

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue ServiceUnder 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.

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALIVE HOSPICE, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 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
		G Gross receipts \$ 33,276,532.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
F Name and address of principal officer: JANET L JONES, PRESIDENT & CEO 1718 PATTERSON STREET NASHVILLE, TN 37203		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ALIVEHOSPICE.ORG		
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1975 M State of legal domicile: TN		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE PROVIDE LOVING CARE TO PEOPLE WITH LIFE-THREATENING ILLNESSES, SUPPORT TO THEIR FAMILIES, AND SERVICE TO THE COMMUNITY IN A SPIRIT OF ENRICHING LIVES.		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	436
	6 Total number of volunteers (estimate if necessary)	6	260
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b Net unrelated business taxable income from Form 990-T, line 34	7b	NONE	
Revenue	8 Contribution and grants (Part VIII, line 1h)	Prior Year 2,590,423.	Current Year 1,919,903.
	9 Program service revenue (Part VIII, line 2g)	28,904,090.	30,612,655.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	111,743.	48,382.
	11 Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	29,239.	26,972.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,635,495.	32,607,912.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	NONE	NONE
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	16,281,631.	17,830,809.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 386,127.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	14,006,267.	14,202,935.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,287,898.	32,033,744.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	1,347,597.	574,168.
	20 Total assets (Part X, line 16)	Beginning of Year 25,766,781.	End of Year 26,424,955.
	21 Total liabilities (Part X, line 26)	4,991,921.	5,485,199.
	22 Net assets or fund balances. Subtract line 21 from line 20	20,774,860.	20,939,756.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Signature of officer Melissa Bordelon	Date 9-24-09	
	Type or print name and title Melissa Bordelon, Chief Financial Officer		
Paid Preparer's Use Only	Preparer's signature Arthur Boruck	Date 9/24/09	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 CROWE HORWATH LLP 330 E JEFFERSON BLVD, PO BOX 7 SOUTH BEND, IN 46624-0007	Preparer's identifying number (see instructions) EIN	Phone no. 574-232-3992

May the IRS discuss this return with the preparer shown above? (See instructions) ☒ Yes ☐ No

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

Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)**1** Briefly describe the organization's mission:SEE STATEMENT 1**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 25,704,121. including grants of \$ _____) (Revenue \$ 30,612,655.)SEE STATEMENT 2**4b** (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ 25,704,121. (Must equal Part IX, Line 25, column (B).)

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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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? If "Yes," complete Schedule C, Part II	4 X	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any accounts where 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 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12 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 U.S.?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 X	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? 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, or substantial contributor or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 117	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b NONE	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 436	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: <u>See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Form 990 (2008)

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	28
b	Enter the number of voting members that are independent	1b	28
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
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 organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	15b	X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

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

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

Part VIII Statement of Revenue

62-0983550

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	358,934.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,560,969.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		1,919,903.				
Program Service Revenue	2a	NET PATIENT SERVICE REVENUE	Business Code	30,612,655.	30,612,655.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		30,612,655.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT .6. ▶		132,939.			132,939.
4		Income from investment of tax-exempt bond proceeds . . . ▶						
5		Royalties						
		(i) Real	(ii) Personal					
6a		Gross Rents						
b		Less: rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss) ▶						
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			584,063.	NONE				
b		Less: cost or other basis and sales expenses						
			656,409.	12,211.				
c		Gain or (loss)						
			-72,346.	-12,211.				
d		Net gain or (loss) ▶						
			-84,557.	NONE	NONE	-84,557.		
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18. a						
b		Less: direct expenses b						
c		Net income or (loss) from fundraising events ▶						
9a		Gross income from gaming activities. See Part IV, line 19. a						
b	Less: direct expenses b							
c	Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances a							
b	Less: cost of goods sold b							
c	Net income or (loss) from sales of inventory ▶							
	Miscellaneous Revenue	Business Code						
11a	OTHER REVENUE		26,972.	26,972.				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶		26,972.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		32,607,912.	30,639,621.	NONE	48,382.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,634,406.	900,097.	678,434.	55,875.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	13,293,097.	10,844,037.	2,238,778.	210,282.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	NONE			
9 Other employee benefits	1,788,741.	1,465,657.	323,084.	NONE
10 Payroll taxes	1,114,565.	882,917.	210,891.	20,757.
11 Fees for services (non-employees):				
a Management	NONE			
b Legal	80,262.	NONE	80,262.	NONE
c Accounting	39,096.	NONE	39,096.	NONE
d Lobbying	NONE			
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	8,666.	NONE	8,666.	NONE
g Other	274,967.	67,546.	200,842.	6,579.
12 Advertising and promotion	376,564.	311.	376,253.	NONE
13 Office expenses	453,527.	126,450.	250,961.	76,116.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	1,398,696.	1,164,139.	232,634.	1,923.
17 Travel	734,701.	633,883.	100,070.	748.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	168,134.	46,540.	114,374.	7,220.
20 Interest	115,669.	NONE	115,669.	NONE
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization . . .	1,169,645.	736,590.	422,674.	10,381.
23 Insurance	165,594.	110,663.	54,931.	NONE
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DIRECT PATIENT CARE -----	6,947,607.	6,947,607.	NONE	NONE
b FACILITY & GROUNDS -----	715,721.	651,159.	64,562.	NONE
c MEDICAL SUPPLIES -----	516,149.	516,149.	NONE	NONE
d EQUIP. RENTAL & MAINTENANCE --	507,571.	356,427.	151,144.	NONE
e DIETARY SUPPLIES -----	181,748.	181,748.	NONE	NONE
f All other expenses -----	348,618.	72,201.	280,171.	-3,754.
25 Total functional expenses. Add lines 1 through 24f	32,033,744.	25,704,121.	5,943,496.	386,127.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	616.	1	616.
	2 Savings and temporary cash investments	7,327,674.	2	4,171,631.
	3 Pledges and grants receivable, net	243,670.	3	188,675.
	4 Accounts receivable, net	3,555,431.	4	6,599,992.
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	63,862.	8	54,674.
	9 Prepaid expenses and deferred charges	246,167.	9	197,961.
	10a Land, buildings, and equipment: cost basis	10a 18,419,362.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D.	10b 4,877,743.		
		12,234,496.	10c	13,541,619.
	11 Investments - publicly traded securities	STMT 7 1,471,772.	11	1,099,917.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	623,093.	15	569,870.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	25,766,781.	16	26,424,955.	
Liabilities	17 Accounts payable and accrued expenses	2,622,477.	17	2,668,958.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	1,720,000.	20	1,480,000.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties STMT 8	649,444.	23	1,300,000.
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	NONE	25	36,241.
	26 Total liabilities. Add lines 17 through 25	4,991,921.	26	5,485,199.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,446,275.	27	19,763,618.
	28 Temporarily restricted net assets	328,585.	28	176,138.
	29 Permanently restricted net assets	1,000,000.	29	1,000,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	20,774,860.	33	20,939,756.
	34 Total liabilities and net assets/fund balances	25,766,781.	34	26,424,955.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b	If "Yes," did the organization undergo the required audit or audits?	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2008

Part II **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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (See Instructions.)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,463,381.	2,105,482.	2,439,191.	2,590,423.	1,919,903.	10,518,380.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,666,562.	19,514,502.	25,649,416.	28,904,090.	30,612,655.	121,347,225.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization'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						
6 Total. Add lines 1-5	18,129,943.	21,619,984.	28,088,607.	31,494,513.	32,532,558.	131,865,605.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	313,785.	432,076.	390,900.			1,136,761.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b.	313,785.	432,076.	390,900.			1,136,761.
8 Public support (Subtract line 7c from line 6.)						130,728,844.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	18,129,943.	21,619,984.	28,088,607.	31,494,513.	32,532,558.	131,865,605.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,267.	92,195.	113,421.	111,743.	48,382.	409,008.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	43,267.	92,195.	113,421.	111,743.	48,382.	409,008.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,864.	23,185.	49,410.	29,239.	26,972.	137,670.
13 Total support. (Add lines 9, 10c, 11, and 12.)						132,412,283.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	98.73%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	77.81%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.31%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	4.22%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☒

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

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

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
OTHER REVENUE	8,864.	23,185.	49,410.	29,239.	26,972.	137,670.
TOTALS	8,864.	23,185.	49,410.	29,239.	26,972.	137,670.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- To be completed by organizations described below.
► Attach to Form 990 or Form 990-EZ.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization

Employer identification number

ALIVE HOSPICE, INC.

62-0983550

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ► \$
3 Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$
3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ► \$
4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2008

JSA
BE1264 1 000

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.**A** Check ☐ if the filing organization belongs to an affiliated group.**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

		(a)		(b)
		Yes	No	Amount
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	
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 other means?		X	
i	Other activities? If "Yes," describe in Part IV	X		702.
j	Total lines 1c through 1i			702.
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?		X	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details.

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details.

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 11.
Also, complete this part for any additional information.

SCHEDULE C - LOBBYING ACTIVITIES**SCHEDULE C, PAGE 3, PART IV, SUPPLEMENTAL INFORMATION**

THE ORGANIZATION INDIRECTLY INFLUENCED LEGISLATION THROUGH ITS DUES TO

THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION FOR CALENDAR YEAR

2008.

Part IV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

► Attach to Form 990. To be completed by organizations that
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☒ Other DISPLAY ON PREMISES

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,174,268.				
b Contributions					
c Investment earnings or losses	-174,268.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,000,000.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ 100.0000 %
 c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		3,587,001.		3,587,001.
b Buildings		8,142,085.	2,101,303.	6,040,782.
c Leasehold improvements		2,902,151.	922,424.	1,979,727.
d Equipment		3,788,125.	1,854,016.	1,934,109.
e Other		NONE	NONE	NONE
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				13,541,619.

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

(a) Description of security or category (Including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other _____		

Total. (Column (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
<u>INTEREST-RATE-SWAP LIAB.</u>	<u>36,241.</u>
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	36,241.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	32,607,912.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	32,033,744.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	574,168.
4	Net unrealized gains (losses) on investments	4	-365,272.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-44,000.
9	Total adjustments (net). Add lines 4-8	9	-409,272.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	164,896.

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

1	Total revenue, gains, and other support per audited financial statements	1	32,233,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-365,272.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-365,272.
3	Subtract line 2e from line 1	3	32,599,246.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,666.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	8,666.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	32,607,912.

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

1	Total expenses and losses per audited financial statements	1	32,069,078.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	32,069,078.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,666.
b	Other (Describe in Part XIV)	4b	-44,000.
c	Add lines 4a and 4b	4c	-35,334.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	32,033,744.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS

PART III - QUESTION 4

THE ORGANIZATION MAINTAINS A COLLECTION OF ART THAT IS DISPLAYED IN THE
HOSPICE PATIENTS' ROOMS AND ON THE ORGANIZATIONS' PROPERTY TO ADD A
PEACEFUL NATURE TO THE ENVIRONMENT.

SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS

PART V - QUESTION 4

PATIENT CARE, STAFF TRAINING, GRIEF SUPPORT SERVICES, FACILITY
MAINTENANCE AND IMPROVEMENT, AND GENERAL OPERATING EXPENSES ARE THE
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS.

SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS

PART X - FIN 48 FOOTNOTE

FASB INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
(FIN 48), ISSUED JULY 2006, IS NOT APPLICABLE FOR THE ORGANIZATION FOR
YEAR ENDED DECEMBER 31, 2008.

SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS

PART XI/XIII, LINE 8 & 4B - RECONCILIATION ADJUSTMENTS

ADJUSTMENT FOR STRAIGHT-LINE LEASE EXPENSE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JANET L. JONES	(i)	190,818.	18,750.	15,300.	NONE	7,964.	232,832.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GARY W. MAXEY	(i)	137,298.	7,875.	3,000.	NONE	2,312.	150,485.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JEAN R. LESSLY, M.D.	(i)	153,807.	NONE	7,965.	NONE	6,991.	168,763.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WENDY L. WISER, M.D.	(i)	152,827.	NONE	14,950.	NONE	1,690.	169,467.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TIFFANY E. HINES, M.D.	(i)	126,435.	NONE	15,500.	NONE	14,038.	155,973.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MELINDA SHAW HENDERSON, M.D.	(i)	162,553.	NONE	15,500.	NONE	4,269.	182,322.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
KAREN V. CASSIDY, M.D.	(i)	159,238.	NONE	NONE	NONE	4,444.	163,682.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

HOUSING ALLOWANCES OR RESIDENCE FOR PERSONAL USESCHEDULE J, PART I, LINE 1A

THE CHIEF OPERATING OFFICER WAS PROVIDED A HOUSING ALLOWANCE FOR FIVE
MONTHS DURING 2008.

WRITTEN POLICY REGARDING PAYMENT OR REIMBURSEMENT OF EXPENSESSCHEDULE J, PART I, LINE 1B

THE CEO AND SENIOR DIRECTOR OF HUMAN RESOURCES JOINTLY APPROVE THE
BENEFITS. THE CFO APPROVES ALL OF THE CEO'S EXPENSES.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

ALIVE HOSPICE, INC.

Employer Identification number

62-0983550

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHARON ADKINS BOARD MEMBER	1.	X						NONE	NONE	NONE
DENISE ALPER BOARD MEMBER	1.	X						NONE	NONE	NONE
BILL BLEVINS BOARD MEMBER	1.	X						NONE	NONE	NONE
LAURA BETH BROWN BOARD MEMBER	1.	X						NONE	NONE	NONE
JAMES BLUMSTEIN BOARD MEMBER	1.	X						NONE	NONE	NONE
LUCY CARTER BOARD MEMBER	1.	X						NONE	NONE	NONE
CHRIS CIGARRAN BOARD MEMBER	1.	X						NONE	NONE	NONE
NELLIE COLE BOARD MEMBER	1.	X						NONE	NONE	NONE
KASEY DREAD BOARD MEMBER	1.	X						NONE	NONE	NONE
ROY O. ELAM, M.D. BOARD MEMBER	1.	X						NONE	NONE	NONE
ROSALYN S. ELTON BOARD MEMBER	1.	X						NONE	NONE	NONE
MARY FALLS BOARD MEMBER	1.	X						NONE	NONE	NONE
JUDY FISHER BOARD MEMBER	1.	X						NONE	NONE	NONE
JAY GALBREATH BOARD MEMBER	1.	X						NONE	NONE	NONE
KEITH HAGAN, M.D. BOARD MEMBER	1.	X						NONE	NONE	NONE
SHARON HELS BOARD MEMBER	1.	X						NONE	NONE	NONE
MARY HUNTER BOARD MEMBER	1.	X						NONE	NONE	NONE
DAVID JOFFE BOARD MEMBER	1.	X						NONE	NONE	NONE
FAYE JOHNSON BOARD MEMBER	1.	X						NONE	NONE	NONE
KELVIN JONES BOARD MEMBER	1.	X						NONE	NONE	NONE
HARRIET KARRO BOARD MEMBER	1.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

03617X A22P 09/25/2009 08:51:40 V08-7.4 880527.002

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the Organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANNE KNAUFF BOARD MEMBER	1.	X						NONE	NONE	NONE
AMY KURLAND BOARD MEMBER	1.	X						NONE	NONE	NONE
WILLIAM LIGGETT, M.D. BOARD MEMBER	1.	X						NONE	NONE	NONE
BILL NUTTER BOARD MEMBER	1.	X						NONE	NONE	NONE
DEBORAH STORY BOARD MEMBER	1.	X						NONE	NONE	NONE
BEV WEBER BOARD MEMBER	1.	X						NONE	NONE	NONE
EVETTE WHITE BOARD MEMBER	1.	X						NONE	NONE	NONE
JANET L. JONES CHIEF EXECUTIVE OFFICER	40.			X				224,868.	NONE	7,964.
GARY W. MAXEY CHIEF FINANCIAL OFFICER	40.			X				148,173.	NONE	2,312.
PAMELA BROWN CHIEF DEVELOPMENT OFFICER	40.			X				111,148.	NONE	603.
KAREN K. YORK EXECUTIVE VICE PRESIDENT	40.			X				97,263.	NONE	13,492.
ANNE J. CHANCE CHIEF OPERATING OFFICER	40.			X				121,277.	NONE	7,209.
DAVID TRIBBLE, M.D. CHIEF MEDICAL OFFICER	40.			X				58,841.	NONE	1,049.
JEAN R. LESSLY, M.D. TEAM MEDICAL DIRECTOR	40.				X			161,772.	NONE	6,991.
WENDY L. WISER, M.D. TEAM MEDICAL DIRECTOR	40.				X			167,777.	NONE	1,690.
TIFFANY E. HINES, M.D. TEAM MEDICAL DIRECTOR	40.				X			141,935.	NONE	14,038.
MELINDA SHAW HENDERSON, M.D. TEAM MEDICAL DIRECTOR	40.				X			178,053.	NONE	4,269.
KAREN V. CASSIDY, M.D. TEAM MEDICAL DIRECTOR	40.				X			159,238.	NONE	4,444.

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

03617X A22P 09/25/2009 08:51:40 V08-7.4 880527.002

Name of the organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

CORE FORM 990 - PART V

PART V - STATEMENTS REGARDING OTHER IRS FILINGS AND TAX COMPLIANCE

#1C: BECAUSE THE ORGANIZATION DID NOT REPORT ANY FORMS W-2G ON LINE 1B,

THIS QUESTION IS NOT APPLICABLE AND HAS BEEN LEFT BLANK.

#7G & #7H: THE ORGANIZATION DID NOT RECEIVE ANY CONTRIBUTIONS OF

QUALIFIED INTELLECTUAL PROPERTY OR CONTRIBUTIONS OF CARS, BOATS,

AIRPLANES OR OTHER VEHICLES IN THE CURRENT YEAR. THEREFORE, THESE

QUESTIONS ARE NOT APPLICABLE AND HAVE BEEN LEFT BLANK.

#8, #9A & #9B: THE ORGANIZATION DOES NOT MAINTAIN ANY DONOR ADVISED FUNDS

THEREFORE THESE QUESTIONS ARE NOT APPLICABLE AND HAVE BEEN LEFT BLANK.

Name of the organization

Employer identification number

ALIVE HOSPICE, INC.

62-0983550

CORE FORM 990 - PART VI

PART VI - GOVERNANCE, MANAGEMENT AND DISCLOSURE

SECTION A. GOVERNING BODY AND MANAGEMENT

#10: THE EXECUTIVE COMMITTEE OF THE BOARD DELEGATED AUTHORITY TO THE FINANCE COMMITTEE OF THE BOARD TO APPROVE THE FORM 990. THE FINANCE COMMITTEE OF THE BOARD MET WITH OUR TAX ADVISORS TO REVIEW THE ENTIRE FORM 990. ONCE APPROVED BY THE FINANCE COMMITTEE OF THE BOARD, A FULL COPY OF THE FORM 990 WAS PROVIDED TO EVERY BOARD MEMBER FOR REVIEW PRIOR TO FILING.

SECTION B. POLICIES

#12C: FOR THE DECEMBER 31, 2008 YEAREND, THE BOARD MEMBERS SIGNED THE CONFLICT OF INTEREST POLICY STATING THAT THEY HAVE READ AND UNDERSTOOD THE POLICY. EFFECTIVE JANUARY 1, 2009, DIRECTORS, TRUSTEES, OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES COMPLETED A CONFLICT OF INTEREST QUESTIONNAIRE. EACH QUESTIONNAIRE WILL BE REVIEWED FOR CONFLICTS. IF A CONFLICT EXISTS WITH A VOTING BOARD MEMBER, THAT BOARD MEMBER WILL BE RECUSED FROM VOTING ON THAT BUSINESS TRANSACTION. THERE HAVE BEEN NO CONFLICTS TO DATE.

#15A: THE CHAIRMAN OF THE BOARD COMPLETES THE CEO'S PERFORMANCE EVALUATION IN DECEMBER OF EACH YEAR TO BE EFFECTIVE FOR THE FOLLOWING JANUARY. THE EXECUTIVE COMMITTEE OF THE BOARD MAKES RECOMMENDATIONS ON THE AMOUNT OF PERCENTAGE INCREASE TO THE CEO SALARY AND ALSO APPROVES THE COMPENSATION PACKAGE. AN INDEPENDENT CONSULTANT SURVEY, THE HR GROUP, IS

Name of the organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

REVIEWED. THIS SURVEY USES THE DEPARTMENT OF LABOR STATISTICS OF OTHER
HOSPICE ORGANIZATION'S OF LIKE SIZE BOTH REGIONALLY AND NATIONALLY. THIS
PROCESS IS THEN DOCUMENTED IN THE BOARD MINUTES. EVERY YEAR THE
COMPENSATION CONTRACT IS AMENDED STATING COMPENSATION BASED ON THE ACTION
OF THE BOARD.

#15B: THE SAME PROCESS THAT IS SHOWN ABOVE FOR #15A IS FOLLOWED FOR OTHER
OFFICERS AND/OR KEY EMPLOYEES HOWEVER, THE DOCUMENTATION IS LISTED IN THE
EMPLOYEE PERFORMANCE REVIEW AND IT IS APPROVED BY THE CEO.

SECTION C. DISCLOSURE

#19: THE ANNUAL REPORT IS AVAILABLE ON ALIVE HOSPICE'S WEBSITE. GOVERNING
DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION
=====

OUR MISSION:

WE PROVIDE 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.

*TO INFLUENCE THE PERCEPTIONS WITHIN THE COMMUNITY AND AMONG MEDICAL PROFESSIONALS SO THAT THE END OF LIFE IS ACCEPTED AS A MEANINGFUL COMPONENT OF THE HUMAN EXPERIENCE.

OUR VALUES:

*WE BELIEVE DEATH TO BE A NATURAL PART OF LIFE'S JOURNEY.

*WE BELIEVE IN HONESTY AND INTEGRITY IN ALL WE SAY AND DO.

*WE BELIEVE IN COMPASSION TO THOSE WE SERVE AND TO EACH OTHER.

*WE BELIEVE IN RESPECT AND DIGNITY FOR ALL.

*WE VALUE COMPETENT, KNOWLEDGEABLE STAFF MOTIVATED TO ACHIEVE PERSONAL AND PROFESSIONAL GROWTH.

*WE BELIEVE IN ACCOUNTABILITY TO SOCIETY, OUR COMMUNITY, AND EACH OTHER.

*WE BELIEVE IN RESPONSIBLE STEWARDSHIP OF THE RESOURCES WITH WHICH WE HAVE BEEN ENTRUSTED.

*WE BELIEVE IN THE CONTINUOUS PURSUIT OF ORGANIZATIONAL EXCELLENCE.

*WE BELIEVE IN TEAMWORK TO ACHIEVE OUR VISION, MISSION, AND TO SUPPORT OUR VALUES.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

ALIVE HOSPICE SERVES THOSE WHO HAVE A LIMITED LIFE EXPECTANCY (REGARDLESS OF ILLNESS OR AGE) AND LIVE WITHIN THE AGENCY'S 12-COUNTY SERVICE AREA. ALIVE HOSPICE PROVIDED END-OF-LIFE CARE TO 3,174 PATIENTS DURING 2008. ADDITIONALLY, THE AGENCY PROVIDED PALLIATIVE CARE (FOR PATIENTS WHO DESIRE COMFORT CARE AS THEY PURSUE CURATIVE TREATMENTS FOR LIFE-THREATENING ILLNESSES) AND BEREAVEMENT SUPPORT FOR THOSE WHO HAVE EXPERIENCED LOSS.

ONLY ALIVE HOSPICE PROVIDES THIS UNPARALLELED SCOPE OF SERVICES:

*IN-HOME HOSPICE SERVICES

*INPATIENT RESIDENTIAL CARE AT ITS 30-BED ALIVE HOSPICE RESIDENCE NASHVILLE FACILITY

*ALIVE HOSPICE UNITS LOCATED WITHIN HOSPITALS

*INPATIENT HOSPICE CARE AT OTHER HOSPITALS THROUGHOUT MIDDLE TENNESSEE

*FULL-TIME MEDICAL DIRECTORS (PHYSICIANS) ON STAFF

*ALIVE GRIEF SUPPORT SERVICES COUNSELING AND SUPPORT

*INDIVIDUALIZED, INTERDISCIPLINARY CARE TEAMS

*24-HOUR, 7-DAYS-A-WEEK ACCESSIBILITY TO HIGHLY SKILLED CLINICAL STAFF

HOME CARE SERVICES

THE MAJORITY OF ALIVE HOSPICE'S PATIENTS ARE SERVED IN THEIR HOMES. HOME HOSPICE CARE SERVICES ARE DESIGNED TO EASE PAIN, ALLEVIATE SYMPTOMS, AND PROVIDE SUPPORT TO THE PATIENTS AND THEIR CAREGIVERS. IN ADDITION TO THESE SERVICES PROVIDED BY OUR SKILLED TEAM, WE PROVIDE MEDICAL EQUIPMENT AND SUPPLIES, MEDICATIONS AND CAREGIVER TRAINING.

INPATIENT HOSPICE CARE

OUR INPATIENT FACILITIES ALLOW CARE TO BE PROVIDED FOR PATIENTS WHO ARE UNABLE TO BE CARED FOR AT HOME OR MAY BE EXPERIENCING A MEDICAL CRISIS.

FORM 990, PART III - PROGRAM SERVICES

CARE OPTIONS INCLUDE:

*ALIVE HOSPICE RESIDENCE NASHVILLE (551 PATIENTS WERE SERVED IN 2008)

*ALIVE HOSPICE AT SAINT THOMAS HOSPITAL (691 PATIENTS WERE SERVED IN 2008)

*ALIVE HOSPICE AT SKYLINE MADISON CAMPUS (601 PATIENTS WERE SERVED IN 2008)

*INPATIENT CARE PROVIDED BY ALIVE HOSPICE AT YOUR LOCAL HOSPITALS

ALIVE MONARCHS

ALIVE HOSPICE HAS A LONG TRADITION OF SERVING PATIENTS OF ALL AGES WHO FACE LIFE-THREATENING ILLNESSES. ALIVE MONARCHS IS ONE OF THE FEW PALLIATIVE AND HOSPICE CARE PROVIDER FOR PERINATAL AND PEDIATRIC PATIENTS IN THE NATION. THE BEAUTIFUL MONARCH BUTTERFLY INSPIRED THE NAME OF ALIVE HOSPICE'S PEDIATRIC PROGRAM. BUTTERFLIES, WHICH ARE CLOSELY ASSOCIATED WITH HOSPICE CARE, SIGNIFY HOPE, THE BEAUTY OF LIFE AND THE CELEBRATION OF THOSE WE LOVE.

VARIOUS LEVELS OF SERVICE INCLUDE:

*PERINATAL CARE (10 PATIENTS WERE SERVED IN 2008)

*PEDIATRIC PALLIATIVE CARE (47 PATIENTS WERE SERVED IN 2008)

*PEDIATRIC HOSPICE CARE (31 PATIENTS WERE SERVED IN 2008)

PALLIATIVE CARE

ALIVE HOSPICE OFFERS ITS ALIVE PALLIATIVE CARE SERVICES FOR THOSE WHO ARE NOT IN NEED OF HOSPICE CARE, BUT WHO DO HAVE INCURABLE AND PROGRESSIVE DISEASES. PALLIATIVE CARE ADDRESSES THE SYMPTOMS OF A DISEASE REGARDLESS OF LIFE EXPECTANCY, WHILE HOSPICE CARE ADDRESSES THOSE SYMPTOMS WHEN THE PATIENT'S LIFE EXPECTANCY CAN BE THOUGHT OF IN MONTHS RATHER THAN YEARS.

WHILE PAIN AND SYMPTOM MANAGEMENT CONSTITUTE THE CORNERSTONE OF PALLIATIVE CARE, CURATIVE TREATMENTS MAY BE PROVIDED ALONG WITH PALLIATIVE TREATMENTS. SOME PEOPLE REFER TO PALLIATIVE CARE AS "COMFORT CARE" BECAUSE OF ITS ATTENTION TO IMPROVING QUALITY OF

FORM 990, PART III - PROGRAM SERVICES

=====

LIFE AND CONTROLLING SYMPTOMS. ALIVE PALLIATIVE CARE STRIVES TO GIVE INDIVIDUALS THE OPPORTUNITY TO LIVE THEIR LIVES AS ACTIVELY AS POSSIBLE. ALIVE PALLIATIVE CARE SERVED 72 PATIENTS IN 2008.

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 HAS PROFESSIONAL GRIEF COUNSELORS AND TRAINED VOLUNTEERS TO GUIDE INDIVIDUALS THROUGH THE PROCESS OF MOURNING. THIS ASSISTANCE IS AVAILABLE IN BOTH INDIVIDUAL COUNSELING SESSIONS AND GROUP SETTINGS FOR ANY BEREAVED PERSON, REGARDLESS OF THE NATURE OF THE DEATH. GRIEF COUNSELING HELPS ADULTS, CHILDREN, AND FAMILIES COPE WITH DEATH AND GRIEF AS THEY FACE THE LOSS OF LOVED ONES.

PROGRAMS INCLUDE:

*INDIVIDUAL COUNSELING (545 CLIENTS RECEIVED 2,987 INDIVIDUAL COUNSELING SESSIONS DURING 2008)

*SUPPORT GROUPS FOR LOSS OF SPOUSES, PARENTS, CHILDREN, SIBLINGS, AND OTHER LOVED ONES (141 ADULT CLIENTS AND 59 CHILDREN WERE SERVED BY SUPPORT GROUPS DURING 2008)

*CAMP EVERGREEN AND CAMP FORGET-ME-NOT, SUMMER DAY CAMPS FOR BEREAVED CHILDREN (79 CHILDREN ATTENDED THE CAMPS IN 2008)

*HOLIDAY GRIEF SEMINARS (195 PEOPLE ATTENDED THESE SEMINARS IN 2008)

CHARITY CARE

ALIVE HOSPICE HAS A POLICY OF PROVIDING CHARITY CARE TO PATIENTS WHO ARE UNABLE TO PAY. CHARITY CARE CHARGES, AT RATES SIMILAR TO THOSE CHARGED TO PATIENTS AND THIRD PARTIES, WERE \$996,726 FOR THE YEAR ENDED DECEMBER 31, 2008.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS
=====NAME AND ADDRESS
-----DESCRIPTION OF SERVICES COMPENSATION

IRMA MENDOZA DBA GENERAL CLEANING SVCS 250 TANKSLEY AVENUE NASHVILLE, TN 37211	CLEANING SERVICES	216,167.
--	-------------------	----------

TOTAL COMPENSATION

216,167.
=====

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
-----	-----	-----	-----	-----
INVESTMENT INCOME	132,939.			132,939.
	-----	-----	-----	-----
TOTALS	132,939.			132,939.
	=====	=====	=====	=====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION -----	ENDING BOOK VALUE -----	COST OR FMV -----
FIXED INCOME SECURITIES	334,601.	FMV
EQUITY SECURITIES	765,316.	FMV

TOTALS	1,099,917.	
	=====	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE
=====

LENDER: NOTE PAYABLE AVENUE BANK

ORIGINAL AMOUNT: 1,300,000.

INTEREST RATE: 5.000000

MATURITY DATE: 12/31/2013

REPAYMENT TERMS: MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$7,600

SECURITY PROVIDED: REAL PROPERTY

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	1,300,000.

LENDER: NOTE PAYABLE BANK OF AMERICA

MATURITY DATE: 12/31/2008

REPAYMENT TERMS: MONTHLY PRINCIPAL AND INTEREST PAYMENTS OF \$3,889

SECURITY PROVIDED: REAL PROPERTY

BEGINNING BALANCE DUE	649,444.
ENDING BALANCE DUE	NONE

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	649,444.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,300,000.
	=====

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

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.

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

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 980-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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

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

- 4 I request an additional 3-month extension of time until **11/15/2009**
- 5 For calendar year **2008**, or other tax year beginning _____ and ending _____
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED IN ORDER TO GATHER INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.**

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

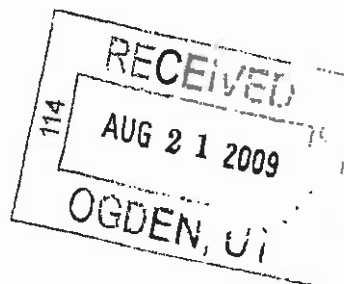
Signature and Verification

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

Signature **Emily D. Wilhelm** Title **CPA** Date **8/14/09**

CROWE HOKWATH LLP
330 E JEFFERSON BLVD, PO BOX 7
SOUTH BEND, IN 46624-0007

Form 8868 (Rev. 4-2008)



Form **8868**

(Rev. April 2008)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

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

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

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

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

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

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

Telephone No. ► **615 327-1085**

FAX No. ►

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15, 2009** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☒ calendar year **2008** or
 ► ☐ tax year beginning _____, _____, and ending _____.

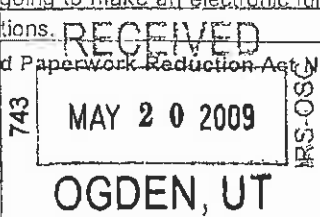
2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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

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

Form 8868 (Rev. 4-2008)

JSA
6F8054 2 000

03617X A22P 05/11/2009 09:50:59 V08-6.1 880527.002