

Form

990

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)

OMB No. 1545-0047

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning , and ending**B Check if applicable:**

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

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

C Name of organization

ALIVE HOSPICE, INC.

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

1718 PATTERSON STREET

Room/suite

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

NASHVILLE

TN 37203

D Employer identification no.

62-0983550

E Telephone number

615-327-1085

F Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)**G Website:** ▶ WWW.ALIVEHOSPICE.ORG**J Organization type**(check only one) ▶ ☒ 501(c) (3) < (insert no.) ☐ 4947(a)(1) or ☐ 527

- K Check here** ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

H and are not applicable to section 527 organizations. I

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I Group Exemption Number** ▶**M Check** ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 22,932,422**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	1,812,029		
b Indirect public support	1b	324,588		
c Government contributions (grants)	1c			
d Total (add lines 1a through 1c) (cash \$ 2,136,617 noncash \$)	1d	2,136,617		
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	20,680,425		
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4	49,415		
5 Dividends and interest from securities	5	42,780		
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b Less: cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ of contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11	23,185		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	22,932,422		
13 Program services (from line 44, column (B))	13	16,089,238		
14 Management and general (from line 44, column (C))	14	3,826,165		
15 Fundraising (from line 44, column (D))	15	524,198		
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17	20,439,601		
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	2,492,821		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	14,491,741		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	-5,514		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	16,979,048		

**Application for Extension of Time To File an
Exempt Organization Return**Department of the Treasury
Internal Revenue Service▶ **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)****Form 990-T corporations** requesting an automatic 6-month extension-check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns.

Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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 ▶ **DOUG WEAVER**

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 **Form 990-T corporation**) extension of time until **8/15/06**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year **2005** or

▶ ☐ tax year beginning _____, and ending _____

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 \$ _____

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 \$ _____

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 \$ _____

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.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Part II

Statement of
Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	910,327	341,287	489,483	79,557
26 Other salaries and wages	26	7,731,128	6,195,809	1,476,909	58,410
27 Pension plan contributions	27	1,173,679	929,554	244,125	
28 Other employee benefits	28	373,967	296,857	77,110	
29 Payroll taxes	29	616,601	466,478	139,954	10,169
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	611,380	459,280	104,121	47,979
34 Telephone	34	197,154	126,554	70,600	
35 Postage and shipping	35	39,063	6,270	21,591	11,202
36 Occupancy	36	80,559	71,722	7,591	1,246
37 Equipment rental and maintenance	37	611,305	388,090	221,887	1,328
38 Printing and publications	38	91,861	36,932	37,537	17,392
39 Travel	39	471,729	427,699	43,570	460
40 Conferences, conventions, and meetings	40	130,676	34,817	90,589	5,270
41 Interest	41	143,723		176	143,547
42 Depreciation, depletion, etc. (attach schedule)	42	471,779	240,646	231,098	35
43 Other expenses not covered above (itemize): a SEE STATEMENT 2	43a	6,784,670	6,067,243	569,824	147,603
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	20,439,601	16,089,238	3,826,165	524,198

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

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

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

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

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

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 3**

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

Program Service Expenses
(Required for 501(c)(3) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

a PROVIDE HOME HEALTH CARE AND COUNSELING TO PATIENTS WITH LIFE THREATENING ILLNESSES

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

16,089,238

b

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

c

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

d

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

e Other program services (attach schedule)

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

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

▶ **16,089,238**

Form **990** (2005)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash-non-interest-bearing	3,756,655	45	4,828,906
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	4,721,624		
	b Less: allowance for doubtful accounts	446,776	47c	4,274,848
	48a Pledges receivable	439,626		
	b Less: allowance for doubtful accounts	157,201	48c	282,425
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	67,281	53	290,466
	54 Investments-securities SEE STATEMENT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,346,609	54	1,357,838
	55a Investments-land, buildings, and equipment: basis			
	b Less: accumulated depreciation (attach schedule)		55c	
56 Investments-other (attach schedule)		56		
57a Land, buildings, and equipment: basis	12,571,977			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 5	2,618,529	57c	9,953,448	
58 Other assets (describe SEE STATEMENT 6)		58	623,093	
59 Total assets (must equal line 74). Add lines 45 through 58.	18,467,372	59	21,611,024	
Liabilities	60 Accounts payable and accrued expenses	1,775,631	60	2,431,976
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule) SEE WORKSHEET	2,200,000	64a	2,200,000
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)		65	
66 Total liabilities. Add lines 60 through 65.	3,975,631	66	4,631,976	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	13,160,985	67	15,685,449
	68 Temporarily restricted	330,756	68	293,599
	69 Permanently restricted	1,000,000	69	1,000,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	14,491,741	73	16,979,048
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	18,467,372	74	21,611,024

Part IV-A

Instructions.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the

Part V-A		Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)	
a	Total revenue, gains, and other support per audited financial statements	22,964,065	
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	-5,514	
2	Donated services and use of facilities		
3	Recoveries of prior year grants		
4	Other (specify):		
Add lines b1 through b4			
c	Subtract line b from line a	22,969,579	
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b		
2	Other (specify):		
Add lines d1 and d2			
e	Total revenue (Part I, line 12). Add lines c and d	-37,157	22,932,422
Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a	Total expenses and losses per audited financial statements	20,439,601	
b	Amounts included on line a but not Part I, line 17:		
1	Donated services and use of facilities		
2	Prior year adjustments reported on Part I, line 20		
3	Losses reported on Part I, line 20		
4	Other (specify):		
Add lines b1 through b4			
c	Subtract line b from line a	20,439,601	
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b		
2	Other (specify):		
Add lines d1 and d2			
e	Total expenses (Part I, line 17). Add lines c and d	20,439,601	20,439,601

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

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

Yes	No
-----	----

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 26

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?

Note. Related organizations include section 509(a)(3) supporting organizations.

If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.

d Does the organization have a written conflict of interest policy?

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

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

[illegible]

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

Yes	No
-----	----

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity

77 Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes.

78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement

80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b If "Yes," enter the name of the organization ►

and check whether it is ☐ exempt or ☐ nonexempt

81a Enter direct and indirect political expenditures. (See line 81 instructions.)

b Did the organization file **Form 1120-POL** for this year?

Part VI Other information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.

82b (See instructions in Part III.)

83a Did the organization comply with the public inspection requirements for returns and exemption applications?

83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83c X

83d N/A

83e X

83f N/A

83g N/A

83h N/A

83i N/A

83j N/A

83k N/A

83l N/A

83m N/A

83n N/A

83o N/A

83p N/A

83q N/A

83r N/A

83s N/A

83t N/A

83u N/A

83v N/A

83w N/A

83x N/A

83y N/A

83z N/A

84a Did the organization solicit any contributions or gifts that were not tax deductible?

84b X

84c N/A

84d N/A

84e N/A

84f N/A

84g N/A

84h N/A

84i N/A

84j N/A

84k N/A

84l N/A

84m N/A

84n N/A

84o N/A

84p N/A

84q N/A

84r N/A

84s N/A

84t N/A

84u N/A

84v N/A

84w N/A

84x N/A

84y N/A

84z N/A

85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? gifts were not tax deductible?

85b N/A

85c N/A

85d N/A

85e N/A

85f N/A

85g N/A

85h N/A

85i N/A

85j N/A

85k N/A

85l N/A

85m N/A

85n N/A

85o N/A

85p N/A

85q N/A

85r N/A

85s N/A

85t N/A

85u N/A

85v N/A

85w N/A

85x N/A

85y N/A

85z N/A

86 501(c)(7) orgs. Enter: a initiation fees and capital contributions included on line 12

86a 86b 86c 86d 86e 86f 86g 86h 86i 86j 86k 86l 86m 86n 86o 86p 86q 86r 86s 86t 86u 86v 86w 86x 86y 86z

87 501(c)(12) orgs. Enter: a Gross income from members or shareholders

87a 87b 87c 87d 87e 87f 87g 87h 87i 87j 87k 87l 87m 87n 87o 87p 87q 87r 87s 87t 87u 87v 87w 87x 87y 87z

88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX

88a 88b 88c 88d 88e 88f 88g 88h 88i 88j 88k 88l 88m 88n 88o 88p 88q 88r 88s 88t 88u 88v 88w 88x 88y 88z

89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911

89a 89b 89c 89d 89e 89f 89g 89h 89i 89j 89k 89l 89m 89n 89o 89p 89q 89r 89s 89t 89u 89v 89w 89x 89y 89z

90a List the states with which a copy of this return is filed

90a NONE

90b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)

90b 196

91a The books are in care of

91a DOUG WEAVER

91b 1718 PATTERSON STREET

91c NASHVILLE, TN

91d Located at

91e 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)?

91e Yes No

91f See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

91g At any time during the calendar year, did the organization maintain an office outside of the United States?

91g 91h 91i 91j 91k 91l 91m 91n 91o 91p 91q 91r 91s 91t 91u 91v 91w 91x 91y 91z

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

92

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

Note: Enter gross amounts unless otherwise indicated.

Note: Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount		
93 Program service revenue:						
a INSURANCE AND PATIENT PYMTS						1,826,067
b						
c						
d						
e						
f Medicare/Medicaid payments						18,854,358
g Fees and contracts from government agencies						
94 Membership dues and assessments						
95 Interest on savings and temporary cash investments			14	49,415		
96 Dividends and interest from securities			14	42,780		
97 Net rental income or (loss) from real estate:						
a debt-financed property						
b not debt-financed property						
98 Net rental income or (loss) from personal property						
99 Other investment income						
100 Gain or (loss) from sales of assets other than inventory						
101 Net income or (loss) from special events						
102 Gross profit or (loss) from sales of inventory						
103 Other revenue: a						
b OTHER REVENUE						23,185
c						
d						
e						
104 Subtotal (add columns (B), (D), and (E))		0		92,195		20,703,610
105 Total (add line 104, columns (B), (D), and (E))						20,795,805

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

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

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	INCOME DERIVED FROM PROVIDING HOME HEALTH CARE AND
93F	COUNSELING TO PATIENTS WITH LIFE THREATENING ILLNESSES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

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

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

- | | | | | |
|---|--------------------------|-----|-------------------------------------|----|
| (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |
| (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | <input type="checkbox"/> | Yes | <input checked="" type="checkbox"/> | No |

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

<p>Please Sign Here</p>	<p>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.</p> <p><i>Gary W. Maxey VP/CFO</i> 6/7/06</p> <p>Signature of officer Date</p> <p><i>Gary W. Maxey, Vice President/Chief Financial Officer</i></p> <p>Type or print name and title.</p>											
<p>Paid Preparer's Use Only</p>	<table border="1" style="width: 100%;"> <tr> <td data-bbox="198 1746 958 1835"> <p>Preparer's signature <i>[Signature]</i></p> </td> <td data-bbox="958 1746 1140 1835"> <p>Date <i>6-8-06</i></p> </td> <td data-bbox="1140 1746 1336 1835"> <p>Check if self-employed <input type="checkbox"/></p> </td> <td data-bbox="1336 1746 1549 1835"> <p>Preparer's SSN or PTIN (See Gen. Instr. W)</p> <p>P00156467</p> </td> </tr> <tr> <td colspan="3" data-bbox="198 1835 1336 1939"> <p>Firm's name (or yours if self-employed), address, and ZIP + 4</p> <p>BLANKENSHIP CPA GROUP, PLLC 109 WESTPARK DRIVE, SUITE 430 BRENTWOOD, TN 37027-5032</p> </td> <td data-bbox="1336 1835 1549 1939"> <p>EIN 45-0491842</p> <p>Phone no. 615-373-3777</p> </td> </tr> </table>				<p>Preparer's signature <i>[Signature]</i></p>	<p>Date <i>6-8-06</i></p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>Preparer's SSN or PTIN (See Gen. Instr. W)</p> <p>P00156467</p>	<p>Firm's name (or yours if self-employed), address, and ZIP + 4</p> <p>BLANKENSHIP CPA GROUP, PLLC 109 WESTPARK DRIVE, SUITE 430 BRENTWOOD, TN 37027-5032</p>			<p>EIN 45-0491842</p> <p>Phone no. 615-373-3777</p>
<p>Preparer's signature <i>[Signature]</i></p>	<p>Date <i>6-8-06</i></p>	<p>Check if self-employed <input type="checkbox"/></p>	<p>Preparer's SSN or PTIN (See Gen. Instr. W)</p> <p>P00156467</p>									
<p>Firm's name (or yours if self-employed), address, and ZIP + 4</p> <p>BLANKENSHIP CPA GROUP, PLLC 109 WESTPARK DRIVE, SUITE 430 BRENTWOOD, TN 37027-5032</p>			<p>EIN 45-0491842</p> <p>Phone no. 615-373-3777</p>									