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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ 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 province, country, and ZIP or foreign postal code
Madison, WI 53711

D Employer identification number
39-1319537

E Telephone number
(608) 276-4660

G Gross receipts $ 57,245,384

F Name and address of principal officer
Lynne Myers
5395 E Cheryl Parkway
Madison, WI 53711

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www agrace org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978

M State of legal domicile WI

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Our mission, "Partnering with patients and families to improve quality of life throughout serious illness," lives in the comprehensive, compassionate care we provide to patients (continued on Schedule O)

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	725
6	Total number of volunteers (estimate if necessary)	**6**	952
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

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1,459,110	1,638,800
9	Program service revenue (Part VIII, line 2g)	46,685,751	49,702,915
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,676	92,380
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,433,085	1,624,797
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	49,631,622	53,058,892
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	44,501	1,415,200
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	32,254,862	34,845,286
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 724,073		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,851,078	16,148,312
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	48,150,441	52,408,798
19	Revenue less expenses Subtract line 18 from line 12	1,481,181	650,094
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	71,535,672	74,276,870
21	Total liabilities (Part X, line 26)	4,796,080	4,887,114
22	Net assets or fund balances Subtract line 21 from line 20	66,739,592	69,389,756

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

****** 2016-06-29
Signature of officer Date

Lynne Myers President/CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Nicole Bencik	Nicole Bencik			P00756195

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶ 35-0921680

Firm's address ▶ 225 West Wacker Drive, Suite 2600, Chicago, IL 606061224 — Phone no (312) 899-7000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

AGRACE HOSPICECARE'S MISSION IS PARTNERING WITH PATIENTS AND FAMILIES TO IMPROVE QUALITY OF LIFE THROUGHOUT SERIOUS ILLNESS AGRACE HOSPICECARE'S VISION IS TO LEAD THE EVOLUTION OF HOSPICE AND PALLIATIVE CARE THROUGH INNOVATION, EDUCATION AND ACCESS-ONE PATIENT, ONE FAMILY, ONE COMMUNITY AT A TIME
(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 $ 36,894,095 including grants of $) (Revenue $ 49,095,336)

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, SPIRITUAL & GRIEF COUNSELORS, VOLUNTEERS, PHYSICIANS AND PHARMACISTS THE HOSPICE CARE 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 2015, THE ORGANIZATION PROVIDED APPROXIMATELY $3,210,000 OF COMMUNITY BENEFIT

4b (Code) (Expenses $ 1,544,372 including grants of $) (Revenue $ 607,579)

AGRACE HOSPICECARE'S OTHER PROGRAMS INCLUDE THE VOLUNTEER SERVICES PROGRAM, THE FOOD SERVICE PROGRAM AND GRANTS TO SUPPORT RELATED ORGANIZATIONS IN 2015, 889 SPECIALLY TRAINED VOLUNTEERS PROVIDED 76,932 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 FOOD SERVICE AGRACE HOSPICECARE EMPLOYS TALENTED CHEFS TO PROVIDE OUR PATIENTS AND FAMILIES COMFORTING MEALS COOKED WITH LOCALLY GROWN, OFTEN ORGANIC 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

4c (Code) (Expenses $ 975,254 including grants of $) (Revenue $ 0)

SPIRITUAL & GRIEF SERVICES - AGRACE HOSPICECARE'S SPIRITUAL & GRIEF COUNSELING PROGRAM PROVIDES SERVICES TO PATIENTS, FAMILY MEMBERS AND COMMUNITY MEMBERS IN 2015, AGRACE HOSPICECARE PROVIDED GRIEF SERVICES TO MORE THAN 15,000 INDIVIDUALS, BOTH CHILDREN AND ADULTS IN ADDITION TO INDIVIDUAL COUNSELING, AGRACE HOSPICECARE PROVIDES GRIEF SERVICES THROUGH GRIEF SUPPORT GROUPS, HOLIDAY REMEMBRANCE PROGRAMS, 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 BUTTERFLY AND BRICK MEMORIALS ARE AVAILABLE FOR INDIVIDUALS TO MEMORIALIZE OR HONOR THE LIFE OF A LOVED ONE 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

See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses $ 2,291,497 including grants of $ 1,415,200) (Revenue $ 32,735)

4e **Total program service expenses** ▶ 41,705,218

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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? *If "Yes," complete Schedule D, Part VI.*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		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? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		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? *If "Yes," complete Schedule R, Part VI*	**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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	74		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		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	**2a**	725		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**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 or note to any line 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	1a	15		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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			No
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			No
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
b	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				
a	The governing body?	8a		Yes	
b	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
b	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	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	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
b	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

☐ Own website ☐ Another's website ☑ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records ▶ Jennifer Maurer 5395 EAST CHERYL PARKWAY MADISON, WI 53711 (608) 276-4660

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

Check if Schedule O contains a response or note to any line 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			
See Additional Data Table										

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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,100,179	157,420	281,249

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 ▶ 12

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*		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
UW HOSPITAL & CLINICS DRAWER 853 MILWAUKEE, WI 53278	THERAPIES & IMAGING SERVICES	941,024
RYAN BROTHERS 922 S PARK ST MADISON, WI 53715	AMBULANCE SERVICE	292,821
CHARTWELL MIDWEST-WISCONSIN PO BOX 78804 MILWAUKEE, WI 53278	INFUSION THERAPIES	190,362
KURT SALMON US INC 1355 PEACHTREE ST NE SUITE 900 ATLANTA, WI 30309	CONSULTING SERVICE	164,388
ST MARY'S HOSPITAL 7350 SOLUTION CENTER CHICAGO, IL 60677	THERAPIES & IMAGING SERVICES	142,302

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 ▶ 8

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	117,567				
	b Membership dues					
	c Fundraising events					
	d Related organizations	1,517,005				
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	4,228				
	g Noncash contributions included in lines 1a-1f $	0				
	h **Total.** Add lines 1a-1f		1,638,800			
Program Service Revenue		Business Code				
	2a Net patient service revenue	623990	49,095,336	49,095,336		
	b Food service	623990	607,579	607,579		
	c					
	d					
	e					
	f All other program service revenue		0	0	0	0
	g **Total.** Add lines 2a–2f		49,702,915			
	3 Investment income (including dividends, interest, and other similar amounts)		84,266			84,266
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					

		(i) Real	(ii) Personal
	6a Gross rents		
	b Less rental expenses		
	c Rental income or (loss)	0	0
	d Net rental income or (loss)		

		(i) Securities	(ii) Other
	7a Gross amount from sales of assets other than inventory	4,194,606	
	b Less cost or other basis and sales expenses	4,186,492	
	c Gain or (loss)	8,114	0
	d Net gain or (loss)		8,114
Other Revenue	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		
	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		
	10a Gross sales of inventory, less returns and allowances a		
	b Less cost of goods sold b		
	c Net income or (loss) from sales of inventory		
	Miscellaneous Revenue	Business Code	
	11a Contracted services to affiliates	900099	1,592,062			1,592,062
	b Other revenue	900099	32,735	32,735		
	c					
	d All other revenue		0	0	0	0
	e **Total.** Add lines 11a–11d		1,624,797			
	12 **Total revenue.** See Instructions		53,058,892	49,735,650	0	1,684,442

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 or note to any line 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 domestic organizations and domestic governments See Part IV, line 21	1,400,200	1,400,200		
2 Grants and other assistance to domestic individuals See Part IV, line 22	15,000	15,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,502,501	141,410	1,361,091	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	27,036,969	21,606,320	4,843,513	587,136
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	746,606	596,643	133,750	16,213
9 Other employee benefits	3,519,412	2,812,502	630,482	76,428
10 Payroll taxes	2,039,798	1,630,084	365,418	44,296
11 Fees for services (non-employees)				
a Management				
b Legal	63,731		63,731	
c Accounting	56,657		56,657	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	12,307		12,307	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	301,470	8,692	292,778	0
12 Advertising and promotion	625,627	5,787	619,840	
13 Office expenses	372,984	141,436	231,548	
14 Information technology	604,976	462,614	142,362	
15 Royalties				
16 Occupancy	1,833,217	1,401,827	431,390	
17 Travel	198,043	157,645	40,398	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	185,984	138,689	47,295	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	260,233	198,995	61,238	
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	2,363,828	2,363,828		
b Medical supplies and equipment	2,780,554	2,780,554		
c Medications and infusion therapies	2,167,733	2,167,733		
d Patient related costs	2,408,795	2,408,795		
e All other expenses	1,912,173	1,266,464	645,709	0
25 **Total functional expenses.** Add lines 1 through 24e	52,408,798	41,705,218	9,979,507	724,073
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		3,636,441	1	6,262,956
	2	Savings and temporary cash investments		4,296,432	2	1,628,412
	3	Pledges and grants receivable, net		677,500	3	0
	4	Accounts receivable, net		4,474,040	4	6,277,010
	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		60,080	8	61,049
	9	Prepaid expenses and deferred charges		851,663	9	645,586
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,079,403			
	b	Less accumulated depreciation	10b 990,798	88,605	10c	88,605
	11	Investments—publicly traded securities		4,109,090	11	4,217,203
	12	Investments—other securities See Part IV, line 11		0	12	
	13	Investments—program-related See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		53,341,821	15	55,096,049
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		71,535,672	16	74,276,870
Liabilities	17	Accounts payable and accrued expenses		3,784,336	17	4,536,677
	18	Grants payable			18	
	19	Deferred revenue		71,138	19	133,947
	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	
	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		940,606	25	216,490
	26	**Total liabilities.** Add lines 17 through 25		4,796,080	26	4,887,114
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		61,453,458	27	63,930,556
	28	Temporarily restricted net assets		5,103,368	28	4,194,162
	29	Permanently restricted net assets		182,766	29	1,265,038
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		66,739,592	33	69,389,756
	34	Total liabilities and net assets/fund balances		71,535,672	34	74,276,870

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	53,058,892
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,408,798
3	Revenue less expenses Subtract line 2 from line 1	3	650,094
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,739,592
5	Net unrealized gains (losses) on investments	5	-47,161
6	Donated services and use of facilities	6	252,011
7	Investment expenses	7	
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,795,220
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	69,389,756

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
	☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 39-1319537
Name: Agrace HospiceCare Inc

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 1,400,000 including grants of $ 1,400,000) (Revenue $ 0)

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 IN 2015, AGRACE HOSPICECARE GRANTED $1,400,000 TO AGRACE FOUNDATION TOWARDS THE $15 MILLION ENDOWMENT CAMPAIGN THAT WAS STARTED TO PROVIDE ONGOING FINANCIAL SUPPORT TOWARDS THAT MISSION

(Code) (Expenses $ 876,297 including grants of $) (Revenue $ 32,735)

COMMUNITY EDUCATION - 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 2015, 148 NURSING STUDENTS, MEDICAL STUDENTS, RESIDENTS AND FELLOWS, AND 10 STUDENTS FROM OTHER HEALTH CARE PROFESSIONS PARTICIPATES IN ROTATIONS AT AGRACE SINCE THE INITIATION OF THE AGRACE ROTATION PROGRAM IN 1995, APPROXIMATELY 2,031 STUDENTS, INTERNS, RESIDENTS, FELLOWS AND WORKING HEALTH CARE PROFESSIONALS FROM INSTITUTIONS OF HIGHER LEARNING HAVE COMPLETED AN EDUCATIONAL EXPERIENCE AT AGRACE AGRACE RECEIVES NO REIMBURSEMENT FOR THESE ROTATIONS WITH THE EXCEPTION OF AN ANNUAL STIPEND FROM THE UW-MADISON SCHOOL OF PHARMACY

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 15,000 including grants of $ 15,000) (Revenue $ 0)

NEW MINORITY CERTIFIED NURSING ASSISTANT (CNA) SCHOLARSHIP - THE MINORITY CNA SCHOLARSHIP PROGRAM IS FOR HIGH SCHOOL SENIORS OF COLOR WHO WANT TO PURSUE A NURSING ASSISTANT CERTIFICATION AT MADISON COLLEGE THE SCHOLARSHIP FUNDS CNA EDUCATION, TRAINING AND CERTIFICATION, AND PROVIDES THE OPPORTUNITY FOR A CNA JOB WITH AGRACE ONCE THE SCHOLAR'S CERTIFICATION IS COMPLETE

(Code) (Expenses $ 200 including grants of $ 200) (Revenue $ 0)

DONATIONS FROM AGRACE IN RECOGNITION OF BOARD MEMBERS

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
DAVID CULLEN CHAIR	1.0 1.0	X		X				0	0	0
MICHAEL FITZPATRICK Vice Chair	1.0 1.0	X		X				0	0	0
CHRISTOPHER QUERAM Treasurer	1.0 1.0	X		X				0	0	0
ANN SHEEHY Secretary	1.0 1.0	X		X				0	0	0
LYNNE MYERS PRESIDENT/CEO	30.0 10.0	X		X				355,607	0	39,809
Julia Arata-Fratta DIRECTOR	1.0 1.0	X						0	0	0
Lou Bernhardt MD DIRECTOR	1.0 2.0	X						0	0	0
SHARON CHAMBERLAIN DIRECTOR	1.0 1.0	X						0	0	0
GORDON DERZON DIRECTOR	1.0 1.0	X						0	0	0
LAURA DOUGLASS DIRECTOR	1.0 1.0	X						0	0	0
JEFF GROSSMAN DIRECTOR, Part-Year	1.0 1.0	X						0	0	0
BRIAN HAPP DIRECTOR	1.0 1.0	X						0	0	0
MICHAEL JOHNSON DIRECTOR, Part-Year	1.0 1.0	X						0	0	0
DAVID KRUGER DIRECTOR	1.0 1.0	X						0	0	0
EVERETT MITCHELL DIRECTOR	1.0 1.0	X						0	0	0
KEN THOMPSON DIRECTOR	1.0 2.0	X						0	0	0
MARION WOZNIAK DIRECTOR	1.0 1.0	X						0	0	0
JULIA HOUCK CAO	35.0 5.0			X				195,233	0	36,593
JENNIFER MAURER CFO	30.0 10.0			X				200,450	0	19,547
DENISE GLOEDE VP of Business Development	40.0 0.0				X			163,736	0	12,278
DENA GREEN CMO	40.0 0.0				X			234,765	0	33,727
Brian Tennant CIO	40.0 0.0				X			176,493	0	34,265
Marcia Whittington CDO	5.0 35.0				X			0	157,420	31,315
KIM KINSLEY HOSPICE PHYSICIAN	40.0 0.0					X		179,300	0	7,017
Winny Hung HOSPICE PHYSICIAN	40.0 0.0					X		134,074	0	1,140

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Karen Berger HOSPICE PHYSICIAN	40.00 0.00					X		200,708	0	20,819
Jane Quinn CCO	40.00 0.00					X		132,694	0	16,685
Traci Raether Director of Clinical Operations, Homecare	40.00 0.00					X		127,119	0	28,054

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☑ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2014 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2014.** 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 VI 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 III **Support 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,088,330	938,597	2,790,755	1,459,110	1,638,800	7,915,592
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	45,132,046	45,440,910	48,247,764	46,685,751	49,702,915	235,209,386
3 Gross receipts from activities that are not an unrelated trade or business under section 513	36,312	28,261				64,573
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	46,256,688	46,407,768	51,038,519	48,144,861	51,341,715	243,189,551
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)						243,189,551

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6	46,256,688	46,407,768	51,038,519	48,144,861	51,341,715	243,189,551
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,607	2,126	7,298	49,289	84,266	145,586
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	2,607	2,126	7,298	49,289	84,266	145,586
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 VI)	1,419,226	1,528,098	1,266,340	1,433,085	1,624,797	7,271,546
13 **Total support.** (Add lines 9, 10c, 11, and 12)	47,678,521	47,937,992	52,312,157	49,627,235	53,050,778	250,606,683

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	97 04 %
16	Public support percentage from 2014 Schedule A, Part III, line 15	16	97 09 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	0 06 %
18	Investment income percentage from **2014** Schedule A, Part III, line 17	18	0 03 %

19a **33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E ☐

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - CONTRACTED SERVICES, COLUMN A - 1392400 0, COLUMN B - 1468968 0, COLUMN C - 1222308 0, COLUMN D - 1427508 0, COLUMN E - 1592062 0, COLUMN F - 7103246 0, DESCRIPTION - OTHER REVENUE, COLUMN A - 26826 0, COLUMN B - 59130 0, COLUMN C - 44032 0, COLUMN D - 5577 0, COLUMN E - 32735 0, COLUMN F - 168300 0,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493188009086

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization	**Employer identification number**
Agrace HospiceCare Inc	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-
2				
3				
4				
5				
6				

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		
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? ☐ Yes ☐ No		

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

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a) Yes	(a) No	(b) 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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,293
j	Total Add lines 1c through 1i			1,293
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

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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Per IRS definitions, 5 44% of NHPCO provider dues are classified as expenses used for lobbying purposes
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Per IRS definitions, 5 44% of NHPCO provider dues are classified as expenses used for lobbying purposes

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

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" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

- a ☑ Public exhibition
- 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" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ 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	182,766	126,600	84,453	62,026	549,776
b	Contributions	2,684,586	56,166	42,147	22,427	0
c	Net investment earnings, gains, and losses			0	0	0
d	Grants or scholarships			0	0	0
e	Other expenditures for facilities and programs			0	0	487,750
f	Administrative expenses			0	0	0
g	End of year balance	2,867,352	182,766	126,600	84,453	62,026

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

- a Board designated or quasi-endowment ▶ 55 88 %
- b Permanent endowment ▶ 44 12 %
- c Temporarily restricted endowment ▶ 0 %

The percentages on 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

		Yes	No
(i)	unrelated organizations	3a(i)	No
(ii)	related organizations	3a(ii) Yes	

b If "Yes" on 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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a.See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		1,200	1,200	0
d Equipment		777,214	777,214	0
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).)* ▶				88,605

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Net interest in affiliates	54,820,308
(2) Due from affiliates	255,459
(3) Cash surrender value of life insurance	15,082
(4) Gravesites	5,200
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	55,096,049

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
Due to affiliates	205,490
Security deposits	11,000
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	216,490

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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 (losses) 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.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
Schedule D, Part III, Line 4 Collections of art - description of collections	THE ORGANIZATION'S COLLECTIONS CONSIST PRIMARILY OF WORKS OF ART THAT ARE ON DISPLAY IN PUBLIC SPACES AS WELL AS PATIENT ROOMS AT THE FACILITIES OWNED BY Agrace HOSPICECARE HOLDINGS AND OPERATED BY Agrace HOSPICECARE, INC THESE WORKS OF ART ARE USED TO PROVIDE A WELCOMING, THERAPEUTIC, HOME LIKE ENVIRONMENT TO Agrace HOSPICECARE, INC PATIENTS AND FAMILIES IN FURTHERANCE OF THE ORGANIZATION'S MISSION OF ENHANCING THE QUALITY OF LIFE AT THE END OF LIFE THE ARTWORK REPRESENTS EACH OF THE MANY CULTURES OF THE PEOPLE LIVING IN SOUTH CENTRAL WISCONSIN THE FAMILIARITY OF THE PIECES HELPS PATIENTS AND THEIR FAMILIES FEEL MORE COMFORTABLE IN OUR HEALTHCARE FACILITY
Schedule D, Part V, Line 4 Intended uses of endowment funds	Agrace Hospicecare Foundation, a related tax-exempt entity, holds endowments for the purpose of providing support to Agrace HospiceCare, Inc
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	The Organization is exempt from income taxes on income from related activities under Section 501 (c)(3) of the U S Internal Revenue Code and corresponding state tax law Accordingly, no provision has been made for federal or state income taxes Additionally, the Organization has been determined not to be a private foundation under Section 509(a) of the Internal Revenue Code U S GAAP requires that a tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur The amount recognized is the largest amount of tax benefit that is greater than 50 percent likely of being realized on examination For tax positions not meeting the "more likely than not" test, no tax benefit is recorded Due to its tax-exempt status, the Organization is not subject to U S federal income tax or state income tax The Organization's Form 990 has not been subject to examination by the Internal Revenue Service or the state of Wisconsin for the last three years The Organization does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months The Organization recognizes interest and/or penalties related to income tax matters in income tax expense The Organization did not have any amounts accrued for interest and penalties at December 31, 2015 or 2014

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Agrace HospiceCare Inc

Employer identification number
39-1319537

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Agrace HospiceCare (1) Foundation Inc 5395 E Cheryl Pkwy Madison, WI 53711	30-0001703	501(C)(3)	1,400,200				Intended for Agrace HospiceCare Foundation, Inc 's Care for All Endowment Campaign, a fundraising effort to establish an endowment where the earnings will cover the cost of charity care services provided by Agrace HospiceCare, Inc to the community

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
NEW MINORITY CNA SCHOLARSHIP PROGRAM (1)	11	15,000			

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	This grant is intended for Agrace HospiceCare Foundation, Inc 's Care for All Campaign Endowment Funds Agrace HospiceCare, Inc receives regular reports on the endowment activities and directly benefits from the earnings of the endowment to cover charity care costs

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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" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

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 appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
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 directors, trustees, officers, including 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			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on 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**		No
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on 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," on line 5a or 5b, describe in Part III			
6	For persons listed on 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**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on Form 990, Part VII, paid or accured 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" on 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 on 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 in column(B) reported as deferred on prior Form 990
	Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Lynne Myers participated in a 457(f) plan No distributions were made from the plan during 2015
Schedule J, Part I, Line 6a Compensation contigent on net earnings of the organization	A management bonus plan is determined in part by two factors company operating margin performance and individual employee performance

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 39-1319537
Name: Agrace HospiceCare Inc

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

(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 in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LYNNE MYERS PRESIDENT/CEO	(I)	309,288	27,419	18,900	37,600	2,209	395,416	0
	(II)	0	0	0	0	0	0	0
1 JULIA HOUCK CAO	(I)	180,662	7,693	6,878	11,057	25,536	231,826	0
	(II)	0	0	0	0	0	0	0
2 JENNIFER MAURER CFO	(I)	190,332	6,253	3,865	10,514	9,033	219,997	0
	(II)	0	0	0	0	0	0	0
3 DENISE GLOEDE VP of Business Development	(I)	146,013	5,752	11,971	9,571	2,707	176,014	0
	(II)	0	0	0	0	0	0	0
4 DENA GREEN CMO	(I)	230,475	3,120	1,170	9,594	24,133	268,492	0
	(II)	0	0	0	0	0	0	0
5 Brian Tennant CIO	(I)	162,105	9,325	5,063	10,294	23,971	210,758	0
	(II)	0	0	0	0	0	0	0
6 Marcia Whittington CDO	(I)	0	0	0	0	0	0	0
	(II)	154,966	1,966	488	9,478	21,837	188,735	0
7 KIM KINSLEY HOSPICE PHYSICIAN	(I)	177,633	0	1,667	0	7,017	186,317	0
	(II)	0	0	0	0	0	0	0
8 Karen Berger HOSPICE PHYSICIAN	(I)	197,878	0	2,830	2,839	17,980	221,527	0
	(II)	0	0	0	0	0	0	0
9 Traci Raether Director of Clinical Operations, Homecare	(I)	124,547	1,980	592	2,284	25,770	155,173	0
	(II)	0	0	0	0	0	0	0

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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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Agrace HospiceCare Inc

Employer identification number
39-1319537

Return Reference	Explanation
Form 990, Part I, Line 1 BRIEF MISSION	AND FAMILIES FACED WITH LIFE-LIMITING ILLNESS, HELPING THEM TO LIVE AS FULLY AS THEY CAN IN 2015 THE ORGANIZATION PROVIDED CHARITY CARE OF APPROXIMATELY $451,751 SIGNIFICANT MISSION-RELATED ACTIVITY TOOK PLACE IN 2015 CARE FOR ALL ENDOWMENT CAMPAIGN BEGINS OVER THE PAST SEVERAL YEARS, REQUESTS FOR CARE FOR ALL ASSISTANCE HAVE STEADILY CLIMBED REALIZING THAT WE NEED A MORE PREDICTABLE, SUSTAINABLE SOURCE OF FUNDING FOR THIS PROGRAM, AGRACE FOUNDATION BEGAN A CARE FOR ALL ENDOWMENT CAMPAIGN OUR GOAL IS TO RAISE $15 MILLION OVER FIVE YEARS THE FUNDS RAISED WILL BE INVESTED TO GENERATE ANNUAL INCOME THAT WILL BE USED EACH YEAR TO PROVIDE CARE FOR THOSE WHO QUALIFY FOR THIS FINANCIAL SUPPORT DIVERSITY INITIATIVES IN 2015 AGRACE ANNOUNCED THE RECIPIENTS OF ITS NEW MINORITY CERTIFIED NURSING ASSISTANT (CNA) SCHOLARSHIP THE MINORITY CNA SCHOLARSHIP PROGRAM IS FOR HIGH SCHOOL SENIORS OF COLOR WHO WANT TO PURSUE A NURSING ASSISTANT CERTIFICATION AT MADISON COLLEGE THE SCHOLARSHIP FUNDS CNA EDUCATION, TRAINING AND CERTIFICATION, AND PROVIDES THE OPPORTUNITY FOR A CNA JOB WITH AGRACE ONCE THE SCHOLAR'S CERTIFICATION IS COMPLETE AGRACE ALSO JOINED WITH PARTNERS RYAN BROTHERS AMBULANCE SERVICE, CATHOLIC CHARITIES AND MADISON COLLEGE TO CREATE SCHOLARSHIP OPPORTUNITIES FOR RETURNING ADULT STUDENTS OF COLOR IN DANE COUNTY ADULTS 21 YEARS AND OLDER CAN APPLY FOR CERTIFIED NURSING ASSISTANT (CNA) OR EMERGENCY MEDICAL TECHNICIAN (EMT) SCHOLARSHIPS THROUGH THE NEW "COLLABORATION FOR THE CALLING" PROGRAM SCHOLARSHIPS COVER TUITION, BOOKS, SUPPLIES AND CERTIFICATION RECIPIENTS WILL ALSO HAVE MENTORS IN THEIR FIELD AND THE OPPORTUNITY TO WORK FOR ONE OF THE THREE SPONSOR ORGANIZATIONS AFTER THEY ARE CERTIFIED HOSPICE PATIENT CENSUS GROWS TO 700 IN 2015, OUR AVERAGE DAILY CENSUS OF HOSPICE PATIENTS REACHED 700 FOR THE FIRST TIME-AND REMAINS NEAR THAT MARK AS OF Q1 2016 ON ANY GIVEN DAY, ABOUT 700 PATIENTS ARE ENROLLED FOR HOSPICE CARE WITH AGRACE IN 10 COUNTIES-EACH ONE ON A UNIQUE END-OF-LIFE JOURNEY EXPANDING MISSION AND VISION IN 2015, OUR HOSPICE PATIENT CENSUS CONTINUED TO GROW FASTER THAN EXPECTED IN SAUK COUNTY WE HAVE CARED FOR HUNDREDS OF SAUK COUNTY HOSPICE PATIENTS AND THEIR FAMILIES, AND CREATED SEVERAL LOCAL JOBS ON OUR BARABOO-BASED CARE TEAM IN 2015, WE FORMED A CORE GROUP OF SAUK COUNTY RESIDENTS WHO HELPED US CONNECT WITH AREA HEALTH CARE AND LONG-TERM PROVIDERS, BUSINESSES, FAITH COMMUNITIES AND OTHER SERVICE ORGANIZATIONS

Return Reference	Explanation
Form 990, Part III, Line 1 ORGANIZATION'S MISSION	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, "PARTNERING WITH PATIENTS AND FAMILIES TO IMPROVE QUALITY OF LIFE THROUGHOUT SERIOUS ILLNESS," 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 2015, THE ORGANIZATION PROVIDED CHARITY CARE OF APPROXIMATELY $451,751 MOST PATIENTS AND FAMILIES WANT TO RECEIVE CARE AT 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 TWO INPATIENT UNITS FOR ACUTE AND RESPITE CARE IN ADDITION TO HAVING A RESIDENCE ON THE AGRACE MADISON CAMPUS

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 1,544,372 including grants of $)(Revenue $ 607,579) AGRACE HOSPICECARE'S OTHER PROGRAMS INCLUDE THE VOLUNTEER SERVICES PROGRAM, THE FOOD SERVICE PROGRAM AND GRANTS TO SUPPORT RELATED ORGANIZATIONS IN 2015, 889 SPECIALLY TRAINED VOLUNTEERS PROVIDED 76,932 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 FOOD SERVICE. AGRACE HOSPICECARE EMPLOYS TALENTED CHEFS TO PROVIDE OUR PATIENTS AND FAMILIES COMFORTING MEALS COOKED WITH LOCALLY GROWN, OFTEN ORGANIC 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

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 1,400,000 including grants of $ 1,400,000)(Revenue $ 0) 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 IN 2015, AGRACE HOSPICECARE GRANTED $1,400,000 TO AGRACE FOUNDATION TOWARDS THE $15 MILLION ENDOWMENT CAMPAIGN THAT WAS STARTED TO PROVIDE ONGOING FINANCIAL SUPPORT TOWARDS THAT MISSION

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses $ 15,000 including grants of $ 15,000)(Revenue $ 0) NEW MINORITY CERTIFIED NURSING ASSISTANT (CNA) SCHOLARSHIP - THE MINORITY CNA SCHOLARSHIP PROGRAM IS FOR HIGH SCHOOL SENIORS OF COLOR WHO WANT TO PURSUE A NURSING ASSISTANT CERTIFICATION AT MADISON COLLEGE. THE SCHOLARSHIP FUNDS CNA EDUCATION, TRAINING AND CERTIFICATION, AND PROVIDES THE OPPORTUNITY FOR A CNA JOB WITH AGRACE ONCE THE SCHOLAR'S CERTIFICATION IS COMPLETE.

Return Reference	Explanation
Form 990, Part VI, Line 1b NON-INDEPENDENT MEMBERS	LYNNE MYERS IS THE ONLY NON-INDEPENDENT BOARD MEMBER MS MYERS IS NOT INDEPENDENT BY VIRTUE OF HER EMPLOYMENT

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	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

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Controller and CFO 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 The Controller prepared a detailed summary of the Form 990 that was presented to the board of directors by the Management

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	Directors, officers and key employees (interested persons) are required to annually review the organization's Standards 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 When a disclosure arises, the person shall promptly make disclosure of the interest to the governing board or committee After disclosure and discussion the interested person shall leave the governing board or committee meeting while the determination of a conflict of interest is further discussed and voted upon by the remaining disinterested governing board or committee members Once an actual conflict of interest exists with respect to a particular contract, transaction or arrangement the disinterested members of the board exercise due diligence to determine whether said contract, transaction or arrangement is reasonable 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 The results of that determination is reviewed with the CFO and CEO

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	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 Each year, the chief administrative officer presents this information to the executive committee of the board Based on this information, the executive committee sets and approves the compensation package for the chief executive officer for the year and contemporaneously documents their approval in writing This process was completed in January 2015

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	Every other year the organization gathers market data for compensation of the executive leadership team In off years, the prior year's compensation data is aged according to standard compensation practices by the HR Manager 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) performance, and 3) market data for the 65th percentile of total compensation for the position The chief administrative officer presents the market data information to the executive committee of the board Based on this information, the executive committee of the board approves the compensation package for the executive leadership team and documents their approval in writing This process was completed in February 2015

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	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

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN INTEREST IN NET ASSETS OF AFFILIATES - 1795220,

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

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" on 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 PALLIATIVE CARE LLC 5395 E CHERYL PARKWAY MADISON, WI 53711 38-3896153	PALLIATIVE CARE SERVICES	WI	256,794	15,570	AGRACE HOSPICECARE INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)AGRACE HOSPICECARE FOUNDATION INC 5395 E CHERYL PARKWAY MADISON, WI 53711 30-0001703	FUNDRAISING	WI	501(c)(3	Type I	AHCI	Yes	
(2)AGRACE HOSPICECARE HOLDINGS INC 5395 E CHERYL PARKWAY MADISON, WI 53711 30-0001715	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" on 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) Disproprtionate 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" on 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" on 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

		Yes	No
1	During the tax year, did the orgranization 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	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	Yes
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	Yes
e	Loans or loan guarantees by related organization(s)	1e	Yes
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o	Sharing of paid employees with related organization(s)	1o	Yes
p	Reimbursement paid to related organization(s) for expenses	1p	Yes
q	Reimbursement paid by related organization(s) for expenses	1q	Yes
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v2.1
EIN: 39-1319537
Name: Agrace HospiceCare Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Agrace HospiceCare Foundation Inc	B	1,400,200	Board Approved Designation
(1)	Agrace HospiceCare Foundation Inc	C	1,517,005	Reimbursement for actual expenditures
(2)	Agrace HospiceCare Foundation Inc	D	228,432	Per Inter-company agreement
(3)	Agrace HospiceCare Holdings Inc	E	173,967	Per inter-company agreement
(4)	Agrace HospiceCare Holdings Inc	K	2,087,604	per inter-company agreement
(5)	Agrace HospiceCare Holdings Inc	O	132,622	Estimate of time and actual salary
(6)	Agrace HospiceCare Foundation Inc	O	1,459,440	Wages of employees dedicated to Foundation