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CLIENT'S COPY



Nashville | 615-377-4600 | LBMC.com PO Box 1869 | Brentwood, TN 37024-1869

MR. JOSEPH HAMPE ALIVE HOSPICE, INC. 1718 PATTERSON STREET NASHVILLE, TN 37203

DEAR JOSEPH:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2016 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2016 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

PLEASE REVIEW THE RETURN FOR COMPLETENESS AND ACCURACY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX RETURN.

VERY TRULY YOURS,

JEFF TALLEY, CPA SHAREHOLDER

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2016

MR. JOSEPH HAMPE ALIVE HOSPICE, INC. 1718 PATTERSON STREET NASHVILLE, TN 37203
LBMC, PC P.O. BOX 1869 BRENTWOOD, TN 37024-1869
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
NOT APPLICABLE
THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY NOVEMBER 15, 2017.

	000	
	uull	
Form	330	

EXTENDED TO NOVEMBER 15, 2017

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.



Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning and ending								
B c a	Check if pplicabl	k if c Name of organization D Employer identification number						
	Addre							
	Name Chang	Doing business as	62-0	983550				
	Initial return		Room/suite					
	Final return			615-	327-1085			
_	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	37,619,728.			
	Amen	MASHVILLE, IN 57205		H(a) Is this a group re				
	Applic tion pendi			for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X = 501(c)(3)$ $501(c)()$ $() \blacktriangleleft$ (insert no.) $4947(a)(1)$	or 🛄 527	If "No," attach a	list. (see instructions)			
		te: WWW.ALIVEHOSPICE.ORG		H(c) Group exemptio				
		forganization: X Corporation Trust Association Other ►	L Year	of formation: 1975	I State of legal domicile: $ extsf{TN}$			
Pa		Summary						
e	1	Briefly describe the organization's mission or most significant activities: ALIV	E HOSE	VICE, INC. P.				
Activities & Governance		LOVING CARE TO PEOPLE WITH LIFE-THREATEN			PPORT TO			
/ern		Check this box 🕨 🛄 if the organization discontinued its operations or dispo	sed of more					
ğ					27 27			
જ		Number of independent voting members of the governing body (Part VI, line 1b)			363			
ties		Total number of individuals employed in calendar year 2016 (Part V, line 2a)		470				
tivi	6	Total number of volunteers (estimate if necessary)			470			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>					
				Prior Year 2,250,066 •	Current Year 7,635,727.			
iue		Contributions and grants (Part VIII, line 1h)		28,026,195.	29,358,848.			
Revenue		Program service revenue (Part VIII, line 2g)		100,062.	98,343.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		48,489.	46,916.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,424,812.	37,139,834.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
		Benefits paid to or for members (Part IX, column (A), line 4)		17,986,369.	19,169,115.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	loa b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) $653, 4$	96	•	•			
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	10,239,106.	10,981,845.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		28,225,475.	30,150,960.			
		Revenue less expenses. Subtract line 18 from line 12		2,199,337.	6,988,874.			
es	19			ginning of Current Year	End of Year			
Assets or d Balances	20	Total assets (Part X, line 16)		24,531,789.	32,400,350.			
Asse Bal				1,923,036.	2,675,421.			
Net /		Net assets or fund balances. Subtract line 21 from line 20		22,608,753.	29,724,929.			
_	art II			,,				
		ships of neurism. I deploye that I have assessinged this seture, including accompanying achedula		ante and to the best of m	. In a state of the state of the state of the state			

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

Sign Here	Signature of officer JOSEPH HAMPE, CHIEF FI	NANCIAL OFFICER	Date
	Type or print name and title Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	JULIE BARTLETT	Fiehaiel 2 Signature	9/20/17 self-employed P00742923
Preparer	Firm's name 🕨 LBMC , PC		Firm's EIN 62-1199757
Use Only	Firm's address P.O. BOX 1869		
	BRENTWOOD, TN 37	024-1869	Phone no. (615)377-4600
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
632001 11-1	•	<i>,</i>	Form 990 (2016)
S	EE SCHEDULE O FOR ORGANIZ	ATION MISSION STATEME	NT CONTINUATION

	1 990 (2016) ALIVE HOSPICE INC	62-0983550 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
-	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not	
	prior Form 990 or 990-EZ?	Yes X 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 pro	gram services?Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest progr	ram services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	ocations to others, the total expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 23, 476, 803. including grants of \$) (Revenue \$ 29,405,764.)
	ALIVE HOSPICE SERVES THOSE WHO HAVE A LIMITED LI	
	(REGARDLESS OF ILLNESS OR AGE) AND LIVE WITHIN T	
	SERVICE AREA. ALIVE HOSPICE PROVIDED END-OF-LIP	
	PATIENTS DURING 2016.	TE CARE 10 5,005
	PATIENTS DURING 2010.	
	ONLY ALIVE HOSPICE PROVIDES THIS UNPARALLELED SC	
	IN-HOME HOSPICE SERVICES; INPATIENT RESIDENTIAL	
	ALIVE HOSPICE RESIDENCE NASHVILLE FACILITY; AN A	
	LOCATED WITHIN A HOSPITAL; INPATIENT HOSPICE CAR	RE AT OTHER HOSPITALS
	THROUGHOUT MIDDLE TENNESSEE; FULL-TIME MEDICAL I	DIRECTORS (PHYSICIANS)
	ON STAFF; ALIVE GRIEF SUPPORT SERVICES, COUNSEL	ING AND SUPPORT FOR
	THOSE WHO HAVE EXPERIENCED LOSS; INDIVIDUALIZED,	
4b	(Code:) (Expenses \$ including grants of \$	
40	(code) (Expenses \$ including grants of \$) (nevenue \$)
40		
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 ► 23,476,803.	
		Form 990 (2016)
632002	I2 11-11-16 SEE SCHEDULE O FOR CONTIN	NUATION(S)
	2	

 Form 990 (2016)
 ALIVE HOSPICE INC

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	10		X

Form	000	(2016)	
Form	990	(2016)	

 Form 990 (2016)
 ALIVE
 HOSPICE
 INC

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			37
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
~~	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		22		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34		34	х	
250		34 35a	- 23	x
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
U.	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
51	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Part U Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule C contains a response or note to any line in this Part V Image: Check if Schedule C contains a response or note to any line in this Part V 1a Enter the number of Forms W3G included in line 1a. Enter 0- if not applicable 1a 63 1b 0 0 C X 2a 2a Enter the number of Forms W3G included in line 1a. Enter 0- if not applicable 1a 63 1c X 2a 363 X 2a Enter the number of employees reported on Form W3, Transmittar of Wage and Tax Statements. 2a 363 2b If the scanne is reported on fine 2a, did the organization fine all required fedral employment tax returns? 2b X Note. If the scanne of the foreign Earth ways on the scanne tax scanne, scanne scanne of the scanne of the organization have an interest in, or a signature or other authority owr, a framerial accountry for than s a tenk account, scanne scanne accountry. 3a X 3b Did any taxable party notify the organization that is or is a party to a sphibited tax schells framework accountry. 5a X 3c If Yes, "is the dise fore 00000 The Yes, and Yes, an	Form	990 (2016) ALIVE HOSPICE INC		62-0983	550	Р	age 5
Check if Schedule C contains a response or note to any line in this Part V 1a Enter the number reported in flox3 at Form 1096. Enter -0 if not applicable 1a 63 1b 10 00 2 Enter the number reported in flox3 at Form 1096. Enter -0 if not applicable 1a 63 2 Enter the number of provide in the 1a. Enter -0 if not applicable payments to vendors and reportable gaming (gaming) winth schup, withholding rules for reportable payments to vendors and reportable gaming (gaming) winth schup withholding rules for reported in flow 2a. (dith congranted heart in the set of the schup approximation have investigation in the relation of the schup approximation have investigation in the set of the schup approximation have investigation flow and required teoral employment tax returns? 2a X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-Me (see instructions) 3a X 3b 4a X B 11 Yess, that it float form float the form county you apper approximation apper unitable tax schup approximation have an interest in, or a signature or other authority over, a francial account is a foreign country? As		/					
1a Enter the number eported in Box 3 of Form 1006. Enter -0 if not applicable 1a 63 b Enter the number of Form W240 included in the 1a. Enter-0 if not applicable 1b 0 2a Enter the number of emolyses reported on Form V33, Transmittal of Wage and Tax Statements. 2a 363 2a Enter the number of emolyses reported on Form V33, Transmittal of Wage and Tax Statements. 2a 3c1 3b If at least on item 5a, of the organization file all equiled federal employment tax returns? 3c X 3b If at least organization have united business goes incore of 51, 1000 or more during the year? 3a X 3b If the sam of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b At any time as friend 1 com 90-17 for this year? <i>If Ma</i> , <i>1</i> foin 2b, provide an explanation in Schedule O 3b X 3b If "Yes," has if tied a form 90-17 for this year? <i>If Ma</i> , <i>1</i> foin 2b, provide an explanation in Schedule O 3b X 3c X at morphanization have on a portipic base and provide part on this greating and part or other instructions for filing requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See X 3c X							
1a Enter the number eported in Box 3 of Form 1006. Enter -0 if not applicable 1a 63 b Enter the number of Form W240 included in the 1a. Enter-0 if not applicable 1b 0 2a Enter the number of emolyses reported on Form V33, Transmittal of Wage and Tax Statements. 2a 363 2a Enter the number of emolyses reported on Form V33, Transmittal of Wage and Tax Statements. 2a 3c1 3b If at least on item 5a, of the organization file all equiled federal employment tax returns? 3c X 3b If at least organization have united business goes incore of 51, 1000 or more during the year? 3a X 3b If the sam of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X 3b At any time as friend 1 com 90-17 for this year? <i>If Ma</i> , <i>1</i> foin 2b, provide an explanation in Schedule O 3b X 3b If "Yes," has if tied a form 90-17 for this year? <i>If Ma</i> , <i>1</i> foin 2b, provide an explanation in Schedule O 3b X 3c X at morphanization have on a portipic base and provide part on this greating and part or other instructions for filing requirements for FinCN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See X 3c X						Yes	No
b Enter the number of forms W2G included in line 1a. Enter 0- if not applicable Int Int< Int< Int< Int Int Int Int Int Int Int< Int Int Int<	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	63		100	
c Did the organization comply with backage withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2 Enter the number of employees reported on form W-3, Transmittat of Wage and Tax Statements, field for the calendar year ending with in the year overred by this return 3c3 X 3 If at least one is reported on the 2Å, did the organization file all required tederal employment tax returns? 3ca X 4 Mote. If the sum of lines 1A and 2a is greater than 250, you may be required to c-file (see restructions) 3a X 5 At any time the name of the region country (such as a bank account, social to c-file (see restructions) 3b X 6 At any time the the anne of the origin country (such as a bank account, social to c-file (see restructions) 3a X 6 At any time the the anne of the origin country (such as a bank account, social to c-file (see restructions) 3a X 7 Max the organization have annual gross receipts that an entromaly greater than 5100,000, and did the organization have annual gross receipts that an entromaly greater than 5100,000, and did the organization have annual gross receipts that are normally greater than 5100,000, and did the organization solicat any contributions and args registration have annual gross receipts that are normally greater than 5100,000, and did the organization have annual gross receipts thatan entromaly greater than 5100,000, and did the organization sol				0			
gambing winnings to prize winners? 10 X 2a Enter the number of employees reported on from W-3, Transmittal of Wage and Tax Statements, infect for the calendar year ending with or within the year covered by this return 2a 36 3 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note, If the sum of lines 1 and 2a is grader than 250, your may be required to File (see instructions) 3a X b If 'tss', that file a C moon boot that and 2a is grader than 250, your more during the year? 3a X b If 'tss', that file a C moon boot that and 2a is grader than 250, your more during the year? 3a X b If 'tss', that file a C moon outly (such as a bank account, socurits socurits or other authority over, a financial account); boot any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction 7. 5a X b U any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction 7. 5c 5a X b If 'Yes, ' did the organization include with every solotation an express statement that such contributions or gifts were not tax deductible or that was or is party to a party to a prohibited as a contribution and party in grades and services provided to the party of the organization neal were solotation an express statement that such contributions or gifts were not tax deductible contributions and party in grades and services provided to the pa				able gaming			
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 9b 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: 10a a Gross income from members or shareholders 11a 12a 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 12 13 13a 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a 13a Note. See the instructions for additional information the organization	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		
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8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: 10a 9b a Initiation fees and capital contributions included on Part VIII, line 12 10b 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 10b 12 Gross income from members or shareholders 11a 10b 11b 12a 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 12a 12 b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a	g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		
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organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c	L.						
c Enter the amount of reserves on hand 13c	a		124	1			
	~						
14a Did the organization receive any payments for indoor tanning services during the tax year?			L	1	140		X
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a A b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b							

Form	990	(2016)	
	550	(2010)	

Form 990	(2016)
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ALIVE HOSPICE INC

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25	'		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	–		
74	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	14		
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
o a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		
000	tion D. Tonoico (mis Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10-2	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
5	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	х	
ıza b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	120		
С		12c	x	
40		13	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	- 23	
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?	45-		x
a L	The organization's CEO, Executive Director, or top management official	15a		X
α	Other officers or key employees of the organization	15b		
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		x
	taxable entity during the year?	16a		
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	101		
<u> </u>	exempt status with respect to such arrangements?	16b		
-	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright TN	e vellek		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public increasing indicate how you made these sublicks.	avallat	ne	
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
•	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	1718 PATTERSON STREET, NASHVILLE, TN 37203			
	TIT TUTUOUTI TUTUTI, IUUUUTITUT, III J/200			

Part VII	compensation of Officers, Directors, Trustees, Key Employees, Highest Compensat	ed
	mployees, and Independent Contractors	

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

 List all of the organization 's former officers, key employees, and 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of				
	week		cer an	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ę.			ated		organization	(W-2/1099-MISC)	from the
	related	istee	truste		e	bensi		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ANGIE MULDER	1.00	<u> </u>	<u> </u>	0	×	포히	E.			
BOARD MEMBER		x						0.	0.	0.
(2) BETH WORKMAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(3) BRIAN HEMPHILL MD	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) BRIAN MARGER	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) CATHRYN ROLFE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) CLARK BAKER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) DAVID HAWKINS	1.00									_
BOARD MEMBER		х						0.	0.	0.
(8) DEBORAH FARRINGER	1.00									_
BOARD MEMBER		X						0.	0.	0.
(9) DONNA ESKIND	1.00									
SECRETARY		Х		X				0.	0.	0.
(10) FRANK MORGAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) GINA ZYLSTRA	1.00									
BOARD MEMBER	1 00	X						0.	0.	0.
(12) JUDY ORR	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(13) LINDA NORMAN	1.00									•
BOARD MEMBER	1 00	X						0.	0.	0.
(14) LISA DAVIS	1.00									0
TREASURER	1 00	X		X				0.	0.	0.
(15) LIZ SCHATZLEIN	1.00	x						0.	0.	0
BOARD MEMBER	1.00	^						0.	0.	0.
(16) LYNN LIEN	1.00	x						0.	0.	0.
BOARD MEMBER (17) MATT MILLER	1.00	<u>^</u>					┣──	0.	0.	0.
(17) MATT MILLER BOARD MEMBER	1.00	x						0.	0.	0.
BOARD MEMDER				L				0.	0.	

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Form 990 ((201	6
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do	not c	Posi			one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	am	nount	of
	week	<u> </u>	cer an	u a u		n/trus	lee)	from	from related			other	
	(list any hours for	irecto						the	organizations			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	()		om the anizati	
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)			•	d relati	
	below	Individual trustee or director	Institutional trustee	_	nploy	st co i vyee	5					anizatio	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Form				0		
(18) PHILIP RANSDELL	1.00				-								
BOARD MEMBER		x						0.		0.			Ο.
(19) ROBERT TAYLOR MD	1.00												
BOARD MEMBER		x						0.		0.			Ο.
(20) RYAN GALLAGHER	1.00												
BOARD MEMBER		x						0.		0.			Ο.
(21) SARA FINLEY	1.00												
BOARD MEMBER		x						0.		0.			Ο.
(22) STEPHEN HEYMAN MD	1.00												
BOARD MEMBER		x						0.		0.			Ο.
(23) SUSAN BROWNIE	1.00												
BOARD MEMBER		x						0.		0.			0.
(24) VICKI ESTRIN	1.00												
BOARD MEMBER		x						0.		0.			0.
(25) WARD CAMMACK	1.00												
BOARD MEMBER		x						0.		0.			0.
(26) WARREN MCPHERSON MD	1.00												
CHAIR ELECT		x						0.		0.			0.
						-		0.		0.			0.
							0.	16	5,0	12.			
d Total (add lines 1b and 1c)								1,777,364.		0.		5,0	
2 Total number of individuals (including but n									000 of reportable	e L		<u> </u>	
compensation from the organization						-,		-	,	-			13
												Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	v en	nola	vee	or	highest compensated e	mplovee on	- F			
line 1a? If "Yes," complete Schedule J for s								•			3		Х
4 For any individual listed on line 1a, is the su										·····			
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	-				-			-			5		Х
Section B. Independent Contractors												I	
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100.000 of com	pensa	ation f	rom	
the organization. Report compensation for	-									p 01.00			
(A)								(B)			(C	;)	
Name and business	address							Description of s	ervices	C		nsatio	n
MILEK MEDIA LLC, 2021 215	ST AVE.	S	נעכ	СН.	,			PUBLIC					
SUITE C-110, NASHVILLE, TN 37212								RELATIONS/AD	VERTISIN		22	8,0	17.
	FRANTZ BUILDING SERVICES, INC.												
P.O. BOX 2001, OWENSBORO		302	2					JANITORIAL SERVICES 2				0,2	08.
CONSOLIDATED MEDICAL STAN												- / -	
1707 KIRBY PKWY #200, MEN		ГN	37	712	20			STAFFING			163,256		56.
MECHANICAL RESOURCE GROUP					-		-						
750 MELROSE AVE, NASHVILI		372	211	L				HVAC MAINTEN	ANCE		11	8,9	46.
EARL SWENSSON ASSOCIATES							-						
P.O. BOX 410628, NASHVILLE, TN 37241 ARCHITECT SERVICES									RVICES		11	2,6	31.

 P.O. BOX 410628, NASHVILLE, TN 37241
 ARCHITECT SERVICES

 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶
 8

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 ALIVE HOS		62-0983550								
Part VII Section A. Officers, Directors, Tru										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	hecł	k all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		e	pens				and related
	organizations	ual tru	onal		ploye	com				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) WILL WRIGHT	1.00	드	드	5	ž	Ξ	요			
BOARD CHAIR		x		x				0.	0.	0.
(28) ANNA-GENE O'NEAL	40.00									
CHIEF EXECUTIVE OFFICER				x				310,199.	0.	25,644.
(29) BARBARA BRENNAN	40.00									
CHIEF OPERATING OFFICER/CHIEF NURSIN				x				203,096.	0.	25,864.
(30) JOSEPH HAMPE	40.00							20070300		
CHIEF FINANCIAL OFFICER				x				202,244.	0.	27,727.
(31) ROBERT BERKOMPAS	40.00									
CHIEF MEDICAL OFFICER				x				230,509.	0.	32,926.
(32) SHAZIA FAZILI	32.00									
TEAM MEDICAL DIRECTOR						x		174,911.	0.	3,534.
(33) ANH MEADOWS	40.00							7 -		
TEAM MEDICAL DIRECTOR		1				x		208,038.	Ο.	17,965.
(34) LAURA THARPE	40.00									
TEAM MEDICAL DIRECTOR		1				Х		141,609.	0.	11,907.
(35) LESLIE BAKER	40.00									
ADMINISTRATOR OF HOMECARE						Х		113,008.	0.	11,123.
(36) SASHA BOWERS	40.00									
TEAM MEDICAL DIRECTOR						X		193,750.	0.	8,322.
		1								
		1								
	1	I	·	·	I	I				
Total to Part VII, Section A, line 1c								1,777,364.		165,012.

ai	t VII				a in this David V/III			
		Check if Schedule O conta	ins a response	e or note to any line	(A) (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
lts	1 a	Federated campaigns	1a	113,373.				
and Other Similar Amounts		Membership dues						
Ā		Fundraising events						
ar		Related organizations						
Ē		Government grants (contributio						
S	f	All other contributions, gifts, grants	, and					
Ę		similar amounts not included above	e 1f	7,522,354.				
윙	g	Noncash contributions included in lines 1	a-1f:\$					
an	h	Total. Add lines 1a-1f			7,635,727.			
				Business Code				
	2 a	PATIENT SERVICE REVENUE		623000	29,358,848.	29,358,848.		
Revenue	b							
Bun	с							
ě	d							
"	е							
	f	All other program service reven	ue					
	g	Total. Add lines 2a-2f		▶	29,358,848.			
	3	Investment income (including d	lividends, inte	rest, and				
		other similar amounts)		►	99,148.			99,14
	4	Income from investment of tax-	exempt bond	proceeds				
	5	Royalties		►				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss)		►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	465,989	. 13,100.				
	b	Less: cost or other basis						
		and sales expenses	478,116					
	с	Gain or (loss)	-12,127	. 11,322.				
	d	Net gain or (loss)		>	-805.			- 8 (
2	8 a	Gross income from fundraising	events (not	1				
		including \$	of	1				
		contributions reported on line 1	c). See	1				
		Part IV, line 18	6	a				
		Less: direct expenses		»				
	С	Net income or (loss) from fundr	aising events	►				
	9 a	Gross income from gaming acti	ivities. See	1				
		Part IV, line 19		»				
		Less: direct expenses		»				
	С	Net income or (loss) from gamir	ng activities	·· <u>·</u> ···· ►				
	10 a	Gross sales of inventory, less re		1				
		and allowances						
		Less: cost of goods sold						
Ļ	С	Net income or (loss) from sales						
F		Miscellaneous Revenue		Business Code				
	11 a	MISCELLANEOUS REVENUE		900099	38,622.	38,622.		
	b	REBATES/DISCOUNTS		900099	8,294.	8,294.		
	С			ļļ				
	d	All other revenue						
	е	Total. Add lines 11a-11d			46,916.			
	12	Total revenue. See instructions.		🕨	37,139,834.	29,405,764.	0	. 98,34

632009 11-11-16

5)		A	ΓL.	VE	HO	SPI	CE	IN	С

Form 990 (2016) ALIVE HOSPICE
Part IX Statement of Functional Expenses ALIVE HOSPICE INC

5500	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	1 040 276	1 400 400	10F 616	27 271
	trustees, and key employees	1,942,376.	1,499,489.	405,616.	37,271.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	14 255 022	10 962 046	2 1 2 0 6 1 5	262 161
7	Other salaries and wages	14,255,822.	10,863,046.	3,129,615.	263,161.
8	Pension plan accruals and contributions (include	110 405	70 204	20 700	2 202
	section 401(k) and 403(b) employer contributions)	112,485.	79,394.	30,789.	42,302.
9	Other employee benefits	1,532,467. 1,325,965.	1,388,344.	101,162.	2,302. 42,961. 18,546.
10	Payroll taxes	1,343,903.	845,480.	461,939.	10,340.
11	Fees for services (non-employees):				
	Management	66 097		66 007	
b	Legal	66,987.		66,987.	
	Accounting	55,183.		55,183.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	17 702	11 /00	6 205	
f	Investment management fees	17,793.	11,488.	6,305.	
g	Other. (If line 11g amount exceeds 10% of line 25,	E00 127	10 601	221 520	142 027
	column (A) amount, list line 11g expenses on Sch O.)	508,137. 325,861.	42,681.	321,529.	143,927. 16,051.
12	Advertising and promotion	511,199.	232,461.	309,810. 176,305.	102,433.
13	Office expenses	511,199.	232,401.	170,303.	102,433.
14	Information technology				
15	Royalties	2,265,471.	1,700,946.	551 627	12,888.
16		7,588.	2,736.	551,637. 4,852.	12,000.
17	Travel	7,500.	2,730.	4,052.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	32,628.	13,106.	19,117.	405.
19	Conferences, conventions, and meetings	24,342.	13,100.	24,342.	403.
20	Interest	24,342.		24,342.	
21	Payments to affiliates	551,985.	374,618.	177,367.	
22	Depreciation, depletion, and amortization	231,526.	180,359.	47,231.	3,936.
23	Insurance	231,320.	100,339.	47,231.	5,950.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	DIRECT PATIENT CARE	4,962,749.	4,962,749.		
b	FLEET MANAGEMENT	563,612.	491,054.	70,800.	1,758.
С	MEDICAL SUPPLIES	554,598.	554,598.		
d	MISCELLANEOUS	121,994.	54,062.	60,075.	7,857.
е	All other expenses	180,192.	180,192.		
25	Total functional expenses. Add lines 1 through 24e	30,150,960.	23,476,803.	6,020,661.	653,496.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Check here

_____ if following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	22,862.	1	491,453.
	2	Savings and temporary cash investments	7,737,710.	2	8,430,008.
	3	Pledges and grants receivable, net	699,312.	3	3,940,797.
	4	Accounts receivable, net	2,596,553.	4	2,279,920.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
sts		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots\dots}$		6	
Assets	7	Notes and loans receivable, net		7	
٩	8	Inventories for sale or use	51,814.	8	41,704.
	9	Prepaid expenses and deferred charges	238,805.	9	251,630.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 23, 315, 836.	10 764 157		14 422 205
		Less: accumulated depreciation 10b 8,882,451.	10,764,157.		14,433,385.
	11	Investments - publicly traded securities	1,844,673. 1,000.	11	1,946,915.
	12	Investments - other securities. See Part IV, line 11	1,000.	12	1,000.
	13	Investments - program-related. See Part IV, line 11	554,293.	13	554,293.
	14	Intangible assets	20,610.	14	29,245.
	15	Other assets. See Part IV, line 11	20,010.	15 16	32,400,350.
	16 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	1,923,036.	17	2,675,421.
	18	Grants payable	1,525,0500	18	2,0,0,1210
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abil		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,923,036.	26	2,675,421.
		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and			
ses		complete lines 27 through 29, and lines 33 and 34.	10 400 400		21 240 700
and	27	Unrestricted net assets	19,409,402.	27	21,240,706.
Bal	28	Temporarily restricted net assets	<u>2,024,228.</u> 1,175,123.	28	7,304,034.
pur	29	Permanently restricted net assets	1,175,125.	29	1,180,189.
ц		Organizations that do not follow SFAS 117 (ASC 958), check here			
o s	20	and complete lines 30 through 34.		20	
sei	30 21	Capital stock or trust principal, or current funds		30 31	
Net Assets or Fund Balances	31 32	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Nei	32 33	Total net assets or fund balances	22,608,753.	32 33	29,724,929.
	33 34	Total liabilities and net assets/fund balances	24,531,789.	33 34	32,400,350.
	• •		==,=;=;=;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;		,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

12

Form **990** (2016)

Part X | Balance Sheet

Form	990	(201)	6

	1990 (2016) ALIVE HOSPICE INC	62-09	83550	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	37,139		
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,150		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,988		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,608		
5	Net unrealized gains (losses) on investments	5			71.
6	Donated services and use of facilities	6	54	.,4	86.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		- 8	55.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	29,724	.,9	29.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			_ /	\mathbf{n}	

SCHEDULE A	
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(Form 99) or 99	0-EZ
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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.

LU	IU
Open to	Public
Inspec	ction

OMB No. 1545-0047

2016

Department of the Treasury Internal Revenue Service

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

Nan	ne of	the organization	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	10115 15 81 "			identification number
Nan		-	E HOSPICE	INC					2-0983550
Pa	nrt I	Reason for Public			omplete th	is part.) Se	ee instructior		
The	orgar	nization is not a private found							
1	Ľ	A church, convention of ch							
2		A school described in sect					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
3	\square	A hospital or a cooperative					ii).		
4	\square	A medical research organiz					-	(iiii). Enter	the hospital's name.
		city, and state:		· · J -··· - · · · · · · · · · · · · · ·					·····,
5		An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit descrit	oed in
-		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local go		mental unit described in	section 17	70(b)(1)(A)	(v).		
7	\square	An organization that norma	-					the general	public described in
		section 170(b)(1)(A)(vi). (C	-		. en a ger			site general	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in coniu	unction with a	a land-orant	college
		or university or a non-land-	-			-		-	-
		university:	5 5 5	· · · · · ·		, .	,		
10	X	An organization that norma	Illy receives: (1) more	e than 33 1/3% of its sur	port from	contributi	ons. member	ship fees, a	and gross receipts from
		activities related to its exen							
		income and unrelated busir		-					-
		See section 509(a)(2). (Cor		· · · ·				•	
11		An organization organized a		ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, ar	id 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting
	_	_ organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizati	on(s), by ha	aving
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported
	_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c		Type III functionally interpretent of the second	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrat	ed with,
	_	its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
c		Type III non-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	with its suppo	orted organ	ization(s)
		that is not functionally int	tegrated. The organized and the organized and the second sec	zation generally must sa	tisfy a dist	ribution re	quirement ar	id an attent	iveness
		requirement (see instruct		•					
e		Check this box if the orga					а Туре I, Туре	e II, Type III	
		functionally integrated, or		onally integrated support	ing organi	zation.			
f		er the number of supported of							
<u>ç</u>		vide the following informatior (i) Name of supported	n about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount c	fmonotony	(vi) Amount of other
		organization		(described on lines 1-10	in your govern	ing document?	support (see i	-	support (see instructions)
		3		above (see instructions))	Yes	No		,	
				1					1

Schedule A (Form 990 or 990-EZ) 2016 ALIVE HOSPICE INC Part II Support Schedule for Organizations Described

62-0983550 Page 2

		Support Schedule for	Organizations	Described in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
--	--	----------------------	---------------	-----------------------	---------------------------------------

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ũ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
5	•						
	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)						
_	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1	1	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)	•	•	12	
13	First five years. If the Form 990 is for	the organization'				on 501(c)(3)	
	organization, check this box and stop	here			•		
Se	ction C. Computation of Public						
14	Public support percentage for 2016 (li	ine 6, column (f) c	livided by line 11,	column (f))		14	%
	Public support percentage from 2015					15	%
	33 1/3% support test - 2016. If the o					more, check this bo	ox and
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			=	-	-	
F							
D D	10% -facts-and-circumstances test	-	-				
	more, and if the organization meets the						
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	ba, 160, 17a, or 17	D, CHECK THIS DOX	and see instruction	s 🕨 📖

Schedule A (Form 990 or 990 EZ) 2016 ALIVE HOSPICE INC

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	elett, please cemp	liete i art ii.j				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and			. ,		. ,	
	membership fees received. (Do not						
	include any "unusual grants.")	1,572,275.	2,029,388.	2,145,367.	2,250,066.	7,635,727.	15,632,823.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	30,755,327.	27,060,140.	26,507,595.	28,026,195.	29,358,848.	141,708,105.
3	Gross receipts from activities that	, , -	, , -	, , .	, , -	, , -	, , -
U	are not an unrelated trade or bus-						
	iness under section 513	8,164.	1,786.	9,192.	12,116.	8,294.	39,552.
		0,1040	1,7001	5,152.	12,110.	0,2940	55,552.
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5	32,335,766.	29,091,314.	28,662,154.	30,288,377.	37,002,869.	157,380,480.
7a	Amounts included on lines 1, 2, and		10 000			1 4 9 5 9 9	
	3 received from disqualified persons	28,777.	10,000.	5,000.	225,000.	142,500.	411,277.
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
c	Add lines 7a and 7b	28,777.	10,000.	5,000.	225,000.	142,500.	411,277.
8	Public support. (Subtract line 7c from line 6.)						156,969,203.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	32,335,766.	29,091,314.	28,662,154.	30,288,377.	37,002,869.	157,380,480.
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources	57,694.	68,497.	80,619.	103,676.	99,148.	409,634.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	57,694.	68,497.	80,619.	103,676.	99,148.	409,634.
	Net income from unrelated business						,
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital	22,712.	35,059.	29,783.	37,373.	38 622	163,549.
10	assets (Explain in Part VI.)	32,416,172.	29,194,870.	28,772,556.	30,429,426.		157,953,663.
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	-			-		
80	check this box and stop here	ia Support Da					
	-			- 1		45	99.38 %
	Public support percentage for 2016 (I					15	00 47
<u>16</u>	Public support percentage from 2015					16	99.47 %
	ction D. Computation of Inves						26
17						17	.26 %
18	Investment income percentage from a					18	.25 %
19 a	1 33 1/3% support tests - 2016. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2015. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	▶∟]
6220	23 09-21-16				Scho	dule A (Earm 990	or 990-FZ) 2016

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
			Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
0	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	•		
~	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
<u></u>	supported organizations played in this regard.	3		
-	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
С	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016 ALIVE HOSPICE INC

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

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

Sectior	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	let short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 O	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3	4		
5 D	epreciation and depletion	5		
6 P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
m	naintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectior	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
аA	verage monthly value of securities	1a		
bА	verage monthly cash balances	1b		
сF	air market value of other non-exempt-use assets	1c		
dΤ	otal (add lines 1a, 1b, and 1c)	1d		
еD	iscount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
2 A	cquisition indebtedness applicable to non-exempt-use assets	2		
3 S	ubtract line 2 from line 1d	3		
4 C	ash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
S	ee instructions)	4		
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 M	fultiply line 5 by .035	6		
7 R	ecoveries of prior-year distributions	7		
8 N	finimum Asset Amount (add line 7 to line 6)	8		
Sectior	n C - Distributable Amount			Current Year
1 A	djusted net income for prior year (from Section A, line 8, Column A)	1		
2 E	nter 85% of line 1	2		
3 N	linimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 E	nter greater of line 2 or line 3	4		
5 Ir	ncome tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
е	mergency temporary reduction (see instructions)	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		1	Current Year		
1	Amounts paid to supported organizations to accomplish exe					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions					
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9			
	(provide details in Part VI). See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
		(i)	(ii) Underdistributions	(iii) Distributable		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Pre-2016	Amount for 2016		
	Distributable amount for 2016 from Section C. line 6					
<u>1</u> 2	Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reason-					
2	able cause required- explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2016:					
a						
b						
-	From 2013					
-	From 2014					
	From 2015					
	Total of lines 3a through e					
-	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount					
i	Carryover from 2011 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2016 distributable amount					
c	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2016. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions					
7	Excess distributions carryover to 2017. Add lines 3j					
	and 4c Breakdown of line 7:					
<u>8</u> a						
	Excess from 2013					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					

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

Schedule A

Payments from Disqualified Persons Included on Part III, Line 7a

2016

	** Do Not File **	
***	Not Open to Public Inspection	***

Payer's Name	2012 Amount	2013 Amount	2014 Amount	2015 Amount	2016 Amount
OTHER	28,777.	0.	0.	0.	0 .
MARY FALLS	0.	5,000.	0.	0.	0.
JEFFREY B. & DONNA ESKIND	0.	5,000.	5,000.	5,000.	10,000.
BRIAN MARGER	0.	0.	0.	10,000.	0.
WARREN MCPHERSON	0.	0.	0.	100,000.	0.
LYNN LIEN	0.	0.	0.	100,000.	0.
STEPHEN J. HEYMAN	0.	0.	0.	0.	15,000.
ROBERT K. TAYLOR	0.	0.	0.	0.	5,000.
FRANK MORGAN	0.	0.	0.	0.	5,000.
JOSEPH HAMPE	0.	0.	0.	0.	5,000.
LISA DAVIS	0.	0.	0.	0.	10,000.
CLARK BAKER	0.	0.	0.	0.	5,000.
MATT MILLER	0.	0.	0.	0.	5,000.
WARD H. CAMMACK	0.	0.	0.	0.	25,000.
WILLIAM WRIGHT	0.	0.	0.	0.	5,000.
BETH WORKMAN	0.	0.	0.	0.	25,000.
LINDA NORMAN	0.	0.	0.	0.	5,000.
VICKI ESTRIN	0.	0.	0.	0.	7,500.
SARA J. FINLEY	0.	0.	0.	0.	15,000.
ANNA-GENE O'NEAL	0.	0.	0.	10,000.	0.
Total to Schedule A, Part III, Line 7a	28,777.	10,000.	5,000.	225,000.	142,500

623172 04-01-16

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2016

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities),	

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

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

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

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

 Section 501(c)(4), (5), or (6) organ 	izations: Complete Part III.

Nan	ne of organization				Emplo	yer identification	number
		HOSPICE INC				62-09835	50
Pa	art I-A Complete if the or	ganization is exempt unde	r section 501(c) c	or is a section 5	527 or	ganization.	
2 3	Volunteer hours for political campa	itures aign activities					
		ganization is exempt unde					
1	Enter the amount of any excise tax	incurred by the organization under	r section 4955		▶\$_		
2	Enter the amount of any excise tax	incurred by organization managers	s under section 4955		▶\$_		
3	If the organization incurred a secti	on 4955 tax, did it file Form 4720 fo	r this year?			Yes	No No
4 a	Was a correction made?					Yes	No No
k	If "Yes." describe in Part IV.						
Pa	art I-C Complete if the or	ganization is exempt unde	r section 501(c),	except section			
1	Enter the amount directly expende	ed by the filing organization for sect	ion 527 exempt function	on activities	. 🏲 💲 _		
2	Enter the amount of the filing orga	nization's funds contributed to othe	er organizations for sec	ction 527			
	exempt function activities				🏲 \$ _		
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here and	d on Form 1120-POL,				
4		1120-POL for this year?					No No
5	Enter the names, addresses and e	mployer identification number (EIN)	of all section 527 poli	tical organizations to	o which	the filing organiza	tion
	. ,	ation listed, enter the amount paid f				•	
	•	romptly and directly delivered to a s			separate	e segregated fund	or a
	political action committee (PAC). If	additional space is needed, provid	e information in Part N	V.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio filing organizatio funds. If none, ent	on's	(e) Amount of p contributions rece promptly and d delivered to a se political organiz If none, enter	ived and irectly parate ation.

For Paperwork Reduction Act Notice	see the Instructions for Form 99	0 or 990-F7	Schedule C	(Form 990 or 990-FZ)

632041 11-10-16

Schedule C (Form 990 or 990-E2) 2016 ALIVE HOSPICE INC 62-0983550 Page 2 Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. B Check (a) Filing organization's totals Into a Lobbying Expenditures (a) Filing organization's totals Into a Lobbying expenditures to influence public opinion (grass roots lobbying) (b) Affiliated group totals I a Total lobbying expenditures to influence a legislative body (direct lobbying) (b) Affiliated group totals c Total lobbying expenditures (add lines 1a and 1b) (c) Other exempt purpose expenditures (add lines 1c and 1c) f Lobbying nontaxable amount. Enter the amount from the following table in both columns. (f) the amount on line 1c. column (a) or (b) is: The lobbying nontaxable amount os is: Not over \$1,000,000 Not ever \$500,000 20% of the amount on line 1c. (c) Over \$1,000,000 Over \$1,000,000 \$100,000 \$100,000 Over \$1,000,000 \$100,000 \$100,000 Over \$1,000,000 \$100,000 \$1,000,000 <tr< th=""></tr<>
A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). B Check if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) (a) Filing organization's totals 1a Total lobbying expenditures to influence a legislative body (direct lobbying) (b) Affiliated group totals c Total lobbying expenditures (add lines 1a and 1b) (b) Check d Other exempt purpose expenditures (add lines 1c and 1d) (c) Total lobbying nontaxable amount. Enter the amount from the following table in both columns. If If the amount on line 16, column (a) or (b) is: The lobbying ontaxable amount is: Not over \$500,000 \$100,000 \$175,000 plus 15% of the excess over \$1,000,000 Over \$1,500,000 \$175,000 plus 15% of the excess over \$1,500,000. Over \$1,500,000 \$1,000,000 \$1,000,000.
B check if the filing organization checked box A and "limited control" provisions apply. Imits 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 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)
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Limits on Lobbying Expenditures organization's totals totals totals totals and the term "expenditures" means amounts paid or incurred.) total total 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 (add lines 1c and 1d) f total exempt purpose expenditures (add lines 1c and 1d) f 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 \$1,000,000 but not over \$1,000,000 \$175,000 plus 15% of the excess over \$500,000. Over \$1,500,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,000,000. Over \$17,000,000 \$21,000,000. g Grassroots nontaxable amount (enter 25% of line 1f)
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 \$1,000,000 \$125,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,000,000 \$11,000,000. 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? Yes 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.
d Other exempt purpose expenditures
e Total exempt purpose expenditures (add lines 1 c 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 \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$17,000,000 \$1,000,000. 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? Yes Ver Son No A-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.
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 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? 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.
reporting section 4911 tax for this year? Yes 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.
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.
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the senarate instructions for lines 2a through 2f)
Lobbying Expenditures During 4-Year Averaging Period
Calendar year (or fiscal year beginning in)(a) 2013(b) 2014(c) 2015(d) 2016(e) Total
2a Lobbying nontaxable amount
b Lobbying ceiling amount
(150% of line 2a, column(e))
c Total lobbying expenditures
d Grassroots nontaxable amount
e Grassroots ceiling amount
(150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2016 ALIVE HOSPICE INC 62-098355 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(k))
of the lobbying activity.	Yes	No	Amo	-
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?		X		
f b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
c Media advertisements?		X		
d Mailings to members, legislators, or the public?		X		
e Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?		X		
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	77	X		- 240
i Other activities?	X			L,348.
j Total. Add lines 1c through 1i		v		L,348.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
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?	 on 501(o)	(<u>5</u>) or or	otion	
Part III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(o), or se	clion	
501(c)(6).			Yes	No
			165	
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from t Part III-B Complete if the organization is exempt under section 501(c)(4), secti		-	ction	<u>i</u>
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				1e 3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politi				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
 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 ex				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1 a	and 2 (see	
instructions); and Part II-B, line 1. Also, complete this part for any additional information. PART II-B, LINE 1, LOBBYING ACTIVITIES:				
THE ORGANIZATION INDIRECTLY INFLUENCED LEGISLATION TH	IROUGH	ITS D	UES TO)
THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION	I (NHPO	CO) FO	R	
CALENDAR YEAR 2016. APPROXIMTELY 4.82% OF THE ORGANI	ZATION	1'S		

MEMBERSHIP DUES PAYMENT GOES TOWARDS LOBBYING EFFORTS.

SCHEDULE D (Som 990) Subject of the organization narwayed "Yes' or form 900, Part N, Inc 7, Park M, Inc 7, Pa	60		Supplement	al Einanci	al Statomont	•		OMB No. 1545-0047
Pert II. Conservation examples of the organization inform all of the organization and one advisors in writing that grant funds can be used only of an advisor of any other accounts. Complete II the organization inform all other accounts is at work <i>i</i> and <i>i</i> an								2016
biblic transmission bibli	(FOI)	1 550)	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 1	1d, 11e, 11f, 12a, or 12	, 2b.		
Number of the organization Employer identification number 62-0933550 0074 9741 Organization shaintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 900, Part IV, Ine 8. 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of anist from (during year) 4 Aggregate value of anist from (during year) 5 Did the organization is properly subject to the organization's exclusive legal control? 6 Did the organization inform all donors and doner advisors in writing that grant funds can be used only for charitable purposes and not for the bonefit of the donor or donor advisor, or for any other purposes conferring impermissible private benefit? 1 Pertexention (Easements. Complete if the organization's exclusive legal control? 2 Complete inter 2 at mould 32 if the organization is charitable and answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7. 2 Complete inter 2 at mould 32 if the organization is charitable and answered "Yes" on Form 990, Part IV, line 7. 3 Proservation flags of the particle and a qualified conservation contribution in the form of a conservation easements in bell by the organization answered "Yes" on Form 990, Part IV, line 7. 3 Proservation flags of the organization eader and the structure included in (a) 2 Complete inset 2 at mould 32 if the organization eader and the anistic at a structure included in (a) 3 Total antweet			Information about Schedule D (For Information about Schedule D)	Attach to Form 9 m 990) and its in	990. Instructions is at www. <i>ii</i>	rs.aov/fa	orm990.	
ALTVE HOSPICE INC 62-0983550 Part Organization Maintaining Doror Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 900, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Aggregate value of anti from (during year) (b) Funds and other accounts 3 Aggregate value of anti from (during year) (c) Donor advised funds (c) Funds and other accounts 4 Aggregate value of anti from (during year) (c) Participation (from all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisor, or form yother purpose confering impermissible pirvite banefit? Yes No Part III Conservation easements held by the organization (flock all that apply). Preservation of a historically important land area Prevention of a lastorically important land area Protection of natural habitat Prevention of a conservation assements. (c) Parearvation of a conservation assement in build a qualified conservation constructure (c) the tax year. 1 Protection of natural habitation point account of the account of a conservation assements. (c) the tax year. 1 Total number of								r identification number
organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (c) Funds and other accounts (c) Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) Aggregate value of antibility of the text of the donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the banefit of the donor or donor advisor, or for any other purpose conferring impermissible private banefit? Parpose(s) of conservation easements held by the organization inform 990, Part IV, line 7. Parpose(s) of conservation easements the during the grantization answered 'Yes' on Form 990, Part IV, line 7. Protection of natural habitat Preservation of a ontified, preservation of a conservation easements Protection of natural habitat Preservation or easements Preservation or a conservation easements Advisor tax year. Total number of conservation easements a conservation easements a conservation easements a conservation easements brote accesservation easements advisor the tax year. Total number of conservation easements advisor the tax year. Total number of conservation easements advisor the tax year. Number of conservation easements motified, transferred, networks, networks, extended by the organization during the tax year b Staff and volutimer hours and under of the conservation easements is located Amother of accesservation easements advisor the tax servation easements the organization in we ave than onhoring, inspecting, handling of violations, and enforcing conservation easements during the year S Staff and volutimer hours advisor is than devisor is normal easements advisor to the organization have appresended on the organization is and easements advis th		- - -						
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a Aggregate value of grants from (during year) Aggregate value of grants from (during year) b de the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control? No D dt the organization inform all grantese, 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? Fart III Conservation Easements. Complete if the organization answered 'Yes' on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization answered 'Yes' on Form 980, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that paply). Preservation of and for public use (e.g., eccreation or education) Preservation of a conservation easements in the day and the advisor of education of a conservation easement on the last day of the ary spar. 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (a) advisor in the hation all the fail of the Tax Year 2 ad 2	1	Total number at er	nd of year					
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 conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ (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 (ASC 958) relating to these items: 	9	In Part XIII, descril	be how the organization reports conservation	ion easements in	its revenue and expense	e staten	nent, and b	alance sheet, and
 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. Ia If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 (ASC 958) relating to these items: 		include, if applicat	ole, the text of the footnote to the organiza	tion's financial st	atements that describes	the org	anization's	accounting for
Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$ \$ (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 (ASC 958) relating to these items:	_							
 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 (ASC 958) relating to these items: 	Pai		-			other s	Similar A	ssets.
 historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 (ASC 958) relating to these items: 		-						
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 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 (ASC 958) relating to these items: 					n, or research in furthera	ance of	public servi	ice, provide, in Part XIII,
 treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (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 (ASC 958) relating to these items: 					to the second second		-1	
 relating to these items: (i) Revenue included on 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 (ASC 958) relating to these items: 	b	-						
 (i) Revenue included on 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 (ASC 958) relating to these items: 				aucation, or resea	arcn in furtherance of pu	IDIIC Ser	vice, provic	ie the following amounts
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 		-					•	
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:							×	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	0	.,					► ⊅ <u> </u>	
	2	-				a yan,	provide	
a Revenue included on Form 990, Part VIII, line 1	-						▶ ⊄	
 a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b \$ 								

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Sche		OSPICE INC					83550	
Par	t III Organizations Maintaining C	Collections of Ar	rt, Historical Tr	easures, or Oth	ner Simi	lar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a	significan	t use of its	collection	items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	X Other DI	SPLAYED ON	PREM	IISES		
С	Preservation for future generations							
4	Provide a description of the organization's co					oose in Par	t XIII.	
5	During the year, did the organization solicit of		,	,			-	
	to be sold to raise funds rather than to be ma						Yes	X No
Par	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes" o	n Form 99	90, Part IV,	line 9, or	
	reported an amount on Form 990, Pa							
1 a	Is the organization an agent, trustee, custod						٦	
_	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			1		
							Amount	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
f	Ending balance Did the organization include an amount on F						Yes	No
	If "Yes," explain the arrangement in Part XIII.					L		
Par								
		(a) Current year	(b) Prior year	(c) Two years back	1	years back	(e) Four y	ears hack
19	Beginning of year balance	1,649,298.	1,707,053.	() ,		525,304.	· · · ·	360,723.
	Contributions	5,066.	-,,	11,000		8,016.	_,	12,540.
	Net investment earnings, gains, and losses	60,547.	-57,755.	,		120,516.		L52,041.
	Grants or scholarships					,		
	Other expenditures for facilities							
Ŭ	and programs							
f	Administrative expenses							
g	End of year balance	1,714,911.	1,649,298.	1,707,053.	1.	653,836.	1.5	525,304.
2	Provide the estimated percentage of the cur				,	, .	,	, .
	Board designated or quasi-endowment		%	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b	Permanent endowment 68.82	%						
	·	1.18 %						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the organ	ization		
	by:						<u>۱</u>	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations							X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on Schedule R?				. 3b	
	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm	nent.						
	Complete if the organization answere			See Form 990, Part >	K, line 10.			
	Description of property	(a) Cost or of			Accumula		(d) Book	value
		basis (investn	,	. ,	epreciatio	n		
	Land			1,345.	015 1		4,871	
	Buildings				817,3		5,941	-
	Leasehold improvements			5,691.	895,4			196.
	Equipment				169,5) AT •		,151.
	Other			7,843.			$\frac{2,917}{4,422}$	-
Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	UC.)			4,433	, 303.

Schedule D (Form 990) 2016

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
I) Financial derivatives			
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11c. See Form 990. Part X. line 1	3
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			_
Complete if the organization answered "Yes"		ie 11d. See Form 990, Part X, line 1	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(4)			
(4)			
(5)			
(5) (6)			
(5) (6) (7)			
(5) (6) (7) (8)	e 15.)		
(5) (6) (7) (8) (9)	e 15.)		······ ►
(5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) line		ne 11e or 11f. See Form 990, Part X	►

1.	(()
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

Schedule D (Form 990) 2016

Sche	edule D (Form 990) 2016 ALIVE HOSPICE INC			62-	0983550 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With	Revenue per R	eturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	37,249,345.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	73,671.		
b	Donated services and use of facilities	2b	54,486.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	128,157.
3	Subtract line 2e from line 1			3	37,121,188.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,793.		
b	Other (Describe in Part XIII.)	4b	853.		
с				4c	18,646.
				_	1 27 120 02/
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	37,139,834.
	rt XII Reconciliation of Expenses per Audited Financial State	ements With		-	
	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ements With	n Expenses per	Retu	irn.
	rt XII Reconciliation of Expenses per Audited Financial State	ements With	n Expenses per	-	
Pa	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12	ements With	n Expenses per	Retu	irn.
Pa 1	Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	ements With	n Expenses per	Retu	irn.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	n Expenses per	Retu	irn.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a. 2a 2a 2a	n Expenses per	Retu	irn.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a	n Expenses per	Retu	ırn. 30,133,169.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a	n Expenses per	Retu	ırn. 30,133,169. 0.
Pa 1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a. 2a	n Expenses per	1	ırn. 30,133,169.
Pa 1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a. 2a	n Expenses per	1 2e 3	ırn. 30,133,169. 0.
Pa 1 2 a b c d e 3	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a. 2a 2b 2b 2c 2d	n Expenses per	1 2e 3	ırn. 30,133,169. 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a. 2a. 2b 2b 2c 2d	n Expenses per	1 2e 3	ırn. 30,133,169. 0. 30,133,169.
Pa 1 2 a b c d 3 4 a	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a. 2a 2b. 2b. 2c. 2d. 2d. 2d. 4a 4b.	17,793. -2.	2e 3	irn. 30,133,169. 0. 30,133,169. 17,791.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a. 2a 2b. 2b. 2c. 2d. 2d. 2d. 4a 4b.	17,793. -2.	2e 3	ırn. 30,133,169. 0. 30,133,169.

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

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 ENVIORNMENT.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER THE PROVISIONS OF

INTERNAL REVENUE CODE SECTION 501(C)(3), AND, ACCORDINGLY, NO PROVISION

FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS.

AS OF DECEMBER 31, 2016 AND 2015, THE ORGANIZATION HAS ACCRUED NO INTEREST

AND NO PENALTIES RELATED TO UNCERTAIN TAX POSITIONS. IT IS THE

62-0983550 Bara 4

Schedule D (Form 990) 2016 ALIVE HOSPICE INC	62-0983550 Page 5
Part XIII Supplemental Information (continued)	
ORGANIZATION'S POLICY TO RECOGNIZE INTEREST AND/OR PENALT	LES RELATED TO
INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE ORGANIZATION	N FILES A U.S.
FEDERAL INFORMATION TAX RETURN.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
GAIN ON DISPOSAL OF FIXED ASSETS	853.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
ROUNDING	-2.

SCH	HEDULE J		1	OMB No.	1545-00	47
		Highest		20	16	<u> </u>
	Compensated Employees	V line 23		20	IU	,
Depart	artment of the Treasury Attach to Form 990.			Open to		
_						
Name						mper
Par			02-0	90333	0	
i ui	Port Decision Port certain Officers, Directors, Trustees, Key Employees, and Highest Complete if the organization answered 'Yes' to no Form 990, Part IV, Line 23. Attach to Form 990. Information about Schedule J (Form 990. Port Part I Questions Regarding Compensate Officers, Information about Schedule J (Form 990. Part VII, Section A, Line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, Line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, Line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, Line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, Line 1a, Complete Part III to provide any of the following to or for a person listed on Form 990, Part VII, Section A, Line 1a, Complete Part III to provide any of the following to or for a personal ised on Form 990, Part VII, Section A, Line 1a, Complete Part III to provide any relevant information regarding these items. First-class or charter travel Part or companions Payments for business use of personal use Discretionary spending account Personal services (such as, maid, chauffeur, chef) If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain? 2 did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 didicate which, if any, of the following the filing organization used to establish the compensation committee Independent compensation consultant Compensation survey or study Compensation or a rel		Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person list	ed on Form	990.		103	
			,			
[nal use			
[Travel for companions Payments for business use of	personal res	sidence			
[Tax indemnification and gross-up payments Health or social club dues or ir	nitiation fees	6			
l	Discretionary spending account Personal services (such as, ma	aid, chauffei	ur, chef)			
				1 b		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a			2		
3	Indicate which, if any, of the following the filing organization used to establish the componention of t	the organiza	tion's			
		u organizati				
[
[v				
[ommittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the fi	iling				
	organization or a related organization:					
	.,,					X
						X
				4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Pa	rt III.				
	Only spatian $501(c)(2)$ $501(c)(4)$ and $501(c)(20)$ associations must complete lines 5.0					
		omponentic	20			
		ompensatio				
				5a		х
b	Any related organization?			5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any o	compensatio	on			
	contingent on the net earnings of:					
a	The organization?			6a		X
b,	Any related organization?			6b		X
	If "Yes" on line 6a or 6b, describe in Part III.					
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixe			_		v
	not described on lines 5 and 6? If "Yes," describe in Part III			7		X
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was	-				X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part			8		
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described i Regulations section 53 4958.6(c)?			9		
	Regulations section 53.4958-6(c)? A For Paperwork Reduction Act Notice, see the Instructions for Form 990.			ule J (Forr	n <u>99</u> 0) 2016
<i>.</i> , ,			001100			, _0.0

62-0983550

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) ANNA-GENE O'NEAL (i)	247,149.	63,050.	0.	3,854.	21,790.	335,843.	0.
CHIEF EXECUTIVE OFFICER (i	ii) 🗌	0.	0.	0.	0.	0.		0.
(2) BARBARA BRENNAN (i)	175,496.	27,600.	0.	2,818.	23,046.	228,960.	0.
CHIEF OPERATING OFFICER/CHIEF NURSIN (ii) 🗌	0.	0.	0.	0.	0.		0.
(3) JOSEPH HAMPE (i)	174,644.	27,600.	0.	2,745.	24,982.	229,971.	0.
CHIEF FINANCIAL OFFICER (i	ii) 🗌	0.	0.	0.	0.	0.		0.
(4) ROBERT BERKOMPAS (i)	230,509.	0.	0.	3,641.	29,285.	263,435.	0.
CHIEF MEDICAL OFFICER (i	ii) 🗌	0.	0.	0.	0.	0.		0.
(5) SHAZIA FAZILI (i)	174,911.	0.	0.	1,725.	1,809.	178,445.	0.
TEAM MEDICAL DIRECTOR (i	ii) 🗌	0.	0.	0.	0.	0.	0.	0.
(6) ANH MEADOWS (i)	208,038.	0.	0.	3,222.	14,743.		0.
TEAM MEDICAL DIRECTOR (i	ii)	0.	0.	0.	0.	0.	0.	0.
(7) LAURA THARPE (i)	141,609.	0.	0.	2,172.	9,735.	153,516.	0.
TEAM MEDICAL DIRECTOR (i	ii)	0.	0.	0.	0.	0.		0.
(8) SASHA BOWERS (i)	193,750.	0.	0.	0.	8,322.	202,072.	0.
TEAM MEDICAL DIRECTOR (i	ii)	0.	0.	0.	0.	0.	0.	0.
(i) 🗌							
(i	ii)							
(i) 🗋							
(i	ii)							
(i) 🗋							
(i	ii)							
(i) 🗋							
(i	ii)							
(i) 🗋							
(i	ii)							
(i) 🗋							
(i	ii)							
(i) 🗋							
	ii)							
(i) 🗋							
(i	ii)							

Schedule J (Form 990) 2016

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

ALIVE HOSPICE INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEIR FAMILIES AND SERVICE TO THE COMMUNITY IN A SPIRIT OF ENRICHING

LIVES. DURING 2016, THE ORGANIZATION INCURRED EXPENSES OF \$818,000 FOR

FINANCIAL ASSISTANCE TO PATIENTS WHO WERE OTHERWISE UNABLE TO PAY.

FORM 990, PART III, LINE 1:

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. 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 то 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 LIFES 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.

OMB No 1545-0047

Open to Public

Inspection

Employer identification number 62 - 0983550

6

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization	Employer identification number
ALIVE HOSPICE INC	62-0983550
	· · · · · · · · · · · · · · · · · · ·

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

TEAMS - 24 HOUR, 7 DAYS-A-WEEK; AND ACCESSIBILITY TO HIGHLY SKILLED

CLINICAL STAFF.

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, MEDICATION AND CAREGIVER TRAINING.

ALIVE HOSPICE SERVED 2,556 PATIENTS IN THEIR HOMES DURING 2016.

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.

- ALIVE HOSPICE RESIDENCE NASHVILLE (1,057 PATIENTS WERE SERVED IN

2016)

- ALIVE HOSPICE AT TRISTAR SKYLINE MADISON CAMPUS (579 PATIENTS WERE

SERVED IN 2016)

- INPATIENT CARE PROVIDED BY ALIVE HOSPICE AT YOUR LOCAL HOSPITALS

- ALIVE HOSPICE OPENED A NEWLY CONSTRUCTED 10-BED RESIDENTIAL HOSPICE

FACILITY IN MURFREESBORO, TN AT THE END OF JUNE 2017. THIS FACILITY

WILL ALLOW ALIVE HOSPICE TO FURTHER IT'S MISSION THROUGH-OUT ITS

SOUTHERN SECTOR.

Schedule O (Form 990 or 990-EZ) (2016)	Page 2						
Name of the organization ALIVE HOSPICE INC	Employer identification number 62-0983550						
ALIVE HOSPICE HAS A LONG TRADITION OF SERVING PATIENTS OF	ALL AGES WHO						
FACE LIFE THREATENING ILLNESSES. ALIVE MONARCHS IS ONE OF	THE FEW						
HOSPICE CARE PROVIDERS FOR PERINATAL AND PEDIATRIC PATIENTS IN THE							
NATION. THE BEAUTIFUL MONARCH BUTTERFLY INSPIRED THE NAM	E OF ALIVE						
HOSPICE'S PEDIATRIC PROGRAM. BUTTERFLIES, WHICH ARE CLOS	ELY ASSOCIATED						
WITH HOSPICE CARE, SIGNIFY HOPE, THE BEAUTY OF LIFE AND T	HE CELEBRATION						
OF THOSE WE LOVE. A TOTAL OF 15 PEDIATRIC PATIENTS AND T	HEIR FAMILIES						
RECEIVED CARE IN 2016.							

PALLIATIVE CARE:

ALIVE HOSPICE PROVIDED HOSPITAL BASED 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.

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.

ALIVE GRIEF SUPPORT SERVICES HAVE PROFESSIONAL GRIEF COUNSELORS AND

TRAINED VOLUNTEERS TO GUIDE INDIVIDUALS THROUGH THE PROCESS OF

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization ALIVE HOSPICE INC	Employer identification number 62-0983550
MOURNING. THIS ASSISTANCE IS AVAILABLE IN BOTH INDIVIDUAL	COUNSELING
SESSIONS AND GROUP SETTINGS FOR ANY BEREAVED PERSON, REGAR	RDLESS OF THE
NATURE OF THE DEATH. GRIEF COUNSELING HELPS ADULTS, CHILI	DREN, AND
FAMILIES COPE WITH DEATH AND GRIEF AS THEY FACE THE LOSS	OF LOVED
ONES.	
GRIEF SUPPORT PROGRAMS INCLUDE:	
- INDIVIDUAL COUNSELING (716 ADULTS AND CHILDREN RECEIVED	0 3,434
INDIVIDUAL COUNSELING SESSIONS DURING 2016)	
- SUPPORT GROUPS FOR LOSS OF SPOUSES, PARENTS, CHILDREN,	SIBLINGS AND
OTHER LOVED ONES (THERE WERE 20 GRIEF SUPPORT GROUPS IN 20)16)
- CAMP EVERGREEN, CAMP FORGET-ME-NOT AND ALIVE TEEN RETRE	EAT, CAMPS FOR
BEREAVED CHILDREN AND ADOLESCENTS (103 PARTICIPANTS OF THE	E CAMPS IN
2016)	
- HOLIDAY GRIEF SEMINARS (THERE WERE 3 GRIEF SEMINARS DUP	RING THE
HOLIDAYS THAT DREW IN 129 PEOPLE.)	
- GRIEF LINE AND MAILINGS (THERE WERE 3,175 CALLS TO THE	GRIEF LINE AS
WELL AS 21,649 BEREAVEMENT MAILINGS IN 2016.)	
CHARITY CARE:	
IN ADDITION, ALIVE HOSPICE HAS A POLICY OF PROVIDING CHARD	ITY CARE TO
PATIENTS WHO ARE UNABLE TO PAY. CHARITY CARE EXPENSES WERE	E \$818,000 FOR
THE YEAR ENDED DECEMBER 31, 2016.	
FORM 990, PART VI, SECTION A, LINE 1:	
THE CORPORATION SHALL HAVE AN EXECUTIVE COMMITTEE CONSIST	ING OF THE
OFFICERS OF THE CORPORATION AND SUCH MEMBERS AS RECOMMENDE	ED BY THE CHAIR
AND VOTED UPON BY THE BOARD. AS PER CORPORATE BY-LAWS, TH	HE EXECUTIVE
COMMITTEE SHALL MEET AT ANY TIME WHEN THE DIRECTORS ARE NO	OT IN SESSION AND
SHALL HAVE THE FULL AUTHORITY OF THE BOARD OF DIRECTORS TO	
632212 08-25-16 Schedu 36	ule O (Form 990 or 990-EZ) (2016)

BY THE TENNESSEE CODE ANNOTATED SECTION 48-58-206.

FORM 990, PART VI, SECTION A, LINE 2:

LISA DAVIS - LISA DAVIS IS CHIEF FINANCIAL OFFICER AT ST THOMAS HEALTH.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FULL FORM 990 WAS PROVIDED TO EVERY BOARD MEMBER FOR REVIEW PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

FOR THE DECEMBER 31, 2016 YEAR-END, THE BOARD MEMBERS SIGNED THE CONFLICT OF INTEREST POLICY STATING THAT THEY HAVE READ AND UNDERSTOOD THE POLICY. EACH FORM IS REVIEWED BY THE EXECUTIVE OFFICE 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, THEN THAT BOARD MEMBER MUST RECUSE THEMSELVES FROM VOTING ON THAT PARTICULAR BUSINESS TRANSACTION. ALSO, THERE IS AN AGENDA ITEM AT EVERY BOARD MEETING ON DECLARATIONS OF CONFLICT OF INTEREST. THE BOARD CHAIR WOULD ASK BOARD MEMBERS PRESENT IF THERE IS A POTENTIAL CONFLICT OF INTEREST, AND THIS IS DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19:

 THE 2016 ANNUAL REPORT, WHICH INCLUDES THE ORGANIZATION'S AUDITED FINANCIAL

 632212 08-25-16
 Schedule O (Form 990 or 990-EZ) (2016)

Schedule O (Form 990 or 990-EZ) (2016)	Page 2
Name of the organization ALIVE HOSPICE INC	Employer identification number 62-0983550
STATEMENTS, IS AVAILABLE ON THE ALIVE HOSPICE WEBSITE. 1	THE ORGANIZATION'S
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY A	ARE NOT AVAILABLE
TO THE PUBLIC AND NOT REQUIRED TO BE MADE AVAILABLE PURSU	JANT TO IRC 6104.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON DISPOSAL OF FIXED ASSETS	-853.
ROUNDING	-2.
TOTAL TO FORM 990, PART XI, LINE 9	-855.
FORM 990, PART XI, LINE 2C:	
THE PROCESS HAS NOT CHANGED FROM THE PREVIOUS YEAR.	

SCH	EDULE R	
-		

(Form 990)

-

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

ALIVE HOSPICE INC

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	3) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2016

632161 09-06-16 LHA

OMB No. 1545-0047

2016 Open to Public Inspection

Employer identification number 62-0983550

Schedule R (Form 990) 2016 ALIVE HOSPICE INC

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

			(-1)	(-)	(6)	(-)		- 1	(1)		.	(1-)	
(a) Name, address, and FIN	(b) Primary activity	(C) Legal domicile	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of		h) ortionate	(i) Code V-UBI	(j Gene		(k) Percentage	
Name, address, and EIN of related organization		domicile (state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule	managing partner?		Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes No			
	1												
	1												
	1												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	i) b)(13) rolled ity?
		country)				400010		Yes	No
ALIVE PCM HOLDINGS, LLC - 80-0938306									
1718 PATTERSON STREET	PALLIATIVE CARE		ALIVE HOSPICE,						
NASHVILLE, TN 37203	SERVICES	TN	INC.	C CORP		100.	100.00%		X

Schedule R (Form 990) 2016 ALIVE HOSPICE INC

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ring the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? ceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity t, grant, or capital contribution to related organization(s) t, grant, or capital contribution from related organization(s) ans or loan guarantees to or for related organization(s) ans or loan guarantees by related organization(s) idends from related organization(s) le of assets to related organization(s) control and the organization(s)	1b 1c 1d 1e 1f 1g	
t, grant, or capital contribution to related organization(s) t, grant, or capital contribution from related organization(s) ans or loan guarantees to or for related organization(s) ans or loan guarantees by related organization(s) idends from related organization(s) le of assets to related organization(s) rchase of assets from related organization(s)	1b 1c 1d 1e 1f 1g	
t, grant, or capital contribution to related organization(s) t, grant, or capital contribution from related organization(s) ans or loan guarantees to or for related organization(s) ans or loan guarantees by related organization(s) idends from related organization(s) le of assets to related organization(s) rchase of assets from related organization(s)	1b 1c 1d 1e 1f 1g	
t, grant, or capital contribution from related organization(s) ans or loan guarantees to or for related organization(s) ans or loan guarantees by related organization(s) ridends from related organization(s) le of assets to related organization(s) rchase of assets from related organization(s)		
ans or loan guarantees to or for related organization(s) ans or loan guarantees by related organization(s) idends from related organization(s) le of assets to related organization(s) rchase of assets from related organization(s)	1d 1e 1f 1g	
ans or loan guarantees by related organization(s) idends from related organization(s) le of assets to related organization(s) rchase of assets from related organization(s)		
le of assets to related organization(s)	1g	
le of assets to related organization(s)	1g	1 1
rchase of assets from related organization(s)		
	1h	
change of assets with related organization(s)		
ase of facilities, equipment, or other assets to related organization(s)	1j	
ase of facilities, equipment, or other assets from related organization(s)	1k	
formance of services or membership or fundraising solicitations for related organization(s)		
formance of services or membership or fundraising solicitations by related organization(s)	1m	
aring of facilities, equipment, mailing lists, or other assets with related organization(s)		
aring of paid employees with related organization(s)		
imbursement paid to related organization(s) for expenses	1p	
imbursement paid by related organization(s) for expenses		
ner transfer of cash or property to related organization(s)	1r	
ner transfer of cash or property from related organization(s)		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
_(4)			
(5)			
<u>(6)</u>	41		Sahadula D (Farm 000) 2016

Schedule R (Form 990) 2016 ALIVE HOSPICE INC

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(_)	(h)		(a)		、	(6)	()	1	- 1	(1)	(3)	(1.)
(a)	(b)	(c)	(d)	(e Are a partners 501(c orgs	e) all	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Dispr	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	excluded from tax under	501(C 0rgs	s)(3) s.?	total	end-of-year	alloca	tions?	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes NO	5
			,	103				103		, ,		·
												<u> </u>
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	l											
	-											
	-											

Schedule R (Form 990) 2016

(Rev. January 2017)

Department of the Treasury

Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyi	ng number
Type or print	Name of exempt organization or other filer, see ins	Employer identification number (EIN) or $62 - 0983550$				
	ALIVE HOSPICE INC					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. bo 1718 PATTERSON STREET	Social se	er (SSN)			
instructions	City, town or post office, state, and ZIP code. For NASHVILLE, TN 37203					
Enter the	Return Code for the return that this application is for	r (file a separa	ate application for each return)			0 1
Applicat	ion			Return		
Is For		Code	Is For		Code	
Form 990) or Form 990-EZ	01	Form 990-T (corporation)		07	
Form 990)-BL	02	Form 1041-A		08	
Form 472	20 (individual)	03	Form 4720 (other than individual)		09	
Form 990)-PF	04	Form 5227		10	
Form 990	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 990	D-T (trust other than above) JOSEPH HAMPE			12		
● If this box ▶ 1 I re	organization does not have an office or place of busin is for a Group Return, enter the organization's four d \Box . If it is for part of the group, check this box \blacktriangleright equest an automatic 6-month extension of time until the organization named above. The extension is for t	igit Group Exe and atta	emption Number (GEN) I uch a list with the names and EINs o MBER 15, 2017 , to file	f this is fo f all memb	r the whole goers the exte	nsion is for.
	X calendar year 2016 or					
	tax year beginning		d ending	<u></u>	_ ·	
2 If t	he tax year entered in line 1 is for less than 12 month Change in accounting period	s, check reas	on: L Initial return	Final retur	'n	
3a lft	his application is for Forms 990-BL, 990-PF, 990-T, 47	720, or 6069,	enter the tentative tax, less any			0.
no	nonrefundable credits. See instructions. 3a \$					
	his application is for Forms 990-PF, 990-T, 4720, or 6	,	<i>,</i>			•
	timated tax payments made. Include any prior year or	3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,						0
	using EFTPS (Electronic Federal Tax Payment Syster			3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdra ons.	wal (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
LHA F	For Privacy Act and Paperwork Reduction Act Noti	ice, see instr	uctions.		Form 8	868 (Rev. 1-2017)

Form 8868 (Rev. 1-2017)