

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

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 2002 calendar year, or tax year beginning 7/01, 2002, and ending 6/30, 2003

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
instructionsHospice 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 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

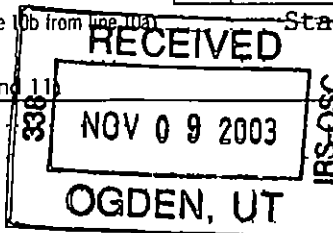
J Organization type
(check only one)☒ 501(c) 3 (insert no) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file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

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 3,752,469

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	1a	1,105,930	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 1,105,930 noncash \$)	1d	1,105,930	
2	Program service revenue including government fees and contracts (from Part VII line 93)	2	2,053,378	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5	27,651	
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		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d		
9	Special events and activities (attach schedule)			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a	562,205	
b	Less cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	562,205	
11	Other revenue (from Part VII, line 103)	11	3,305	
12	Total revenue (add lines 1d 2 3, 4, 5, 6c, 7 8d 9c, 10c, and 11)	12	3,752,469	
13	Program services (from line 44, column (B))	13	2,175,175	
14	Management and general (from line 44, column (C))	14	242,671	
15	Fundraising (from line 44, column (D))	15	454,009	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	2,871,855	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	880,614	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	997,322	
20	Other changes in net assets or fund balances (attach explanation)	20	13,649	
21	Net assets or fund balances at end of year (combine lines 18 19 and 20)	21	1,891,585	

SCANNED NOV 17 2003



5-13 7

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	75,843	7,584	63,708	4,551.
26 Other salaries and wages	26	1,413,879	1,174,818	61,832	177,229
27 Pension plan contributions	27				
28 Other employee benefits	28	134,943	111,975.	3,603	19,365
29 Payroll taxes	29	120,828	91,452	11,559	17,817
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	44,785	2,005.	17,787.	24,993.
34 Telephone	34	14,252.	12,361.	1,425.	466.
35 Postage and shipping	35	9,928.	4,964.	4,964.	
36 Occupancy	36	124,462	27,280.	5,473.	91,709.
37 Equipment rental and maintenance	37	19,558	9,894	9,659.	5.
38 Printing and publications	38	5,985.	3,576.	2,409.	
39 Travel	39	41,289.	36,224	2,312.	2,753.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	4,163.		4,163	
43 Other expenses not covered above (itemize)					
a See Statement 3	43a	861,940	693,042	53,777	115,121
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	2,871,855	2,175,175	242,671.	454,009

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 AccomplishmentsWhat 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 and 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 \$ _____)		2,175,175
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)		2,175,175

Part IV Balance Sheets (See Instructions)

Note	Where required, attached schedules and amounts within the description column should be for end of year amounts only	(A) Beginning of year		(B) End of year
45	Cash — non interest bearing	176,147	45	119,768
46	Savings and temporary cash investments		46	
47a	Accounts receivable	1,196,551		
b	Less allowance for doubtful accounts	227,980	47c	1,196,551
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	31,184	53	62,628
54	Investments — securities (attach schedule)	716,419	54	740,321
55a	Investments — land, buildings, & equipment basis ☐ Cost ☒ FMV	62,318		
b	Less accumulated depreciation (attach schedule) Statement 5	46,396	55c	15,922
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)	1,165,480	59	2,135,190
60	Accounts payable and accrued expenses	79,950	60	86,679
61	Grants payable		61	
62	Deferred revenue		62	10,500
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 6)	88,208	65	146,426
66	Total liabilities (add lines 60 through 65)	168,158	66	243,605
	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	814,917	67	1,687,142
68	Temporarily restricted		68	11,300
69	Permanently restricted	182,405	69	193,143
	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, column (B) must equal line 21)	997,322	73	1,891,585
74	Total liabilities and net assets/fund balances (add lines 66 and 73)	1,165,480	74	2,135,190

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	3,766,118
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 13,649		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) _____ \$		
	Add amounts on lines (1) through (4)	b	13,649
c	Line a minus line b	c	3,752,469
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	3,752,469

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	2,871,855.
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify)		
	----- \$		
	Add amounts on lines (1) through (4)	b	
c	Line a minus line b	c	2,871,855
d	Amounts included on line 17, 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 expenses per line 17, Form 990 (line c plus line d)	e	2,871,855

Part V	List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions)
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(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 7 ----- -----		71,884.	2,156	4,800
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				
----- ----- -----				

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?

If 'Yes,' attach schedule — see instructions

Part VI Other Information (See 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	76		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	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		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?	80a	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?	81b		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?	82a		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?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		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, 2002 (See instructions)	90b	0	
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					149,042
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					1,904,336
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash investments					
96 Dividends & interest from securities			14	27,651	
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					
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	562,205	
103 Other revenue					
a _____					
b Miscellaneous					3,305
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				589,856	2,056,683
105 Total (add line 104, columns (B), (D), and (E))					2,646,539

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.

Date

W.N.S. Fournier Ex Dir 11-4-03

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust**2002**Department of the Treasury
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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 and 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
Brad Miller		
14522 Lava Dome Way, Nevada City, CA 95959	Medical Director	73,075
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)

1 X

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.)
- See Statement 8

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

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

2d X

See Form 990, Part V

e Transfer of any part of its income or assets?

2e X

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

3 X

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

4 X

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)
- 11a** ☒ 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)
- 11b** ☐ 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	231,334	336,096	239,750.	236,837	1,044,017.
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	1,770,255.	1,449,986	1,852,816	1,796,185	6,869,242
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	62,604	64,103	39,025.	22,633	188,365
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	2,600	761	320	2,788	6,469
23 Total of lines 15 through 22	2,066,793	1,850,946	2,131,911	2,058,443.	8,108,093
24 Line 23 minus line 17	296,538	400,960	279,095	262,258.	1,238,851
25 Enter 1% of line 23	20,668	18,509	21,319.	20,584	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 24,777
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 1998 through 2001 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 1,238,851
d Add: Amounts from column (e) for lines 18 188,365 19 22 6,469					26d 194,834
e Public support (line 26c minus line 26d total)					26e 1,044,017
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 84.27 %
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 (2001) _____ (2000) _____ (1999) _____ (1998) _____					
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 (2001) _____ (2000) _____ (1999) _____ (1998) _____					
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 1998 through 2001, 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?

32 a

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

32 b

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

32 c

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

32 d

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?

33 a

b Admissions policies?

33 b

c Employment of faculty or administrative staff?

33 c

d Scholarships or other financial assistance?

33 d

e Educational policies?

33 e

f Use of facilities?

33 f

g Athletic programs?

33 g

h Other extracurricular activities?

33 h

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?

34 a

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

34 b

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 —	The lobbying nontaxable amount 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	41	
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) 2002	(b) 2001	(c) 2000	(d) 1999	(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)

Yes	No	Amount

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

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

NC Thrift Store	\$	375,069
PV Thrift Store		187,136
Gross Sales	\$	562,205
Less Returns & Allowances		0
Net Sales	\$	562,205
Less Cost Of Goods Sold		0
Gross Profit From Sales Of Inventory	\$	562,205

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

Unrealized Gain on Investments	Total	\$	13,649
		\$	13,649.

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Administration	23,414	20,684	2,341	389
Advertising	6,337			6,337
Community education	6,535	6,535		
Direct Patient Expenses	470,413	470,413		
Dues subscriptions, Library	24,949	22,040	2,495	414.
Insurance	11,737	10,563	1,174	
Miscellaneous	31,517	5,200	578	25,739
Professional fees	86,976	33,363	33,363	20,250
Staff Development	19,867	14,840	1,649.	3,378
Utilities	56,338	10,242	1,159	44,937
Workers Compensation	123,857	99,162	11,018.	13,677
Total	\$ 861,940	\$ 693,042	\$ 53,777.	\$ 115,121

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 55b
Investments - Land, Buildings, and Equipment

Category	Basis	Accum Deprec	Book Value
Automobiles / Transportation Equipment	\$ 15,153	\$ 0	\$ 15,153.
Furniture and Fixtures	47,165	46,396	769
Total	<u>\$ 62,318</u>	<u>\$ 46,396.</u>	<u>\$ 15,922.</u>

Statement 6
Form 990, Part IV, Line 65
Other Liabilities

Accrued expenses	\$ 7,308
Accrued payroll and related	121,286
Trust Funds	17,832
Total	<u>\$ 146,426</u>

Statement 7
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
Gloria Amaral P O Box 1657 Grass Valley, CA 95945	Director None	\$ 0.	\$ 0	\$ 0
Andy Owens 178 Vantana Sierra Grass Valley, CA 95945	President None	0.	0	0
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	71,884	2,156	4,800
Kristin Hackler 14799 Mill Creek Ln Grass Valley, CA 95945	Director None	0.	0	0

Hospice of the Foothills

94-2674084

Statement 7 (continued)

Form 990, Part V

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
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
Rudy Kimmich 12125 Pitcairn Lane Nevada City, CA 95959	Vice President None	0	0	0.
Dee Mautino 9 Primrose Lane Grass Valley, CA 95945	Director None	0	0	0.
Dennis Cassella 205 Cypress Hill Dr Grass Valley, CA 95945	Director None	0	0	0.
Roger Minor 11610 Tammy Way Grass Valley, CA 95945	Director None	0	0	0.
Greg Schasiepen 140 Sierra Blanca Ct Grass Valley, CA 95945	Director None	0	0	0.
Charles Sternberg 411 Coyote St Nevada City, CA 95959	Director None	0	0	0.
Patsy Webster 12618 Roadrunner Dr Penn Valley, CA 95946	Director None	0.	0	0
Total		\$ 71,884.	\$ 2,156	\$ 4,800

Statement 8

Schedule A, Part III, Line 2

Transactions with Trustees, Directors, Etc.

See Form 990, Part V

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

Description	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
Miscellaneous	\$ 2,600	\$ 761	\$ 320	\$ 2,788	\$ 6,469
Total	<u>\$ 2,600</u>	<u>\$ 761</u>	<u>\$ 320</u>	<u>\$ 2,788</u>	<u>\$ 6,469</u>