

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning , 2012, 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>ALIVE HOSPICE, INC.</u> Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>1718 PATTERSON STREET</u> City, town or post office, state, and ZIP code <u>NASHVILLE, TN 37203</u> F Name and address of principal officer: <u>ANNA-GENE O'NEAL</u> <u>1718 PATTERSON STREET, NASHVILLE, TN 37203</u> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ <u>WWW.ALIVEHOSPICE.ORG</u> K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: <u>1975 M State of legal domicile: <u>TN</u> </u>
D Employer identification number <u>62-0983550</u> E Telephone number <u>(615)327-1085</u> G Gross receipts \$ <u>33,369,153</u> 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 type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>ALIVE HOSPICE, INC. PROVIDES LOVING CARE TO PEOPLE WITH LIFE-THREATENING ILLNESSES. SUPPORT TO THEIR FAMILIES, AND SERVICE TO THE COMMUNITY IN A SPIRIT OF ENRICHING LIVES. DURING 2012, THE ORGANIZATION INCURRED EXPENSES OF \$895,463 FOR FINANCIAL ASSISTANCE TO PATIENTS WHO WERE OTHERWISE UNABLE TO PAY.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	23
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	442
	6	Total number of volunteers (estimate if necessary)	6	404
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,685,806	1,572,275
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,169,210	30,755,327
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,589	109,761
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,934,462	32,468,259
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	17,405,420	18,143,380
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>392,758</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	13,953,014	13,540,124
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	31,358,434	31,683,484
19	Revenue less expenses. Subtract line 18 from line 12	576,028	784,775	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	24,296,160	24,303,218
	22	Net assets or fund balances. Subtract line 21 from line 20	3,298,475	2,398,089
			20,997,685	21,907,133

Part II Signature Block

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

Sign Here	Signature of officer	Date		
	<u>JOSEPH HAMPE, CHIEF FINANCIAL OFFICER</u>			
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	<u>RACHEL SPURLOCK</u>	<u>Rachel Spurlock</u>	<u>8/26/2013</u>	<input type="checkbox"/>
	Firm's name ▶ <u>CROWE HORWATH LLP</u>	Firm's EIN ▶ <u>35-0921680</u>	PTIN <u>P00520729</u>	
	Firm's address ▶ <u>9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-1122</u>	Phone no. <u>(502)326-3996</u>		
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2012)

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 ☒ 
- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ALIVE HOSPICE, INC.	Enter filer's identifying number, see instructions Employer identification number (EIN) or 62-0983550
	Number, street , and room or suite no. If a P.O. box , see instructions. 1718 PATTERSON STREET	Social security number (SSN)
	City, town or post office, state , and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► [TERESA COSGROVE](#)

Telephone No. ► (615)327-1085 FAX No. ► (615)346-8557

- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☒ calendar year 20 12 or

► ☐ tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 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	\$
b	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.	3b	\$
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

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.

Cat. No. 27916D

Form 8868 (Rev. 1-2013)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **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. Only file the original (no copies needed).

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ALIVE HOSPICE, INC.	Enter filer's identifying number, see instructions	
	Number, street, and room or suite no. If a P.O. box, see instructions. 1718 PATTERSON STREET	Employer identification number (EIN) or 62-0983550	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NASHVILLE, TN 37203	Social security number (SSN)	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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**
Telephone No. **(615)327-1085** FAX No. **(615)346-8557**
- 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 **November 15**, 20 **13**.
- 5 For calendar year **2012**, or other tax year beginning, 20, and ending, 20
- 6 If the tax year entered in line 5 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 TO GATHER THE INFORMATION NECESSARY TO FILE 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	\$
b 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	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

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 **Kaura Forbes**

Title **CPA**

Date **8/14/2013**

Form 8868 (Rev. 1-2013)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒**1** Briefly describe the organization's mission:

OUR MISSION:

ALIVE HOSPICE, INC. PROVIDES LOVING CARE TO PEOPLE WITH LIFE-THREATENING ILLNESSES. SUPPORT TO THEIR FAMILIES. AND SERVICE TO THE COMMUNITY IN A SPIRIT OF ENRICHING LIVES. (CONTINUED IN SCHEDULE O)

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 26,223,236 including grants of \$) (Revenue \$ 30,783,695)

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 3,399 PATIENTS DURING 2012. 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; AND ACCESSIBILITY TO HIGHLY SKILLED CLINICAL STAFF. (CONTINUED IN SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)**4e** Total program service expenses 26,223,236

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts II and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, Parts III and IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Form **990** (2012)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

Form **990** (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 75		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<input checked="" type="checkbox"/>	
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 442		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			
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)?			<input checked="" type="checkbox"/>
b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<input checked="" type="checkbox"/>
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<input checked="" type="checkbox"/>
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<input checked="" type="checkbox"/>
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<input checked="" type="checkbox"/>
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<input checked="" type="checkbox"/>
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<input checked="" type="checkbox"/>
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<input checked="" type="checkbox"/>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
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		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			<input checked="" type="checkbox"/>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	23	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent	23	
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	✓
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	✓
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	✓
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	✓
6 Did the organization have members or stockholders?	6	✓
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	✓
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	✓
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	✓
b Each committee with authority to act on behalf of the governing body?	8b	✓
9 Is there any officer, director, 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	9	✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	✓
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓
13 Did the organization have a written whistleblower policy?	13	✓
14 Did the organization have a written document retention and destruction policy?	14	✓
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	✓
b Other officers or key employees of the organization	15b	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
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	✓
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 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 ► **TN**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **TERESA COSGROVE, 1718 PATTERSON STREET, NASHVILLE, TN 37203, (615)327-1085, FAX: (615)346-8557**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) MARY FALLS CHAIR	1	✓		✓				0	0	0
(2) LIZ SCHATZLEIN CHAIR-ELECT	1	✓		✓				0	0	0
(3) DEBORAH STORY PAST CHAIR	1	✓		✓				0	0	0
(4) JEFF MASTROLEO TREASURER	1	✓		✓				0	0	0
(5) WILL WRIGHT SECRETARY	1	✓		✓				0	0	0
(6) BRENDA SWIFT BOARD MEMBER - PARTIAL YEAR	1	✓						0	0	0
(7) ROY ELAM, MD BOARD MEMBER	1	✓						0	0	0
(8) LIBBY PAGE BOARD MEMBER	1	✓						0	0	0
(9) DEBORAH FARRINGER BOARD MEMBER - PARTIAL YEAR	1	✓						0	0	0
(10) LARRY KLOESS BOARD MEMBER	1	✓						0	0	0
(11) MARTEE HARRIS BOARD MEMBER	1	✓						0	0	0
(12) BETSY WILLS BOARD MEMBER	1	✓						0	0	0
(13) JAMES CATO, MD BOARD MEMBER	1	✓						0	0	0
(14) PHILIP JOHNSTON BOARD MEMBER	1	✓						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) SCOTT MCWILLIAMS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(16) BRIAN HEMPHILL, MD BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(17) DENISE ALPER BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(18) RHONDA LOWRY BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(19) DONNA ESKIND BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(20) STEPHEN ROBERTS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(21) WARREN MCPHERSON MD BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(22) DOUG ARDOIN, MD BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(23) PHIL BARNETT BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(24) VIRGINIA TROTTER BETTS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(25) LISA DAVIS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								1,531,673	0	99,345
d Total (add lines 1b and 1c)								1,531,673	0	99,345

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
FAVORITE HEALTHCARE STAFFING, PO BOX 803356, KANSAS CITY, MO 64180-3356	STAFFING AGENCY	561,619
CONSOLIDATED MEDICAL STAFFING, 8 SOUTH EVERGREEN, MEMPHIS, TN 38104-3919	STAFFING AGENCY	288,817
FRANTZ BUILDING SERVICES, INC., 1326 WEST NINTH, OWENSBORO, KY 42301	JANITORIAL SERVICES	235,870
FIRST CALL AMBULANCE SERVICES, LLC, PO BOX 17345, NASHVILLE, TN 37217-0345	AMBULANCE TRANSPORTATION SERVICES	228,691
NURSING RESOURCE SOLUTIONS LLC, 607 DUE WEST AVENUE, MADISON, TN 37115	STAFFING AGENCY	158,771
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 10		

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII. ☐

				(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 299,401				
	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 1,272,874				
	g	Noncash contributions included in lines 1a-1f: \$	12,808				
	h	Total. Add lines 1a-1f		1,572,275			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 623000	30,731.318	30,731.318		
	b	COUNSELING REVENUE	Business Code 624100	24,009	24,009		
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f		30,755.327			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		57,694		
4		Income from investment of tax-exempt bond proceeds		0			
5		Royalties		0			
		(i) Real (ii) Personal					
6a		Gross rents					
b		Less: rental expenses					
c		Rental income or (loss)	0 0				
d		Net rental income or (loss)		0			
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 653,081 299,900				
b		Less: cost or other basis and sales expenses	631,165 269,729				
c		Gain or (loss)	21,916 30,171				
d		Net gain or (loss)		52,087		52,087	
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		0			
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		0			
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		0				
Miscellaneous Revenue				Business Code			
11a	DERIVATIVE SETTLEMENT	900099	22,712	22,712			
b	MEDICAL RECORDS INCOME	623300	3,091	3,091			
c	REBATES/DISCOUNTS	623300	2,568	2,568			
d	All other revenue	722210	2,505	0	0	2,505	
e	Total. Add lines 11a-11d		30,876				
12	Total revenue. See instructions.		32,468,259	30,783,696	0	112,286	

Part IX Statement of Functional ExpensesSection 501(c)(3) and 501(c)(4) organizations *must* complete all columns. All other organizations *must* complete column (A).Check if Schedule O contains a response to any question in this Part IX ☐**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 United States. See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	785,991	198,089	587,902	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	14,589,349	12,381,103	1,917,159	291,087
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	1,562,397	1,333,302	211,390	17,705
10 Payroll taxes	1,205,623	996,260	186,627	22,736
11 Fees for services (non-employees):				
a Management	0			
b Legal	71,188		71,188	
c Accounting	48,000		48,000	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	10,761		10,761	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	428,154	18,148	410,006	0
12 Advertising and promotion	233,078		233,078	
13 Office expenses	1,026,810	439,422	539,117	48,271
14 Information technology	557,428	466,221	90,464	10,743
15 Royalties	0			
16 Occupancy	1,521,309	1,367,229	154,080	0
17 Travel	791,124	699,476	89,887	1,761
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	96,723	49,111	44,826	2,786
20 Interest	36,768	24,869	11,899	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	900,750	583,539	314,110	3,101
23 Insurance	157,372	98,598	58,774	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DIRECT PATIENT CARE SUPPLIES	7,240,941	7,240,941		
b BAD DEBT EXPENSE	168,704	168,704		
c DUES & SUBSCRIPTIONS	82,286	36,134	44,763	1,389
d COMMUNITY EDUCATION INITIATIVE	45,542	45,542		
e All other expenses	113,186	76,548	43,450	(6,821)
25 Total functional expenses. Add lines 1 through 24e	31,683,484	26,223,236	5,087,490	392,758
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	616	1	616
	2 Savings and temporary cash investments	7,020,129	2	7,922,442
	3 Pledges and grants receivable, net	262,235	3	325,739
	4 Accounts receivable, net	2,637,877	4	2,607,925
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	42,176	8	57,755
	9 Prepaid expenses and deferred charges	387,630	9	336,140
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 17,248,340		
	b Less: accumulated depreciation	10b 6,546,085	10c	10,702,255
	11 Investments—publicly traded securities	1,641,255	11	1,778,176
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	554,293	14	554,293
	15 Other assets. See Part IV, line 11	17,877	15	17,877
16 Total assets. Add lines 1 through 15 (must equal line 34)	24,296,160	16	24,303,218	
Liabilities	17 Accounts payable and accrued expenses	2,778,475	17	2,116,085
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	520,000	20	280,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	3,298,475	26	2,396,085
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	19,229,729	27	19,785,466
	28 Temporarily restricted net assets	624,389	28	965,560
	29 Permanently restricted net assets	1,143,567	29	1,156,107
	Organizations that do not follow SFAS 117 (ASC 958), 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	20,997,665	33	21,907,133
	34 Total liabilities and net assets/fund balances	24,296,160	34	24,303,218

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	32,468,259
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,683,484
3	Revenue less expenses. Subtract line 2 from line 1	3	784,775
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,997,665
5	Net unrealized gains (losses) on investments	5	124,673
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,907,133

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c If "Yes" to line 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? . . .
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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? . . .
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

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Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(26) PHILIP RANDELL BOARD MEMBER - PARTIAL YEAR	1	✓						0	0	0
(27) BARBARA CANNON INTERIM CHIEF EXECUTIVE OFFICER PARTIAL YEAR (SEE SCH. O)(01/01/12 TO 03/30/12)	40			✓				0	0	0
(28) ANNA-GENE O'NEAL CHIEF EXECUTIVE OFFICER (04/01/12 TO 12/31/12)	40			✓				180,211	0	5,033
(29) DR. DAVID TRIBBLE CHIEF MEDICAL OFFICER - PARTIAL YEAR (01/01/12 TO 6/15/12)	40			✓				111,977	0	9,212
(30) DR. JOHN SHUSTER CHIEF MEDICAL OFFICER (10/01/12 TO 12/31/12)	40			✓				74,036	0	2,864
(31) TERESA COSGROVE CONTROLLER/INTERIM CFO (01/01/12 TO 07/22/12)	40			✓				117,583	0	23,978
(32) JOSEPH HAMPE CHIEF FINANCIAL OFFICER (07/23/12 TO 12/31/12)	40			✓				68,287	0	5,830
(33) CHRISTOPHER MADER INTERIM CHIEF COMPLIANCE OFFICER - PARTIAL YEAR	40			✓				94,740	0	7,785
(34) BARBARA BRENNAN CHIEF OPERATING OFFICER/CHIEF NURSING OFFICER (06/11/12 TO 12/31/12)	40			✓				71,760	0	12,695
(35) DR. TIFFANY E. HINES TEAM MEDICAL DIRECTOR - PARTIAL YEAR	40				✓			174,817	0	1,187
(36) DR. MARTHA LEONARD TEAM MEDICAL DIRECTOR	40				✓			182,432	0	16,013
(37) DR. SHARON GREEN TEAM MEDICAL DIRECTOR	40				✓			171,724	0	2,513
(38) DR. SHAZIA FAZILI TEAM MEDICAL DIRECTOR	40				✓			170,266	0	2,696
(39) SHEILA KELLY VICE PRESIDENT OF HUMAN RESOURCES	40				✓			113,840	0	9,539

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2012

Open to Public Inspection

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: (For lines 1 through 11, check only one box.)

- 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).**
- 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).**
- 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—Non-functionally integrated
 - 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?

	Yes	No
11g(i)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(ii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		
 - h Provide the following information about the supported organization(s).

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2012

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 through 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 section 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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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 "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"/>
b 10%-facts-and-circumstances test—2011. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,919,903	1,766,213	1,540,534	1,685,806	1,572,275	8,484,731
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	30,612,655	30,931,342	29,678,250	30,169,210	30,755,327	152,146,784
3 Gross receipts from activities that are not an unrelated trade or business under section 513		16,444	3,161	4,465	8,164	32,234
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	32,532,558	32,713,999	31,221,945	31,859,481	32,335,766	160,663,749
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	24,491	57,030	37,520	35,491	28,777	183,309
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	0
c Add lines 7a and 7b	24,491	57,030	37,520	35,491	28,777	183,309
8 Public support. (Subtract line 7c from line 6.)						160,480,440

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	32,532,558	32,713,999	31,221,945	31,859,481	32,335,766	160,663,749
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	48,382	86,260	69,928	67,346	57,694	329,610
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	48,382	86,260	69,928	67,346	57,694	329,610
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	26,972	18,384	14,463	5,392	22,712	87,923
13 Total support. (Add lines 9, 10c, 11, and 12.)	32,607,912	32,818,643	31,306,336	31,932,219	32,416,172	161,081,282
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 2012 (line 8, column (f) divided by line 13, column (f))	15	99.62 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.61 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0.2 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0.24 %

- 19a 33 1/3% support tests—2012.** 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—2011.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Return Reference	Identifier	Explanation						
SCHEDULE A, PART III, LINE 12	OTHER INCOME	Description	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
		MISCELLANEOUS INCOME	26,972	18,384	14,463	5,392	22,712	87,923

Schedule of Contributors

OMB No. 1545-0047

2012

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Name of the organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 28,590	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 69,567	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 35,235	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,263	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 72,435	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 19,489	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,670	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 5,125	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 20,040	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 59,616	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 17,975	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 216,104	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$ 37,136	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 8,697	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 8,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 10,517	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 5,210	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

ALIVE HOSPICE, INC.

Employer identification number

62-0983550

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

62-0983550

Part II

(a) No.
from
Part I

(b)
Description of noncash property given

(c)
FMV (or estimate)
(see instructions)

(d)
Date received

23

SECURITIES

\$ 10,517

12/31/2012

(a) No.
from
Part I

(b)
Description of noncash property given

(c)
FMV (or estimate)
(see instructions)

(d)
Date received

(a) No.
from
Part I

(b)
Description of noncash property given

(c)
FMV (or estimate)
(see instructions)

(d)
Date received

(a) No.
from
Part I

(b)
Description of noncash property given

(c)
FMV (or estimate)
(see instructions)

(d)
Date received

(a) No.
from
Part I

(b)
Description of noncash property given

(c)
FMV (or estimate)
(see instructions)

(d)
Date received

(a) No.
from
Part I

(b)
Description of noncash property given

(c)
FMV (or estimate)
(see instructions)

(d)
Date received

Name of organization

ALIVE HOSPICE, INC

Employer identification number

62-0983550

Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No. 1545-0047

2012

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of organization ALIVE HOSPICE, INC.	Employer identification number 62-0983550
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 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 Complete if the organization is exempt under section 501(c)(3).

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Cat. No. 50084S

Schedule C (Form 990 or 990-EZ) 2012

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
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. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		2,042
j Total. Add lines 1c through 1i			2,042
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	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 carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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 (see instructions)	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; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

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 1i. Also, complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I	THE ORGANIZATION INDIRECTLY INFLUENCED LEGISLATION THROUGH ITS DUES TO THE NATIONAL HOSPICE AND PALLIATIVE CARE ORGANIZATION (NHPCO) FOR CALENDAR YEAR 2012

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ALIVE HOSPICE, INC

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide 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 (ASC 958) 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 acquisition, 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 XIII.

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 Escrow and Custodial Arrangements. Complete if the 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the 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	1,360,723	1,369,691	1,188,580	896,199	1,174,268
b Contributions	12,540	14,927	46,482	82,158	0
c Net investment earnings, gains, and losses	152,041	-23,895	134,629	210,223	-278,069
d Grants or scholarships				0	0
e Other expenditures for facilities and programs				0	0
f Administrative expenses				0	0
g End of year balance	1,525,304	1,360,723	1,369,691	1,188,580	896,199

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment 0 %
b Permanent endowment 75.8 %
c Temporarily restricted endowment 24.2 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		
3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,592,836		3,592,836
b Buildings		8,214,869	3,120,105	5,094,764
c Leasehold improvements		2,471,853	1,284,656	1,187,197
d Equipment		2,968,782	2,141,324	827,458
e Other				0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,702,255

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

1	Total revenue, gains, and other support per audited financial statements	1	32,582,171
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	124,673
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	124,673
3	Subtract line 2e from line 1	3	32,457,498
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	10,761
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	10,761
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	32,468,259

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

1	Total expenses and losses per audited financial statements	1	31,672,723
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	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	31,672,723
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	10,761
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	10,761
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	31,683,484

Part XIII 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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE NEXT PAGE

Part XIII

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Identifier	Explanation
SCHEDULE D, PART III, LINE 4	COLLECTIONS OF ART - DESCRIPTION OF COLLECTIONS	THE ORGANIZATION MAINTAINS A COLLECTION OF ART THAT IS DISPLAYED IN THE HOSPICE PATIENTS' ROOMS AND ON THE ORGANIZATION'S PROPERTY TO ADD A PEACEFUL NATURE TO THE ENVIRONMENT.
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	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, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>THE ORGANIZATION IS EXEMPT FROM INCOME TAXES ON INCOME FROM RELATED ACTIVITIES UNDER SECTION 501(C)(3) OF THE U.S. INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX LAW. ACCORDINGLY, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES.</p> <p>U.S. GAAP REQUIRES THAT A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED.</p> <p>DUE TO ITS TAX-EXEMPT STATUS, THE ORGANIZATION IS NOT SUBJECT TO U.S. FEDERAL INCOME TAX OR STATE INCOME TAX. THE ORGANIZATION'S FORM 990 HAS NOT BEEN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE OR THE STATE OF TENNESSEE FOR THE LAST THREE YEARS. THE ORGANIZATION DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS. THE ORGANIZATION RECOGNIZES INTEREST AND/OR PENALTIES RELATED TO INCOME TAX MATTERS IN INCOME TAX EXPENSE. THE ORGANIZATION DID NOT HAVE ANY AMOUNTS ACCRUED FOR INTEREST AND PENALTIES AT DECEMBER 31, 2012 AND 2011.</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ALIVE HOSPICE, INC.

Compensation Information

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

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Employer identification number

62-0983550

Part I Questions Regarding Compensation

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 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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

	Yes	No
1a		
1b		
2		
3		
4a		✓
4b		✓
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input 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, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.

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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Cat. No. 50053T

Schedule J (Form 990) 2012

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

For each individual whose compensation must be reported 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 ANNA-GENE O'NEAL, CHIEF EXECUTIVE OFFICER (04/01/12 TO 12/31/12)	(i) 175,211 (ii) 0	5,000 0	0 0		0 0	5,033 0	185,244 0	0 0
2 DR. TIFFANY E. HINES TEAM MEDICAL DIRECTOR - PARTIAL YEAR	(i) 168,699 (ii) 0	4,789 0	1,329 0		0 0	1,187 0	176,004 0	0 0
3 DR. MARTHA LEONARD, TEAM MEDICAL DIRECTOR	(i) 176,267 (ii) 0	4,395 0	1,770 0		0 0	16,013 0	198,445 0	0 0
4 DR. SHARON GREEN, TEAM MEDICAL DIRECTOR	(i) 167,504 (ii) 0	4,220 0	0 0		0 0	2,513 0	174,237 0	0 0
5 DR. SHAZIA FAZILI, TEAM MEDICAL DIRECTOR	(i) 167,262 (ii) 0	3,004 0	0 0		0 0	2,696 0	172,962 0	0 0
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Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the Organization
ALIVE HOSPICE, INC

Employer Identification Number
62-0983550

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	<p>(CONTINUED FROM PART III)</p> <p>OUR VISION:</p> <ul style="list-style-type: none"> - 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 <p>OUR VALUES:</p> <ul style="list-style-type: none"> - 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, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS	<p>(CONTINUED FROM PART III)</p> <p>HOME CARE SERVICES:</p> <p>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.</p> <p>INPATIENT HOSPICE CARE:</p> <p>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.</p> <p>CARE OPTIONS INCLUDE:</p> <ul style="list-style-type: none"> - ALIVE HOSPICE RESIDENCE NASHVILLE (758 PATIENTS WERE SERVED IN 2012) - ALIVE HOSPICE AT SAINT THOMAS HOSPITAL (616 PATIENTS WERE SERVED IN 2012) - ALIVE HOSPICE AT SKYLINE MADISON CAMPUS (512 PATIENTS WERE SERVED IN 2012) - INPATIENT CARE PROVIDED BY ALIVE HOSPICE AT YOUR LOCAL HOSPITALS <p>ALIVE MONARCHS:</p> <p>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 PROVIDERS 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.</p> <p>VARIOUS LEVELS OF PEDIATRIC PROGRAM SERVICES INCLUDE:</p> <ul style="list-style-type: none"> - PERINATAL CARE (2 PATIENTS WERE SERVED IN 2012) - PEDIATRIC HOSPICE CARE (35 PATIENTS WERE SERVED IN 2012) <p>PALLIATIVE CARE:</p> <p>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.</p> <p>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 LIFE AND CONTROLLING SYMPTOMS. ALIVE PALLIATIVE CARE</p>

Return Reference	Identifier	Explanation
		<p>STRIVES TO GIVE INDIVIDUALS THE OPPORTUNITY TO LIVE THEIR LIVES AS ACTIVELY AS POSSIBLE. ALIVE PALLIATIVE CARE PROVIDED SERVICES FOR 483 PATIENTS IN 2012.</p> <p>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.</p> <p>ALIVE GRIEF SUPPORT SERVICES HAVE 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.</p> <p>GRIEF SUPPORT PROGRAMS INCLUDE: - INDIVIDUAL COUNSELING (658 CLIENTS RECEIVED 3,228 INDIVIDUAL COUNSELING SESSIONS DURING 2012) - SUPPORT GROUPS FOR LOSS OF SPOUSES, PARENTS, CHILDREN, SIBLINGS, AND OTHER LOVED ONES (172 CLIENTS WERE SERVED BY SUPPORT GROUPS DURING 2012) - CAMP EVERGREEN, CAMP FORGET-ME-NOT AND ALIVE TEEN RETREAT, CAMPS FOR BEREAVED CHILDREN AND ADOLESCENTS (97 CHILDREN AND ADOLESCENTS ATTENDED THE CAMPS IN 2012) - HOLIDAY GRIEF SEMINARS (109 PEOPLE ATTENDED THESE SEMINARS IN 2012)</p> <p>CHARITY CARE IN ADDITION, ALIVE HOSPICE HAS A POLICY OF PROVIDING CHARITY CARE TO PATIENTS WHO ARE UNABLE TO PAY. CHARITY CARE EXPENSES WERE \$895,463 FOR THE YEAR ENDED DECEMBER 31, 2012.</p>
FORM 990, PART VI, SECTION A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE CORPORATION SHALL HAVE AN EXECUTIVE COMMITTEE CONSISTING OF THE OFFICERS OF THE CORPORATION AND SUCH MEMBERS AS RECOMMENDED BY THE CHAIR AND VOTED UPON BY THE BOARD. AS PER CORPORATE BY-LAWS, THE EXECUTIVE COMMITTEE SHALL MEET AT ANY TIME WHEN THE DIRECTORS ARE NOT IN SESSION AND SHALL HAVE THE FULL AUTHORITY OF THE BOARD OF DIRECTORS TO MANAGE THE AFFAIRS OF THE CORPORATION PROVIDED THAT NO ACTION TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE IN CONFLICT WITH ANY ACTION TAKEN BY THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE MAY NOT TAKE ANY ACTION PROHIBITED BY TENNESSEE CODE ANNOTATED SECTION 48-58-206.
FORM 990, PART VI, SECTION A, LINE 2	FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	<p>DEBORAH STORY AND MARY FALLS - BUSINESS RELATIONSHIP</p> <p>DEBORAH STORY AND LISA DAVIS - BUSINESS RELATIONSHIP</p>
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE EXECUTIVE COMMITTEE OF THE BOARD DELEGATED AUTHORITY TO THE FINANCE COMMITTEE OF THE BOARD TO REVIEW THE FORM 990. THE FINANCE COMMITTEE OF THE BOARD MET ON AUGUST 12, 2013, WITH OUR TAX ADVISORS TO REVIEW THE ENTIRE FORM 990. ONCE REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD AND ANY QUESTIONS HAVE BEEN ANSWERED, A COPY OF THE FULL FORM 990 WAS PROVIDED TO EVERY BOARD MEMBER FOR REVIEW PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	FOR THE DECEMBER 31, 2012 YEAR-END, THE BOARD MEMBERS SIGNED THE CONFLICT OF INTEREST POLICY STATING THAT THEY HAVE READ AND UNDERSTOOD THE POLICY. EACH FORM IS REVIEWED BY THE EXECUTIVE OFFICER/MANAGER FOR COMPLETION AND TO DETERMINE IF ANY POTENTIAL CONFLICTS OF INTEREST EXIST. IF A POTENTIAL CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE CEO AND BOARD CHAIR ARE NOTIFIED, AND IT IS THEN REPORTED TO THE EXECUTIVE COMMITTEE. IF A CONFLICT EXISTS WITH A VOTING BOARD MEMBER, THAT BOARD MEMBER MUST RECUSE THEMSELVES FROM VOTING ON THAT BUSINESS TRANSACTION. ALSO, THERE IS AN AGENDA ITEM AT EVERY BOARD MEETING ON DECLARATIONS OF CONFLICT OF INTEREST. THE BOARD CHAIR WOULD ASK BOARD MEMBERS PRESENT IF THERE IS A POTENTIAL CONFLICT OF INTEREST, AND THIS IS DOCUMENTED IN THE BOARD MINUTES. IN ADDITION, DIRECTORS, TRUSTEES, OFFICERS, KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES COMPLETED AN AUTOMATED CONFLICT OF INTEREST QUESTIONNAIRE.
FORM 990, PART VI, LINE 15B	PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES	THE ORGANIZATION'S CEO COMPLETES AN ANNUAL PERFORMANCE REVIEW FOR OTHER OFFICERS. THE ORGANIZATION'S CEO AND HUMAN RESOURCES COMMITTEE REVIEW AN INDEPENDENT CONSULTANT SURVEY LAST PREPARED BY HR SOLUTIONS BY DESIGN, LLC. THIS SURVEY IS COMPLETED EVERY 24 MONTHS TO DETERMINE THE AMOUNT OF CURRENT SALARIES AND BENEFITS FOR OTHER OFFICERS. HR SOLUTIONS BY DESIGN'S SURVEY USES THE DEPARTMENT OF LABOR STATISTICS OF OTHER HOSPICE ORGANIZATIONS OF LIKE-SIZE, BOTH REGIONALLY AND NATIONALLY, TO PROVIDE COMPARABLE INFORMATION ON SALARIES FOR VARIOUS POSITIONS; THIS SURVEY WAS LAST COMPLETED IN DECEMBER 2012. ANY SALARY INCREASES ARE BASED ON THE OUTCOME OF PERFORMANCE REVIEWS AND COMPARISON TO THE SURVEY. FOR ALL OF 2012, THERE WAS A 2% WAGE INCREASE FOR ALL ALIVE HOSPICE EMPLOYEES, INCLUDING OTHER OFFICERS. THIS WAGE INCREASE WAS APPROVED BY THE BOARD OF DIRECTORS WHEN THE ORGANIZATION'S ANNUAL BUDGET WAS APPROVED.

Return Reference	Identifier	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	THE 2012 ANNUAL REPORT, WHICH INCLUDES THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS, IS AVAILABLE ON ALIVE HOSPICE'S WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC AND ARE NOT REQUIRED TO BE MADE AVAILABLE PURSUANT TO IRC § 6104.
FORM 990, PART VII, SECTION A	COMPENSATION OF OFFICERS DIRECTORS TRUSTEES KEY EMPLOYEES HIGHEST COMPENSATED EMPLOYEES ETC.	ALIVE HOSPICE'S CEO RESIGNED IN NOVEMBER 2010. FOR THE REMAINDER OF 2010 AND THROUGH MARCH 30, 2012, BARBARA CANNON PERFORMED SERVICES TO ALIVE HOSPICE IN THE POSITION OF INTERIM CHIEF EXECUTIVE OFFICER THROUGH A CONTRACT AGREEMENT WITH COMPASS EXECUTIVES, AN INDEPENDENT MANAGEMENT AND CONSULTING FIRM. COMPASS EXECUTIVES WAS PAID A TOTAL OF \$66,000 FOR HER SERVICES DURING 2012.