

ALIVEHOSPICE

Form 8879-EO

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

For calendar year 2006, or fiscal year beginning 2006, and ending 2006

Do not send to the IRS. Keep for your records.

2006

Department of the Treasury  
Internal Revenue Service

See instructions.

Return ID (20-digit number) 62701920071651499233

Name of exempt organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Name and title of officer

GARY W. MAXEY  
VP/CFO

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or below, and the amount on that line for the return for which you are 5a, 5b, this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	27,750,730
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the (a) transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and the date (d) of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4527 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize BLANKENSHIP CPA GROUP, PLLC to enter my PIN 12345 as my signature  
ERO firm name do not enter all zeros  
on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature

Gary W. Maxey VP/CFO

Date

6/15/07

## Part III Certification and Authentication

ERO's EFIPIN. Enter your six-digit EFIPIN followed by your five-digit self-selected PIN.

62701937027

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature

Mike Dunn

Date

6-15-2007

ERO Must Retain This Form - See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2006)

DAA



Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

**2006**

Open to Public Inspection

**A** For the 2006 calendar year, or tax year beginning , and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization

**ALIVE HOSPICE, INC.**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

**1718 PATTERSON STREET**

City or town, state or country, and ZIP + 4

**NASHVILLE**

**TN 37203**

**D** Employer identification number

**62-0983550**

**E** Telephone number

**615-327-1085**

**F** Accounting method: ☐ Cash

☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and are not applicable to section 527 organizations. I

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No

**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number

**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**G** Website: **WWW.ALIVEHOSPICE.ORG**

**J** Organization type

(check only one) ☒ 501(c) ( 3 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **27,750,730**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Contributions to donor advised funds	<b>1a</b>			
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	<b>2,119,254</b>		
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>	<b>355,644</b>		
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>1,874,898</b> noncash \$ <b>600,000</b> )			<b>1e</b>	<b>2,474,898</b>
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>25,113,001</b>
<b>3</b> Membership dues and assessments			<b>3</b>	
<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>65,482</b>
<b>5</b> Dividends and interest from securities			<b>5</b>	<b>47,939</b>
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a			<b>6c</b>	
<b>7</b> Other investment income (describe )			<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>		<b>8d</b>	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a			<b>9c</b>	
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	<b>49,410</b>
<b>12</b> Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b>	<b>27,750,730</b>
<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>20,420,950</b>
<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>4,458,458</b>
<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>571,651</b>
<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
<b>17</b> Total expenses. Add lines 16 and 44, column (A)			<b>17</b>	<b>25,451,059</b>
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b>	<b>2,299,671</b>
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>16,979,048</b>
<b>20</b> Other changes in net assets or fund balances (attach explanation)		<b>SEE STATEMENT 1</b>	<b>20</b>	<b>123,364</b>
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20			<b>21</b>	<b>19,402,083</b>



**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) <b>SEE STATEMENT 2</b>	<b>25a</b> 1,090,006	427,631	574,797	87,578
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 9,915,423	8,165,141	1,686,954	63,328
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 783,949	615,495	168,454	
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 1,119,869	877,977	241,892	
<b>29</b> Payroll taxes	<b>29</b> 778,239	609,056	157,872	11,311
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b>			
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 874,165	661,501	170,489	42,175
<b>34</b> Telephone	<b>34</b> 249,423	165,520	82,388	1,515
<b>35</b> Postage and shipping	<b>35</b> 50,876	9,597	30,793	10,486
<b>36</b> Occupancy	<b>36</b> 326,139	275,945	35,179	15,015
<b>37</b> Equipment rental and maintenance	<b>37</b> 826,695	529,045	295,019	2,631
<b>38</b> Printing and publications	<b>38</b> 88,275	36,331	40,393	11,551
<b>39</b> Travel	<b>39</b> 519,267	471,573	45,747	1,947
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 183,702	62,103	116,830	4,769
<b>41</b> Interest	<b>41</b> 127,021		3,713	123,308
<b>42</b> Depreciation, depletion, etc. (attach schedule)	<b>42</b> 586,437	297,691	285,890	2,856
<b>43</b> Other expenses not covered above (itemize): <b>a</b> <b>SEE STATEMENT 3</b>	<b>43a</b> 7,931,573	7,216,344	522,048	193,181
<b>b</b>	<b>43b</b>			
<b>c</b>	<b>43c</b>			
<b>d</b>	<b>43d</b>			
<b>e</b>	<b>43e</b>			
<b>f</b>	<b>43f</b>			
<b>g</b>	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 25,451,059	20,420,950	4,458,458	571,651

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 4**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**

(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

**a TO PROVIDE LOVING CARE TO PEOPLE WITH LIFE-THREATENING ILLNESSES, SUPPORT TO THEIR FAMILIES, AND SERVICE TO THE COMMUNITY IN A SPIRIT OF ENRICHING LIVES**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

20,420,950

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐

**f Total of Program Service Expenses** (should equal line 44, column (B), Program services)

▶ 20,420,950

Form 990 (2006)



**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash-non-interest-bearing	4,828,906	6,882,401
	46 Savings and temporary cash investments		
	47a Accounts receivable	4,177,249	
	b Less: allowance for doubtful accounts	438,816	
		4,274,848	3,738,433
	48a Pledges receivable	846,718	
	b Less: allowance for doubtful accounts		
		282,425	846,718
	49 Grants receivable		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		
	51a Other notes and loans receivable (attach schedule)		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
53 Prepaid expenses and deferred charges	290,466	217,142	
54a Investments—publicly-traded securities <b>SEE STATEMENT 5</b>	1,357,838	1,309,396	
b Investments—other securities (attach schedule)			
55a Investments—land, buildings, and equipment: basis			
b Less: accumulated depreciation (attach schedule)			
56 Investments—other (attach schedule)			
57a Land, buildings, and equipment: basis	14,069,363		
b Less: accumulated depreciation (attach schedule) <b>SEE STATEMENT 6</b>	3,203,008		
	9,953,448	10,866,355	
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 7</b> )	623,093	623,093	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	21,611,024	24,483,538	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	2,431,976	3,361,455
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		
	64a Tax-exempt bond liabilities (attach schedule) <b>SEE WORKSHEET</b>	2,200,000	1,720,000
	b Mortgages and other notes payable (attach schedule)		
	65 Other liabilities (describe )		
66 <b>Total liabilities.</b> Add lines 60 through 65	4,631,976	5,081,455	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	15,685,449	17,512,768
	68 Temporarily restricted	293,599	889,315
	69 Permanently restricted	1,000,000	1,000,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	16,979,048	19,402,083
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	21,611,024	24,483,538

[illegible]



## Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Yes	No
-----	----

- 75a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 29
- b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)
- c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."  
If "Yes," attach a statement that includes the information described in the instructions.
- d** Does the organization have a written conflict of interest policy?

75b

X

75c

X

75d

X


Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
----------	--

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

## Part VI Other Information (See the instructions.)

Yes	No
-----	----

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
- 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.
- 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
- b If "Yes," has it filed a tax return on Form 990-T for this year?
- 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
- 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?
- b If "Yes," enter the name of the organization  and check whether it is ☐ exempt ☐ nonexempt
- 81a Enter direct and indirect political expenditures. (See line 81 instructions.)
- b Did the organization file Form 1120-POL for this year?

76

1

77

15

78a

2

78b

79

112

80a

11

81b





Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
85a			
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85b			
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	249
91a	The books are in care of		
	DOUG WEAVER, CONTROLLER	Telephone no.	615-327-1085
	1718 PATTERSON STREET		
	Located at		
	NASHVILLE, TN	ZIP + 4	37203
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		



**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes	No
	<input checked="" type="checkbox"/>

If "Yes," enter the name of the foreign country: \_\_\_\_\_

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐

and enter the amount of tax-exempt interest received or accrued during the tax year: \_\_\_\_\_

92

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:

a **INSURANCE AND PATIENT PYMTS**

b

c

d

e

f Medicare/Medicaid payments

g Fees and contracts from government agencies

94 Membership dues and assessments

95 Interest on savings and temporary cash investments

96 Dividends and interest from securities

97 Net rental income or (loss) from real estate:

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue: a

b **OTHER REVENUE**

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.

▼

Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

93A **INCOME DERIVED FROM PROVIDING HOME HEALTH CARE**93F **AND COUNSELING TO PATIENTS WITH LIFE THREATENING**103B **ILLNESSES****Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No
--------------------------	-----	-------------------------------------	----

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).



**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

Yes	No
	<b>X</b>

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	<b>Totals</b>			

Yes	No
	<b>X</b>

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	<b>Totals</b>			

Yes	No

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Please  
Sign  
Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

*Gary W. Maxey VP/CFO*

*6/25/07*

Signature of officer

Date

**GARY W. MAXEY**

**VP/CFO**

Type or print name and title

Paid  
Preparer's  
Use Only

Preparer's  
signature

*Mike Dunn, CPA*

Date

*6.13.2007*

Check if  
self-  
employed ☐

Preparer's SSN or PTIN  
(See Gen. Instr. X)  
**P00038531**

Firm's name (or yours  
if self-employed),  
address, and ZIP + 4

**BLANKENSHIP CPA GROUP, PLLC  
109 WESTPARK DRIVE, SUITE 430  
BRENTWOOD, TN 37027-5032**

EIN  
Phone  
no.

**45-0491842  
615-373-3771**