

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2009, or fiscal year beginning _____, 2009, and ending _____, 20____

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

▶ See instructions on back.

2009

Name of exempt organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Name and title of officer

JANET L. JONES, PRESIDENT & CHIEF EXECUTIVE OFFICER

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, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing 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, Part VIII, column (A), line 12)	1b	32,767,081
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 2009 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 (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date 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 1-888-353-4537 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 CROWE HORWATH LLP to enter my PIN 55389 as my signature
ERO firm name

Enter five numbers, but
do not enter all zeros

on the organization's tax year 2009 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 2009 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 ▶

Date ▶

8/31/10

Part III Certification and Authentication

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

36307312345

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

9/15/10

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** (2009)

Public Disclosure Copy

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

2009Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning and ending		D Employer identification number	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization ALIVE HOSPICE INC	
		Doing Business As	
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
		City or town, state or country, and ZIP + 4 NASHVILLE, TN 37203	
		E Telephone number (615) 327-1085	
		G Gross receipts \$ 33,378,195	
F Name and address of principal officer: JANET L JONES 1718 PATTERSON STREET NASHVILLE, TN 37203			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number	
J Website: WWW.ALIVEHOSPICE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1975 M State of legal domicile: TN	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: ALIVE HOSPICE, INC. PROVIDES LOVING CARE TO PEOPLE WITH LIFE-THREATENING ILLNESSES, SUPPORT TO THEIR FAMILIES, AND SERVICE TO THE COMMUNITY IN A SPIRIT OF ENRICHING LIVES. DURING 2009, THE ORGANIZATION PROVIDED \$768,682 OF CHARITY CARE TO PATIENTS WHO WERE OTHERWISE UNABLE TO PAY.			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25	
	5	Total number of employees (Part V, line 2a)	5	453	
	6	Total number of volunteers (estimate if necessary)	6	294	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	1,919,903	1,766,213
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,612,655	30,931,342	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,382	34,698	
12		Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,972	34,828	
			32,607,912	32,767,081	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,830,809	19,176,452	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0	
	b	Total fundraising expenses (Part IX, column (D), line 25) 392,732			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,202,935	14,164,039	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,033,744	33,340,491	
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	574,168	-573,410	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	26,024,955	27,116,973	
	22	Net assets or fund balances. Subtract line 21 from line 20	5,485,199	6,817,254	
		20,539,756	20,299,719		

Part II Signature Block

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.			
	***** Signature of officer		2010-08-31 Date	
	JANET L JONES President and CEO Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CROWE HORWATH LLP 70 West Madison Street Suite 700 Chicago, IL 606024903		EIN
				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**1** Briefly describe the organization's mission:

OUR MISSION:

ALIVE HOSPICE, INC. PROVIDES LOVING CARE TO PEOPLE WITH LIFE-THREATENING ILLNESSES, SUPPORT TO THEIR FAMILIES, AND SERVICE TO THE COMMUNITY IN A SPIRIT OF ENRICHING LIVES.

(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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 26,229,962 including grants of \$ 0) (Revenue \$ 30,959,805)

ALIVE HOSPICE SERVES THOSE WHO HAVE A LIMITED LIFE EXPECTANCY (REGARDLESS OF ILLNESS OR AGE) AND LIVE WITHIN THE AGENCY'S 12-COUNTY SERVICE AREA. ALIVE HOSPICE PROVIDED END-OF-LIFE CARE TO 3,236 PATIENTS DURING 2009. ADDITIONALLY, THE AGENCY PROVIDED PALLIATIVE CARE (FOR PATIENTS WHO DESIRE COMFORT CARE AS THEY PURSUE CURATIVE TREATMENTS FOR LIFE-THREATENING ILLNESSES) AND BEREAVEMENT SUPPORT FOR THOSE WHO HAVE EXPERIENCED LOSS.

ONLY ALIVE HOSPICE PROVIDES THIS UNPARALLELED SCOPE OF SERVICES:

- IN-HOME HOSPICE SERVICES
- INPATIENT RESIDENTIAL CARE AT ITS 30-BED ALIVE HOSPICE RESIDENCE NASHVILLE FACILITY
- ALIVE HOSPICE UNITS LOCATED WITHIN HOSPITALS
- INPATIENT HOSPICE CARE AT OTHER HOSPITALS THROUGHOUT MIDDLE TENNESSEE
- FULL-TIME MEDICAL DIRECTORS (PHYSICIANS) ON STAFF
- ALIVE GRIEF SUPPORT SERVICES COUNSELING AND SUPPORT
- INDIVIDUALIZED, INTERDISCIPLINARY CARE TEAMS
- 24-HOUR, 7-DAYS-A-WEEK ACCESSIBILITY TO HIGHLY SKILLED CLINICAL STAFF

(CONTINUED IN SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses \$ 26,229,962Form **990** (2009)

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	Yes
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i>	11	Yes
	■ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	■ Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	■ Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	■ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	■ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	■ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12	Yes
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	12A	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? <i>If "Yes," complete Schedule F, Part II</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? <i>If "Yes," complete Schedule F, Part III</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	No
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	No

Part IV Checklist of Required Schedules (continued)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
1a	107		
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?	Yes	
1c			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
2a	453		
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 this return. (see instructions)	Yes	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
4a			
b	If "Yes," enter the name of the foreign country: <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5b			
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
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?		No
6a			
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?		No
7a			
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?		No
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	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	

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
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?		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?		No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		No
5 Did the organization become aware during the year of a material diversion of the organization's assets?		No
6 Does the organization have members or stockholders?		No
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	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		No

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


	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		No
10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11A Describe in Schedule O the process, if any, used by the organization to review the Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13 Does the organization have a written whistleblower policy?	Yes	
14 Does the organization have a written document retention and destruction policy?	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	Yes	
b Other officers or key employees of the organization		No
If "Yes" to line a or b, 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?		No
16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: _____

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 make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 
 TERESA COSGROVE
 1718 PATTERSON STREET
 NASHVILLE, TN 37203
 (615) 327-1085

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 the organization did not compensate any current or former officer, director, trustee or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HARRIET KARRO CHAIR	1	X		X				0	0	0
MARY FALLS SECRETARY	1	X		X				0	0	0
JAY GALBREATH TREASURER	1	X		X				0	0	0
MARY HUNTER BOARD MEMBER	1	X						0	0	0
LIBBY PAGE BOARD MEMBER	1	X						0	0	0
DR ROY O ELAM BOARD MEMBER	1	X						0	0	0
DAVID JOFFE BOARD MEMBER	1	X						0	0	0
KELVIN JONES BOARD MEMBER	1	X						0	0	0
LARRY CHURCHILL BOARD MEMBER	1	X						0	0	0
DEBORAH STORY BOARD MEMBER	1	X						0	0	0
NELLIE COLE BOARD MEMBER	1	X						0	0	0
BILL BLEVINS BOARD MEMBER	1	X						0	0	0
KASEY DREAD BOARD MEMBER	1	X						0	0	0
AMY KURLAND BOARD MEMBER	1	X						0	0	0
BILL NUTTER BOARD MEMBER - PARTIAL YEAR	1	X						0	0	0
LAURA BETH BROWN BOARD MEMBER	1	X						0	0	0
LARRY KLOESS BOARD MEMBER	1	X						0	0	0
DR JAMES CATO BOARD MEMBER	1	X						0	0	0
JUDY FISHER BOARD MEMBER	1	X						0	0	0
SHARON HELS BOARD MEMBER	1	X						0	0	0
FAYE JOHNSON BOARD MEMBER	1	X						0	0	0
LUCY CARTER BOARD MEMBER - PARTIAL YEAR	1	X						0	0	0
JAMES BLUMSTEIN BOARD MEMBER	1	X						0	0	0
DR WILLIAM LIGGETT BOARD MEMBER	1	X						0	0	0
PHIL BARNETT BOARD MEMBER	1	X						0	0	0
DENISE ALPER BOARD MEMBER	1	X						0	0	0
NAOMI TUTU BOARD MEMBER	1	X						0	0	0
MELISSA BORDELON CHIEF FINANCIAL OFFICER - PARTIAL YEAR	40			X				54,518	0	0
GARY MAXEY CHIEF FINANCIAL OFFICER - PARTIAL YEAR	40			X				77,389	0	629
JANET L JONES PRESIDENT & CHIEF EXECUTIVE OFFICER	40			X				230,879	0	8,866
ANNE J CHANCE CHIEF OPERATING OFFICER & CHIEF COMPLIANCE OFFICER	40			X				145,479	0	10,650
DR DAVID TRIBBLE CHIEF MEDICAL OFFICER	40			X				198,007	0	6,633
WENDY KNOWLTON TEAM MEDICAL DIRECTOR	40					X		170,885	0	6,699
PAMELA BROWN CHIEF DEVELOPMENT OFFICER	40					X		114,608	0	964
KAREN V CASSIDY MD TEAM MEDICAL DIRECTOR	40					X		182,120	0	4,368
MELINDA SHAW HENDERSON MD TEAM MEDICAL DIRECTOR	40					X		187,523	0	4,983

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN K YORK EXECUTIVE VICE PRESIDENT	40					X		102,020	0	12,311
1b Total								1,463,428	0	56,103

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **11**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
GENERAL CLEANING SERVICES 214 LUCKY DRIVE NASHVILLE, TN 37211	HOUSEKEEPING SERVICES	264,370

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 357,517				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 0				
	e	Government grants (contributions)	1e 0				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,408,696				
	g	Noncash contributions included in lines 1a-1f: \$ 0					
	h	Total. Add lines 1a-1f		1,766,213			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code	30,931,342	30,931,342	0	0
	b			0	0	0	0
	c			0	0	0	0
	d			0	0	0	0
	e			0	0	0	0
	f	All other program service revenue .	0	0	0	0	0
	g	Total. Add lines 2a-2f		30,931,342			
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		86,260	0	0
4		Income from investment of tax-exempt bond proceeds		0	0	0	0
5		Royalties		0	0	0	0
6a		Gross Rents	(i) Real	0			
			(ii) Personal	0			
			b	Less: rental expenses	0	0	
			c	Rental income or (loss)	0	0	
d		Net rental income or (loss)		0	0	0	0
7a		Gross amount from sales of assets other than inventory	(i) Securities	559,552			
			(ii) Other	0			
			b	Less: cost or other basis and sales expenses	606,891	4,223	
			c	Gain or (loss)	-47,339	-4,223	
d		Net gain or (loss)		-51,562	0	0	-51,562
8a		Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0			
			b	Less: direct expenses	0		
			c	Net income or (loss) from fundraising events	0	0	0
9a		Gross income from gaming activities. See Part IV, line 19	a	0			
			b	Less: direct expenses	0		
	c		Net income or (loss) from gaming activities	0	0	0	0
10a	Gross sales of inventory, less returns and allowances	a	0				
		b	Less: cost of goods sold	0			
		c	Net income or (loss) from sales of inventory	0	0	0	0
Miscellaneous Revenue		Business Code					
11a	OTHER REVENUE		18,384	18,384	0	0	
b	COUNSELING REVENUE		10,079	10,079	0	0	
c	FOOD/VENDING REVENUE		6,365	0	0	6,365	
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d		34,828				
12	Total revenue. See Instructions.		32,767,081	30,959,805	0	41,063	

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	733,050	575,046	144,838	13,166
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	14,751,124	11,537,725	2,938,463	274,936
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	2,521,866	2,131,089	390,554	223
10	Payroll taxes	1,170,412	924,470	223,074	22,868
11	Fees for services (non-employees):				
a	Management	0	0	0	0
b	Legal	301,214	4,227	296,987	0
c	Accounting	49,290	0	49,290	0
d	Lobbying	1,000	0	1,000	0
e	Professional fundraising. See Part IV, line 17	0			0
f	Investment management fees	7,370	0	7,370	0
g	Other	522,668	41,215	481,203	250
12	Advertising and promotion	352,386	0	352,386	0
13	Office expenses	1,448,821	959,937	422,841	66,043
14	Information technology	381,879	157,622	224,257	0
15	Royalties	0	0	0	0
16	Occupancy	974,391	856,854	117,537	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	96,816	25,855	65,551	5,410
20	Interest	143,870	0	143,870	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	1,257,230	723,888	523,735	9,607
23	Insurance	190,491	144,457	46,034	0
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	DIRECT PATIENT CARE EXPENSES	6,783,030	6,783,030	0	0
b	FACILITY & GROUNDS	693,008	576,300	116,708	0
c	BAD DEBT EXPENSE	548,443	542,103	6,340	0
d	DIETARY EXPENSE	164,119	164,119	0	0
e	DUES & SUBSCRIPTIONS	93,079	12,309	80,770	0
f	All other expenses	154,934	69,716	84,989	229
25	Total functional expenses. Add lines 1 through 24f	33,340,491	26,229,962	6,717,797	392,732
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0	0	0	0

Part X Balance Sheet				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		616	1	679
	2	Savings and temporary cash investments		4,171,631	2	6,716,199
	3	Pledges and grants receivable, net		188,675	3	238,686
	4	Accounts receivable, net		6,199,992	4	5,200,073
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		54,674	8	54,500
	9	Prepaid expenses and deferred charges		149,616	9	214,916
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	18,559,360			
	b	Less: accumulated depreciation.	5,904,842	13,541,619	10c	12,654,518
	11	Investments—publicly traded securities		1,099,917	11	1,378,762
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		569,870	14	554,293
	15	Other assets. See Part IV, line 11		48,345	15	104,347
16	Total assets. Add lines 1 through 15 (must equal line 34)		26,024,955	16	27,116,973	
Liabilities	17	Accounts payable and accrued expenses		2,668,958	17	4,290,434
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		1,480,000	20	1,240,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,300,000	23	1,274,194
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities. Complete Part X of Schedule D		36,241	25	12,626
26	Total liabilities. Add lines 17 through 25		5,485,199	26	6,817,254	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		19,363,618	27	18,887,705
	28	Temporarily restricted net assets		176,138	28	329,856
	29	Permanently restricted net assets		1,000,000	29	1,082,158
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund		0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds		0	32	0
	33	Total net assets or fund balances		20,539,756	33	20,299,719
	34	Total liabilities and net assets/fund balances		26,024,955	34	27,116,973

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: If the organization changed its method of accounting from a prior year or checked "Other," explain in schedule O. ☐ Cash ☒ Accrual ☐ Other _____
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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. . . .

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Form **990** (2009)

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

Department of the
Treasury
Internal Revenue
Service

Name of the organization
ALIVE HOSPICE INC

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Employer identification number

62-0983550

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 1 box.)

- 1 ☐ A church, convention of churches, or association of churches. **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s) the organization supports.

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 11285F

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

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. (Explain in Part IV.) Do not include gain or loss from the sale of capital assets.						
11 Total support (Add lines 7 through 10).						
12 Gross receipts from related activities, etc. (See instructions.)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test-2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 33 1/3% support test-2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions. <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,105,482	2,439,191	2,590,423	1,919,903	1,766,213	10,821,212
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.	19,514,502	25,649,416	28,904,090	30,612,655	30,931,342	135,612,005
3 Gross receipts from activities that are not an unrelated trade or business under section 513.	0	0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge.	0	0	0	0	0	0
6 Total. Add lines 1 through 5.	21,619,984	28,088,607	31,494,513	32,532,558	32,697,555	146,433,217
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	432,076	390,900	0	24,491	57,030	904,497
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 in line 13 for the year.	0	0	0	0	0	0
c Add lines 7a and 7b.	432,076	390,900	0	24,491	57,030	904,497
8 Public Support (Subtract line 7c from line 6.)						145,528,720

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6.	21,619,984	28,088,607	31,494,513	32,532,558	32,697,555	146,433,217
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	92,195	113,421	111,743	48,382	86,260	452,001
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.	0	0	0	0	0	0
c Add lines 10a and 10b.	92,195	113,421	111,743	48,382	86,260	452,001
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	0	0			0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	23,185	49,410	29,239	26,972	34,828	163,634
13 Total support (Add lines 9, 10c, 11 and 12.)	21,735,364	28,251,438	31,635,495	32,607,912	32,818,643	147,048,852
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	98.966 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	98.73 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0.307 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.31 %
19a 33 1/3% support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input checked="" type="checkbox"/>		
b 33 1/3% support tests-2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions. <input type="checkbox"/>		

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

Facts And Circumstances Test

Explanation
OTHER INCOME SCHEDULE A, PART III, LINE 12 MISCELLANEOUS INCOME RECEIVED IN FURTHERANCE OF THE ORGANIZATION'S TAX-EXEMPT PURPOSE: 2005 (\$23,185); 2006 (\$49,410); 2007 (\$29,239); 2008 (\$26,972); 2009 (\$34,828).

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of organization
ALIVE HOSPICE INC

Employer identification number

62-0983550

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule—

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Cat. No. 30613X

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
 ALIVE HOSPICE INC

Employer identification number

62-0983550

Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>11,856</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>58,248</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>10,350</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
 ALIVE HOSPICE INC

Employer identification number

62-0983550

Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>56,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>		\$ <u>33,780</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>		\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>		\$ <u>26,250</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>		\$ <u>10,180</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>		\$ <u>10,350</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
 ALIVE HOSPICE INC

Employer identification number

62-0983550

Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ <u>11,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ <u>15,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ <u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ <u>13,700</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ <u>6,400</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ <u>5,625</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
 ALIVE HOSPICE INC

Employer identification number

62-0983550

Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ <u>5,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ <u>65,249</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ <u>6,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ <u>20,470</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ <u>5,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ <u>18,405</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
ALIVE HOSPICE INC

Employer identification number
62-0983550

Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 9,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
 ALIVE HOSPICE INC

Employer identification number

62-0983550

Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ <u>120,100</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ <u>8,501</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ <u>19,470</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ <u>278,703</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ <u>40,882</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ <u>6,073</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization
 ALIVE HOSPICE INC

Employer identification number
 62-0983550
Part I Contributors (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Department of the
Treasury
Internal Revenue
Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization
ALIVE HOSPICE INC

Employer identification number
62-0983550

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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2009

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
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.		
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000. Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000.			
g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a. If zero or less, enter -0-.		
i	Subtract line 1f from line 1c. If zero or less, enter -0-.		
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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

		(a)	(b)
		Yes	Amount
		No	
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? If "Yes," describe in Part IV	No	
j	Total lines 1c through 1i	Yes	1,000
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	No	1,000
b	If "Yes," enter the amount of any tax incurred under section 4912		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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

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

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

1	Dues, assessments and similar amounts from members	\$
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a	Current Year	\$
b	Carryover from last year	\$
c	Total	\$
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	\$
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?	\$
5	Taxable amount of lobbying and political expenditures (see instructions)	\$

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
Other lobbying activities	Schedule C, Part II-B, Line 1i	THE ORGANIZATION INDIRECTLY INFLUENCED LEGISLATION THROUGH ITS DUES TO THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) FOR CALENDAR YEAR 2009.

SCHEDULE D
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2009
**Open to Public
Inspection**

Name of the organization
ALIVE HOSPICE INC

Employer identification number
62-0983550

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

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

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Schedule D (Form 990)
2009

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):**a** ☐ Public exhibition**d** ☐ Loan or exchange programs**b** ☐ Scholarly research**e** ☒ Other DISPLAY ON PREMISES**c** ☐ Preservation for future generations**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No**b** If "Yes," explain the arrangement in Part XIV.**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	896,199	1,174,268			
b Contributions	82,158	0			
c Investment earnings or losses	210,223	-278,069			
d Grants or scholarships	0	0			
e Other expenditures for facilities and programs	0	0			
f Administrative expenses	0	0			
g End of year balance	1,188,580	896,199			

2 Provide the estimated percentage of the year end balance held as:**a** Board designated or quasi-endowment: ☐ 0 %**b** Permanent endowment: ☒ 91.05 %**c** Term endowment: ☐ 8.95 %**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:**(i)** unrelated organizations ☐ **3a(i)** Yes No**(ii)** related organizations ☐ **3a(ii)** Yes No**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** Yes No**4** Describe in Part XIV the intended uses of the organization's endowment funds.**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	3,587,001		3,587,001
b Buildings	0	8,187,244	2,357,960	5,829,284
c Leasehold improvements	0	2,966,755	1,214,942	1,751,813
d Equipment	0	3,818,360	2,331,940	1,486,420
e Other	0	0	0	0
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				12,654,518

Schedule D (Form 990) 2009

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

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

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

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

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

1.	(a) Description of Liability	(b) Amount
	Federal Income Taxes	0
	INTEREST RATE SWAP LIABILITY	12,626
	Total. (Column (b) should equal Form 990, Part X, col.(B) line 25.) ▶	12,626

2. Fin 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,767,081
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,340,491
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-573,410
4	Net unrealized gains (losses) on investments	4	309,758
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	23,615
9	Total adjustments (net). Add lines 4 - 8	9	333,373
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-240,037

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

1	Total revenue, gains, and other support per audited financial statements	1	33,093,084
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	309,758
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIV):	2d	23,615
e	Add lines 2a through 2d	2e	333,373
3	Subtract line 2e from line 1	3	32,759,711
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	7,370
b	Other (Describe in Part XIV):	4b	0
c	Add lines 4a and 4b	4c	7,370
5	Total Revenue. Add lines 3 and 4c . (This should equal Form 990, Part I, line 12.)	5	32,767,081

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	33,333,121
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIV):	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	33,333,121
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	7,370
b	Other (Describe in Part XIV):	4b	0
c	Add lines 4a and 4b	4c	7,370
5	Total expenses. Add lines 3 and 4c . (This should equal Form 990, Part I, line 18.)	5	33,340,491

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Collections of art - description of collections	Schedule D, Part III, Line 4	THE ORGANIZATION MAINTAINS A COLLECTION OF ART THAT IS DISPLAYED IN THE HOSPICE PATIENTS' ROOMS AND ON THE ORGANIZATION'S PROPERTY TO ADD A PEACEFUL NATURE TO THE ENVIRONMENT.
Intended uses of endowment funds	Schedule D, Part V, Line 4	PATIENT CARE, STAFF TRAINING, GRIEF SUPPORT SERVICES, FACILITY MAINTENANCE AND IMPROVEMENT, AND GENERAL OPERATING EXPENSES ARE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS.
FIN 48 footnote	Schedule D, Part X, Line 2	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. CURRENT ACCOUNTING STANDARDS REQUIRE THE ORGANIZATION TO DISCLOSE THE AMOUNT OF POTENTIAL BENEFIT OR OBLIGATION TO BE REALIZED AS A RESULT OF AN EXAMINATION PERFORMED BY A TAXING AUTHORITY. FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008, MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY TAX POSITIONS THAT RESULT IN ANY UNCERTAINTIES REGARDING THE POSSIBLE IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS.
Other changes in net assets	Schedule D, Part XI, Line 8	UNREALIZED GAIN ON INTEREST RATE SWAP - 23615; OTHER - 0; TOTAL - 23615
Other revenues in audited financial statements not in form 990	Schedule D, Part XII, Line 2d	UNREALIZED GAIN ON INTEREST RATE SWAP - 23615; OTHER - 0; TOTAL - 23615

Schedule D (Form 990) 2009

Schedule J
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

**▶ Complete if the organization answered "Yes" to Form 990,
Part IV, question 23.**

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009
**Open to Public
Inspection**

Name of the organization
ALIVE HOSPICE INC

Employer identification number
62-0983550

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input checked="" type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td></tr></table>	<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.	Yes									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes									
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <table border="0"><tr><td><input type="checkbox"/> Compensation committee</td><td><input checked="" type="checkbox"/> Written employment contract</td></tr><tr><td><input checked="" type="checkbox"/> Independent compensation consultant</td><td><input checked="" type="checkbox"/> Compensation survey or study</td></tr><tr><td><input checked="" type="checkbox"/> Form 990 of other organizations</td><td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td></tr></table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No								
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.										
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," to line 5a or 5b, describe in Part III.		No								
6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," to line 6a or 6b, describe in Part III.		No								
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		No								
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.		No								
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?										

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 Cat. No. 50053T **Schedule J (Form 990) 2009**

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

[illegible]

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
Housing allowance or residence for personal use	Schedule J, Part I, Line 1a	AS PART OF THE EMPLOYMENT AGREEMENT, TEMPORARY HOUSING WAS PROVIDED TO THE NEW CHIEF FINANCIAL OFFICER DURING 2009. THE HOUSING WAS PAID DIRECTLY TO THE THIRD PARTY VENDOR AND, AS PART OF THE EMPLOYMENT CONTRACT, WAS NOT TREATED AS TAXABLE COMPENSATION TO THE EMPLOYEE.

Schedule J (Form 990) 2009

**SCHEDULE O
(Form 990)**Department of the
Treasury
Internal Revenue
ServiceName of the organization
ALIVE HOSPICE INC**Supplemental Information to Form 990****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.**

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

62-0983550

Identifier	Return Reference	Explanation
Review of form 990 by governing body	Form 990, Part VI, Section B, Line 11A	THE EXECUTIVE COMMITTEE OF THE BOARD DELEGATED AUTHORITY TO THE FINANCE COMMITTEE OF THE BOARD TO APPROVE THE FORM 990. THE FINANCE COMMITTEE OF THE BOARD MET WITH OUR TAX ADVISORS TO REVIEW THE ENTIRE FORM 990. ONCE APPROVED BY THE FINANCE COMMITTEE OF THE BOARD, A FULL COPY OF THE FORM 990 WAS PROVIDED TO EVERY BOARD MEMBER FOR REVIEW PRIOR TO FILING.
Conflict of interest policy	Form 990, Part VI, Section B, Line 12c	FOR THE DECEMBER 31, 2009 YEAR-END, THE BOARD MEMBERS SIGNED THE CONFLICT OF INTEREST POLICY STATING THAT THEY HAVE READ AND UNDERSTOOD THE POLICY. IN ADDITION, DIRECTORS, TRUSTEES, OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES COMPLETED AN AUTOMATED CONFLICT OF INTEREST QUESTIONNAIRE. EACH QUESTIONNAIRE IS REVIEWED BY THE EXECUTIVE OFFICER MANAGER FOR COMPLETION AND TO DETERMINE IF ANY POTENTIAL CONFLICTS OF INTEREST EXIST. IF A POTENTIAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE CEO AND BOARD CHAIR ARE NOTIFIED, AND IT IS THEN REPORTED TO THE EXECUTIVE COMMITTEE. IF A CONFLICT EXISTS WITH A VOTING BOARD MEMBER, THAT BOARD MEMBER MUST RECUSE THEMSELVES FROM VOTING ON THAT BUSINESS TRANSACTION.
Process used to establish compensation of top management official	Form 990, Part VI, Section B, Line 15a	THE CHAIRMAN OF THE BOARD COMPLETES THE CEO'S PERFORMANCE EVALUATION IN DECEMBER OF EACH YEAR TO BE EFFECTIVE FOR THE FOLLOWING JANUARY. THE EXECUTIVE COMMITTEE OF THE BOARD MAKES RECOMMENDATIONS ON THE AMOUNT OF ANY PERCENTAGE INCREASE TO THE CEO'S SALARY (THERE WERE NO WAGE INCREASES EFFECTIVE AUGUST 1, 2009.) AN INDEPENDENT CONSULTANT SURVEY PREPARED BY THE HR GROUP IS REVIEWED WHEN COMPENSATION IS DETERMINED. THE HR GROUP'S SURVEY USES THE DEPARTMENT OF LABOR STATISTICS OF OTHER HOSPICE ORGANIZATIONS OF LIKE SIZE, BOTH REGIONALLY AND NATIONALLY, TO PROVIDE COMPARABLE INFORMATION ON CEO SALARIES. THE EXECUTIVE COMMITTEE OF THE BOARD APPROVES THE FINAL COMPENSATION PACKAGE. THIS REVIEW AND APPROVAL PROCESS IS DOCUMENTED IN THE EXECUTIVE COMMITTEE MEETING MINUTES. THE CEO'S COMPENSATION CONTRACT IS AMENDED ANNUALLY TO STATE THAT THE COMPENSATION AMOUNT IS BASED ON THE ACTION OF THE BOARD.
Public Disclosure	Form 990, Part VI, Section C, Line 19	THE 2009 REPORT TO THE COMMUNITY, WHICH INCLUDES THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, IS AVAILABLE ON ALIVE HOSPICE'S WEBSITE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.
ORGANIZATION'S MISSION	FORM 990, PART III, LINE 1	(CONTINUED FROM PART III) OUR VISION: - TO BE RECOGNIZED AS EXPERT PROVIDERS OF HOSPICE CARE, PALLIATIVE CARE, MANAGEMENT OF ADVANCED DISEASE, AND GRIEF SUPPORT, AND TO BE THE AGENCY OF CHOICE FOR THE PROVISION OF THESE SERVICES. - TO BE RECOGNIZED AS INNOVATORS AND LEADERS IN ALL ASPECTS OF END-OF-LIFE RESOURCES. - TO INFLUENCE THE PERCEPTIONS WITHIN THE COMMUNITY AND AMONG MEDICAL PROFESSIONALS SO THAT THE END OF LIFE IS ACCEPTED AS A MEANINGFUL COMPONENT OF THE HUMAN EXPERIENCE. OUR VALUES: - WE BELIEVE DEATH TO BE A NATURAL PART OF LIFE'S JOURNEY. - WE BELIEVE IN HONESTY AND INTEGRITY IN ALL WE SAY AND DO. - WE BELIEVE IN COMPASSION TO THOSE WE SERVE AND TO EACH OTHER. - WE BELIEVE IN RESPECT AND DIGNITY FOR ALL. - WE VALUE COMPETENT, KNOWLEDGEABLE STAFF MOTIVATED TO ACHIEVE PERSONAL AND PROFESSIONAL GROWTH. - WE BELIEVE IN ACCOUNTABILITY TO SOCIETY, OUR COMMUNITY, AND EACH OTHER. - WE BELIEVE IN RESPONSIBLE STEWARDSHIP OF THE RESOURCES WITH WHICH WE HAVE BEEN ENTRUSTED. - WE BELIEVE IN THE CONTINUOUS PURSUIT OF ORGANIZATIONAL EXCELLENCE. - WE BELIEVE IN TEAMWORK TO ACHIEVE OUR VISION, MISSION, AND TO SUPPORT OUR VALUES.
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	(CONTINUED FROM PART III) HOME CARE SERVICES: THE MAJORITY OF ALIVE HOSPICE'S PATIENTS ARE SERVED IN THEIR HOMES. HOME HOSPICE CARE SERVICES ARE DESIGNED TO EASE PAIN, ALLEVIATE SYMPTOMS, AND PROVIDE SUPPORT TO THE PATIENTS AND THEIR CAREGIVERS. IN ADDITION TO THESE SERVICES PROVIDED BY OUR SKILLED TEAM, WE PROVIDE MEDICAL EQUIPMENT AND SUPPLIES, MEDICATIONS AND CAREGIVER TRAINING. INPATIENT HOSPICE CARE: OUR INPATIENT FACILITIES ALLOW CARE TO BE PROVIDED FOR PATIENTS WHO ARE UNABLE TO BE CARED FOR AT HOME OR MAY BE EXPERIENCING A MEDICAL CRISIS. CARE OPTIONS INCLUDE: - ALIVE HOSPICE RESIDENCE NASHVILLE (650 PATIENTS WERE SERVED IN 2009) - ALIVE HOSPICE AT SAINT THOMAS HOSPITAL (655 PATIENTS WERE SERVED IN 2009)

Identifier	Return Reference	Explanation
		<p>- ALIVE HOSPICE AT SKYLINE MADISON CAMPUS (505 PATIENTS WERE SERVED IN 2009)</p> <p>- INPATIENT CARE PROVIDED BY ALIVE HOSPICE AT YOUR LOCAL HOSPITALS</p> <p>ALIVE MONARCHS: ALIVE HOSPICE HAS A LONG TRADITION OF SERVING PATIENTS OF ALL AGES WHO FACE LIFE-THREATENING ILLNESSES. ALIVE MONARCHS IS ONE OF THE FEW PALLIATIVE AND HOSPICE CARE PROVIDERS FOR PERINATAL AND PEDIATRIC PATIENTS IN THE NATION. THE BEAUTIFUL MONARCH BUTTERFLY INSPIRED THE NAME OF ALIVE HOSPICE'S PEDIATRIC PROGRAM. BUTTERFLIES, WHICH ARE CLOSELY ASSOCIATED WITH HOSPICE CARE, SIGNIFY HOPE, THE BEAUTY OF LIFE AND THE CELEBRATION OF THOSE WE LOVE.</p> <p>VARIOUS LEVELS OF PEDIATRIC PROGRAM SERVICES INCLUDE: - PERINATAL CARE (19 PATIENTS WERE SERVED IN 2009) - PEDIATRIC PALLIATIVE CARE (91 PATIENTS WERE SERVED IN 2009) - PEDIATRIC HOSPICE CARE (29 PATIENTS WERE SERVED IN 2009)</p> <p>PALLIATIVE CARE: ALIVE HOSPICE OFFERS ITS ALIVE PALLIATIVE CARE SERVICES FOR THOSE WHO ARE NOT IN NEED OF HOSPICE CARE, BUT WHO DO HAVE INCURABLE AND PROGRESSIVE DISEASES. PALLIATIVE CARE ADDRESSES THE SYMPTOMS OF A DISEASE REGARDLESS OF LIFE EXPECTANCY, WHILE HOSPICE CARE ADDRESSES THOSE SYMPTOMS WHEN THE PATIENT'S LIFE EXPECTANCY CAN BE THOUGHT OF IN MONTHS RATHER THAN YEARS.</p> <p>WHILE PAIN AND SYMPTOM MANAGEMENT CONSTITUTE THE CORNERSTONE OF PALLIATIVE CARE, CURATIVE TREATMENTS MAY BE PROVIDED ALONG WITH PALLIATIVE TREATMENTS. SOME PEOPLE REFER TO PALLIATIVE CARE AS "COMFORT CARE" BECAUSE OF ITS ATTENTION TO IMPROVING QUALITY OF LIFE AND CONTROLLING SYMPTOMS. ALIVE PALLIATIVE CARE STRIVES TO GIVE INDIVIDUALS THE OPPORTUNITY TO LIVE THEIR LIVES AS ACTIVELY AS POSSIBLE. ALIVE PALLIATIVE CARE SERVED 197 PATIENTS IN 2009.</p> <p>ALIVE GRIEF SUPPORT SERVICES: GRIEF IS A NATURAL PROCESS AND ALIVE GRIEF SUPPORT SERVICES IS A COMPREHENSIVE PROGRAM THAT ADDRESSES THE NEEDS THAT ARISE FOLLOWING THE DEATH OF A LOVED ONE. ALIVE GRIEF SUPPORT SERVICES PROVIDES BEREAVEMENT CARE FOR PATIENTS' FAMILY MEMBERS AND THE COMMUNITY AT LARGE. OUR SERVICES ARE DESIGNED TO MEET THE BEREAVEMENT NEEDS OF CHILDREN AND ADULTS WHO HAVE EXPERIENCED THE DEATH OF A LOVED ONE IN THE PAST TWO YEARS.</p> <p>ALIVE GRIEF SUPPORT SERVICES HAS PROFESSIONAL GRIEF COUNSELORS AND TRAINED VOLUNTEERS TO GUIDE INDIVIDUALS THROUGH THE PROCESS OF MOURNING. THIS ASSISTANCE IS AVAILABLE IN BOTH INDIVIDUAL COUNSELING SESSIONS AND GROUP SETTINGS FOR ANY BEREAVED PERSON, REGARDLESS OF THE NATURE OF THE DEATH. GRIEF COUNSELING HELPS ADULTS, CHILDREN, AND FAMILIES COPE WITH DEATH AND GRIEF AS THEY FACE THE LOSS OF LOVED ONES.</p> <p>GRIEF SUPPORT PROGRAMS INCLUDE: - INDIVIDUAL COUNSELING (608 CLIENTS RECEIVED 3,358 INDIVIDUAL COUNSELING SESSIONS DURING 2009)</p> <p>- SUPPORT GROUPS FOR LOSS OF SPOUSES, PARENTS, CHILDREN, SIBLINGS, AND OTHER LOVED ONES (229 ADULT CLIENTS AND 90 CHILDREN WERE SERVED BY SUPPORT GROUPS DURING 2009)</p> <p>- CAMP EVERGREEN AND CAMP FORGET-ME-NOT, SUMMER DAY CAMPS FOR BEREAVED CHILDREN (110 CHILDREN ATTENDED THE CAMPS IN 2009)</p> <p>- HOLIDAY GRIEF SEMINARS (225 PEOPLE ATTENDED THESE SEMINARS IN 2009)</p> <p>CHARITY CARE: ALIVE HOSPICE HAS A POLICY OF PROVIDING CHARITY CARE TO PATIENTS WHO ARE UNABLE TO PAY. CHARITY CARE CHARGES, AT RATES SIMILAR TO THOSE CHARGED TO PATIENTS AND THIRD PARTIES, WERE \$768,682 FOR THE YEAR ENDED DECEMBER 31, 2009.</p>
PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES	FORM 990, PART VI, SECTION B, LINE 15B	THE ORGANIZATION'S CEO COMPLETES AN ANNUAL PERFORMANCE REVIEW FOR OFFICERS AND SOME KEY EMPLOYEES. COMPENSATION IS BASED ON INDUSTRY STANDARDS WHEN AN EMPLOYEE IS HIRED. THE CEO AND THE ORGANIZATION'S HUMAN RESOURCES COMMITTEE REVIEW AN INDEPENDENT STUDY BY GALLAGHER BENEFIT SERVICES (HR GROUP) EVERY 24 MONTHS FOR CURRENT SALARIES AND BENEFITS EXTENDED TO KEY EMPLOYEES AND OFFICERS. THIS SURVEY USES THE DEPARTMENT OF LABOR STATISTICS OF OTHER HOSPICE ORGANIZATIONS OF LIKE SIZE BOTH REGIONALLY AND NATIONALLY AS WELL AS OTHER RELIABLE INDUSTRY STATISTICS. ANY SALARY INCREASES ARE BASED ON THE OUTCOME OF PERFORMANCE REVIEWS AND COMPARISON TO THE SURVEY.

Fed ✓

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

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

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization ALIVE HOSPICE, INC.	Employer identification number 62 0983550	
	Number, street, and room or suite no. If a P.O. box, see instructions. 1718 PATTERSON STREET		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203		

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **TERESA COSGROVE**

Telephone No. ► (**615**) **327-1085** FAX No. ► ()

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year 20**09** or
► ☐ tax year beginning , 20 , and ending , 20 .

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization ALIVE HOSPICE, INC.	Employer identification number 62 0983550
	Number, street, and room or suite no. If a P.O. box, see instructions. 1718 PATTERSON STREET	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-PF ☐ Form 1041-A ☐ Form 6069
☐ Form 990-BL ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 4720 ☐ Form 8870
☐ Form 990-EZ ☐ Form 990-T (trust other than above) ☐ Form 5227

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **TERESA COSGROVE**
 Telephone No. **(615) 327-1085** FAX No. **()**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15**, 20**10**.
- 5 For calendar year **2009**, or other tax year beginning **_____**, 20**_____**, and ending **_____**, 20**_____**.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	NONE
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	NONE
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	NONE

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Sharon Bench** Title **CIA** Date **7/30/10**

Form **8868** (Rev. 4-2009)

CROWE HORWATH LLP
 70 W MADISON, SUITE 700
 CHICAGO, IL 60602-4903

