



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? To support care for people with life-limiting illnesses Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	\$15,000 planning grant to Partners in Care Foundation for Huntington Hospital palliative care program (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,000
29	Support of San Gabriel Valley End-of-life Care Coalition - printing brochures, meals for training, acting as fiduciary "Grants" below includes membership dues and donation to defray cost of food for Hospice teleconference. (Grants \$ 1,025) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,995
30	Maintain website and finalize clearing of expenses for predecessor organization, Hospice of Pasadena, paying out grants received in 2005-2006 per agreement with Presbyterian Intercommunity Hospital for transfer (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	104,409
31	Other program services (attach schedule) (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)				
(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	(E) Expense account and other allowances
Andrea N. Beal 300 W Colorado Blvd., Pasadena, CA 91105	Chair, 15 minutes	0	0	0
Stephen Wilburn 55 S Lake Ave. Suite 800, Pasadena, CA 91109	Treasurer, 15 minutes	0	0	0
Carol Peters 221 E. Walnut St. #136, Pasadena, CA 91101-1554	Secretary, 15 minutes	0	0	0
June Simmons 732 Mott Street, Suite 150, San Fernando, CA 91340	Board Member, CEO	0	0	0

Part V Other Information (Note the statement requirement in General Instruction V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	✓	
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
35a	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
35b	b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	✓	
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
37b	b Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
38b	b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter:		
39a	a Initiation fees and capital contributions included on line 9		
39b	b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0

b 501(c)(3) and (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 an explanation . . .

	Yes	No
40b		✓
40c		
40e		✓

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

d Enter amount of tax on line 40c 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? . . .

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

42a The books are in care of ▶ Sandra Atkins, Partners in Care Foundation Telephone no. ▶ (818) 837-3775
Located at ▶ 732 Mott Street, Suite 150, San Fernando, California ZIP + 4 ▶ 91340-4241

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)? . . .

	Yes	No
42b		✓
42c		✓

If "Yes," enter the name of the foreign country: ▶

See the instructions for exceptions and filing requirements for Form TD F 90-22.1.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

If "Yes," enter the name of the foreign country: ▶

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

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.

Please Sign Here

Signature of officer: *[Handwritten Signature]* Date: 11-6-09
Sandra Atkins, Executive Director
Type or print name and title. *Account form 6-9-10*

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:
Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____
Phone no.: () _____

State of California
Secretary of State



I, BRUCE McPHERSON, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

DEC 11 2006

BRUCE McPHERSON
Secretary of State

ENDORSED - FILED
In the office of the Secretary of State
of the State of California

NOV - 8 2006

**CERTIFICATE OF AMENDMENT OF
ARTICLES OF INCORPORATION OF
HOSPICE OF PASADENA, INC.**

The undersigned certify that:

1. They are the Chief Executive Officer and Secretary, respectively, of Hospice of Pasadena, Inc., a California non-profit public benefit 501(c)(3) corporation.
2. Article I of the Articles of Incorporation of this corporation is hereby amended as follows:

I.

The name of this corporation shall be Hospice Legacy.

3. All other terms and provisions of the Articles of Incorporation of this corporation shall remain the same.
4. The foregoing amendment of the Articles of Incorporation has been duly approved by the Board of Directors of the corporation.
5. The foregoing amendment of the Articles of Incorporation has been duly approved by the required vote of the Members of the corporation.

We further declare under penalty of perjury under the laws of the State of California that the matters set forth in this certificate are true and correct of our own knowledge.

Dated: 10/23/06, 2006.


W. June Simmons, Chief Executive Officer


Carol Peters, Secretary

