

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

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2007, or fiscal year beginning 2007, and ending 20

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

▶ See instructions.

2007

Return ID (20-digit number) ▶

Name of exempt organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Name and title of officer

GARY W. MAXEY**VP/CFO****Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b 31,635,495
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **BLANKENSHIP CPA GROUP, PLLC** to enter my PIN **37203** as my signature
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Gary W. Maxey **VP/CFO**

Date ▶

5/07/08**Part III Certification and Authentication**

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

62701938531

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶

Mike Dunn

Date ▶

5-13-2008**ERO Must Retain This Form—See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2007)

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

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization
ALIVE HOSPICE, INC.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1718 PATTERSON STREET
 City or town, state or country, and ZIP + 4
NASHVILLE TN 37203

D Employer identification number
62-0983550

E Telephone number
615-327-1085

F Accounting method: ☐ Cash
☒ Accrual ☐ Other (specify)

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

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **31,635,495**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes," enter number of affiliates ▶ ☐ Yes ☐ No
H(c) Are all affiliates included? ☐ Yes ☐ No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number ▶

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

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	2,228,876	
	c	Indirect public support (not included on line 1a)	1c	361,547	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 2,590,423 noncash \$)	1e	2,590,423	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	28,904,090	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	68,324	
	5	Dividends and interest from securities	5	43,419	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11	29,239		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	31,635,495		
Expenses	13	Program services (from line 44, column (B))	13	24,303,126	
	14	Management and general (from line 44, column (C))	14	5,560,235	
	15	Fundraising (from line 44, column (D))	15	424,537	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 16 and 44, column (A)	17	30,287,898	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	1,347,597	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	19,402,083	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	25,180	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	20,774,860	

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 2	25a 1,045,600	426,051	519,778	99,771
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 12,175,579	9,838,323	2,219,242	118,014
27 Pension plan contributions not included on lines 25a, b, and c	27 491,221	425,257	65,964	
28 Employee benefits not included on lines 25a - 27	28 1,604,853	1,386,593	218,260	
29 Payroll taxes	29 964,378	754,768	192,887	16,723
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 1,037,831	785,377	172,727	79,727
34 Telephone	34 384,580	283,504	100,292	784
35 Postage and shipping	35 68,478	14,713	40,640	13,125
36 Occupancy	36 610,735	557,931	24,824	27,980
37 Equipment rental and maintenance	37 1,027,017	772,148	244,455	10,414
38 Printing and publications	38 133,166	42,800	68,240	22,126
39 Travel	39 595,960	533,904	59,972	2,084
40 Conferences, conventions, and meetings	40 190,536	53,098	132,363	5,075
41 Interest	41 152,583		152,583	
42 Depreciation, depletion, etc. (attach schedule)	42 808,445	433,829	369,111	5,505
43 Other expenses not covered above (itemize): a SEE STATEMENT 3	43a 8,996,936	7,994,830	978,897	23,209
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 30,287,898	24,303,126	5,560,235	424,537

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

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

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

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

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

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 4**

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

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

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

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

24,303,126

b

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

c

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

d

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

e Other program services (attach schedule)

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

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

24,303,126

Form **990** (2007)

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

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	6,882,401	45	7,328,290
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	3,990,569		
	b Less: allowance for doubtful accounts	435,138	47c	3,555,431
	48a Pledges receivable	243,670		
	b Less: allowance for doubtful accounts		48c	243,670
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	217,142	53	310,029
	54a Investments—publicly-traded securities SEE STATEMENT 5	1,309,396	54a	1,471,772
	b Investments—other securities (attach schedule)		54b	
55a Investments—land, buildings, and equipment: basis				
b Less: accumulated depreciation (attach schedule)		55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis	16,102,174			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 6	3,867,678	57c	12,234,496	
58 Other assets, including program-related investments (describe SEE STATEMENT 7)	623,093	58	623,093	
59 Total assets (must equal line 74). Add lines 45 through 58	24,483,538	59	25,766,781	
Liabilities	60 Accounts payable and accrued expenses	3,361,455	60	3,271,921
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule) SEE WORKSHEET	1,720,000	64a	1,720,000
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe)		65	
	66 Total liabilities. Add lines 60 through 65	5,081,455	66	4,991,921
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	17,512,768	67	19,446,275
	68 Temporarily restricted	889,315	68	328,585
	69 Permanently restricted	1,000,000	69	1,000,000
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	19,402,083	73	20,774,860
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	24,483,538	74	25,766,781

Part IV-A

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

a	Total revenue, gains, and other support per audited financial statements		a	32,221,405
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1 25,180		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): SEE STATEMENT 8	b4 560,730		
	Add lines b1 through b4		b	585,910
c	Subtract line b from line a		c	31,635,495
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	31,635,495

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a Total expenses and losses per audited financial statements		a	30,287,898
b Amounts included on line a but not Part I, line 17:			
1 Donated services and use of facilities	b1		
2 Prior year adjustments reported on Part I, line 20	b2		
3 Losses reported on Part I, line 20	b3		
4 Other (specify):	b4		
Add lines b1 through b4		b	
c Subtract line b from line a		c	30,287,898
d Amounts included on Part I, line 17, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	
e Total expenses (Part I, line 17). Add lines c and d		e	30,287,898

Part V-A

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

[illegible]

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
85g			
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	273
91a	The books are in care of DOUG WEAVER, CONTROLLER 1718 PATTERSON STREET Located at NASHVILLE, TN	Telephone no. 615-327-1085 ZIP + 4 37203	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

	Yes	No
91c		X

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

Form **990** (2007)

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

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

Yes	No
	X

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

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

Yes	No
	X

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

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

Yes	No

**Please
Sign
Here**

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

Signature of officer

GARY W. MAXEY

VP/CFO

Date

Type or print name and title

**Paid
Preparer's
Use Only**

Preparer's
signature

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

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

Date

5-12-2008

Check if
self-
employed

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

EIN

45-0491842

Phone
no.

615-373-3771

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

OMB No. 1545-0047

2007Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
MELINDA SHAW HENDERSON 1718 PATTERSON STREET NASHVILLE TN 37203	PHYSICIAN 40	165,340	8,267	0
WENDY L. WISER 1718 PATTERSON STREET NASHVILLE TN 37203	PHYSICIAN 40	158,854	7,943	0
KAREN V. CASSIDY 1718 PATTERSON STREET NASHVILLE TN 37203	PHYSICIAN 40	151,678	1,247	0
PATRICIA DIANE SMITH 1718 PATTERSON STREET NASHVILLE TN 37203	NURSE PRACT 40	86,977	4,349	0
JEAN R. LESSLY 1718 PATTERSON STREET NASHVILLE TN 37203	PHYSICIAN 40	86,954	0	0
Total number of other employees paid over \$50,000 ▶	72			

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

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

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2007

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

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a Sale, exchange, or leasing of property?	2a		X
b Lending of money or other extension of credit?	2b		X
c Furnishing of goods, services, or facilities?	2c		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
e Transfer of any part of its income or assets?	2e		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b Did the organization make any taxable distributions under section 4966?	4b		
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____		0	
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____		0	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total		
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,439,191	2,105,482	1,463,381	2,042,043	8,050,097		
16 Membership fees received					0		
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0		
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	113,421	92,195	43,267	114,107	362,990		
19 Net income from unrelated business activities not included in line 18					0		
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0		
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0		
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 10	49,410	23,185	8,864	97,890	179,349		
23 Total of lines 15 through 22	2,602,022	2,220,862	1,515,512	2,254,040	8,592,436		
24 Line 23 minus line 17	2,602,022	2,220,862	1,515,512	2,254,040	8,592,436		
25 Enter 1% of line 23	26,020	22,209	15,155	22,540			
26 Organizations described on lines 10 or 11:							
a Enter 2% of amount in column (e), line 24					26a 0		
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b		
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c		
d Add: Amounts from column (e) for lines:							
18		19			26d		
22		26b			26e		
e Public support (line 26c minus line 26d total)					26f		
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%		
27 Organizations described on line 12:							
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:							
(2006)	390,900	(2005)	432,076	(2004)	313,785 (2003) 227,500		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:							
(2006)	0	(2005)	0	(2004)	0 (2003) 0		
c Add: Amounts from column (e) for lines:							
15	8,050,097	16			27c 8,050,097		
17		20		21	27d 1,364,261		
d Add: Line 27a total	1,364,261	and line 27b total			27e 6,685,836		
e Public support (line 27c total minus line 27d total)					27f 8,592,436		
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27g 77.8107%		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h 4.2245%		
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))							

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

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

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

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

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Tax-Exempt Bond Liabilities

Form **990****2007**

For calendar year 2007, or tax year beginning

, and ending

Name

Employer Identification Number

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

Name of lender	Purpose of issue
(1) THE HEALTH AND ED. FACILITIES BOARD	ACQUIRE, CONSTRUCT, EQUIP & RENOVATE
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Issue date	Original amount of issue	Form 8038 filed: Y/N Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1) 7/15/99	8,100,000	N	7/15/19	5/31/00	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Third party use percent	Maturity date	Repayment terms	Interest rate
(1)	7/15/19	INTEREST ONLY-VARI. RATE	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1) FACILITY	1,720,000	1,720,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	1,720,000	1,720,000

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

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 25,180
TOTAL	\$ 25,180

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
OFFICERS & DIRECTORS COMPENSATION	426,051	519,778	99,771
TOTAL	\$ 426,051	\$ 519,778	\$ 99,771

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund-Raising</u>
EXPENSES	\$	\$	\$	\$
DIRECT PATIENT CARE	7,573,834	7,573,834		
PROFESSIONAL FEES	423,867	92,895	327,972	3,000
UTILITIES	198,905	146,127	50,105	2,673
ADVERTISING	326,552		315,210	11,342
INSURANCE	136,535	92,808	43,727	
DUES AND LICENSES	86,071	12,561	72,651	859
BAD DEBT EXPENSE	99,784	51,063	48,721	
OTHER OPERATING EXPENSES	151,388	25,542	120,511	5,335
TOTAL	\$ 8,996,936	\$ 7,994,830	\$ 978,897	\$ 23,209

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

<u>Description</u>
TO PROVIDE LOVING CARE TO PEOPLE WITH LIFE-THREATENING ILLNESSES, SUPPORT TO THEIR FAMILIES, AND SERVICE TO THE COMMUNITY IN A SPIRIT OF ENRICHING LIVES

Statement 5 - Form 990, Part IV, Line 54a - Publicly Traded Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK EQUITY SECURITIES	\$ 902,100	\$ 948,975	MARKET
CORPORATE BONDS FIXED INCOME SECURITIES	407,296	522,797	MARKET
TOTAL	\$ 1,309,396	\$ 1,471,772	

Federal Statements

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
BUILDINGS & EQUIPMENT	\$11,191,112	\$ 3,203,008	\$13,223,923	\$ 3,867,678
LAND	<u>2,878,251</u>		<u>2,878,251</u>	
TOTAL	<u>\$14,069,363</u>	<u>\$ 3,203,008</u>	<u>\$16,102,174</u>	<u>\$ 3,867,678</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
GOODWILL - HOM	\$ 623,093	\$ 623,093
TOTAL	<u>\$ 623,093</u>	<u>\$ 623,093</u>

Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

<u>Description</u>	<u>Amount</u>
CHANGE IN TEMPORARILY RESTRICTED NET ASSETS	\$ 560,730
TOTAL	<u>\$ 560,730</u>

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JANET L. JONES 1718 PATTERSON STREET NASHVILLE TN 37203	PRES & CEO	40	234,478	11,724	0
JAMES SCOTT BRIDGES 1718 PATTERSON STREET NASHVILLE TN 37203	MED DIRECTOR	40	196,855	9,843	0
EDITH ELLIS RIMAS	COO (FRMR)	40	142,946	7,147	0

Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
1718 PATTERSON STREET NASHVILLE TN 37203					
ANNE J. CHANCE 1718 PATTERSON STREET NASHVILLE TN 37203	COO	40	4,808	0	0
GARY W. MAXEY 1718 PATTERSON STREET NASHVILLE TN 37203	VP/CFO	40	137,546	6,877	0
DEBORAH BAUMGART 1718 PATTERSON STREET NASHVILLE TN 37203	VP-PS (FRMR)	40	128,563	6,428	0
KAREN K. YORK 1718 PATTERSON STREET NASHVILLE TN 37203	VP-ORG E&M	40	100,633	5,032	0
PAMELA BROWN 1718 PATTERSON STREET NASHVILLE TN 37203	CHF DEV OFF	40	99,771	4,989	0
ROY O. ELAM, MD 3821 WHITLAND AVENUE	CHAIRMAN	MIN	0	0	0

Federal Statements**Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
NASHVILLE TN 37205					
SHARON ADKINS	DIRECTOR	MIN	0	0	0
1161 21ST AVENUE SOUTH					
NASHVILLE TN 37232					
BILL BLEVINS	DIRECTOR	MIN	0	0	0
P.O. BOX 160387					
NASHVILLE TN 37216					
LAURA BETH BROWN	DIRECTOR	MIN	0	0	0
2120 BELCOURT AVENUE					
NASHVILLE TN 37204					
JAMES BLUMSTEIN	DIRECTOR	MIN	0	0	0
131 21ST AVENUE SOUTH					
NASHVILLE TN 37203					
LUCY CARTER	DIRECTOR	MIN	0	0	0
1114 17TH AVENUE SOUTH					
NASHVILLE TN 37203					
CHRIS CIGARRAN	DIRECTOR	MIN	0	0	0
3841 GREEN HILLS VILLAGE DR					
NASHVILLE TN 37215					

Federal Statements**Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
NELLIE COLE 4347 LEBANON ROAD HERMITAGE TN 37076	DIRECTOR	MIN	0	0	0
KASEY DREAD 205 23RD AVE NORTH NASHVILLE TN 37203	DIRECTOR	MIN	0	0	0
ROSALYN S. ELTON ONE PARK PLAZA NASHVILLE TN 37203	DIRECTOR	MIN	0	0	0
MARY FALLS 1143 SEWANEE ROAD NASHVILLE TN 37220	DIRECTOR	MIN	0	0	0
JUDY FISHER 2701 WOODMONT BOULEVARD NASHVILLE TN 37212	DIRECTOR	MIN	0	0	0
JAY GALBREATH 1600 DIVISION STREET NASHVILLE TN 37203	DIRECTOR	MIN	0	0	0

Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
KEITH HAGAN, MD 2801 CHARLOTTE AVENUE NASHVILLE TN 37209	DIRECTOR	MIN	0	0	0
SHARON HELS 613 LYNN WOOD BOULEVARD NASHVILLE TN 37215	DIRECTOR	MIN	0	0	0
GRANBERRY JACKSON 4219 HILLSBORO PIKE NASHVILLE TN 37215	DIRECTOR	MIN	0	0	0
DAVID JOFFE 1600 DIVISION ST, STE 700 NASHVILLE TN 37203	DIRECTOR	MIN	0	0	0
FAYE JOHNSON 1504 WINTERBERRY DRIVE NASHVILLE TN 37130	DIRECTOR	MIN	0	0	0
KELVIN JONES 700 2ND AVENUE SOUTH NASHVILLE TN 37210	DIRECTOR	MIN	0	0	0
HARRIET KARRO	DIRECTOR	MIN	0	0	0

Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
3800 WOODLAWN DRIVE NASHVILLE TN 37215					
ANNE THERESA KNAUFF P.O. BOX 9 FAIRVIEW TN 37062	DIRECTOR	MIN	0	0	0
AMY KURLAND 4339 SNEED ROAD NASHVILLE TN 37215	DIRECTOR	MIN	0	0	0
WILLIAM LIGGETT, MD 3443 DICKERSON ROAD NASHVILLE TN 37207	DIRECTOR	MIN	0	0	0
BILL NUTTER 30 BURTON HILLS BLVD NASHVILLE TN 37215	DIRECTOR	MIN	0	0	0
CATHY SNYDER 2298 METRO CENTER BOULEVARD NASHVILLE TN 37228	DIRECTOR	MIN	0	0	0
DEBORAH STORY 505 DEADERICK	DIRECTOR	MIN	0	0	0

Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
NASHVILLE TN 37243					
EVETTE WHITE	DIRECTOR	MIN	0	0	0
1808 PATTERSON STREET					
NASHVILLE TN 37203					
NICOLE VAUGHN	NON-VOTING	MIN	0	0	0
2423 NEWBERRY LANE					
MT. JULIET TN 37122					
DENIS YAVAZ	NON-VOTING	MIN	0	0	0
2301 VANDERBILT PLACE					
NASHVILLE TN 37235					
SCOTT NOONAN	NON-VOTING	MIN	0	0	0
730 VOSSWOOD DRIVE					
NASHVILLE TN 37205					

Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
	\$ 49,410	\$ 23,185	\$ 8,864	\$ 97,890
TOTAL	\$ 49,410	\$ 23,185	\$ 8,864	\$ 97,890