SECRETARY (

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...k of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510

LOBBYING REPOR

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required to Complete This Page**

1. Registrant Name ☑ Organization ☐ Individual

ALTHA, INC. (ACUTE LONG TERM HOSPITAL ASSOCIATION)

2. Address ☐ **Check if different than previously reported**

Address1 625 SLATERS LANE #302 Address2

City ALEXANDRIA State VA Zip Code 22314 - Countr

3. Principal place of business (if different than line 2)

City State Zip Code - Countr

4a. Contact Name	b. Telephone Number ☐ International Number	c. E-mail	5. Senate
Mr. William Walters	(703) 518-9900	william.walters@altha.org	

7. Client Name ☑ **Self**	6. House
ALTHA, INC. (ACUTE LONG TERM HOSPITAL ASSOCIATION)	377880

TYPE OF REPORT

8. Year 2005 Midyear (January1-June30) ☐ Year End (July 1-Decem

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ Termination Date _____ 11. No Lobbying Activit

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☐ $ _____

Provide a good faith estimate, rounded to the nearest $20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSE relating to lobbying activities for this rep were:

Less than $10,000 ☐

$10,000 or more ☑ $ 80,000.00

14. REPORTING Check box to indicate e accounting method. See instructions for description

☑ **Method A.** Reporting amounts using LDA definitions

☐ **Method B.** Reporting amounts under section 6033(b)(Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) (Revenue Code

Signature Wm Walt **Date** 8/

Printed Name and Title William Walters, CEO

Printed Name and Title William Walters, CEO

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LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code | MMM | Medicare/Medicaid | (one per page)

16. Specific lobbying issues

Medicare reimbursement for long term acute care hospitals.

17. House(s) of Congress and Federal agencies ☐ Check if None ☑ House ☑ Senate ☑

US House of Representatives
US Senate
Department of HHS

18. Name of each individual who acted as a lobbyist in this issue area

Name			Covered Official Position (if applicable)
First	Last	Suffix	
William	Walters		

19. Interest of each foreign entity in the specific issues listed on line 16 above ☑ Check if None

Printed Name and Title William Walters CEO

Printed Name and Title William Walkers, CEO

v5.0.0m

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Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City State Zip Code - Countr

21. Client new principal place of business (if different than line 20)

City State Zip Code - Countr

22. New General description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expect to act as a lobbyist for the client

	First Name	Last Name	Suffix		First Name	Last Name
1	Kevin	Stemple		3		
2	Kourtney	Watson		4		

ISSUE UPDATE

24. General lobbying issue that no longer pertain

BUD | FIN | GOV | PHA | HCR | TAX | MED | TOR

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address Street Address City State/Province Zip Country	Principal Place of Bus (city and state or cou
Cornerstone Healthcare Group	816 Congress Ave., Suite 400 Austin TX 78701 USA	City Austin State TX Country
Healthsouth	One Healthsouth Pkwy. Birmingham AL 35243 USA	City Birmingham State AL Country

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1 2 3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
		City State Country	

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organ

1 3 5

2 4 6

Printed Name and Title William Walters CEO

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1				3		
2				4		

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Name	Address Street Address City State/Province Zip Country	Principal Place of Bus (city and state or cou
Promise Healthcare	999 Yamato Road, Third Floor Boca Raton FL 33431 USA	City State Country City State Country

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

1	2	3

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1	3	5
2	4	6

Printed Name and Title: William Walters, CEO