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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☑ Amended return
- ☐ Application pending

C Name of organization
HOSPICE OF CHATTANOOGA INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4411 OAKWOOD DRIVE

City or town, state or country, and ZIP + 4
CHATTANOOGA, TN 37416

D Employer identification number
58-1426458

E Telephone number
(423)892-4289

G Gross receipts $ 29,945,020

F Name and address of principal officer
LOVELL C TAYLOR
4411 OAKWOOD DRIVE
CHATTANOOGA,TN 37416

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW HOSPICEOFCHATTANOOGA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1981 | **M** State of legal domicile TN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE AT HOSPICE OF CHATTANOOGA WILL TAKE THE TIME TO LISTEN, HONOR YOUR CHOICES AND WALK WITH YOU THROUGH LIFE'S JOURNEY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	**3** Number of voting members of the governing body (Part VI, line 1a)	**3**	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	403
	6 Total number of volunteers (estimate if necessary)	**6**	226
	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

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	303,423	722,239
	9 Program service revenue (Part VIII, line 2g)	33,858,624	28,122,003
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,006	-171,994
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	62,113	38,053
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,254,166	28,710,301
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	103,139	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)	22,148,216	21,260,085
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,071,482	10,714,089
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	33,322,837	31,974,174
	19 Revenue less expenses Subtract line 18 from line 12	931,329	-3,263,873

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	16,197,994	12,944,892
	21 Total liabilities (Part X, line 26)	6,318,336	6,792,028
	22 Net assets or fund balances Subtract line 21 from line 20	9,879,658	6,152,864

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

****** | 2013-01-22
Signature of officer | Date

LOVELL C TAYLOR CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JOEL D SUSMAN | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P00577620

Firm's name (or yours if self-employed), address, and ZIP + 4: JOHNSON HICKEY & MURCHISON PC
651 E 4TH ST STE 200
CHATTANOOGA, TN 37403

EIN ▶ 62-1046406

Phone no ▶ (423) 756-0052

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

WE AT HOSPICE OF CHATTANOOGA WILL TAKE THE TIME TO LISTEN, HONOR YOUR CHOICES AND WALK WITH YOU THROUGH LIFE'S JOURNEY

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

4a (Code) (Expenses $ 25,318,382 including grants of $) (Revenue $ 27,877,022)

PROVIDED 214,610 HOSPICE PATIENT DAYS HOSPICE OF CHATTANOOGA IS THE ONLY AREA HOSPICE THAT EMPLOYES EIGHT HIGHLY TRAINED PHYSICIANS, 175 REGISTERED NURSES, NURSE PRACTICIONERS, AND CERTIFIED NURSING ASSISTANTS WHOSE JOB IT IS TO TAKE CARE OF THE PATIENT AND THEIR LOVED ONES HOSPICE OF CHATTANOOGA PROVIDES CARE THROUGH A TEAM APPROACH TO 18 COUNTIES IN THE TENNESSEE AND NORTH GEORGIA AREA HOSPICE OF CHATTANOOGA PROVIDES ITS SERVICES IN HOSPITAL, NURSING HOME, PATIENT HOMES, AND RESIDENTIAL HOSPICE FACILITIES SETTINGS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 25,318,382

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
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.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
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, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
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*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check 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**	172		
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?			**1c**	Yes	
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**	403			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	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?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
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? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
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?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
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?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds 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?			**8**		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		No

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		No
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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (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

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KATHRYN SPROUL
4411 OAKWOOD DRIVE
CHATTANOOGA,TN 37416
(423)892-4289

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check 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, and **current** key employees 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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) LANE AVERY ESQ CHAIR	1 00	X		X				0	0	0
(2) KEN CONNER BOARD MEMBER	1 00	X						0	0	0
(3) TONY D'ANDREA JR EXECUTIVE COMMITTE MEMBER	1 00	X						0	0	0
(4) RICK GOVAN EXECUTIVE COMMITTE MEMBER	1 00	X						0	0	0
(5) PETER HETZLER TREASURER	1 00	X		X				0	0	0
(6) DSETH HOLLIDAY ESQ SECRETARY	1 00	X		X				0	0	0
(7) LES KERTAY PHD BOARD MEMBER	1 00	X						0	0	0
(8) DR ROBERT BOWERS BOARD MEMBER	1 00	X						0	0	0
(9) DR PHYLLIS MILLER EXECUTIVE COMMITTE MEMBER	1 00	X						0	0	0
(10) HELEN PINKERTON MPH BOARD MEMBER	1 00	X						0	0	0
(11) ROBERT MAIN FACHE BOARD MEMBER	1 00	X						0	0	0
(12) CINDY SCHMIDT VICE CHAIR	1 00	X		X				0	0	0
(13) LCLARK TAYLOR JR CEO PRESIDENT	40 00	X		X				248,568	0	28,726
(14) CHRISTINE SMITH PHD FNP-BC BOARD MEMBER	1 00	X						0	0	0
(15) DARRIN L WOLFE BOARD MEMBER	1 00	X						0	0	0
(16) DRTERRY MELVIN CHIEF MEDICAL OFFICER	40 00			X				285,554	0	31,457
(17) CHARLES LEE COO	40 00			X				151,744	0	15,703

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(18) DRROBIN ANN BARRON PHYSICIAN	40 00					X		174,675	0	25,803
(19) DR VALENCIA CLAY PHYSICIAN	40 00					X		137,566	0	16,981
(20) DR GALINA RADER PHYSICIAN	40 00					X		178,981	0	19,370
(21) DR LARRY SCARBOROUGH PHYSICIAN	40 00					X		126,140	0	10,055
(22) DAVID RAWISZER FORMER CFO	40 00						X	142,299	0	17,397
(23) DRDEANNA DUNCAN FORMER PHYSICIAN	40 00						X	134,643	0	5,724
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,580,170	0	171,216

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 ▶ 17

			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*	**3**	Yes	
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*	**4**	Yes	
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*	**5**		No

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
HEALTHCARE CENTER STANDEFER 2626 WALKER ROAD CHATTANOOGA, TN 37421	NURSING HOME	2,312,655
NHC HEALTHCARE 2700 PARKWOOD AVENUE CHATTANOOGA, TN 37404	NURSING HOME	2,000,126
MEMORIAL HOSPITAL 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	HOSPITAL	1,160,581
NHC HEALTHCARE SEQUATCHIE PO BOX 828 DUNLAP, TN 37327	NURSING HOME	903,276
NHC ROSSVILLE 1425 MCFARLAND AVENUE ROSSVILLE, GA 30741	NURSING HOME	550,672

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 ▶ 32

Part VIII Statement of Revenue

				(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 120,078				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 600,000				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,161				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		722,239			
Program Service Revenue			Business Code				
	2a	HOSPICE SERVICES	621990	28,122,003	28,122,003		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		28,122,003			
	3	Investment income (including dividends, interest and other similar amounts)		50,245			50,245
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	9,980				
	b	Less rental expenses	0				
	c	Rental income or (loss)	9,980				
	d	Net rental income or (loss)		9,980			9,980
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	1,012,480				
	b	Less cost or other basis and sales expenses	961,665 / 273,054				
	c	Gain or (loss)	50,815 / -273,054				
	d	Net gain or (loss)		-222,239	-273,054		50,815
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	FOUNDATION ADMINISTRAT	561000	24,000	24,000		
	b	MISCELLANEOUS INCOME	621990	4,073	4,073		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		28,073			
	12	**Total revenue.** See Instructions		28,710,301	27,877,022	0	111,040

Part IX Statement of Functional Expenses

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

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

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				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	921,446	317,010	604,436	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,779,632	13,943,928	1,835,704	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,037,812	878,922	158,890	
9	Other employee benefits	2,356,190	1,808,677	547,513	
10	Payroll taxes	1,165,005	986,730	178,275	
11	Fees for services (non-employees)				
a	Management				
b	Legal	298,930		298,930	
c	Accounting	48,047		48,047	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	14,793		14,793	
g	Other	815,618	414,732	400,886	
12	Advertising and promotion	633,022	476	632,546	
13	Office expenses	255,467	148,142	107,325	
14	Information technology	179,347	7,829	171,518	
15	Royalties . .				
16	Occupancy	1,078,314	414,337	663,977	
17	Travel	749,664	701,323	48,341	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	114,830	53,039	61,791	
20	Interest	111,871		111,871	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	397,777		397,777	
23	Insurance	162,396		162,396	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	PURCHASED MEDICAL SERVI	1,918,763	1,918,763		
b	PRESCRIPTION DRUGS	1,914,224	1,914,224		
c	MEDICAL SUPPLIES	1,638,941	1,638,941		
d	MISCELLANEOUS	145,305	29,916	115,389	
e					
f	All other expenses	236,780	141,393	95,387	
25	**Total functional expenses.** Add lines 1 through 24f	31,974,174	25,318,382	6,655,792	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		133	1	233
	2	Savings and temporary cash investments		3,556,528	2	778,038
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,451,247	4	3,735,243
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		263,255	7	212,573
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		336,929	9	134,038
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 7,249,416			
	b	Less accumulated depreciation	10b 2,227,713	5,481,298	10c	5,021,703
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		3,051,780	12	3,012,750
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		56,824	15	50,314
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,197,994	16	12,944,892
Liabilities	17	Accounts payable and accrued expenses		3,236,600	17	4,261,690
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		2,081,736	20	1,880,338
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,000,000	23	650,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		6,318,336	26	6,792,028
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		9,879,658	27	6,000,034
	28	Temporarily restricted net assets			28	152,830
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		9,879,658	33	6,152,864
	34	Total liabilities and net assets/fund balances		16,197,994	34	12,944,892

Part XI Reconcilliation of Net Assets

Check 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	28,710,301
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,974,174
3	Revenue less expenses Subtract line 2 from line 1	3	-3,263,873
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,879,658
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-462,921
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,152,864

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

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

2011

Open to Public Inspection

Name of the organization
HOSPICE OF CHATTANOOGA INC

Employer identification number
58-1426458

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 **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 - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,235,881	425,064	527,849	303,423	722,239	3,214,456
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	1,235,881	425,064	527,849	303,423	722,239	3,214,456
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						3,214,456

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,235,881	425,064	527,849	303,423	722,239	3,214,456
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,498	105,132	81,670	56,747	60,225	394,272
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						3,608,728

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	89 070 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	87 310 %

16a **33 1/3% support test—2011.** 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 ▶☑

b **33 1/3% support test—2010.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2011.** 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 ▶☐

b **10%-facts-and-circumstances test—2010.** 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 ▶☐

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 ▶☐

Part III **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOSPICE OF CHATTANOOGA INC

Employer identification number
58-1426458

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	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	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV 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 XIV and complete the following table

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

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

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

Part V Endowment Funds. Complete if 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	5,420,493	5,174,344	4,215,752	4,605,595	
b	Contributions	109,080		290,811	559,629	
c	Investment earnings or losses	22,334	533,490	667,781	-949,472	
d	Grants or scholarships					
e	Other expenditures for facilities and programs		287,341			
f	Administrative expenses	24,854				
g	End of year balance	5,527,053	5,420,493	5,174,344	4,215,752	

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

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

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	3a(i)		No
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV 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		1,426,821		1,426,821
b Buildings		2,527,025	423,945	2,103,080
c Leasehold improvements		1,361,741	558,935	802,806
d Equipment		1,933,829	1,244,833	688,996
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,021,703

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) PUBLICLY TRADED SECURITIES	3,012,750	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,012,750	

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	28,710,301
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	31,974,174
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,263,873
4	Net unrealized gains (losses) on investments	4	-125,295
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-125,295
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,389,168

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

1	Total revenue, gains, and other support per audited financial statements			1	28,570,213
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-125,295		
e	Add lines **2a** through **2d**			2e	-125,295
3	Subtract line **2e** from line **1**			3	28,695,508
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			
b	Other (Describe in Part XIV)	4b	14,793		
c	Add lines **4a** and **4b**			4c	14,793
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	28,710,301

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

1	Total expenses and losses per audited financial statements			1	31,959,381
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	31,959,381
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			
b	Other (Describe in Part XIV)	4b	14,793		
c	Add lines **4a** and **4b**			4c	14,793
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	31,974,174

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE ADMINISTERED BY THE HOSPICE OF CHATTANOOGA FOUNDATION
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	HOSPICE AND THE FOUNDATION ARE QUALIFIED AS TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3)OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, ARE EXEMPT FROM FEDERAL AND STATE INCOME TAXES HOSPICE AND THE FOUNDATION ACCOUNT FOR UNCERTAIN TAX POSITIONS WITH PROVISIONS OF FASB ASC 740-10 "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" (FASB ASC 740-1), WHICH PROVIDES A FRAMEWORK FOR HOW COMPANIES SHOULD RECOGNIZE, MEASURE, PRESENT AND DISCLOSE UNCERTAIN TAX POSITIONS WITHIN CONSOLIDATED FINANCIAL STATEMENTS WITH THESE CHANGES, HOSPICE AND THE FOUNDATION MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY THE TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION HOSPICE AND THE FOUNDATION DO NOT HAVE ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2011 AND 2010 HOSPICE AN THE FOUNDATION DID NOT RECORD ANY PENALTIES OR INTEREST ASSOCIATED WITH UNCERTAIN TAX POSITIONS HOSPICE AND THE FOUNDATION'S FORM 990'S RETURNS OF ORGANIZATIONS EXEMPT FROM INCOME TAX, ARE NO LONGER SUBJECT TO U S FEDERAL EXAMINATIONS BY TAXING AUTHORITIES FOR THE YEARS BEFORE 2008
PART XII, LINE 2D - OTHER ADJUSTMENTS		UNREALIZED LOSSES -125,295
PART XII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT FEES NETTED AGAINST REVENUE 14,793
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INVESTMENT FEES INCLUDED AS AN EXPENSE NOT NETTED 14,793

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOSPICE OF CHATTANOOGA INC

Employer identification number
58-1426458

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**	Yes	
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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, columns (D) and (E) for that individual

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LCLARK TAYLOR JR	(i)	248,568	0	0	16,814	11,912	277,294	0
	(ii)	0	0	0	0	0	0	0
(2) DRTERRY MELVIN	(i)	285,554	0	0	19,545	11,912	317,011	0
	(ii)	0	0	0	0	0	0	0
(3) CHARLES LEE	(i)	151,744	0	0	3,841	11,862	167,447	0
	(ii)	0	0	0	0	0	0	0
(4) DRROBIN ANN BARRON	(i)	174,675	0	0	13,891	11,912	200,478	0
	(ii)	0	0	0	0	0	0	0
(5) DR VALENCIA CLAY	(i)	137,566	0	0	10,384	6,597	154,547	0
	(ii)	0	0	0	0	0	0	0
(6) DR GALINA RADER	(i)	178,981	0	0	14,319	5,051	198,351	0
	(ii)	0	0	0	0	0	0	0
(7) DAVID RAWISZER	(i)	142,299	0	0	8,237	9,160	159,696	0
	(ii)	0	0	0	0	0	0	0
(8) DRDEANNA DUNCAN	(i)	134,643	0	0	3,234	2,490	140,367	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 4A	DAVID RAWISZER $30,078 DR DEANNA DUNCAN $94,214

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOSPICE OF CHATTANOOGA INC

Employer identification number
58-1426458

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	THE HEALTH EDUCATIONAL AND HOUSING	52-1298872		12-28-2006	2,550,000	ACQUIRE AND RENOVATE	X			X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds defeased				
3	Total proceeds of issue	1,880,338			
4	Gross proceeds in reserve funds	251,109			
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	51,000			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	2,499,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2006			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☐ Yes ☑ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOSPICE OF CHATTANOOGA INC

Employer identification number
58-1426458

Identifier	Return Reference	Explanation
	PAGE 1 SECTION B AMENDED RETURN	AMENDED TO CHANGE INFORMATION PROVIDED BY CLIENT ON PAGE 2, PAGE 3 LINES 33,35A,35B, PAGE 4 AND PAGE 6,LINE 4 TO REFLECT CHANGE IN BY LAWS SINCE THE LAST 990 WAS FILED SCHEDULE O AND SCHEDULE R WAS AMENDED TO INCLUDE INFORMATION NOT ON THE ORIGINAL RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	REV 12/12/11] NUMBER OF DIRECTORS THE NUMBER OF DIRECTORS SHALL BE NOT LESS THAN TEN (10) OR MORE THAN TWENTY-ONE (21) PERSONS THE BOARD OF DIRECTORS MAY BY RESOLUTION INCREASE (TO NOT MORE THAN 21) OR DECREASE (TO NOT LESS THAN 10) THE NUMBER OF DIRECTORSHIPS AT ANY ANNUAL MEETING OR AT ANY REGULAR OR SPECIAL MEETING OF THE DIRECTORS OF THE BOARD IF AT L EAST TEN (10) DAYS WRITTEN NOTICE OF THE REGULAR OR SPECIAL MEETING IS GIVEN TO THE DIRECT ORS THEN IN OFFICE IF THE BOARD OF DIRECTORS DOES NOT SET THE MAXIMUM NUMBER OF DIRECTORS AT A NUMBER LESS THAN FROM TWENTY-ONE (21), THE MAXIMUM NUMBER OF DIRECTORS SHALL BE TWEN TY-ONE (21) THE BOARD OF DIRECTORS IS NOT REQUIRED TO ELECT OR APPOINT A SUCCESSOR DIRECT OR FOR ANY VACANCY THAT IS ELIMINATED BY A REDUCTION IN THE MAXIMUM NUMBER OF DIRECTORS OR DIRECTORSHIPS, HOWEVER, NO DECREASE IN THE NUMBER OF DIRECTORSHIPS SHALL SHORTEN THE TERM OF ANY INCUMBENT DIRECTOR REV 12/12/11] TERM LIMITS EACH DIRECTOR SHALL SERVE UNTIL TH E EXPIRATION OF THE TERM FOR WHICH HE IS ELECTED AFTER SERVING TWO (2) CONSECUTIVE THREE- YEAR TERMS A DIRECTOR SHALL NOT BE ELIGIBLE FOR RE-ELECTION UNTIL AFTER A LAPSE OF ONE (1) YEAR EXCEPT, IF A PERSON IS SERVING AS CHAIRMAN, VICE CHAIRMAN, PRESIDENT, SECRETARY, TRE ASURER OR AS AN ELECTED OR APPOINTED MEMBER OF THE EXECUTIVE COMMITTEE, THE PERSON SHALL B E ELIGIBLE TO BE REELECTED OR REAPPOINTED AND TO SERVE AS A DIRECTOR OF THE BOARD FOR ADDI TIONAL SUCCESSIVE ONE (1) YEAR TERMS THAT RUN CONCURRENT WITH THAT PERSON'S TERM OF OFFICE AS AN OFFICER OR MEMBER OF THE EXECUTIVE COMMITTEE [REV 12/12/11] ACTION BY WRITTEN CON SENT WHENEVER THE MEMBERS OF THE BOARD OF DIRECTORS OR OF ANY STANDING COMMITTEE ARE REQU IRED OR PERMITTED TO TAKE ANY ACTION BY VOTE, SUCH ACTION MAY BE TAKEN WITHOUT A MEETING O F THE BOARD OF DIRECTORS OR THE COMMITTEE, AS THE CASE MAY BE, IN THE MANNER PROVIDED IN T HIS SECTION IF ALL MEMBERS OF THE BOARD OF DIRECTORS OR OF THE COMMITTEE, AS THE CASE MAY BE, CONSENT TO TAKING SUCH ACTION WITHOUT A MEETING, THE AFFIRMATIVE VOTE OF SUCH MEMBERS THAT WOULD BE NECESSARY TO AUTHORIZE OR TAKE SUCH ACTION AT A MEETING IS THE ACT OF THE B OARD OF DIRECTORS OR THE ACT OF THE COMMITTEE, AS THE CASE MAY BE. THE ACTION OF SUCH MEMB ERS MUST BE EVIDENCED BY ONE OR MORE WRITTEN CONSENTS DESCRIBING THE ACTION TAKEN, SIGNED BY EACH MEMBER IN ONE OR MORE COUNTERPARTS, INDICATING EACH SIGNING MEMBER'S VOTE OR ABSTE NTION ON THE ACTION, AND SHALL BE INCLUDED IN THE MINUTES OR FILED WITH THE CORPORATE RECO RDS THAT REFLECT THE ACTION TAKEN ACTION TAKEN UNDER THIS SECTION IS EFFECTIVE WHEN THE L AST MEMBER SIGNS THE CONSENT, UNLESS THE CONSENT SPECIFIED A DIFFERENT EFFECTIVE DATE A C ONSENT SIGNED UNDER THIS SECTION HAS THE EFFECT OF A MEETING VOTE AND MAY BE DESCRIBED AS SUCH IN ANY DOCUMENT A WRITTEN CONSENT MAY BE DELIVERED TO AND RECEIVED BY ANY DIRECTOR B Y ELECTRONIC TRANSMISSION THROUGH AN INTERNET CONNECTION IF EACH DIRECTOR TO WHOM A WRITTE N CONSENT IS DELIVERED BY ELECTRONIC TRANSMISSION PROVIDES AN ELECTRONIC TRANSMISSION ADDR ESS TO THE CORPORATION ACCEPTABLE TO THE DIRECTOR FOR SUCH PURPOSE AND THE WRITTEN CONSENT IS DELIVERED TO SUCH ADDRESS DIRECTORS MAY DELIVER WRITTEN CONSENTS TO THE CORPORATION B Y ELECTRONIC TRANSMISSION TO AN ELECTRONIC TRANSMISSION ADDRESS PROVIDED BY THE CORPORATIO N ON THE WRITTEN CONSENT OR IN WRITING TO THE DIRECTORS FOR SUCH PURPOSE REV 12/12/11] ME ETING BY ELECTRONIC COMMUNICATIONS CONFERENCE THE BOARD OF DIRECTORS, ANY STANDING COMMIT TEE OR ANY COMMITTEE SO AUTHORIZED BY THE BOARD OF DIRECTORS, MAY CONDUCT AND PARTICIPATE IN A MEETING OF SUCH BOARD OR COMMITTEE BY MEANS OF CONFERENCE TELEPHONE, VIDEO CONFERENCE , OR SIMILAR ELECTRONIC COMMUNICATIONS EQUIPMENT BY MEANS OF WHICH ALL PERSONS PARTICIPATI NG IN THE MEETING MAY SIMULTANEOUSLY HEAR EACH OTHER DURING THE MEETING, AND PARTICIPATION IN A MEETING PURSUANT TO THIS SECTION SHALL CONSTITUTE PRESENCE IN PERSON AT SUCH MEETING MINUTES OF THE ACTS TAKEN AND DECISIONS MADE BY THE BOARD OF DIRECTORS OR SUCH COMMITTEE SHALL BE TAKEN, PREPARED AND A COPY OF THE MINUTES FURNISHED TO ALL DIRECTORS, OR MEMBERS OF THE COMMITTEE, AS THE CASE MAY BE, PROMPTLY FOLLOWING THE CONCLUSION OF EACH ELECTRONI C CONFERENCE MEETING THE PROVISIONS ARTICLE 5 OF THESE BYLAWS APPLICABLE TO MEETINGS SHAL L APPLY TO ALL ELECTRONIC COMMUNICATIONS CONFERENCE MEETINGS [REV 12/12/11] VOTING BY BA LLOT DIRECTORS WHO ARE UNABLE TO ATTEND A REGULAR OR SPECIAL MEETING MAY, NEVERTHELESS, C AST A VOTE APPROVING OR DISAPPROVING ANY SPECIFIC DECISION OR ACTION THAT IS DESCRIBED IN WRITING IN THE NOTICE OF THE MEETING, IF THE NOTICE OF THE MEETING, AT WHICH THE DECISION IS MADE OR ACTION IS TAKEN, ALSO CONTAINS A STATEMENT THAT VOTING BY WRITTEN BALLOT ON THE OR ACTION WILL BE PERMITTED IN COMPLIANCE WITH THE PROVISIONS OF THIS SECTION 6 3 OF THE BYLAWS ANY ACTION WHICH MAY BE TAKEN OR DECISION WHICH MAY BE MADE OR MATTER WHICH MAY B E AUTHORIZED AT ANY ANNUAL OR SPECIAL MEETING MAY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	BE TAKEN BY WRITTEN BALLOT (1) IF THE CORPORATION DELIVERS A WRITTEN BALLOT TO EVERY DIRE CTOR ENTITLED TO VOTE ON THE MATTER OR ACTION, (2) IF THE WRITTEN BALLOT SETS FORTH THE PR OPOSED MATTER, DECISION OR ACTION, (3) IF THE WRITTEN BALLOT PROVIDES AN OPPORTUNITY TO VO TE FOR OR AGAINST THE PROPOSED MATTER, DECISION OR ACTION, (4) IF THE WRITTEN BALLOT INDIC ATES THE NUMBER OF RESPONSES NEEDED TO MEET THE QUORUM REQUIREMENTS AND THE PERCENTAGE OF APPROVALS NECESSARY TO APPROVE THE MATTER, DECISION OR ACTION, AND (5) IF THE WRITTEN BALL OT SPECIFIES THE TIME BY WHICH THE BALLOT MUST BE RECEIVED BY THE CORPORATION IN ORDER TO BE COUNTED IN ORDER TO BE VALID A WRITTEN BALLOT SHALL BE SIGNED BY A DIRECTOR AND SHALL CLEARLY DESIGNATE THE VOTE FOR OR AGAINST AN ABSTAINING VOTE SHALL NOT BE COUNTED EITHER FOR OR AGAINST A WRITTEN BALLOT ONCE DELIVERED TO THE CORPORATION MAY NOT BE REVOKED ANY DECISION MADE, MATTER APPROVED OR AUTHORIZED OR ACTION TAKEN BY WRITTEN BALLOT SHALL BE V ALID ONLY WHEN THE NUMBER OF VOTES CAST BY WRITTEN BALLOT EQUALS OR EXCEEDS THE QUORUM REQ UIRED TO BE PRESENT AT A MEETING TO AUTHORIZE THE MATTER, MAKE THE DECISION OR TAKE THE AC TION AND IF THE NUMBER OF APPROVALS EQUAL OR EXCEEDS THE NUMBER OF VOTES THAT WOULD BE REQ UIRED TO APPROVE THE MATTER OR ACTION AT A MEETING AT WHICH THE TOTAL NUMBER OF VOTES CAST WERE THE SAME AS THE NUMBER OF VOTES CAST BY WRITTEN BALLOT ANY ACTION TAKEN, MATTER AUT HORIZED OR APPROVED, OR DECISION MADE BY WRITTEN BALLOT SHALL BE RECORDED IN THE MINUTES O F THE CORPORATION A BALLOT MAY BE DELIVERED TO AND RECEIVED BY ANY DIRECTOR BY ELECTRONIC TRANSMISSION THROUGH AN INTERNET CONNECTION IF EACH DIRECTOR TO WHOM A BALLOT IS DELIVERE D BY ELECTRONIC TRANSMISSION PROVIDES AN ELECTRONIC TRANSMISSION ADDRESS TO THE CORPORATIO N ACCEPTABLE TO THE DIRECTOR FOR SUCH PURPOSE AND THE BALLOT IS DELIVERED TO SUCH ADDRESS DIRECTORS MAY DELIVER BALLOTS TO THE CORPORATION BY ELECTRONIC TRANSMISSION AT AN ELECTRO NIC TRANSMISSION ADDRESS PROVIDED BY THE CORPORATION ON THE BALLOT OR IN WRITING TO THE DI RECTORS FOR SUCH PURPOSE [REV 12/12/11] VICE-CHAIRMAN OF THE BOARD THE VICE-CHAIRMAN, I F ONE IS APPOINTED, MAY BE APPOINTED FOR A TERM OF UP TO TWO (2) YEARS AND SHALL BE APPOIN TED FOR A TERM OF AT LEAST ONE (1) YEAR EXCEPT WHEN FILLING A VACANCY IN MID-TERM THE VIC E-CHAIRMAN SHALL NOT BE AN EMPLOYEE OF THE CORPORATION DUTIES A VICE-CHAIRMAN, IF ONE IS APPOINTED, SHALL SERVE ON THE EXECUTIVE COMMITTEE AND THE GOVERNANCE COMMITTEE AND MAY SE RVE ON ANY OTHER COMMITTEE OF THE BOARD OF DIRECTORS THE VICE-CHAIRMAN MAY BE CHAIRMAN-EL ECT AUTHORITY THE VICE-CHAIRMAN, IF ONE IS APPOINTED, SHALL HAVE AND EXERCISE THE AUTHOR ITY TO PERFORM THE DUTIES AND CARRY OUT THE RESPONSIBILITIES OF THE CHAIRMAN IN THE ABSENC E OF THE CHAIRMAN OR AS DELEGATED BY THE CHAIRMAN THE VICE-CHAIRMAN SHALL SUPPORT AND ASS IST THE CHAIRMAN IN CARRYING OUT AND EXECUTING DUTIES OF THE CHAIRMAN PRESIDENT THE PRESI DENT SHALL BE APPOINTED FOR A TERM OF ONE (1) YEAR AND MAY BE APPOINTED FOR SUCCESSIVE TER MS THE PRESIDENT SHALL BE THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION AND, SUBJECT TO THE CONTROL OF THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE, SHALL, IN GENERAL, SUPE RVISE AND CONDUCT THE REGULAR BUSINESS AND AFFAIRS OF THE CORPORATION THE PRESIDENT SHALL REPORT REGULARLY TO THE CHAIRMAN AND SHALL MAKE REGULAR REPORTS TO THE BOARD OF DIRECTORS AT ALL REGULAR MEETINGS AND AS REQUESTED THE PRESIDENT MAY SIGN ANY AGREEMENT, DOCUMENT, CERTIFICATE DEED, MORTGAGE, CONTRACT, OR OTHER INSTRUMENT WHICH THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE HAS AUTHORIZED TO BE SIGNED OR EXECUTED FOR AND ON BEHALF OF THE CORP ORATION, EXCEPT IN CASES WHERE THE SIGNING AND THE EXECUTION THEREOF SHALL BE EXPRESSLY DE LEGATED BY THE BOARD OF DIRECTORS OR BY THESE BYLAWS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	TO SOME OTHER OFFICER OR AGENT OF THE CORPORATION, OR SHALL BE REQUIRED BY LAW TO BE OTHER WISE SIGNED OR EXECUTED, AND IN GENERAL SHALL PERFORM ALL DUTIES AS MAY BE PRESCRIBED BY T HE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE FROM TIME TO TIME. THE PRESIDENT SHALL SE RVE AS A MEMBER OF THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE AND MAY SERVE AS A M EMBER OF ANY OTHER COMMITTEE EXCEPT THE AUDIT COMMITTEE UNLESS OTHERWISE PROVIDED BY THE B OARD OF DIRECTORS. THE PRESIDENT MAY BE AUTHORIZED BY THE BOARD OF DIRECTORS OR THE CHAIRM AN TO PRESIDENT AT AND CONDUCT ANY MEETING OF ANY OF THE COMMITTEES ESTABLISHED BY THESE B YLAWS OR THE BOARD OF DIRECTORS EXCEPT THE AUDIT COMMITTEE IN THE ABSENCE OF A CHAIRMAN OR VICE-CHAIRMAN OR ANY COMMITTEE. REV. 12/12/11] SECRETARY. A SECRETARY SHALL BE APPOINTED FOR A TERM OF UP TO TWO (2) YEARS AND SHALL BE APPOINTED FOR A TERM OF AT LEAST ONE (1) YE AR EXCEPT WHEN FILLING A VACANCY IN MID-TERM OF ONE (1) YEAR. THE SECRETARY SHALL ATTEND A LL MEETINGS OF THE BOARD OF DIRECTORS, EXECUTIVE COMMITTEE AND THE GOVERNANCE COMMITTEE. T HE SECRETARY MAY ATTEND THE MEETINGS OF ANY OTHER COMMITTEES. THE SECRETARY, OR ONE OR MOR E ASSISTANT SECRETARIES SHALL PREPARE AND KEEP OR CAUSE TO BE PREPARED AND KEPT A RECORD O F ALL VOTES AND MINUTES OF ALL PROCEEDINGS IN A BOOK FOR THAT PURPOSE, AND SHALL BE RESPON SIBLE FOR AUTHENTICATING RECORDS OF THE CORPORATION. THE SECRETARY SHALL GIVE, OR CAUSE TO BE GIVEN, NOTICE OF ALL MEETINGS OF THE BOARD OF DIRECTORS, EXECUTIVE COMMITTEE AND GOVER NANCE COMMITTEE, AND ALL OTHER STANDING COMMITTEES AND SHALL PERFORM SUCH OTHER DUTIES AS MAY BE PRESCRIBED BY THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE. THE SECRETARY MAY DELEGATE RESPONSIBILITY FOR CARRY ING OUT THE DUTIES OF THE OFFICE OF SECRETARY TO ONE OR M ORE ASSISTANT SECRETARIES, WHO ARE APPOINTED BY THE BOARD OF DIRECTORS OR THE EXECUTIVE CO MMITTEE OR TO A RECORDING SECRETARY FOR THE PURPOSE OF ANY MEETING OF THE BOARD OF DIRECTO RS OR OF ANY COMMITTEE. THE SECRETARY SHALL NOT BE AN EMPLOYEE OF THE CORPORATION. [REV. 1 2/12/11] TREASURER. A TREASURER SHALL BE APPOINTED FOR A TERM OF UP TO TWO (2) YEARS AND S HALL BE APPOINTED FOR A TERM OF AT LEAST ONE (1) YEAR EXCEPT WHEN FILLING A VACANCY IN MID -TERM. THE TREASURER SHALL ATTEND ALL MEETINGS OF THE BOARD OF DIRECTORS, EXECUTIVE COMMIT TEE AND THE GOVERNANCE COMMITTEE. THE TREASURER SHALL HAVE OVERSIGHT OF THE PROCEDURES AND POLICIES REGARDING THE FUNDS AND ASSETS OF THE CORPORATION AND THE KEEPING OF APPROPRIATE BOOKS AND RECORDS BY THE CORPORATION AND MAY MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTO RS OR THE EXECUTIVE COMMITTEE REGARDING SUCH MATTERS. THE TREASURER SHALL PERFORM SUCH OTH ER DUTIES AS MAY BE AUTHORIZED OR DELEGATED BY THE BOARD OF DIRECTORS OR THE PRESIDENT. TH E TREASURER SHALL NOT BE AN EMPLOYEE OF THE CORPORATION. RESIGNATION OF OFFICERS. ANY OFFI CER WHO IS NOT ALSO AN EMPLOYEE WHO IS NOT ALSO AN EMPLOYEE OF THE CORPORATION MAY RESIGN AT ANY TIME BY GIVING WRITTEN NOTICE OF HIS OR HER RESIGNATION TO THE CHAIRMAN, THE EXECUT IVE COMMITTEE OR BOARD OF DIRECTORS. ANY OFFICER WHO IS ALSO AN EMPLOYEE OF THE CORPORATIO N MAY RESIGN AT ANY TIME BY GIVING WRITTEN NOTICE OF HIS OR HER RESIGNATION TO THE PRESIDE NT. ANY SUCH RESIGNATION SHALL TAKE EFFECT AT THE TIME SPECIFIED OR IMMEDIATELY IF NOT SPE CIFIED. REMOVAL. ANY OFFICER MAY BE REMOVED BY A MAJORITY OF THE BOARD OF DIRECTORS AT ANY TIME AND ANY OFFICER APPOINTED BY ANOTHER OFFICER MAY BE REMOVED BY THE APPOINTING OFFICE R AT ANY TIME, WITH OR WITHOUT CAUSE, BUT SUCH REMOVAL SHALL BE WITHOUT PREJUDICE TO THE C ONTRACTUAL RIGHTS, IF ANY, OF THE PERSON SO REMOVED. [REV. 12/12/11] APPOINTMENT OF COMMIT TEES AND CHAIRS. EXCEPT IN THE CASE OF THE EXECUTIVE COMMITTEE AND THE GOVERNANCE COMMITTE E, THE CHAIRMAN SHALL APPOINT ALL COMMITTEE CHAIRS. ALL COMMITTEE CHAIRS SHALL BE DIRECTOR S. ANY DIRECTOR SERVING AS A COMMITTEE CHAIR MAY SERVE IN SUCH POSITION FOR TWO CONSECUTIV E ONE-YEAR TERMS, NOT COUNTING A PARTIAL-YEAR TERM IF APPOINTED DURING A YEAR. THE APPOINT ED COMMITTEE CHAIRS, WITH THE ADVICE AND CONSENT OF THE CHAIRMAN, SHALL THEN SELECT AND AP POINT THE MEMBERS OF THEIR RESPECTIVE COMMITTEES EXCEPT AS OTHERWISE PROVIDED IN THIS ARTI CLE 9. EXCEPT AS PROVIDED IN THESE BYLAWS, ALL COMMITTEE MEMBERS, OTHER THAN THE COMMITTEE CHAIRS, MAY BUT ARE NOT REQUIRED TO BE DIRECTORS. THE CHAIRMAN OR VICE CHAIRMAN, THE PRES IDENT OR THE CHAIR OF ANY COMMITTEE MAY CALL A MEETING OF SUCH COMMITTEE AT ANY TIME BY GI VING NOTICE AS PROVIDED IN THESE BYLAWS. DELEGATION OF DUTIES. THE BOARD OF DIRECTORS MAY, BY RESOLUTION, DELEGATE TO ANY COMMITTEE DUTIES AND RESPONSIBILITIES OF THE DIRECTORS AND MAY AUTHORIZE ANY COMMITTEE TO EXERCISE POWERS OF THE BOARD OF DIRECTORS, HOWEVER, A COMM ITTEE MAY NOT AUTHORIZE DISTRIBUTIONS, ELECT, APPOINT OR REMOVE DIRECTORS TO OR FROM THE BOARD OF DIRECTORS, FILL VACANCIES ON THE BOARD OR THE EXECUTIVE COMMITTEE, ADOPT, AMEND O R REPEAL THE CHARTER OR BYLAWS, TAKE ANY ACTION TO

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	SELL OR TRANSFER ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION, OR DISSOLVE, LIQUIDATE OR MERGE THE CORPORATION, PROVIDED, HOWEVER, THAT A COMMITTEE MAY RECOMMEND TO T HE BOARD THAT IT TAKE ANY OF THE FOREGOING DESCRIBED ACTIONS COMMITTEE AND COMMITTEE CHAI R REMOVAL THE CHAIRMAN CAN REMOVE THE COMMITTEE CHAIR OF ANY COMMITTEE, WITH OR WITHOUT C AUSE AT ANY TIME. THE COMMITTEE CHAIR OF ANY COMMITTEE MAY REMOVE ANY MEMBER OF SUCH COMMI TTEE, WITH OR WITHOUT CAUSE AT ANY TIME. ANY COMMITTEE MEMBER MAY BE REMOVED AT ANY TIME F ROM A COMMITTEE, WITH OR WITHOUT CAUSE, BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS OR BY A VOTE OF TWO-THIRDS OF THE MEMBERS OF THE EXECUTIVE COMMITTEE. ANY COMMITTEE MEMBER WHO MISSES TWO (2) CONSECUTIVE MEETINGS OF A COMMITTEE UPON WHICH HE OR SHE SERVES SHALL BE SU BJECT TO REMOVAL WITHOUT CAUSE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	[REV 12/12/11] EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE SHALL BE A STANDING COMMITTEE AND SHALL BE COMPOSED OF NOT LESS THAN FOUR (4) PERSONS OR NOR MORE THAN SIX (6) PERSONS THE CHAIRMAN, THE VICE CHAIRMAN (CHAIR ELECT), IF ONE IS APPOINTED, THE TREASURER, THE SE CRETARY, AND UP TO TWO (2) ADDITIONAL DIRECTORS WHO SHALL SERVE AS AT LARGE MEMBERS, WHO S HALL BE APPOINTED BY THE CHAIRMAN IN CONSULTATION WITH THE PRESIDENT FOR TERMS OF UP TO TW O (2) YEARS AND SHALL BE APPOINTED FOR A TERM OF AT LEAST ONE (1) YEAR EXCEPT WHEN FILLING A VACANCY IN MID-TERM OF ONE (1) YEAR THE EXECUTIVE COMMITTEE MAY MEET REGULARLY OR AT ANY TIME BY CALL OF THE CHAIRMAN, VICE CHAIRMAN OR PRESIDENT SUBJECT TO ANY LIMITATIONS S ET BY RESOLUTION OF THE BOARD THESE BYLAWS AND THE ACT THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL AUTHORITY OF THE BOARD BETWEEN MEETINGS OF THE BOARD, AND, AMONG OTHE R DUTIES AND RESPONSIBILITIES, SHALL HAVE RESPONSIBILITY FOR CONDUCTING THE ANNUAL PERFORM ANCE AND COMPENSATION REVIEW OF THE PRESIDENT AND CEO THE EXECUTIVE COMMITTEE SHALL KEEP MINUTES OF ITS ACTION, SHALL REPORT ON ALL ITS ACTIONS TO THE BOARD OF DIRECTORS AT THE ME ETING FOLLOWING SUCH ACTIONS, AND SHALL MAKE COPIES OF ITS MINUTES AVAILABLE TO THE DIRECT ORS A QUORUM OF THE EXECUTIVE COMMITTEE SHALL BE NOT LESS THAN TWO-THIRDS (2/3) OF ITS ME MBERS AN ACT OR VOTE OF THE EXECUTIVE COMMITTEE MAY BE TAKEN BY NOT LESS THAN A MAJORITY OF THE MEMBERS AT A MEETING AT WHICH A QUORUM IS PRESENT OTHER STANDING COMMITTEES THE C ORPORATION SHALL HAVE THE FOLLOWING STANDING COMMITTEES WHICH SHALL SERVE THE CORPORATION IN THE FOLLOWING CAPACITIES AND EACH COMMITTEE SHALL HAVE AN EXERCISE SUCH DUTIES, RESPONS IBILITIES, AUTHORITY AND POWERS AS THE BOARD OF DIRECTORS MAY DELEGATE [REV 12/12/11] FI NANCE AND AUDIT COMMITTEE THE FINANCE AND AUDIT COMMITTEES SHALL HAVE THE FOLLOWING DUTIE S AND RESPONSIBILITIES (A) THE PURPOSE OF THE FINANCE COMMITTEE IS TO MONITOR AND EVALUAT E INVESTMENT PROCEDURES, STUDY AND MAKE RECOMMENDATIONS FOR FINANCIAL PROCEDURES AND CONTR OLS, AND ANNUALLY REVIEW AND RECOMMEND ANY CHANGES TO THE BUDGET, INSURANCE COVERAGE AND A LL OTHER FINANCIAL ACTIVITIES AND POLICIES OF THE CORPORATION THE FINANCE COMMITTEE SHALL PRESENT THE ANNUAL BUDGET, INCLUDING COMPENSATION POLICIES AND INVESTMENT POLICIES, FOR R EVIEW AND APPROVAL BY THE BOARD THE TREASURER SHALL BE A MEMBER OF THE FINANCE COMMITTEE THE PRESIDENT SHALL BE A MEMBER OF THE FINANCE COMMITTEE EXCEPT THAT WHEN MEETING AS THE AUDIT COMMITTEE THE MEMBERS SHALL CONSIST ENTIRELY OF DIRECTORS WHO ARE INDEPENDENT WHEN ACTING AS A FINANCE COMMITTEE, A MAJORITY OF THE MEMBERS SHALL CONSIST OF DIRECTORS OR PER SONS WHO ARE INDEPENDENT AND ARE NOT EMPLOYEES OF THE CORPORATION (B)THE PURPOSE OF THE A UDIT COMMITTEE IS TO INSURE THAT CORPORATE FINANCIAL INFORMATION, DISCLOSURES AND REPORTIN G ARE RELIABLE AND COMPETENT AND THAT THE OPERATIONS AND ACTIVITIES OF THE CORPORATION ARE SUBJECTED TO AN APPROPRIATE MEASURE OF ACCOUNTABILITY AND INDEPENDENT REVIEW THE AUDIT C OMMITTEE SHALL INVESTIGATE ANY MATTER OR ACTIVITY THAT INVOLVES FINANCIAL ACCOUNTING, CONT ROLS, REPORTING OR ACCOUNTABILITY THE AUDIT COMMITTEE SHALL RECOMMEND THE SELECTION OF TH E INDEPENDENT AUDITOR OF THE CORPORATION TO THE BOARD OF DIRECTORS, AND BE RESPONSIBLE FOR THE APPOINTMENT, COMPENSATION, OVERSIGHT AND RETENTION OF THE INDEPENDENT AUDITOR THE AU DIT COMMITTEE SHALL PERFORM SUCH OTHER DUTIES AS THE BOARD OF DIRECTORS MAY DELEGATE TO IT THE AUDIT COMMITTEE SHALL ADVISE THE CHAIRMAN AND, WHEN APPROPRIATE, THE BOARD REGARDING ANY MATTER FOR WHICH IT HAS A DUTY OR RESPONSIBILITY THE PRESIDENT SHALL NOT BE A MEMBER OF THE AUDIT COMMITTEE WHEN ACTING AS AN AUDIT COMMITTEE, ALL OF THE MEMBERS SHALL CONSI ST ENTIRELY OF DIRECTORS WHO ARE INDEPENDENT (C) THE FINANCE COMMITTEE AND THE AUDIT COMM ITTEE MAY MEET JOINTLY OR INDEPENDENTLY THE CHAIR OF THE FINANCE COMMITTEE MAY ALSO SERVE , BUT IS NOT REQUIRED TO SERVE AS THE CHAIR OF THE AUDIT COMMITTEE GOVERNANCE COMMITTEE THE PURPOSE OF THE GOVERNANCE COMMITTEE IS TO REVIEW AND MAKE RECOMMENDATIONS TO ENHANCE T HE QUALITY OF THE BOARD AS A WHOLE, AS WELL AS INDIVIDUAL AND PERFORMANCE OF BOARD MEMBERS , AND TO REVIEW AND AMEND THE BYLAWS FROM TIME TO TIME AND REVIEW AND RECOMMEND CHANGES IN THE COMPOSITION AND OPERATING PROCEDURES OF THE BOARD ON AN ONGOING BASIS THE GOVERNANCE COMMITTEE SHALL ALSO ESTABLISH GUIDELINES AND CRITERIA FOR BOARD MEMBERSHIP THE GOVERNAN CE COMMITTEE SHALL BE THE NOMINATING COMMITTEE AND SHALL RECEIVE AND EVALUATE ALL NOMINATI ONS FOR MEMBERSHIP ON THE BOARD AND SHALL PRESENT A SLATE OF PERSONS FOR NOMINATION AS OFF ICERS AND DIRECTORS FOR ELECTION OR APPOINTMENT TO THE BOARD AT EACH ANNUAL MEETING, PROVI DED THAT THE SLATE OF NOMINEES, INCLUDING A BRIEF RESUME OF THEIR BACKGROUNDS, IS CIRCULAT ED TOGETHER WITH NOTICE OF THE ANNUAL MEETING AT LEAST TEN (10) DAYS PRIOR TO THE ANNUAL M EETING THE GOVERNANCE COMMITTEE MAY HOLD PRELIMIN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	ARY DISCUSSIONS WITH OFFICER AND DIRECTOR CANDIDATES IN ORDER TO INFORM THEM OF THE DUTIES ATTENDANT TO BOARD MEMBERSHIP AND DETERMINE THEIR LEVEL OF INTEREST AND COMMITMENT THE G OVERNANCE COMMITTEE SHALL HAVE THE DUTIES AND EXERCISE THE AUTHORITY DELEGATED TO IT BY TH ESE BYLAWS THE PRESIDENT MAY SERVE AS A MEMBER OF THE GOVERNANCE COMMITTEE COMPLIANCE CO MMITTEE THE PURPOSE OF THE COMPLIANCE COMMITTEE IS TO IMPLEMENT INTERNAL POLICIES AND PRO CEDURES THAT FACILITATE AND ENSURE COMPLIANCE WITH ETHICAL AND LEGAL PRINCIPALS AND REGULA TIONS APPLICABLE TO THE CORPORATION THE COMPLIANCE COMMITTEE SHALL EVALUATE AND ASSESS TH E EFFICACY OF CORPORATE POLICIES AND PROCEDURES FROM TIME TO TIME AND RECOMMEND CHANGES AN D REVISIONS WHEN NECESSARY FOR REVIEW AND APPROVAL BY THE BOARD

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	OTHER COMMITTEES THE BOARD OF DIRECTORS MAY, IN ITS DISCRETION, BY RESOLUTION DESIGNATE SUCH OTHER COMMITTEES, AS IT DEEMS NECESSARY OR APPROPRIATE, WITH WHICH POWERS AND DUTIES AS IT MAY PRESCRIBE, TO SERVE AT THE PLEASURE OF THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	[REV 12/12/11] CHAIRMAN OF THE BOARD THE CHAIRMAN MAY BE ELECTED OR APPOINTED FOR A TERM OF UP TO TWO (2) YEARS AND SHALL BE APPOINTED FOR A TERM OF AT LEAST ONE (1) YEAR EXCEPT WHEN FILLING A VACANCY IN MID-TERM THE CHAIRMAN SHALL NOT BE AN EMPLOYEE OF THE CORPORATION (A) DUTIES THE CHAIRMAN SHALL PRESIDE AT ALL MEETINGS OF THE BOARD OF DIRECTORS AND SHALL SERVE ON, BE CHAIR OF AND PRESIDE AT ALL MEETINGS OF THE EXECUTIVE COMMITTEE. THE CHAIRMAN SHALL BE A MEMBER OF THE GOVERNANCE COMMITTEE. THE CHAIRMAN SHALL INSURE THAT THE AFFAIRS OF THE CORPORATION ARE BEING CONDUCTED TO CARRY OUT ITS MISSION AND PURPOSE. THE CHAIRMAN MAY SERVE ON AND ATTEND MEETINGS OF ALL COMMITTEES THE CHAIRMAN SHALL APPOINT THE COMMITTEE CHAIRS OF ALL OTHER STANDING COMMITTEES THE CHAIRMAN SHALL PERFORM SUCH OTHER DUTIES AS MAY BE CUSTOMARILY PERFORMED BY CHAIRPERSONS OF BOARDS OF NONPROFIT ORGANIZATIONS OR AS MAY BE AUTHORIZED OR DELEGATED BY THE BOARD OF DIRECTORS AUTHORITY THE CHAIRMAN SHALL HAVE AND EXERCISE ALL THE POWERS AND AUTHORITY GRANTED BY THESE BYLAWS AND PERMITTED BY THE ACT THE CHAIRMAN SHALL BE AN EXECUTIVE OFFICER OF THE CORPORATION THE CHAIRMAN MAY SIGN ANY AGREEMENT, DOCUMENT, CERTIFICATE, DEED, MORTGAGE, CONTRACT OR OTHER INSTRUMENT WHICH THE BOARD OF DIRECTORS OR THE EXECUTIVE COMMITTEE HAS AUTHORIZED TO BE SIGNED OR EXECUTED FOR AND ON BEHALF OF THE CORPORATION, EXCEPT IN CASES WHERE THE SIGNING OR EXECUTION THEREOF SHALL BE EXPRESSLY DELEGATED BY THE BOARD OF DIRECTORS OR BY THESE BYLAWS TO SOME OTHER OFFICER OR AGENT OF THE CORPORATION, OR SHALL BE REQUIRED BY LAW TO BE OTHERWISE SIGNED OR EXECUTED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE HOSPICE OF CHATTANOOGA INC FORM 990 IS PREPARED BY THE INDEPENDENT ACCOUNTING FIRM JOHNSON, HICKEY & MURCHISON, THEN REVIEWED AND VERIFIED BY THE CHIEF FINANCIAL OFFICER AND REVIEWED BY THE CHAIRMAN OF THE FINANCE COMMITTEE OF HOSPICE OF CHATTANOOGA INC COPIES OF THE FORM ARE THEN SENT TO ALL MEMBERS OF THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT COPIES ARE MADE AVAILABLE TO ALL MEMBERS OF THE BOARD OF DIRECTORS AFTER RESPONDING TO ALL INQUIRIES AND MAKING ANY NECESSARY CHANGES, THE FINAL VERSION IS FILED WITH THE INTERNAL REVENUE SERVICE.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ENFORCEMENT OF CONFLICTS POLICY PURSUANT THE WRITTEN CONFLICT OF INTEREST POLICY OF THE HOSPICE OF CHATTANOOGA INC FOR BOARD MEMBERS, EACH BOARD MEMBER IS REQUIRED TO ACKNOWLEDGE AND SIGN THE CONFLICT OF INTEREST POLICY AT MEETINGS OF THE BOARD OF DIRECTORS, ON THE CONSIDERATION OF ANY MATTER OR TRANSACTION WITH ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST, EACH BOARD MEMBER HAVING AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST IS REQUIRED TO DISCLOSE IT AT THE BOARD MEETING OR TO DISCLOSE IT TO THE CHAIRMAN OF THE BOARD, THE CHIEF EXECUTIVE OFFICER OR THE CHIEF COMPLIANCE OFFICER AFTER ANY DISCLOSURE OF FACTS, ANY CONFLICT OF INTEREST ISSUE MAY BE PRESENTED TO THE COMPLIANCE COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND DECISION THE PARTICIPATION OF AN INTERESTED BOARD MEMBER IN THE GOVERNING BODY'S DECISION-MAKING PROCESS, WITH REGARD TO THE SPECIFIC TRANSACTION FROM WHICH THE CONFLICT AROSE, IS PROHIBITED ANY ABSENTION IS RECORDED IN THE MINUTES PURSUANT THE WRITTEN CONFLICT OF INTEREST POLICIES FOR EMPLOYEES, EACH EMPLOYEE IS REQUIRED TO ACKNOWLEDGE AND SIGN ON AN ANNUAL BASIS THE CONFLICT OF INTEREST POLICY IF THERE IS ANY DISCLOSURE OF ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST, ANY INTERESTED EMPLOYEE IS REQUIRED TO DISCLOSE IT TO THE CHIEF COMPLIANCE OFFICER OR CHIEF EXECUTIVE OFFICER FOR REVIEW (PAGE 20 OF THE INSTRUCTIONS)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	15A COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE ESTABLISHES COMPENSATION FOR THE CEO THE BOARD AND EXECUTIVE COMMITTEE ARE COMPRISED OF DISINTERESTED DIRECTORS WHO POSSESS THE BUSINESS EXPERIENCE AND KNOWLEDGE NECESSARY TO REVIEW AND EVALUATE COMPARABILITY OF COMPENSATION DATA FORM THE HOSPICE SALARY GUIDES AND TO EVALUATE THE PERFORMANCE OF THE CEO (PAGE 20) LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE BOARD OF DIRECTORS HAS DELEGATED RESPONSIBILITY TO THE CEO FOR DETERMINING APPROPRIATE COMPENSATION OF OFFICERS AND KEY EMPLOYEES BY USING INDUSTRIAL STANDARDS AND KEY PERFORMANCE INDICATORS AS COMPARABILITY DATA AND EVALUATING PERFORMANCE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC (PAGE 21)

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -125,295 PRIOR PERIOD ADJUSTMENTS -337,626 TOTAL TO FORM 990, PART XI, LINE 5 -462,921

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
HOSPICE OF CHATTANOOGA INC

Employer identification number
58-1426458

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PLEASANT GROVE LLC CO HOSPICE OF CHATTANOOGA INC SOLE M 4411 OAKWOOD DR CHATTANOOGA, TN 37416 27-1490450	PROPERTY HELD FOR FUTURE BUSINESS EXPANSION	TN	0	650,000	HOSPICE OF CHATTANOOGA INC

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) HOSPICE OF CHATTANOOGA FOUNDATION 4411 OAKWOOD DRIVE CHATTANOOGA, TN 374162367 20-3778171	HOSPICE	TN	501(C)(3)	LINE 11A, I	HOSPICE OF CHATTANOOGA	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE HOSPICE OF CHATTANOOGA FOUNDATION	D	212,573	CASH
(2) THE HOSPICE OF CHATTANOOGA FOUNDATION	C	600,000	CASH
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
		PLEASANT GROVE LLC CURRENTLY ONLY HOLDS LAND IS NOT LIKELY TO BE DEVELOPED DUE TO THE CURRENT BUSINESS ATMOSPHERE

Additional Data

Software ID:
Software Version:
EIN: 58-1426458
Name: HOSPICE OF CHATTANOOGA INC

Form 990, Special Condition Description:

Special Condition Description