCOMPLISH GOALS THEY MAY HAVE BEFORE THEY DIE SUCH AS LIVING TO SEE THE WEDDING OF THEIR DAUGHTER, MAKING A LAST TRIP TO VISIT A FRIEND OR ENJOYING A BADGER BASKETBALL GAME FOR THE LAST TIME.

MOST AMERICANS WANT TO SPEND THEIR FINAL MONTHS AT HOME, SURROUNDED BY FAMILY. HOSPICECARE MAKES THAT POSSIBLE. IT MAKES NO DIFFERENCE WHETHER A PERSON LIVES IN A HOUSE, APARTMENT, CONDO, ASSISTED LIVING FACILITY OR SKILLED NURSING FACILITY. HOSPICECARE PROVIDES EXPERT CARE WHEREVER THE PATIENT LIVES.

DURING THE YEAR, WE SERVED 2703 PATIENTS AND FAMILIES, PROVIDING OVER 220,000 DAYS OF CARE; AND PATIENTS SERVED REACHED 605 PATIENTS PER DAY.

HOSPICECARE SERVES PATIENTS WITH A WIDE RANGE OF DIAGNOSES. FOLLOWING IS A SUMMARY OF 2009 ADMISSIONS BY DIAGNOSIS:

CANCER - 36%  
HEART DISEASE - 12%  
DEMENTIA - 5%  
DEBILITY - 30%  
LUNG DISEASE - 2%  
OTHER - 15%

MOST HOSPICECARE PATIENTS RECEIVE CARE RIGHT IN THEIR HOMES, RESIDENTIAL, OR SKILLED NURSING FACILITIES; HOWEVER, HOSPICECARE ALSO PROVIDES GENERAL INPATIENT CARE, RESPITE CARE, AND RESIDENTIAL CARE TO PATIENTS IN OUR 50-BED HOSPICE FACILITY. HOSPICECARE HAS BEEN BLESSED WITH A GENEROUS COMMUNITY THAT HAS DONATED MONEY TO BUILD THE LARGEST HOSPICE FACILITY IN THE MIDWEST. LOCATED IN MADISON, THE INPATIENT UNIT IS AVAILABLE TO ALL PATIENTS SERVED BY HOSPICECARE.

FEDERAL FOOTNOTES

THE DON & MARILYN ANDERSON HOSPICECARE CENTER AND THE ELLEN & PETER JOHNSON HOSPICECARE RESIDENCE COMBINE STATE-OF-THE-ART TECHNOLOGY WITH A BEAUTIFUL, HOMELIKE SETTING TO PROVIDE THREE LEVELS OF CARE:

- GENERAL INPATIENT CARE IS SHORT-TERM, INTENSIVE MEDICAL CARE BY THE HOSPICECARE TEAM TO MANAGE SYMPTOMS.
- RESPITE CARE PROVIDES THE FAMILY CAREGIVER(S) A BREAK FROM IN-HOME CARE GIVING FOR UP TO FIVE DAYS.
- RESIDENTIAL CARE IS FOR HOSPICE PATIENTS WHO WOULD LIKE THE OPTION OF LIVING ON THE HOSPICECARE CAMPUS-A HOMELIKE YET STATE-OF-THE-ART MEDICAL ENVIRONMENT.

IN 2009, WE SERVED 897 ACUTE PATIENTS, 83 RESPITE PATIENTS, AND 123 RESIDENTIAL PATIENTS IN OUR ANDERSON AND JOHNSON FACILITIES.

FEDERAL FOOTNOTES

FOOTNOTE #2  
FORM 990, PART III, LINES 4B  
PROGRAM SERVICE ACCOMPLISHMENTS

HOSPICECARE PROVIDES GRIEF SERVICES THROUGH THE FOLLOWING PROGRAMS:

GRIEF SUPPORT GROUPS - OFFERED AT VARIOUS LOCATIONS THROUGHOUT HOSPICECARE'S SERVICE AREA, GRIEF SUPPORT GROUPS PROVIDE A SAFE AND SUPPORTIVE ENVIRONMENT TO TALK ABOUT THOUGHTS AND FEELINGS, AND TO FIND SUPPORT FROM OTHERS WHO ARE SHARING SIMILAR EXPERIENCES. HOSPICECARE'S GRIEF GROUPS ARE OPEN TO THE ENTIRE COMMUNITY, FREE OF CHARGE.

HOLIDAY REMEMBRANCE PROGRAMS - THESE PROGRAMS GIVE THOSE WHO HAVE SUFFERED A LOSS THE OPPORTUNITY TO FIND STRENGTH AND FELLOWSHIP AS THEY ENTER THE HOLIDAY SEASON. MUSIC, READINGS AND A TIME FOR REMEMBERING THOSE WHO HAVE DIED ARE INCLUDED IN THESE PROGRAMS. THEY ALSO GIVE PARTICIPANTS INFORMATION ON COPING SKILLS AND CREATING HOLIDAY RITUALS.

MEMORIAL QUILT DEDICATION CEREMONIES - HOSPICECARE INVITES FAMILIES OF PATIENTS TO CREATE A MEMORIAL QUILT SQUARE TO CELEBRATE THE LIFE OF THE LOVED ONE THEY LOST. THESE SQUARES BECOME PART OF LARGER QUILTS, WHICH ARE THEN DEDICATED DURING THESE EVENTS. FOLLOWING THE CEREMONY, QUILTS ARE DISPLAYED AT HOSPICECARE FOR PUBLIC VIEWING.

COMMUNITY TRAUMATIC DEATH RESPONSE TEAM - HOSPICECARE ALSO ADDRESSES THE UNIQUE NEEDS OF TRAUMATIC LOSS WITH OUR COMMUNITY TRAUMATIC DEATH RESPONSE TEAM. THIS TEAM IS AVAILABLE TO ASSIST VICTIMS, WITNESSES AND POLICE, FIRE AND DISASTER WORKERS IN THE EVENT OF TRAUMATIC DEATHS. THE TEAMS TRAINING IN CRITICAL-INCIDENT STRESS MANAGEMENT TECHNIQUES ENABLES A RAPID ON-SITE ACTIVATION OF SUPPORT WHEN PEOPLE IN OUR COMMUNITY ARE AFFECTED BY TRAUMATIC DEATHS.

THE GRIEF CENTER - GRIEF IS A NATURAL PROCESS WE GO THROUGH WHEN WE LOSE SOMEONE CLOSE TO US. IT IS AN UNAVOIDABLE RESPONSE TO DEATH AND LOSS. GRIEF IS ACCOMPANIED BY A HOST OF PHYSICAL, BEHAVIORAL AND PSYCHOLOGICAL SYMPTOMS THAT OFTEN LOOK LIKE DEPRESSION--EVEN TO HEALTHCARE PROFESSIONALS. BUT GRIEF AND DEPRESSION ARE DIFFERENT.

THE GRIEF PEOPLE FEEL DOESN'T RESPOND TO MEDICATION OR TRADITIONAL PSYCHOTHERAPY. WHEN SOMEONE IS GRIEVING, THEY OFTEN NEED SUPPORT THAT GOES BEYOND THE STANDARD PRACTICE OF MOST CLINICIANS. HOSPICECARE'S GRIEF SERVICES PROGRAM IS STAFFED BY SPECIALIZED THERAPISTS WHO GUIDE PEOPLE THROUGH THEIR GRIEF SO THEY CAN FIND HAPPINESS AND JOY AGAIN.



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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

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

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

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

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>HOSPICECARE, INC</b>	Employer identification number <b>39-1319537</b>
	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 |

- The books are in the care of ► SUSAN PHILLIPS

Telephone No. ► 608 276-4660 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/16, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2009 or
  - ☐ tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

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

<b>3a</b> 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.	<b>3a</b>	\$	NONE
<b>b</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.	<b>3b</b>	\$	NONE
<b>c 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.	<b>3c</b>	\$	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.