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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2007

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2007 calendar year, or tax year beginning **March 1**, 2007, and ending **February 28**, 20 **08**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>Hospice Legacy</b>		<b>D</b> Employer identification number <b>95 : 3276161</b>	
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>732 Mott Street 150</b>		<b>E</b> Telephone number <b>( 818 ) 837-3775</b>	
		City or town, state or country, and ZIP + 4 <b>San Fernando, California 91340-4241</b>		<b>F</b> Group Exemption Number ▶	

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**I** Website: ▶  
**J** Organization type (check only one)—  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶  
**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **10,500**

### Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	850
	4	Investment income	4	10,000
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
6b	Less: direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c		
8	Other revenue (describe ▶ _____)	8		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	9	10,900	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	136,390
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ <b>Advertising, Bank fees, Eq. Rental, Insurance, other Miscell.</b> )	16	7,291
	17	<b>Total expenses.</b> Add lines 10 through 16. ▶	17	143,681
	18	Excess or (deficit) for the year. Subtract line 17 from line 9.	18	(132,781)
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return).	19
20		Other changes in net assets or fund balances (attach explanation)	20	
21		Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	21	303,682

### Part II Balance Sheets (If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.)

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	436,463	22 303,682
23 Land and buildings	0	23 0
24 Other assets (describe ▶ _____)	0	24 0
25 <b>Total assets</b>	436,463	25 303,682
26 <b>Total liabilities</b> (describe ▶ _____)		26 0
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	436,463	27 302,682

<b>Part III Statement of Program Service Accomplishments</b> (See page 60 of the instructions.)	<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? 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.	
<b>28</b> Finalize clearing of expenses for predecessor organization, Hospice of Pasadena, paying out grants per agreement with Presbyterian Intercommunity Hospital for transfer.	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b> 136,390
<b>29</b> _____	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>
<b>30</b> _____	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>
<b>31</b> Other program services (attach schedule)	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32</b> Total program service expenses. Add lines 28a through 31a	<b>32</b>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated. See page 61 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

<b>Part V Other Information</b> (Note the statement requirement in General Instruction V.)			Yes	No
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>33</b>		✓	
<b>34</b> 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	<b>34</b>			✓
<b>35</b> 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.				
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>			✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>			✓
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<b>36</b>		✓	
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>				
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>			✓
<b>38a</b> 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?	<b>38a</b>			✓
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>			
<b>39</b> 501(c)(7) organizations. Enter:				
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>			
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>			

**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
- 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? \_\_\_\_\_

	Yes	No
<b>40b</b>		✓
<b>40c</b>		
<b>40d</b>		
<b>40e</b>		✓

- 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)?  
 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: ▶ \_\_\_\_\_

	Yes	No
<b>42b</b>		✓
<b>42c</b>		✓

- 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

**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

Signature of officer: [Signature] Date: 11-6-09

**Sandra Atkins, Executive Director**  
 Type or print name and title.

**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: \_\_\_\_\_ Preparer's SSN or PTIN (See Gen. Inst. X): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

2:18 PM  
11/05/09  
Accrual Basis

Hospice Legacy  
**Profit & Loss Standard**  
March 1, 2007 through February 28, 2008

Mar 1, '07 - Feb 28, 08

<b>Ordinary Income/Expense</b>	
<b>Income</b>	
Contributions and Support	25.00
Donations - EOL Coalition	25.00
Membership Dues	850.00
Unrealized Gains - Vanguard	10,000.00
<b>Total Income</b>	<u>10,900.00</u>
<b>Expense</b>	
Advertising	- 241.45 ✓
Bank Fees	- 127.00 ✓
Equipment Rental and Maintenan	- 1,387.65 ✓
Grant and Contract Expense	102,653.00 ✓
Insurance - nonemployee	- 2,038.00 ✓
Legal Fees	589.63 ✓
Other Miscellaneous Expenses	- 3,078.83
Professional Services fees	33,147.50 ✓
Supplies and Materials	- 270.56
Travel	- 147.80
<b>Total Expense</b>	<u>143,681.42</u>
<b>Net Ordinary Income</b>	<u>-132,781.42</u>
<b>Net Income</b>	<u><u>-132,781.42</u></u>