

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

A For the 2001 calendar year, or tax year beginning 7/01, 2001, and ending 6/30, 20 02

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type
See
specific
instruc-
tionsHospice of the Foothills
12399 Nevada City Highway
Grass Valley, CA 95945

D Employer Identification Number

94-2674084

E Telephone number

530-272-2218

F Accounting method

☐ Cash☒ Accrual☐ Other (specify) _____Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ)

H and I are not applicable to Section 527 organizations

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

H (b) If yes, enter number of affiliates: _____

H (c) Are all affiliates included? ☐ Yes ☐ No

(If no, attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit group GEN: _____

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

G Web site: N/A

J Organization type
(check only one)☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 2,639,054

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

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

b Indirect public support

c Government contributions (grants)

d Total (add lines 1a through 1c) (cash \$ 231,334 noncash \$ _____)

1a 231,334

1b

1c

1d 231,334

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 1,770,255

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4

5 Dividends and interest from securities

5 33,246

6a Gross rents

6a

b Less: rental expenses

6b

c Net rental income or (loss) (subtract line 6b from line 6a)

6c

7 Other investment income (describe _____)

7

29,358

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a

b Less: cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule)

10a Gross sales of inventory, less returns and allowances

9a

9b

9c

10a 572,261

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

Statement 1

10c 572,261

11 Other revenue (from Part VII, line 103)

11 2,600

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 2,639,054

13 Program services (from line 44, column (B))

13 2,070,360

14 Management and general (from line 44, column (C))

14 193,605

15 Fundraising (from line 44, column (D))

15 417,654

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 2,681,619

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 -42,565

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 1,212,022

20 Other changes in net assets or fund balances (attach explanation)

See Statement 2

20 -172,135

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 997,322

Part II **Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	50,000	5,000	42,000	3,000
26 Other salaries and wages	26	1,225,630	1,000,325	57,436	167,869
27 Pension plan contributions	27				
28 Other employee benefits	28	119,789	94,222	3,031	22,536
29 Payroll taxes	29	100,716	75,675	9,568	15,473
30 Professional fundraising fees	30				
31 Accounting fees	31	3,537		3,537	
32 Legal fees	32				
33 Supplies	33	44,657	1,230	10,910	32,517
34 Telephone	34	10,754	9,327	1,075	352
35 Postage and shipping	35	8,202	4,101	4,101	
36 Occupancy	36	110,320	25,652	5,147	79,521
37 Equipment rental and maintenance	37	14,780	13,057	1,478	245
38 Printing and publications	38	4,147	2,478	1,669	
39 Travel	39	40,137	35,405	2,260	2,472
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	4,683		4,683	
43 Other expenses not covered above (itemize)					
a See Statement 3	43a	944,267	803,888	46,710	93,669
b	43b				
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22-43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	2,681,619	2,070,360	193,605	417,654

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

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

\$ _____ (iii) the amount allocated to management and general \$ _____ and (iv) the amount allocated to fundraising \$ _____

Part III **Statement of Program Service Accomplishments**What is the organization's primary exempt purpose? ☒ See Statement 4

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

Program Service Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts but optional for others)

a Provide aid to the terminally ill		
(Grants and allocations \$ _____)		2,070,360
b		
(Grants and allocations \$ _____)		
c		
(Grants and allocations \$ _____)		
d		
(Grants and allocations \$ _____)		
e Other program services		
(Grants and allocations \$ _____)		
f Total of Program Service Expenses (should equal line 44, column (B), program services)		2,070,360

Part IV Balance Sheets (See instructions)

Note		(A) Beginning of year		(B) End of year
ASSETS	45 Cash — non interest-bearing	169,221	45	176,147
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	227,980		
	b Less allowance for doubtful accounts		47c	227,980
	48a Pledges receivable			
	b Less allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	15,526	53	31,184
	54 Investments — securities (attach schedule) See St 5 ☐ Cost ☒ FMV	878,821	54	716,419
	55a Investments — land, buildings, & equipment basis	55,983		
	b Less accumulated depreciation (attach schedule) Statement 6	42,233	14,369	55c
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment basis				
b Less accumulated depreciation (attach schedule)		57c		
58 Other assets (describe ☐)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	1,257,242	59	1,165,480	
LIABILITIES	60 Accounts payable and accrued expenses	45,220	60	79,950
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ☐ See Statement 7)		65	88,208
66 Total liabilities (add lines 60 through 65)	45,220	66	168,158	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	1,022,395	67	814,917
	68 Temporarily restricted		68	
	69 Permanently restricted	189,627	69	182,405
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19 and column (B) must equal line 21)	1,212,022	73	997,322
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,257,242	74	1,165,480

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

BAA

**Part IV-A. Reconciliation of Revenue per Audited
Financial Statements with Revenue
per Return (See instructions)**

a Total revenue, gains, and other support per audited financial statements.	a	N/A
b Amounts included on line a but not on line 12, Form 990 (1) Net unrealized gains on investments \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants \$ _____ (4) Other (specify) _____ _____ \$ _____ Add amounts on lines (1) through (4)	b	
c Line a minus line b	c	
d Amounts included on line 12, Form 990 but not on line a (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify) _____ _____ \$ _____ Add amounts on lines (1) and (2)	d	
e Total revenue per line 12, Form 990 (line c plus line d)	e	

Part IV-B*	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a Total expenses and losses per audited financial statements	a N/A
b Amounts included on line a but not on line 17, Form 990	b
(1) Donated services and use of facilities \$ _____	(1)
(2) Prior year adjustments reported on line 20, Form 990 \$ _____	(2)
(3) Losses reported on line 20, Form 990 \$ _____	(3)
(4) Other (specify) _____ \$ _____	(4)
Add amounts on lines (1) through (4)	b
c Line a minus line b	c
d Amounts included on line 17, Form 990 but not on line a .	d
(1) Investment expenses not included on line 6b, Form 990. \$ _____	(1)
(2) Other (specify) _____ \$ _____	(2)
Add amounts on lines (1) and (2)	d
e Total expenses per line 17, Form 990 (line c plus line d)	e

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)
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[illegible]

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes

☒ No

Part VI Other Information (See specific instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes		X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b If 'Yes,' has it filed a tax return on Form 990-T for this year?	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	X	
b If 'Yes,' enter the name of the organization <u>Friends of Hospice</u> and check whether it is ☒ exempt or ☐ nonexempt		
81a Enter direct or indirect political expenditures. See line 81 instructions	81a	0
b Did the organization file Form 1120-POL for this year?		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of Section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the Section 6033(e) tax on the amount on line 85f?	85g	N/A
h If Section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations Sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88	X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under Section 4911 <u>0</u> , Section 4912 <u>0</u> , Section 4955 <u>0</u>		
b 501(c)(3) and 501(c)(4) organizations Did the organization engage in any Section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under Sections 4912, 4955, and 4958		0
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a List the states with which a copy of this return is filed <u>California</u>		
b Number of employees employed in the pay period that includes March 12, 2001 (see instructions)	90b	2
91 The books are in care of <u>Dennis Fournier, Exec Dir</u> Telephone number <u>530-272-5739</u> Located at <u>12399 Nevada City Hwy, Grass Valley, CA</u> ZIP + 4 <u>95945</u>		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here ☐ and enter the amount of tax exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Private Insurance Reimbursement					118,286
b					
c					
d					
e					
f Medicare/Medicaid payments					1,651,969
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends & interest from securities			14	33,246	
97 Net rental income or (loss) from real estate					
a debt financed property					
b not debt financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	29,358	
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			5	572,261	
103 Other revenue					
a					
b Miscellaneous					2,600
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				634,865	1,772,855
105 Total (add line 104, columns (B), (D), and (E))					2,407,720

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	The medicare and private insurance amounts are to reimburse for the cost of caring for the terminally ill
103a	Miscellaneous income is used to fund program services

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

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.

Executive Director

Date

11-8-02

Schedule A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1)
Nonexempt Charitable Trust Supplementary Information — (See separate instructions)

Supplementary Information — (see separate instructions)

► **Must be completed by the above organizations and attached to their Form 990 or 990-EZ.**

OMB No 1545-0047

2001

Name of the Organization

Hospice of the Foothills

Employer Identification Number

94-2674084

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions List each one If there are none, enter None ')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000	0			

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

(See instructions List each one (whether individuals or firms) If there are none, enter None ')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

Part III **Statements About Activities** (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ N/A

(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B and attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

b Lending of money or other extension of credit?

c Furnishing of goods, services, or facilities?

See Form 990, Part V

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

e Transfer of any part of its income or assets?

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

- 4 Do you have a section 403(b) annuity plan for your employees?

Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.

Part IV **Reason for Non-Private Foundation Status** (See instructions)

The organization is not a private foundation because it is (please check only **One** applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11 b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

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

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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	336,096	239,750	236,837	198,786	1,011,469
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,449,986	1,852,816	1,796,185	402,225	5,501,212
18 Gross income from interest, dividends, amounts received from payments on securities loans (Section 512(a)(5)), rents, royalties, and unrelated business taxable income (less Section 511 taxes) from businesses acquired by the organization after June 30, 1975	64,103	39,025	22,633	11,492	137,253
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. See Stmt 9	761	320	2,788		3,869
23 Total of lines 15 through 22	1,850,946	2,131,911	2,058,443	612,503	6,653,803
24 Line 23 minus line 17	400,960	279,095	262,258	210,278	1,152,591
25 Enter 1% of line 23	18,509	21,319	20,584	6,125	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 26a 23,052 b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 26b c Total support for Section 509(a)(1) test. Enter line 24, column (e) 26c 1,152,591 d Add: Amounts from column (e) for lines 18 137,253 19 22 3,869 26b 26d 141,122 e Public support (line 26c minus line 26d total) 26e 1,011,469 f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f 87.76%				
27 Organizations described on line 12: N/A	a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2000) (1999) (1998) (1997) b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2000) (1999) (1998) (1997) c Add: Amounts from column (e) for lines 15 16 17 20 21 27c d Add: Line 27a total and line 27b total 27d e Public support (line 27c total minus line 27d total) 27e f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) 27f g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g % h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h %				

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions)
(To be completed Only by schools that checked the box on line 6 in Part IV)

N/A

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

29

Yes No

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?

30

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

31

If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

32c

d Copies of all material used by the organization or on its behalf to solicit contributions?

32d

If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to

a Students' rights or privileges?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered 'Yes' to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation

35

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed Only by an eligible organization that filed Form 5768)

N/A

Check ☐ a ☐ if the organization belongs to an affiliated group Check ☐ b ☐ if you checked 'a' and limited control provisions apply**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred)

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

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

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

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

Yes	No	Amount

Schedule-B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545 0047

2001

Name of Organization

Hospice of the Foothills

Employer Identification Number

94-2674084

Organization type (check one)

Filers of

Form 990 or 990-EZ

Section.

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990 PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **general rule** or a **special rule** (Note Only a Section 501(c)(7), (8), or (10) organization can check box(es) for both the general rule and a special rule — see instructions)

General Rule —

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

Special Rules —

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

Caution. Organizations that are not covered by the general rule and/or the special rules do not file Schedule B (Form 990, 990-EZ, or 990 PF) but **must** check the box in the heading of their Form 990, Form 990 EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

BAA

Schedule B (Form 990, 990 EZ, or 990 PF) (2001)

Name of Organization

Employer Identification Number

Hospice of the Foothills

94-2674084

Part I Contributors (see instructions)

(a) Number	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 65,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
<u>2</u>		\$ 15,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
<u>3</u>		\$ 20,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
<u>4</u>		\$ 5,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)
			Person ☐ Payroll ☐ Noncash ☐ (Complete Part II if there is noncash contribution)

Name of Organization

Employer Identification Number

Hospice of the Foothills

94-2674084

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of Organization

Employer Identification Number

Hospice of the Foothills

94-2674084

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

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

Hospice of the Foothills

94-2674084

Statement 1
Form 990, Part I, Line 10
Gross Profit (Loss) From Sales Of Inventory

NC Thrift Store	\$	396,023
PV Thrift Store		176,238
Gross Sales	\$	572,261
Less Returns & Allowances		0
Net Sales	\$	572,261
Less Cost Of Goods Sold		0
Gross Profit From Sales Of Inventory	\$	572,261

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

Prior period adjustment	\$	-75,956
Unrealized Loss- designated		-80,803
Unrealized Loss- restricted		-15,376
Total	\$	-172,135

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Administration	20,518	18,125	2,052	341
Advertising	4,934			4,934
Community education	4,005	4,005		
Direct Patient Expenses	656,149	656,149		
Dues subscriptions, Library	18,329	16,192	1,833	304
Feasibility Study	22,935		22,935	
GRASP grant expenditures	7,912	7,912		
Insurance	11,449	10,304	1,145	
Miscellaneous	13,000	6,384	722	5,894
Professional fees	19,292	9,646	9,646	
Sales Tax	40,046			40,046
Staff Development	15,639	14,075	1,564	
Utilities	46,018	11,809	1,337	32,872
Workers Compensation	64,041	49,287	5,476	9,278
Total	\$ 944,267	\$ 803,888	\$ 46,710	\$ 93,669

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

A community based non-profit organization of volunteer and paid professionals serving terminally ill patients and their families in Western Nevada County

Hospice of the Foothills

94-2674084

Statement 5
Form 990, Part IV, Line 54
Investments - Securities

<u>Other Securities</u>	<u>Valuation Method</u>	<u>Amount</u>
Investments	Cost	\$ 716,419
	Total	\$ 716,419
Total Investments - Securities		<u>\$ 716,419</u>

Statement 6
Form 990, Part IV, Line 55b
Investments - Land, Buildings, and Equipment

<u>Category</u>	<u>Basis</u>	<u>Accum Deprec.</u>	<u>Book Value</u>
Automobiles / Transportation Equipment	\$ 15,153	\$ 0	\$ 15,153
Furniture and Fixtures	40,830	42,233	-1,403
Total	<u>\$ 55,983</u>	<u>\$ 42,233</u>	<u>\$ 13,750</u>

Statement 7
Form 990, Part IV, Line 65
Other Liabilities

Accrued expenses	\$ 3,561
Accrued payroll and related	84,647
Total	<u>\$ 88,208</u>

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contribution to EBP & DC</u>	<u>Expense Account/ Other</u>
Gloria Amaral P O Box 1657 Grass Valley, CA 95945	President None	\$ 0	\$ 0	\$ 0
Andy Owens 178 Vantana Sierra Grass Valley, CA 95945	Vice President None	0	0	0

Hospice of the Foothills

94-2674084

Statement 8 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
Janie Marini 12982 Somerset Dr Grass Valley, CA 95945	Treasurer None	\$ 0	\$ 0	\$ 0
Wanda Robinson 13032 Somerset Dr Grass Valley, CA 95945	Secretary None	0	0	0
Dennis Fournier 14681 Oak Meadow Rd Penn Valley, CA 95946	Executive Direc 40	50,000	3,590	3,793
Barbara Belmer 16479 Brewer Rd Grass Valley, CA 95949	Director None	0	0	0
Helen Bezaire 10227 Commerate Rd Grass Valley, CA 95949	Director None	0	0	0
Jean Fassler 107 Sterling Ct Grass Valley, CA 95945	Director None	0	0	0
Charles Fowler 10643 Ridge Rd Nevada City, CA 95959	Director None	0	0	0
Kristin Hackler 14799 Mill Creek Lane Grass Valley, CA 95945	Director None	0	0	0
Rudy Kimmich 12125 Pitcairn Lane Nevada City, CA 95959	Director None	0	0	0
Dee Mautino 9 Primrose Lane Grass Valley, CA 95945	Director None	0	0	0
Chuck Zavitz 19555 Chaparral Circle Penn Valley, CA 95946	Secretary None	0	0	0
Total		<u>\$ 50,000</u>	<u>\$ 3,590</u>	<u>\$ 3,793</u>

Hospice of the Foothills

94-2674084

Statement 9
Schedule A, Part IV-A, Line 22
Other Income

Description	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
Miscellaneous	\$ 761	\$ 320	\$ 2,788	\$ 0	\$ 3,869
Total	<u>\$ 761</u>	<u>\$ 320</u>	<u>\$ 2,788</u>	<u>\$ 0</u>	<u>\$ 3,869</u>

Hospice/Foothills
Depreciation Expense [Depreciation]
GAAP
For the Period July 1, 2001 to June 30, 2002

Asset ID	Placed in Service	Depr Meth/Conv	Life Yr Mo	Book Cost	Depreciation & AFYD This Period	YEAR TO DATE				
						Beginning Accum Depr	Current Depreciation & AFYD	Net Sec 179/179A	Net Additions Deletions	Ending Accum Depr
Depr Exp GL Acct # (no value)										
HOF000001	08/12/1996	SL100FM	5 0	19,535 00	325 58	19 209 42	325 58	0 00	0 00	19,535 00
HOF000002	07/01/1996	SL100FM	5 0	7 865 00	0 00	7,865 00	0 00	0 00	0 00	7 865 00
HOF000003	07/09/1996	SL100FM	5 0	1,394 00	0 00	1 394 00	0 00	0 00	0 00	1,394 00
HOF000004	05/06/1997	SL100FM	5 0	7,244 00	1,207 33	6,036 67	1,207 33	0 00	0 00	7,244 00
HOF000005	06/08/1998	SL100FM	5 0	500 00	100 00	308 33	100 00	0 00	0 00	408 33
HOF000006	04/17/1998	SL100FM	7 0	1 477 00	211 00	685 75	211 00	0 00	0 00	896 75
HOF000007	02/28/1999	SL100FM	5 0	2,158 00	431 60	1,043 03	431 60	0 00	0 00	1 474 63
HOF000010	09/30/1999	SL100FM	10 0	1,330 00	133 00	243 83	133 00	0 00	0 00	376 83
HOF000012	02/20/2001	SL100FM	10 0	2 506 27	250 63	104 43	250 63	0 00	0 00	355 06
HOF000040	02/06/2001	SL100FM	5 0	7,909 00	1 581 80	659 08	1,581 80	0 00	0 00	2 240 88
HOF000050	08/09/2001	SL100FM	5 0	2,246 91	411 93	0 00	411 93	0 00	0 00	411 93
HOF000060	06/30/2002	SL100FM	5 0	530 22	8 84	0 00	8 84	0 00	0 00	8 84
HOF000070	06/30/2002	SL100FM	5 0	1,287 43	21 46	0 00	21 46	0 00	0 00	21 46
Subtotal (no value) (13)				55,982 83	4,683 17	37,549 54	4,683 17	0 00	0 00	42 232 71
Grand Total				55,982 83	4,683 17	37,549 54	4,683 17	0 00	0 00	42,232 71