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Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2012 Open to Public Inspection
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A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AGRACE HOSPICECARE INC Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 5395 E Cheryl Parkway City or town, state or country, and ZIP + 4 Madison, WI 53711	D Employer identification number 39-1319537
	F Name and address of principal officer LYNNE MYERS 5395 EAST CHERYL PARKWAY Madison, WI 53711	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
	J Website: ▶ WWW.AGRACE.ORG	
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1978

Part I	Summary																								
Activities & Governance	1 Briefly describe the organization's mission or most significant activities OUR MISSION, "ENHANCING QUALITY OF LIFE AT THE END OF LIFE," LIVES IN THE COMPREHENSIVE, COMPASSIONATE CARE WE PROVIDE TO PATIENTS AND FAMILIES FACED WITH LIFE-LIMITING ILLNESS, HELPING THEM TO LIVE AS FULLY AS THEY CAN IN 2012 THE ORGANIZATION PROVIDED CHARITY CARE OF APPROXIMATELY \$245,000 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets <table><tr><td>3 Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>13</td></tr><tr><td>4 Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>12</td></tr><tr><td>5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)</td><td>5</td><td>641</td></tr><tr><td>6 Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,202</td></tr><tr><td>7a Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3 Number of voting members of the governing body (Part VI, line 1a)	3	13	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	641	6 Total number of volunteers (estimate if necessary)	6	1,202	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b Net unrelated business taxable income from Form 990-T, line 34	7b	0						
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Expenses	<table><tr><td>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>46,520</td><td>29,703</td></tr><tr><td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>32,269,842</td><td>31,610,942</td></tr><tr><td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b Total fundraising expenses (Part IX, column (D), line 25) ▶657,593</td><td></td><td></td></tr><tr><td>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>14,881,480</td><td>14,241,677</td></tr><tr><td>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>47,197,842</td><td>45,882,322</td></tr><tr><td>19 Revenue less expenses Subtract line 18 from line 12</td><td>458,242</td><td>2,034,348</td></tr></table>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,520	29,703	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	32,269,842	31,610,942	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0	b Total fundraising expenses (Part IX, column (D), line 25) ▶657,593			17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,881,480	14,241,677	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	47,197,842	45,882,322	19 Revenue less expenses Subtract line 18 from line 12	458,242	2,034,348
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Net Assets or Fund Balances	<table><tr><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20 Total assets (Part X, line 16)</td><td>11,080,899</td><td>14,701,028</td></tr><tr><td>21 Total liabilities (Part X, line 26)</td><td>4,368,067</td><td>4,425,955</td></tr><tr><td>22 Net assets or fund balances Subtract line 21 from line 20</td><td>6,712,832</td><td>10,275,073</td></tr></table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	11,080,899	14,701,028	21 Total liabilities (Part X, line 26)	4,368,067	4,425,955	22 Net assets or fund balances Subtract line 21 from line 20	6,712,832	10,275,073												
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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		2013-06-20 Date	
	LYNNE MYERS PRESIDENT/CEO Type or print name and title			
	Print/Type preparer's name Krstin Ficker	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P01254056
Paid Preparer Use Only	Firm's name ▶ CROWE HORWATH LLP			Firm's EIN ▶
	Firm's address ▶ 70 West Madison Street Suite 700 Chicago, IL 606024903			Phone no (312) 899-7000
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

1

Briefly describe the organization’s mission

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

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 organization’s program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 33,265,832 including grants of \$ 29,703) (Revenue \$ 44,805,493)

CLINICAL PATIENT CARE - AGRACE HOSPICECARE OFFERS THE MOST COMPREHENSIVE END-OF-LIFE CARE AVAILABLE PATIENTS AND FAMILIES SERVED BY AGRACE HOSPICECARE ARE PROVIDED THE EXPERT HELP OF A COMPASSIONATE 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, AGRACE HOSPICECARE STAFF, TRAINED VOLUNTEERS, AND THE PATIENT'S PHYSICIAN DELIVER COMPREHENSIVE CARE FOCUSED ON HELPING THE PATIENT AND THEIR FAMILY LIVE LIFE TO THE FULLEST IN 2012, THE ORGANIZATION PROVIDED APPROXIMATELY \$2,696,000 OF COMMUNITY BENEFIT

4b

(Code) (Expenses \$ 1,767,250 including grants of \$) (Revenue \$ 635,420)

AGRACE HOSPICECARE'S OTHER PROGRAMS INCLUDE THE VOLUNTEER SERVICES PROGRAM, THE FOOD SERVICE PROGRAM AND GRANTS TO SUPPORT RELATED ORGANIZATIONS IN 2012 MORE THAN 1,200 VOLUNTEERS PROVIDED MORE THAN 70,355 HOURS OF SERVICE BECAUSE OF THIS SUPPORT, AGRACE HOSPICECARE IS ABLE TO DEFER SOME STAFFING COSTS AND CONTINUE TO PROVIDE COMPASSIONATE, EXPERT CARE TO PATIENTS AND FAMILIES SOME OF THE VOLUNTEER POSITIONS INCLUDE IN-HOME AND RESIDENTIAL PATIENT AND FAMILY VOLUNTEER, GRIEF SERVICES, ADMINISTRATIVE OFFICE WORK, FLOWER ROOM AND KITCHEN VOLUNTEER, VIGIL PROGRAM, AND AGRACE HOSPICECARE CAMPUS GREETER (CONTINUED ON SCHEDULE O)

4c

(Code) (Expenses \$ 809,536 including grants of \$) (Revenue \$)

GRIEF SERVICES - AGRACE HOSPICECARE'S GRIEF SERVICES PROGRAM PROVIDES SERVICES TO PATIENTS, FAMILY MEMBERS AND COMMUNITY MEMBERS IN ADDITION TO INDIVIDUAL COUNSELING, AGRACE 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 GRIEF DUE TO A DEATH, NOT JUST TO PATIENTS AND FAMILIES SERVED BY AGRACE HOSPICECARE IN 2012, AGRACE PROVIDED GRIEF SERVICES TO APPROXIMATELY 4,900 INDIVIDUALS, BOTH CHILDREN AND ADULTS ALTHOUGH PROVIDING GRIEF SUPPORT IS REQUIRED BY STATE AND FEDERAL REGULATIONS, GRIEF SUPPORT SERVICES ARE NOT COVERED BY INSURANCE, MEDICARE OR MEDICAID REIMBURSEMENT AGRACE PROVIDES THESE SERVICES BECAUSE THE ORGANIZATION BELIEVES THEY ARE CRITICAL TO HELPING FAMILIES RETURN TO FUNCTIONAL LIVING AFTER THEIR LOSS

(Code) (Expenses \$ 613,205 including grants of \$) (Revenue \$ 58,127)

COMMUNITY EDUCATION AND OUTREACH - AS THE COMMUNITY'S HOSPICE, AGRACE HOSPICECARE IS DEDICATED TO INCREASING AWARENESS AND UNDERSTANDING OF MATTERS RELATED TO DEATH, DYING, CAREGIVING, GRIEF, AND LOSS WITH OUR GUIDANCE, OUR NEIGHBORS ARE BETTER PREPARED TO MAKE DECISIONS ABOUT THE CARE THEY OR THEIR LOVED ONES RECEIVE IN 2012, 17,000 COMMUNITY MEMBERS WERE EDUCATED ABOUT AGRACE THROUGH MORE THAN 740 COMMUNITY PROGRAMS AGRACE HOSPICECARE CONDUCTS EDUCATIONAL PRESENTATIONS, SEMINARS, CONFERENCES, AND INSERVICE PROGRAMS FOR COMMUNITY GROUPS AND HEALTHCARE PROFESSIONALS IN 2012, 167 NURSING STUDENTS, MEDICAL STUDENTS, RESIDENTS AND FELLOWS PARTICIPATED IN ROTATIONS AT AGRACE

4d

Other program services (Describe in Schedule O)

(Expenses \$ 613,205 including grants of \$) (Revenue \$ 58,127)













4e

Total program service expenses ▶

36,455,823

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)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 	Yes	
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d 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? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
f 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	Yes	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	Yes	
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c		Yes	
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.		
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9 Sponsoring organizations maintaining donor advised funds.			
9a			
9b			
10 Section 501(c)(7) organizations. Enter			
10a			
10b			
11 Section 501(c)(12) organizations. Enter			
11a			
11b			
12a			
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
13a			
13b			
13c			
14a			No
14b			

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	Joyce Zeasman 5395 EAST CHERYL PARKWAY MADISON, WI (608) 276-4660

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any 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, or 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) JOAN BURKE CHAIR	1 00	X		X				0	0	0
(2) LYNNE MYERS PRESIDENT/CEO	30 00 10 00	X		X				136,682	0	4,656
(3) SHARON CHAMBERLAIN SECRETARY/VICE CHAIR	1 00	X		X				0	0	0
(4) BRIAN HAPP DIRECTOR	1 00	X						0	0	0
(5) DAVID CULLEN DIRECTOR	1 00	X						0	0	0
(6) DAVID KRUGER DIRECTOR	1 00 1 00	X						0	0	0
(7) GERALD LEFERT DIRECTOR	1 00	X						0	0	0
(8) GORDON DERZON DIRECTOR	1 00 1 00	X						0	0	0
(9) JEFF GROSSMAN DIRECTOR	1 00	X						0	0	0
(10) JIM BAKKE DIRECTOR	1 00	X						0	0	0
(11) JOHN BUTLER DIRECTOR	1 00	X						0	0	0
(12) MARION WOZNIAK DIRECTOR	1 00	X						0	0	0
(13) MARK WINTER DIRECTOR	1 00 1 00	X						0	0	0
(14) MICHAEL FITZPATRICK DIRECTOR	1 00	X						0	0	0
(15) SUSANNA HERRO DIRECTOR	1 00	X						0	0	0
(16) BRUCE AGNEBERG CMO	40 00			X				257,339	0	24,140
(17) DAN CHIN VP PUBLIC AFFAIRS - PART YEAR	40 00			X				146,791	0	19,110

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) DENISE GLOEDE VP ACCESS	40 00			X				132,859	0	8,061
(19) JANE M QUINN VP QUALITY AND COMPLIANCE	40 00			X				132,259	0	20,836
(20) JOYCE ZEASMAN VP FINANCE	30 00 10 00			X				168,764	0	28,829
(21) JULIA HOUCK VP HR AND L&D/ACTING PRESIDENT	30 00 10 00			X				209,183	0	29,808
(22) JULIE SLATTERY VP CLINICAL SERVICES	40 00			X				150,244	0	11,024
(23) MARCIA M WHITTINGTON VP FOUNDATION & HOLDINGS	8 00 40 00			X				105,004	70,003	27,085
(24) SUSAN PHILLIPS CEO - PART YEAR	30 00 10 00			X				482,432	0	5,727
(25) DENA GREEN MEDICAL DIRECTOR	40 00					X		193,606	0	32,650
(26) KATHY WILLIAMS MEDICAL DIRECTOR	40 00					X		199,489	0	16,164
(27) SUZANNE HOWARD MEDICAL DIRECTOR	40 00					X		176,163	0	11,238
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,490,815	70,003	239,328

2

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

13

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year	
(A) Name and business address	(B) Description of services	(C) Compensation
UNIVERSITY OF WI HOSPITALCLINIC DRAWER 853 MILWAUKEE WI 532780853	THERAPIES & IMAGING SVCS	872,801
CHARTWELL MIDWEST-WISCONSIN PO BOX 78804 MILWAUKEE WI 532780804	BIOLOGICAL/INFUSION THERAPY	341,266
RYAN BROTHERS 922 SOUTH PARK ST MADISON WI 53715	AMBULANCE SERVICE	215,364
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	
	3	

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

				(A)	(B)	(C)	(D)		
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a200,144						
	b	Membership dues	1b						
	c	Fundraising events	1c						
	d	Related organizations	1d534,109						
	e	Government grants (contributions)	1e						
	f	All other contributions, gifts, grants, and similar amounts not included above	1f204,344						
	g	Noncash contributions included in lines 1a-1f \$	5,660						
	h	Total. Add lines 1a-1f						938,597	
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code 623990	44,805,490	44,805,490				
	b	FOOD SERVICE	623990	635,420	635,420				
	c			0					
	d			0					
	e			0					
	f	All other program service revenue		0	0	0	0		
	g	Total. Add lines 2a-2f		45,440,910					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,126			2,126	
		4	Income from investment of tax-exempt bond proceeds		0				
5		Royalties		0					
6a		Gross rents	(i) Real	(ii) Personal					
		b	Less rental expenses						
		c	Rental income or (loss)	0					0
		d	Net rental income or (loss)						0
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b	Less cost or other basis and sales expenses						
		c	Gain or (loss)	0					0
		d	Net gain or (loss)						0
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18							
		a							
		b	Less direct expenses	b					
c		Net income or (loss) from fundraising events		0					
9a		Gross income from gaming activities See Part IV, line 19							
		a							
		b	Less direct expenses	b					
c		Net income or (loss) from gaming activities		0					
10a		Gross sales of inventory, less returns and allowances							
	a	28,261							
	b	Less cost of goods sold	b	20,322					
	c	Net income or (loss) from sales of inventory		7,939					
Miscellaneous Revenue		Business Code		1,468,968			1,468,968		
11a	CONTRACTED SERVICES TO AFFILIATES	900099							
b	OTHER REVENUE	900099						58,130	58,130
c								0	
d	All other revenue							0	0
e	Total. Add lines 11a-11d		1,527,098						
12	Total revenue. See Instructions		47,916,670		45,499,040	0	1,479,033		

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).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(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 United States. See Part IV, line 21.	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	29,703	29,703		
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	1,487,043	83,452	1,403,591	
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.	23,625,374	19,283,909	3,853,351	488,114
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	745,457	572,395	153,621	19,441
9	Other employee benefits.	3,959,382	3,040,188	815,935	103,259
10	Payroll taxes.	1,793,686	1,377,271	369,636	46,779
11	Fees for services (non-employees):				
a	Management.	0			
b	Legal.	103,050	6,002	97,048	
c	Accounting.	116,416		116,416	
d	Lobbying.	16,196		16,196	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	221,040	63,297	157,743	0
12	Advertising and promotion.	510,923	30,834	480,089	
13	Office expenses.	396,153	265,296	130,857	
14	Information technology.	508,689	395,695	112,994	
15	Royalties.	0			
16	Occupancy.	1,484,590	1,283,575	201,015	
17	Travel.	112,316	95,626	16,690	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	133,105	58,843	74,262	
20	Interest.	0			
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	3,409	2,666	743	
23	Insurance.	219,901	125,220	94,681	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	ROOM AND BOARD EXPENSE	2,163,361	2,163,361		
b	MEDICAL SUPPLIES AND EQUIPMENT	2,256,747	2,256,747		
c	MEDICATIONS AND INFUSION THERAPIES	2,263,602	2,263,602		
d	PATIENT RELATED COSTS	1,926,997	1,926,997		
e	All other expenses	1,805,182	1,131,144	674,038	0
25	Total functional expenses. Add lines 1 through 24e.	45,882,322	36,455,823	8,768,906	657,593
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		5,253,205	1	7,944,090
	2	Savings and temporary cash investments		276,200	2	276,200
	3	Pledges and grants receivable, net		1,000	3	
	4	Accounts receivable, net		4,512,189	4	4,282,528
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		71,389	8	56,304
	9	Prepaid expenses and deferred charges		664,650	9	349,753
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a1,188,137			
	b	Less accumulated depreciation	10b1,095,284	96,262	10c	92,853
	11	Investments—publicly traded securities		0	11	7,012
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		206,004	15	1,692,288
	16	Total assets. Add lines 1 through 15 (must equal line 34)		11,080,899	16	14,701,028
Liabilities	17	Accounts payable and accrued expenses		4,214,467	17	4,247,461
	18	Grants payable			18	
	19	Deferred revenue		62,486	19	52,984
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	0
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		91,114	25	125,510
	26	Total liabilities. Add lines 17 through 25		4,368,067	26	4,425,955
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		6,581,259	27	8,631,563
	28	Temporarily restricted net assets		131,573	28	1,643,510
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		6,712,832	33	10,275,073
	34	Total liabilities and net assets/fund balances		11,080,899	34	14,701,028

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	47,916,670
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,882,322
3	Revenue less expenses Subtract line 2 from line 1	3	2,034,348
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,712,832
5	Net unrealized gains (losses) on investments	5	-94
6	Donated services and use of facilities	6	
7	Investment expenses	7	-22
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,528,009
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,275,073

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A

(Form 990 or 990EZ)

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

2012

Open to Public Inspection

Name of the organization AGRACE 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	<input type="checkbox"/>	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	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	<input type="checkbox"/>	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9	<input checked="" type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in 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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	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	<input type="checkbox"/>	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	<input type="checkbox"/>	Provide the following information about the supported organization(s)

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14					
15 Public support percentage for 2011 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						▶
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	386,549	1,266,679	633,803	1,088,330	938,597	4,313,958
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	38,744,774	42,539,018	45,311,566	45,132,046	45,440,910	217,168,314
3 Gross receipts from activities that are not an unrelated trade or business under section 513	39,792	41,375	38,282	36,312	28,261	184,022
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	39,171,115	43,847,072	45,983,651	46,256,688	46,407,768	221,666,294
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						221,666,294

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	39,171,115	43,847,072	45,983,651	46,256,688	46,407,768	221,666,294
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,937	8,720	5,256	2,607	2,126	34,646
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	15,937	8,720	5,256	2,607	2,126	34,646
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,276,696	1,380,507	1,417,624	1,419,226	1,528,098	7,022,151
13 Total support. (Add lines 9, 10c, 11, and 12.)	40,463,748	45,236,299	47,406,531	47,678,521	47,937,992	228,723,091
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	96 910 %	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	96 940 %	

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 020 %	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 020 %	
19a 33 1/3% support tests—2012. 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—2011. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
OTHER INCOME, SCHEDULE A, PART III, LINE 12, DESCRIPTION - CONTRACTED SERVICES, COLUMN A - 1234800, COLUMN B - 1323000, COLUMN C - 1377800, COLUMN D - 1392400, COLUMN E - 1468968, COLUMN F - 6796968, DESCRIPTION - OTHER REVENUE, COLUMN A - 41896, COLUMN B - 57507, COLUMN C - 39824, COLUMN D - 26826, COLUMN E - 59130, COLUMN F - 225183,,

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

2012

Open to Public Inspection

If the organization answered “Yes” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization AGRACE 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 the filing organization made payments 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-

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j 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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		2,036
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		953
i	Other activities?	Yes		2,244
j	Total. Add lines 1c through 1i.			5,233
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) 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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Description of the activities reported on Lines 1a through 1i.	Schedule C, Part II-B, Line 1	MEMBERSHIP DUES PAID TO NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION ARE ALLOCATED PARTIALLY TO LOBBYING EXPENSES. IN ADDITION, STAFF PARTICIPATED IN ABOUT 4 HOURS OF DIRECT LEGISLATIVE ADVOCACY WITH STATE LEGISLATORS AND/OR STAFFS. STAFF ATTENDED A 2 DAY CONFERENCE FOR AN ORGANIZATION WHOSE MISSION INCLUDES ADVOCACY FOR HOSPICE AND PALLIATIVE CARE. STAFF SERVES ON BOARD OF THIS HOSPICE AND PALLIATIVE CARE ADVOCACY GROUP.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization AGRACE HOSPICECARE INC	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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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

▶ \$ _____ 88,605

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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☒ Other PROVIDE WELCOMING ENVIRONMENT

4

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

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	62,026	549,776	472,208	460,319	
b Contributions	22,427		14,510	0	
c Net investment earnings, gains, and losses			66,356	11,889	
d Grants or scholarships			0	0	
e Other expenditures for facilities and programs		487,750	3,298	0	
f Administrative expenses			0	0	
g End of year balance	84,453	62,026	549,776	472,208	

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment 0 %

b

Permanent endowment 100 000 %

c

Temporarily restricted endowment 0 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

☐ Yes☐ No

(ii) related organizations

3a(ii)

☐ Yes☐

b

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

3b

☐ Yes☐

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				0
b Buildings				0
c Leasehold improvements		3,345	3,053	292
d Equipment		883,803	879,847	3,956
e Other		300,989	212,384	88,605
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				92,853

Part XI 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 XIII)	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 XIII)	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 XII 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 XIII)	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 XIII)	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 XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

OMB No 1545-0047

Open to Public Inspection

39-1319537

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

Schedule F (Form 990) 2012

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB SAHARAN AFRICA	SUPPORT EXPENSES	29,703	WIRE TRANSFER	0		N/A

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

1

3

Enter total number of other organizations or entities ▶

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

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, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
AGRACE HOSPICECARE INC

Employer identification number
39-1319537

Part I	Questions Regarding Compensation		Yes	No
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			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div>	<div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div>		
b	If any of the boxes in line 1a are 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	<div><input checked="" type="checkbox"/> Compensation committee</div> <div><input checked="" type="checkbox"/> Independent compensation consultant</div> <div><input checked="" type="checkbox"/> Form 990 of other organizations</div>	<div><input type="checkbox"/> Written employment contract</div> <div><input checked="" type="checkbox"/> Compensation survey or study</div> <div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div>		
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	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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		No
b	Any related organization?	5b		No
	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		No
b	Any related organization?	6b		No
	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		No
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Ident if ier	Ret urn Reference	Explanat ion
Severance or change-of-control payment	Schedule J, Part I, Line 4a	SEVERANCE PAYMENTS MADE DURING 2012 WERE SUSAN PHILLIPS \$455,392 AND DAN CHIN \$14,739
Supplemental nonqualified retirement plan	Schedule J, Part I, Line 4b	LYNNE MYERS PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN UNDER AGRACE HOSPICECARE, INC

Software ID: 12000266
Software Version: v2012.1.0
EIN: 39-1319537
Name: AGRACE HOSPICECARE INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOYCE ZEASMAN	(i)	145,568	22,500	696	6,942	21,887	197,593	0
	(ii)	0	0	0	0	0	0	0
DAN CHIN	(i)	103,313	18,360	25,118	0	19,110	165,901	0
	(ii)	0	0	0	0	0	0	0
JANE M QUINN	(i)	120,916	10,300	1,043	5,447	15,389	153,095	0
	(ii)	0	0	0	0	0	0	0
JULIA HOUCK	(i)	173,923	34,440	820	8,314	21,494	238,991	0
	(ii)	0	0	0	0	0	0	0
MARCIA M WHITTINGTON	(i)	90,812	13,909	283	4,291	11,960	121,255	0
	(ii)	60,541	9,273	189	2,861	7,973	80,837	0
BRUCE AGNEBERG	(i)	218,223	36,000	3,116	10,000	14,140	281,479	0
	(ii)	0	0	0	0	0	0	0
SUSAN PHILLIPS	(i)	10,793	0	471,639	0	5,727	488,159	18,169
	(ii)	0	0	0	0	0	0	0
DENA GREEN	(i)	192,675	300	631	7,954	24,696	226,256	0
	(ii)	0	0	0	0	0	0	0
JULIE SLATTERY	(i)	133,974	16,000	270	2,720	8,304	161,268	0
	(ii)	0	0	0	0	0	0	0
KATHY WILLIAMS	(i)	198,558	300	631	8,023	8,141	215,653	0
	(ii)	0	0	0	0	0	0	0
SUZANNE HOWARD	(i)	175,019	300	844	0	11,238	187,401	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2012**Open to Public
Inspection**Name of the organization
AGRACE HOSPICECARE INC**Employer identification number**

39-1319537

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	AGRACE 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. AGRACE HOSPICECARE'S MISSION, "ENHANCING QUALITY OF LIFE AT THE END OF LIFE", IS FULFILLED BY THE COMPREHENSIVE, COMPASSIONATE 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. IN 2012, THE ORGANIZATION PROVIDED CHARITY CARE OF APPROXIMATELY \$245,000. MOST PATIENTS AND FAMILIES WANT TO RECEIVE CARE IN THE HOME. MORE THAN 90 PERCENT OF AGRACE HOSPICECARE SERVICES ARE DELIVERED IN PATIENTS' HOMES OR IN HOMELIKE SETTINGS SUCH AS COMMUNITY-BASED RESIDENTIAL FACILITIES, ASSISTED LIVING FACILITIES AND NURSING HOMES. AGRACE HOSPICECARE ALSO MAKES HOSPICE SERVICES AVAILABLE TO PATIENTS IN HOSPITAL SETTINGS. AGRACE HOSPICECARE PROVIDES ALL LEVELS OF CARE TO OUR PATIENTS AND MAINTAINS AN INPATIENT UNIT FOR ACUTE AND RESPITE CARE IN ADDITION TO HAVING A RESIDENCE ON THE AGRACE CAMPUS.

Identifier	Return Reference	Explanation
PROGRAM SERVICE DESCRIPTION	FORM 990, PART III, LINE 4B	FOOD SERVICE AGRACE HOSPICECARE EMPLOY S 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 PROVIDE SUSTENANCE AND COMFORT TO PATIENTS 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 IN ADDITION TO PATIENT AND FAMILY MEALS, AGRACE HOSPICECARE FOOD SERVICES MAKES FRESH BAKED GOODS, COFFEE AND TEA AVAILABLE FOR PURCHASE BY STAFF, VOLUNTEERS, GUESTS, EDUCATIONAL EVENT ATTENDEES AND GRIEF SUPPORT GROUPS

Identifier	Return Reference	Explanation
Delegate broad authority to a committee	Form 990, Part VI, Section A, Line 1a	THE EXECUTIVE COMMITTEE SHALL HAVE POWER TO TRANSACT ALL REGULAR BUSINESS OF THE CORPORATION DURING THE INTERIM BETWEEN MEETINGS OF THE BOARD OF DIRECTORS, EXCEPT THE POWER TO (A) ELECT OFFICERS OF THE CORPORATION, OR (B) FILL VACANCIES IN THE BOARD OF DIRECTORS OR IN THE EXECUTIVE COMMITTEE, OR (C) AMEND OR REPEAL ANY PROVISION OF THESE BY-LAWS, OR (D) ADOPT PROGRAMS WHICH WOULD INVOLVE CONTINUING ACTIVITY OR SUPPORT BY THE CORPORATION FOR MORE THAN ONE (1) FISCAL YEAR THE EXECUTIVE COMMITTEE SHALL BE RESPONSIBLE FOR THE ANNUAL EVALUATIONS OF THE PRESIDENT IN NO EVENT SHALL THE EXECUTIVE COMMITTEE BE AUTHORIZED TO DISSOLVE THE CORPORATION NO PERSON WHO IS NOT A MEMBER OF THE BOARD OF DIRECTORS MAY SERVE ON THE EXECUTIVE COMMITTEE

Identifier	Return Reference	Explanation
Family/business relationships amongst interested persons	Form 990, Part VI, Section A, Line 2	DAVID CULLEN AND MARION WOZNIAK - BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
Significant changes to organizational documents	Form 990, Part VI, Section A, Line 4	THE BY LAWS WERE AMENDED TO INCLUDE THE PRESIDENT/CEO AS AN EX-OFFICIO MEMBER OF THE BOARD WITH VOTING RIGHTS, AND PROVIDES THE AUTHORITY FOR THE PRESIDENT/CEO TO EXECUTE BUSINESS DOCUMENTS

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11b	THE CONTROLLER AND VP OF FINANCE 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 THE ENTIRE FORM 990 IS MADE AVAILABLE TO THE ENTIRE EXECUTIVE LEADERSHIP TEAM AND AN ENTITY SPECIFIC HIGHLIGHTS SUMMARY IS PROVIDED THE ENTIRE FORM 990 IS PROVIDED TO THE ENTIRE BOARD OF DIRECTORS PRIOR TO FILING AND IS ACCOMPANIED BY A 990 HIGHLIGHT SUMMARY THE AUDIT COMMITTEE REVIEWED THE FORM 990 AND RELATED SCHEDULES FOR REASONABLENESS REPRESENTATIVES FROM THE ACCOUNTING FIRM OF CROWE HORWATH PREPARED A DETAILED SUMMARY OF THE FORM 990 THAT WAS PRESENTED TO THE BOARD OF DIRECTORS BY CROWE HORWATH

Identifier	Return Reference	Explanation
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	DIRECTORS, OFFICERS AND KEY EMPLOYEES (INTERESTED PERSONS) ARE REQUIRED TO ANNUALLY REVIEW THE ORGANIZATION'S CODE OF CONDUCT, INCLUDING THE CONFLICT OF INTEREST POLICY/STATEMENT INTERESTED PERSONS ARE REQUIRED TO DISCLOSE POTENTIAL OR ACTUAL CONFLICTS WITH THE ORGANIZATION IN WRITING VIA THE ANNUAL QUESTIONNAIRE DISTRIBUTED ELECTRONICALLY TO EACH INTERESTED PERSON IF A CONFLICT OF INTEREST IS DISCOVERED THAT WAS NOT DISCLOSED BY THE INTERESTED PERSON, THE ISSUE WOULD BE DIRECTED TO THE EXECUTIVE COMMITTEE FOR RESOLUTION THE EXECUTIVE COMMITTEE IS CHARGED WITH REGULAR REVIEW OF THE INTERESTED PERSONS PRACTICES AND QUESTIONNAIRES REGARDING CONFLICTS OF INTEREST AND SUGGESTS IMPROVEMENTS AS NEEDED THE CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED BY THE CONTROLLER AND GOVERNANCE COORDINATOR THE CONTROLLER AND GOVERNANCE COORDINATOR DETERMINE WHETHER A POTENTIAL CONFLICT EXISTS BASED ON THE COMPLETED QUESTIONNAIRES SUBMITTED BY EACH INTERESTED PERSON

Identifier	Return Reference	Explanation
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	EACH YEAR THE ORGANIZATION GATHERS MARKET DATA FOR DETERMINING COMPENSATION OF THE CHIEF EXECUTIVE OFFICER THIS INCLUDES BENCHMARKS OF NATIONAL, REGIONAL, AND LOCAL COMPENSATION THAT ARE PROVIDED FROM INDEPENDENT COMPENSATION SURVEYS IN FEBRUARY OF EACH YEAR, THE VICE PRESIDENT OF WORKFORCE DEVELOPMENT PRESENTS THIS INFORMATION TO THE EXECUTIVE COMMITTEE OF THE BOARD, ALONG WITH A 990 ANALYSIS OF SIMILAR SIZED NON-PROFIT HOSPICES 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 THIS PROCESS WAS LAST UNDERTAKEN IN FEBRUARY 2013

Identifier	Return Reference	Explanation
Process used to establish compensation of 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 SURVEYS. EXECUTIVE LEADERSHIP PAY IS ADJUSTED BASED ON: 1) YEARS OF EXPERIENCE, 2) MARKET DATA FOR THE POSITION, 3) PERFORMANCE, AND 4) MARKET DATA FOR THE 65TH PERCENTILE OF TOTAL COMPENSATION FOR THE POSITION. THE VICE PRESIDENT OF WORKFORCE DEVELOPMENT PRESENTS THE MARKET DATA INFORMATION TO THE EXECUTIVE COMMITTEE OF THE BOARD. BASED ON THIS INFORMATION, THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES THE PAY STRUCTURE FOR THE EXECUTIVE LEADERSHIP TEAM AND ALL OTHER EMPLOYEES AND DOCUMENTS THEIR APPROVAL IN WRITING. THIS PROCESS WAS LAST UNDERTAKEN IN FEBRUARY 2013.

Identifier	Return Reference	Explanation
Governing documents, conflict of interest policy and financial statements available to the public	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 MAY BE MADE AVAILABLE TO THE PUBLIC UPON RECEIPT OF A WRITTEN REQUEST.

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK	FORM 990, PART VII, SECTION A, LINE 1A, COLUMN (B)	ALL AGRACE EMPLOYEES REPORTED ON THIS 990 WORK ON AVERAGE A MINIMUM OF 40 HOURS PER WEEK, BUT IN MOST CASES MORE THAN 40 HOURS PER WEEK

Identifier	Return Reference	Explanation
Other changes in net assets or fund balances	Form 990 , Part XI, Line 9	CHANGE IN INTEREST IN NET ASSETS OF AFFLIATE - 1496178, NET ASSETS RELEASED FROM RESTRICTION - 31831,

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
AGRACE HOSPICECARE INC

Employer identification number
39-1319537

Part I

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) AGRACE HOSPICECARE THRIFT STORE LLC 5395 E CHERYL PARKWAY MADISON, WI 53711 30-0001703	THRIFT STORE	WI	816,054	416,878	AGRACE HOSPICECARE FOUNDATION

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AGRACE HOSPICECARE FOUNDATION INC 5395 E CHERYL PARKWAY MADISON, WI 53711	FUNDRAISING	WI	501(C)(3)	Type I	AHCI	Yes	
(2) AGRACE HOSPICECARE HOLDINGS INC 5395 E CHERYL PARKWAY MADISON, WI 53711	PROPERTY HOLDING	WI	501(C)(3)	Type I	AHCI	Yes	

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, 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?

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AGRACE HOSPICECARE FOUNDATION INC	C	547,272	REIMBURSEMENT OF ACTUAL EXPENDITURES
(2) AGRACE HOSPICECARE FOUNDATION INC	N	1,297,752	WAGES OF EMPLOYEES DEDICATED TO FOUNDATION
(3) AGRACE HOSPICECARE HOLDINGS INC	K	171,216	ESTIMATE OF TIME AND ACTUAL SALARY
(4) AGRACE HOSPICECARE HOLDINGS INC	J	1,824,636	PER INTER-COMPANY AGREEMENT

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

[illegible]

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

[Return to Form](#)

Software ID: 12000266
Software Version: v2012.1.0
EIN: 39-1319537
Name: AGRACE HOSPICECARE INC

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