

D Employer identification number	
94-2674084	
E Telephone number	
(530) 272-5739	
F Accounting method	☐ Cash ☒ Accrual
☐ Other (specify) ☐	

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	Group Exemption Number ☐ _____
M	Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **6,773,283**

Form **990** (2007)

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. (See the instructions.)

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ☐	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here ☐	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	86,938	39,122	4,347	43,469
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	3,182,417	2,546,608	144,120	491,689
27	Pension plan contributions not included on lines 25a, b and c	27				
28	Employee benefits not included on lines 25a - 27	28	341,924	267,086	8,593	66,245
29	Payroll taxes	29	260,042	187,761	23,740	48,541
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	30,588	47	419	30,122
34	Telephone	34	39,499	28,602	3,298	7,599
35	Postage and shipping	35	10,594	5,297	5,297	
36	Occupancy	36	218,111	51,084	10,249	156,778
37	Equipment rental and maintenance	37	35,801	15,007	15,007	5,787
38	Printing and publications	38	7,862	4,601	3,099	162
39	Travel	39	78,841	65,347	4,171	9,323
40	Conferences, conventions, and meetings	40				
41	Interest	41	3,712		3,712	
42	Depreciation, depletion, etc. (attach schedule)	42	86,765		85,567	1,198
43	Other expenses not covered above (itemize)					
a	See Additional Data Table	43a				
b		43b				
c		43c				
d		43d				
e		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13–15)	44	6,175,573	4,570,818	432,316	1,172,439

Joint Costs. Check ☐ if you are following SOP 98-2.

Are 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 (See the instructions.)

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.

What is the 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	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
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) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a Provide aid to the terminally ill	
(Grants and allocations \$) If this amount includes foreign grants, check here  ☐	4,570,818
b	
(Grants and allocations \$) If this amount includes foreign grants, check here  ☐	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here  ☐	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here  ☐	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here  ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . 	4,570,818

Part IV Balance Sheets (See the 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		
Assets	45	Cash—non-interest-bearing		2,439,048	45	208,767	
	46	Savings and temporary cash investments			46	1,654,151	
	47a	Accounts receivable	47a	482,979			
	b	Less allowance for doubtful accounts	47b		366,660	47c	482,979
	48a	Pledges receivable	48a	366,118			
	b	Less allowance for doubtful accounts	48b		455,542	48c	366,118
	49	Grants receivable			49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		104,465	53	70,280	
	54a	Investments—publicly-traded securities . ☐ Cost ☐ FMV			54a		
	b	Investments—other securities (attach schedule) ☐ Cost ☒ FMV		2,069,941	54b	1,072,800	
	55a	Investments—land, buildings, and equipment basis	55a	6,980,267			
	b	Less accumulated depreciation (attach schedule)	55b	282,873	1,234,245	55c	6,697,394
	56	Investments—other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a					
b	Less accumulated depreciation (attach schedule)	57b			57c		
58	Other assets, including program-related investments (describe ☐ _____)		25,797	58	21,251		
59	Total assets (must equal line 74) Add lines 45 through 58		6,695,698	59	10,573,740		
Liabilities	60	Accounts payable and accrued expenses		150,541	60	104,304	
	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	3,294,555	
	65	Other liabilities (describe ☐ _____)		498,436	65	580,557	
	66	Total liabilities Add lines 60 through 65		648,977	66	3,979,416	
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		3,954,392	67	5,418,956	
	68	Temporarily restricted		1,507,634	68	376,118	
	69	Permanently restricted		584,695	69	799,250	
	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)		6,046,721	73	6,594,324	
	74	Total liabilities and net assets / fund balances Add lines 66 and 73		6,695,698	74	10,573,740	

a	Total revenue, gains, and other support per audited financial statements			a	6,723,176
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1	-50,107		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) _____	b4			
	Add lines b1 through b4			b	-50,107
c	Subtract line b from line a			c	6,773,283
d	Amounts included on Part I, line 12, but not on line a				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) _____	d2			
	Add lines d1 and d2			d	-50,107
e	Total revenue (Part I, line 12) Add lines c and d			e	6,773,283

a	Total expenses and losses per audited financial statements		a	6,175,573	
b	Amounts included on line a but not on Part I, line 17				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify) _____	b4			
	Add lines b1 through b4		b		
c	Subtract line b from line a		c	6,175,573	
d	Amounts included on Part I, line 17, but not on line a :				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) _____	d2			
	Add lines d1 and d2		d		
e	Total expenses (Part I, line 17) Add lines c and d		e	6,175,573	

[illegible]

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	14			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b			No
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c			No
d	Does the organization have a written conflict of interest policy?	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76			No
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			No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a			No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b			No
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			No
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	Yes		
b	If "Yes," enter the name of the organization Friends of Hospice _____ and check whether it is ☒ exempt or ☐ nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions)	81a			
b	Did the organization file Form 1120-POL for this year?	81b			No

Part VI

Other Information (continued)

Yes

No

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

Yes

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

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

No

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

No

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

No

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 the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

No

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

No

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

0

b

Gross receipts, included on line 12, for public use of club facilities

86b

0

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

0

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

0

88a

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.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

No

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

b

501(c)(3) and 501(c)(4) orgs. 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

No

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.

d

Enter Amount of tax on line 89c, above, reimbursed by the organization.

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed.

b

Number of employees employed in the pay period that includes March 12, 2007 (See instructions).

90b

0

91a

The books are in care of Vanessa Bengston Telephone no (530) 272-5739

11270 Rough Ready Highway

Located at Grass Valley, CA ZIP + 4 95945

b

At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country.

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country ▶ _____			
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 ▶		92	

Part VII

Analysis of Income-Producing Activities *(See the 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 Reimbur					258,770
b						
c						
d						
e						
f	Medicare/Medicaid payments			8	3,692,221	
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments			14	8,310	
96	Dividends and interest from securities			14	90,626	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non 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			1	900	
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory			5	1,272,460	
103	Other revenue a Miscellaneous					11,000
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))				5,064,517	269,770
105	Total (add line 104, columns (B), (D), and (E))					5,334,287

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes *(See the 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)
103b	Miscellaneous income is used to fund program services
93a	The private insurance amounts are to reimburse for the cost of caring for the terminally ill

Part IX

Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the 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
	%			
	%			
	%			
	%			

Part X

Information Regarding Transfers Associated with Personal Benefit Contracts *(See the 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).		

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals					

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				Yes	No
					No

Please Sign Here	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				
	*****			2008-11-14	
	Signature of officer Date				
	Vanessa Bengston Executive Direc				
	Type or print name and title				

Paid Preparer's Use Only	Preparer's signature ▶ David Scinto		Date	Check if self-employed ▶ ☒	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Francis Scinto & Graziano LLP				EIN ▶
	PO Box 1797				Phone no ▶ (530) 273-3200
	Grass Valley, CA 95945				

Additional Data

Software ID: 07000211
Software Version: 2007v2.4
EIN: 94-2674084
Name: Hospice of the Foothills

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Workers comp	43a	267,290	196,274	21,808	49,208
b Utilities	43b	42,198	9,206	1,042	31,950
c Trash Removal	43c	39,939			39,939
d Staff Development	43d	35,559	31,954	3,550	55
e Sales Tax	43e	87,600			87,600
f Repairs & maintenance	43f	17,772	12,353	1,398	4,021
g Professional fees	43g	86,680	32,165	32,165	22,350
h Office expense	43h	23,772	11,886	11,886	
i Miscellaneous	43i	20,597	13,181	1,492	5,924
j Medical Director	43j	101,663	101,663		
k Janitorial	43k	1,262	1,136	126	
l Insurance	43l	36,424	32,782	3,642	
m Dues subscriptions, Library	43m	17,430	15,297	1,732	401
n Direct Patient Expenses	43n	832,319	832,319		
o Deferred Compensation	43o	34,579		34,579	
p Credit Card Fees	43p	11,658			11,658
q Consignment & Storage	43q	75			75
r Computer Costs	43r	44,488	37,954	4,296	2,238
s Community education	43s	5,748	5,748		
t Auto and Truck Costs	43t	26,684			26,684
u Advertising	43u	43,843	15,464	1,750	26,629
v Administration	43v	14,899	10,874	1,231	2,794

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
Brad Miller MD 11270 Rough Ready Highway Grass Valley, CA 95945	Medical Directo 0 00	105,284		
Dennis Fournier 2399 Nevada City Hwy Grass Valley, CA 95945	Executive Direc 0 00	86,938		
Greg Schasiepen 140 Sierra Blanca Ct Grass Valley, CA 95945	Director 0 00	0		
Michelle White 10366 Elysian Way Nevada City, CA 95959	Director 0 00	0		
Barbara Kosher 13072 Greenhorn Road Grass Valley, CA 95945	Director 0 00	0		
Rudy Kimmich MD 12125 Pitcairn Lane Nevada City, CA 95959	Vice President 0 00	0		
Chuck Zavitz 19555 Chaparral Circle Penn Valley, CA 95946	Director 0 00	0		
Tom Balch 332 Bridge Way Nevada City, CA 95959	Director 0 00	0		
Randy Young 11554 Via Vista Ave Nevada City, CA 95959	Director 0 00	0		
Steve Haas 140 Litton Dr Ste 204 Grass Valley, CA 95945	Director 0 00	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(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 & deferred compensation plans	(E) Expense account and other allowances
Leo Granucci 12550 Apple Orchard Lane Nevada City, CA 95959	Director 0 00	0		
Mary Jensen 1140 Slate Creek Rd Grass Valley, CA 95945	Director 0 00	0		
Richard Keene 140 Litton Dr Suite 204 Grass Valley, CA 95945	Director 0 00	0		
Janie Marini 12982 Somerset Dr Grass Valley, CA 95945	Treasurer 0 00	0		
Andy Owens 178 Vantana Sierra Grass Valley, CA 95945	President 0 00	0		
Patty Ingram-Spencer 617 Todd Court Grass Valley, CA 95945	Director 0 00	0		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Hospice of the Foothills

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2007

▶ 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 page 1 of the 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
Judith Steffens 11720 Rough Ready Highway Grass Valley, CA 95945	Clinical Coordi 40 00	69,240	0	0
Birgit Weninger 11720 Rough Ready Highway Grass Valley, CA 95945	RN Case Mgr 40 00	69,963	0	0
Judith Gropp 11720 Rough Ready Highway Grass Valley, CA 95945	Med Social Work 40 00	71,955	0	0
Donna Brown 11720 Rough Ready Highway Grass Valley, CA 95945	Clinical Coordi 40 00	77,856	0	0
Vanessa Bengston 11720 Rough Ready Highway Grass Valley, CA 95945	Dir of Operatio 40 00	90,709	0	0
Total number of other employees paid over \$50,000 ▶	19			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual 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
Siteline Architecture 644 Zion St Ste A Nevada City, CA 95959	Architecture	153,123
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Spring Hill Manor 355 Joerschke Drive Grass Valley, CA 95945	Medical	220,743
Sierra Foothills Construction 130 East Main Street Grass Valley, CA 95945	Construction	4,273,217
Total number of other contractors receiving over \$50,000 for other services ▶		

Part III **Statements About Activities** (See page 2 of the instructions.)

Yes **No**

1	During the year, has the organization attempted to influence national, state, or local legislation, include 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 ►\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		No
	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 property?	2a		No
b	Lending of money or other extension of credit?	2b	Yes	
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 📎	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,474,547	704,257	2,546,172	1,090,736	5,815,712
16 Membership fees received					0
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	4,113,521	3,697,379	3,220,354	2,879,469	13,910,723
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	60,390	50,317	45,845	43,212	199,764
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
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					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	1,395,899	1,171,522	1,027,344	760,342	4,355,107
23 Total of lines 15 through 22	7,044,357	5,623,475	6,839,715	4,773,759	24,281,306
24 Line 23 minus line 17	2,930,836	1,926,096	3,619,361	1,894,290	10,370,583
25 Enter 1% of line 23	70,444	56,235	68,397	47,738	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	207,412
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 2002 through 2005 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	10,370,583
d Add Amounts from column (e) for lines 18 199,764 19 0 22 26 b				26d	4,554,871
e Public support (line 26c minus line 26d total)				26e	5,815,712
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	5608 00 %
27 Organizations described on line 12: 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 (2006) (2005) (2004) (2003)					
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 11b, 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 (2006) (2005) (2004) (2003)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	0
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 2002 through 2005, 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 page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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?		Yes	No
		29		
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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
		31		
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 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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
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 page 9 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	0	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
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 \$500,00020% 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)		
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		
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 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ➤	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable 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 page 11 of the instructions.)

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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			0
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			

Exempt Organizations (See page 12 of the instructions.)

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Yes	No
-----	----

- | | | |
|---------------|--|-----|
| 51a(i) | | N o |
| a(ii) | | N o |
| b(i) | | N o |
| b(ii) | | N o |
| b(iii) | | N o |
| b(iv) | | N o |
| b(v) | | N o |
| b(vi) | | N o |
| c | | N o |

C		No
----------	--	----

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ **Yes** ☒ **No**

b If "Yes," complete the following schedule

[illegible]

TY 2007 Investments - Land Schedule**Name:** Hospice of the Foothills**EIN:** 94-2674084**Software ID:** 07000211**Software Version:** 2007v2.4

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	553,456		553,456
Buildings	5,954,466		5,954,466
Furniture and Fixtures	442,686	269,946	172,740
Automobiles / Transportation Equipment	29,659	12,927	16,732

TY 2007 Investments - Securities Schedule

Name: Hospice of the Foothills

EIN: 94-2674084

Software ID: 07000211

Software Version: 2007v2.4

Description	Book Value	Cost/FMV
Investments		F

TY 2007 Other Assets Schedule

Name: Hospice of the Foothills

EIN: 94-2674084

Software ID: 07000211

Software Version: 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
Deposits	25,797	21,251

TY 2007 Other Changes in Net Assets Schedule

Name: Hospice of the Foothills

EIN: 94-2674084

Software ID: 07000211

Software Version: 2007v2.4

Description	Amount
Unrealized gain (loss) on investment	-50,107

TY 2007 Other Liabilities Schedule**Name:** Hospice of the Foothills**EIN:** 94-2674084**Software ID:** 07000211**Software Version:** 2007v2.4

Description	Beginning of Year Amount	End of Year Amount
Deferred compensation	167,946	202,526
Due to other non-profit organizations	15,652	20,860
Trust Funds	67,517	45,392
Accrued expenses	4,032	
Accrued payroll and related	243,289	311,779

TY 2007 Sales Of Inventory Schedule

Name: Hospice of the Foothills

EIN: 94-2674084

Software ID: 07000211

Software Version: 2007v2.4

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
NC Thrift Store	1,272,460		1,272,460

TY 2007 Contractor Compensation Explanation

Name: Hospice of the Foothills

EIN: 94-2674084

Software ID: 07000211

Software Version: 2007v2.4

Contractor	Explanation
Spring Hill Manor	
Sierra Foothills Construction	

TY 2007 Contractor Compensation Explanation

Name: Hospice of the Foothills

EIN: 94-2674084

Software ID: 07000211

Software Version: 2007v2.4

Contractor	Explanation
Siteline Architecture	

TY 2007 Employee Compensation Explanation**Name:** Hospice of the Foothills**EIN:** 94-2674084**Software ID:** 07000211**Software Version:** 2007v2.4

Employee	Explanation
Judith Steffens	
Birgit Weninger	
Judith Gropp	
Donna Brown	
Vanessa Bengston	

TY 2007 Other Income Schedule**Name:** Hospice of the Foothills**EIN:** 94-2674084**Software ID:** 07000211**Software Version:** 2007v2.4

Description	2006	2005	2004	2003	Total
Sale of Inventory	1,314,396	1,108,424	1,023,106	756,323	756,323
Gain on sale				1,986	3,447,912
Other Revenue	81,503	63,098	4,238	2,033	150,872

TY 2007 Self Dealing Statement

Name: Hospice of the Foothills

EIN: 94-2674084

Software ID: 07000211

Software Version: 2007v2.4

Line Number	Explanation
	The organization has a construction loan outstanding with Citizens' Bank of Northern CA. Board member Barbara Kosher is a Vice President of this bank.