

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

2003Open to Public
Inspection**A** For the 2003 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
Instruc-
tions.**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 ID number**62-0983550****E** Telephone number**615-327-1085****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

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

H and I are not applicable to section 527 organizations

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," att a list See instr) **N/A****H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Website: **WWW.ALIVEHOSPICE.ORG****J** Organization type(check only one) ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data **Some states require a complete return.****L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **15,451,210****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 18 of the instructions.)R
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v
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n
u
eRECEIVED
MAY 16 2004
IRS-OSC
OGDEN, UT**1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** **1,019,676****b** Indirect public support**1b** **287,510****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **1,307,186** noncash \$)**1d** **1,307,186****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **13,932,027****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **13,696****5** Dividends and interest from securities**5** **100,411****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****8a****b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**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** **97,890****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **15,451,210****13** Program services (from line 44, column (B))**13** **10,759,075****14** Management and general (from line 44, column (C))**14** **3,120,070****15** Fundraising (from line 44, column (D))**15** **412,674****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **14,291,819****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **1,159,391****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **11,948,390****20** Other changes in net assets or fund balances (attach explanation)**20** **83,591****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **13,191,372****SEE STMT 1**

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses

and section 4947(a)(1) nonexempt charitable trusts but optional for others (See page 22 of 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 \$)	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25 863,074	664,567	181,246	17,261
26 Other salaries and wages	26 5,675,574	4,162,806	1,444,653	68,115
27 Pension plan contributions	27			
28 Other employee benefits	28 984,103	757,936	213,361	12,806
29 Payroll taxes	29 508,613	380,629	121,518	6,466
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 461,239	354,487	106,752	
34 Telephone	34 137,912	88,536	49,376	
35 Postage and shipping	35 32,326	1,954	17,541	12,831
36 Occupancy	36 7,870		7,870	
37 Equipment rental and maintenance	37 373,311		373,311	
38 Printing and publications	38 52,620	7,897	27,059	17,664
39 Travel	39 299,826	281,971	17,832	23
40 Conferences, conventions, and meetings	40 108,318	20,356	87,962	
41 Interest	41 209,882		966	208,916
42 Depreciation, depletion, etc (attach schedule)	42 363,631	189,871	173,760	
43 Other expenses not covered above (itemize) a	43a			
b SEE STATEMENT 2	43b 4,213,520	3,848,065	296,863	68,592
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 14,291,819	10,759,075	3,120,070	412,674

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 page 25 of the instructions.)

What is the organization's primary exempt purpose?

► PROVIDE HOME HEALTHCARE AND COUNSELING TO GRAVELY ILL PATIENTS

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 \$) 10,759,075

b

(Grants and allocations \$)

c

(Grants and allocations \$)

d

(Grants and allocations \$)

e Other program services (attach schedule)

(Grants and allocations \$)

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

► 10,759,075

Part IV Balance Sheets (See page 25 of 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
45	Cash-non-interest-bearing	1,327,085	45	2,991,040
46	Savings and temporary cash investments	940,934	46	1,193,303
47a	Accounts receivable	2,865,105		
b	Less allowance for doubtful accounts	252,880	47c	2,612,225
48a	Pledges receivable	462,665		
b	Less allowance for doubtful accounts	157,201	48c	305,464
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	24,557	53	66,926
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
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	11,729,102		
b	Less accumulated depreciation (attach schedule)			
57b		1,734,095	57c	9,995,007
58	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	16,103,499	59	17,163,965
60	Accounts payable and accrued expenses	1,340,109	60	1,532,593
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)	2,815,000	64a	2,440,000
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	4,155,109	66	3,972,593
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	9,831,622	67	11,960,173
68	Temporarily restricted	1,116,768	68	231,199
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)	11,948,390	73	13,191,372
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	16,103,499	74	17,163,965

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.

Part IV-A

Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

Part IV-B

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a Total revenue, gains, and other support per audited financial statements ▶	a 15,534,801	a Total expenses and losses per audited financial statements ▶	a 14,291,819
b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments \$ 83,591 (2) Donated services and use of facilities \$ (3) Recoveries of prior year grants \$ (4) Other (specify) \$ Add amounts on lines (1) through (4) ▶	b 83,591	b Amounts included on line a but not on line 17, Form 990 (1) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify). \$ Add amounts on lines (1) through (4) ▶	b
c Line a minus line b ▶	c 15,451,210	c Line a minus line b ▶	c 14,291,819
d Amounts included on line 12, Form 990 but not on line a : (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify) \$ Add amounts on lines (1) and (2) ▶	d	d Amounts included on line 17, Form 990 but not on line a : (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify) \$ Add amounts on lines (1) and (2) ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 15,451,210	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 14,291,819

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions)

[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
If "Yes," attach schedule-see page 28 of the instructions

► ☐ Yes ☒ No

Part VI Other Information (See page 28 of 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	76	X
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	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A 78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A 84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A 85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A 85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A 85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A 85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90b	193
91	The books are in care of DOUG WEAVER Located at 1718 PATTERSON STREET, NASHVILLE, TN	Telephone no	615-327-1085
		ZIP + 4	37203
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

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 PRIVATE INSURANCE					4,179,608
b					
c					
d					
e					
f Medicare/Medicaid payments					9,752,419
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	13,696	
96 Dividends and interest from securities			14	100,411	
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					97,890
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		114,107	14,029,917
105 Total (add line 104, columns (B), (D), and (E))					14,144,024

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 page 34 of 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)
●	
ALL	INCOME DERIVED FROM PROVIDING HOME HEALTH CARE AND COUNSELING TO PATIENTS WITH LIFE THREATENING ILLNESSES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of 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 page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

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

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.

Please Manish Shah VP/CFO 5/14/04
President/Chief Financial Officer Date

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**

OMB No 1545-0047

2003Department of the Treasury
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

ALIVE HOSPICE, INC.**62-0983550****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
DAVID MOFFITT 1718 PATTERSON STREET	RN	73,752	0	0
JEFFERY SIDLER 1718 PATTERSON STREET	RN	69,688	0	0
TERESA DAVIS 1718 PATTERSON STREET	RN	66,212	0	0
JOHN R. LEE 1718 PATTERSON STREET	RN	61,655	0	0
OSSIE JEFFERSON-CORLE 1718 PATTERSON STREET	RN	60,314	0	0
Total number of other employees paid over \$50,000 ▶	17			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

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

Schedule A (Form 990 or 990-EZ) 2003

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		X
e Transfer of any part of its income or assets?	2e		X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a		X
3b Do you have a section 403(b) annuity plan for your employees?	3b		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
12 ☒ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note.** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,089,045	4,847,826	1,428,886	3,869,574	11,235,331
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	170,182	63,920	169,658	20,944	424,704
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0
23 Total of lines 15 through 22	1,259,227	4,911,746	1,598,544	3,890,518	11,660,035
24 Line 23 minus line 17	1,259,227	4,911,746	1,598,544	3,890,518	11,660,035
25 Enter 1% of line 23	12,592	49,117	15,985	38,905	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					0
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year. (2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year. (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines 15 <u>11,235,331</u> 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					96.3576%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					3.6424%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check **a** ☐ if the organization belongs to an affiliated group Check **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount Enter the amount from the following table-														
<table border="0"> <tr> <td>If the amount on line 40 is-</td> <td>The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	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	41	
If the amount on line 40 is-	The lobbying nontaxable amount is-													
Not over \$500,000	20% of the amount on line 40													
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													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**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 45 through 50 on page 11 of the instructions)

N/A

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Tax-Exempt Bond Liabilities

Form **990****2003**

For calendar year 2003, or tax year beginning

, and ending

Name

Employer Identification Number

ALIVE HOSPICE, INC.**62-0983550****FORM 990, PART IV, LINE 64A - ADDITIONAL INFORMATION**

Name of lender	Purpose of issue
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Issue date	Original amount of issue	Form 8038 filed: Y/N Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1) 7/15/99	8,100,000	N		5/31/00	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Third party use percent	Maturity date	Repayment terms	Interest rate
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1)	2,815,000	2,440,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	2,815,000	2,440,000

Federal Statements

62-0983550

FYE: 12/31/2003

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	\$ 83,591
TOTAL	\$ 83,591

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
DUES	45,219	2,891	42,328	
PROFESSIONAL FEES	69,548	15,019	53,623	906
DIRECT PATIENT CARE	3,495,025	3,495,025		
ADVERTISING	85,160		28,375	56,785
MISCELLANEOUS	157,333	61,175	85,257	10,901
PROPERTY INSURANCE	61,095	4,088	57,007	
UTILITIES	300,140	269,867	30,273	
TOTAL	\$ 4,213,520	\$ 3,848,065	\$ 296,863	\$ 68,592

Statement 3 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Title	Average Hrs	Comp	Benefits	Exp
Address			City, State, Zip		
CLAIRE ARMISTEAD	DIRECTOR			0	0
296 HARDING PLACE			NASHVILLE TN 37205		
KIM DRAKE	DIRECTOR			0	0
4606 SHYS HILL ROAD			NASHVILLE TN 37215		
FRANCES EDWARDS	DIRECTOR			0	0
50 CONCORD PARK EAST			NASHVILLE TN 37205		
HOWARD C. GENTRY	DIRECTOR			0	0
3500 JOHN MERRITT BLVD.			NASHVILLE TN 37209		
GRANBERY JACKSON	DIRECTOR			0	0
4219 HILLSBORO PIKE			NASHVILLE TN 37215		
JAN JONES	CEO			182,331	0
1718 PATTERSON STREET			NASHVILLE TN 37203		
SCOTT NOONAN	DIRECTOR			0	0
730 VOSSWOOD DRIVE			NASHVILLE TN 37205		
NANCY PETERSON	DIRECTOR			0	0
THREE WHITEHALL			NASHVILLE TN 37205		
ERIC RAEFSKY	DIRECTOR			0	0
6130 S. MT. JULIET RD.			HERMITAGE TN 37076		
ANNE RAGSDALE	DIRECTOR			0	0
27 NORTHUMBERLAND			NASHVILLE TN 37215		
DENNIS ROGERS	DIRECTOR			0	0
502 HODGES COURT			FRANKLIN TN 37067		
MARVIN RUNYON	DIRECTOR			0	0
5 ST. JAMES PLACE			NASHVILLE TN 37215		
WALTER SEARCY	DIRECTOR			0	0
P.O. BOX 40187			NASHVILLE TN 37204		

Federal Statements

FYE: 12/31/2003

Statement 3 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees
(continued)

Name	Address	Title	Average Hrs	Comp	Benefits	Exp
			City, State, Zip			
ROXANE B. SPITZER, PHD	1818 ALBION STREET	DIRECTOR	NASHVILLE TN 37208	0	0	
PETE TELLEZ	709 ROCKY MOUNTAIN CT.	DIRECTOR	ANTIOCH TN 37013	0	0	
NORMAN URMY	VANDY UNIV. MED. CTR.	DIRECTOR	NASHVILLE TN 37232	0	0	
JAN VAN EYS	3504 RULAND PLACE	DIRECTOR	NASHVILLE TN 37215	0	0	
QUENTON WHITE	1719 WEST END AVENUE	DIRECTOR	NASHVILLE TN 37203	0	0	
GARY MAXEY	1718 PATTERSON STREET	CFO	NASHVILLE TN 37203	109,058	0	
JOHN MULDER	1718 PATTERSON STREET	MEDICAL DIRE	NASHVILLE TN 37203	209,141	0	
PAM BROWN	1718 PATTERSON STREET	VP	NASHVILLE TN 37203	73,350	0	
PAM SAUCIER	1718 PATTERSON STREET	DIRECTOR OF	NASHVILLE TN 37203	80,379	0	
DEBBIE BAUMGART	1718 PATTERSON STREET	DIR. OF CLIN	NASHVILLE TN 37203	77,416	0	
SHARON ADKINS	MEDICAL CENTER NORTH	DIRECTOR	NASHVILLE TN 37232	0	0	
GEORGE V. CRAWFORD, JR.	105 BRAXTON HILL COURT	DIR. OF CLIN	NASHVILLE TN 37204	0	0	
ROY O. ELAM, M.D.	4230 HARDING ROAD	DIRECTOR	NASHVILLE TN 37203	0	0	
ROSALYN S. ELTON	ONE PARK PLAZA	DIRECTOR	NASHVILLE TN 37203	0	0	
KEITH HAGAN, M.D.	2801 CHARLOTTE AVENUE	DIRECTOR	NASHVILLE TN 37209	0	0	
ANNE THERESA KNAUFF	2002 RICHARD JONES ROAD	DIRECTOR	NASHVILLE TN 37215	0	0	
KEN VENUTO	618 CHURCH STREET	DIRECTOR	NASHVILLE TN 37219	0	0	
WILLIAM LIGGETT, M.D.	DICKERSON ROAD	DIRECTOR	NASHVILLE TN 37207	0	0	
AWILDA PRATT-CAMPBELL	1718 PATTERSON STREET	DIRECTOR OF	NASHVILLE TN 37203	72,649	0	
KAREN YORK	1718 PATTERSON STREET	VP - COMPLIA	NASHVILLE TN 37203	58,750	0	