

# FY 2022.2023 Fallbrook Regional Health District Community Health Contract Grant Application

## Organization Information

### Legal Name

Hospice of the Valleys SC

### DBA (if Applicable)

Hospice of the Valleys

### Year Founded - use date of incorporation

1982

## Program Name/Title

Fallbrook Community Support

### Brief Program Description

Our Fallbrook Community Support Program provides compassionate hospice care to terminally ill patients and support to their families. This includes visits by our interdisciplinary team; the provision of medical equipment, medication delivery, and caregiver/bereavement support services. We provide these services regardless of insurance or ability to pay.

### Is this a new (pilot, recently developed) or established program?

Established Program

### Program Information - Type

Ongoing

### Requested Amount

17844.43

### How much funding was received for this program in the previous 2021.2022 CHC Grant cycle?

11218.81

### Organization's Mission Statement

We foster reverence for life, relief of suffering, and compassion in loss for the terminally ill residents and their families in the communities we serve.

### Organization's Vision Statement

To be a recognized leader of excellence in comprehensive end-of-life care.

### Agency Capability

Hospice of the Valleys began in early 1982 by two sisters in Sun City, California who recognized the need for specialized end-of-life care for people in their community. In order to make this care available, these sisters received hospice training as volunteers and began going door-to-door raising money on their patients' behalf. After years as a volunteer-run organization, Hospice of the Valleys eventually became a full-service, nonprofit 501(c)(3) organization.

Hospice of the Valleys is honored to celebrate 40 years of serving our community. Through the support of the community, we have established a long standing tradition of providing loving care to people with life-threatening illnesses. We believe no one should die alone or in pain, and have made it our mission to care for all hospice patients in our area, regardless of their ability to pay.

Hospice of the Valleys is a proud member of the National Hospice and Palliative Care Organization and the California Hospice and Palliative Care Association.

Hospice of the Valleys is accredited by Community Health Accreditation Partner (CHAP).

Hospice of the Valleys is proud to have received Top Workplace every year since 2014. Additionally, Hospice of the Valleys was named a 2021 Hospice Honors Elite recipient – the only Hospice Honors Elite recipient in the state of California.

### Agency Collaborations

Fallbrook Regional Health District has been an incredible partner in publicizing our programs to the Fallbrook area, as well as a resource in understanding the specific needs for the Fallbrook area residents.

### Target Population - Age

|   | Percent of program participants |
|---|---------------------------------|
| Children (infants to 12)                          | 0                               |
| Young Adults (13-17)                              | 0                               |
| Adults (18-60)                                    | 6                               |
| Seniors (60+)                                     | 54                              |
| We do not collect this data (indicate with 100%)* | 0                               |

### Target Population not collected - Age

NA

### Gender

|            | Percent of program participants |
|------------|---------------------------------|
| Female     | 30                              |
| Male       | 30                              |
| Non-binary | 0                               |
| Unknown*   | 0                               |

### \*Target Population - Gender

NA

## Income Level

|   | Percent of program participants |
|---|---------------------------------|
| Extremely Low-Income Limits, ceiling of \$32,100  |                                 |
| Very Low (50%) Income Limits, ceiling of \$53,500 |                                 |
| Low (80%) Income Limits, ceiling of \$85,600      | 100                             |
| Higher Than Listed Limits                         |                                 |
| We do not collect this data (indicate with 100%)* |                                 |

### \*Target Population - Income Level

As 100% of our patients are elderly, and/or severely disabled, then they fall within the HUD presumed group of Low Moderate Income Clientele. Our hospice patients' date of births are confirmed with Medicare or other forms of insurance or identification. Further, all of our patients have been certified by a medical doctor that they have a terminal illness with 6 months or less to live. However, since our clientele (patients) are all HUD presumed of Low Moderate Income, we do not collect financial information from them.

Income level may not be known for the Caregiver and Bereavement Support/Education groups but we may assume that attending a free community support group would lend itself to lower/moderate income.

### Projected number of residents that will directly benefit (participant/client) from this program.

60

## Social Determinants of Health (SDOH)

### Program/Services Description - Social Determinants of Health

Healthcare Access & Quality (Access to Health Care, Access to Primary Care, Health Literacy)

### Program/Services Description - FRHD Community Needs Assessment

Health (Diabetes - prevention, management)

Mental Health (Social Support - Youth or Families)

Health (Age Related Deficits)

### Statement of Need/Problem

Our compassionate end of life care, regardless of insurance status or ability to pay; as well as community support/education groups for caregivers and the bereaved, will fulfil both health and mental health Social Determinants of Health.

According to health.gov, (<https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>) Many people in the US don't get the health care services they need. About 1 in 10 people in the US don't have health insurance.

According to Enclara Pharmacia's blog post (<https://enclapharmacia.com/hospices-social-determinants-of-health>), our medication delivery vendor: Low income patients face unique challenges to accessing hospice, particularly when it comes to care in the home. "For many Americans, the impact of poor access to healthcare extends to the end of life. These patients may be less likely to receive end-of-life counseling from providers. They may also lack trust in the healthcare system as a whole and be less comfortable electing hospice. Hospices with a strong connection to the communities they serve are more likely to reach these patients."

According to Bereavement in adult life published in the peer-reviewed journal: The BMJ, it was found that: "After a major loss, such as the death of a spouse or child, up to a third of the people most directly affected will suffer detrimental effects on their physical or mental health, or both. Such bereavements increase the risk of death from heart disease and suicide as well as causing or contributing to a variety of psychosomatic and psychiatric disorders. About a quarter of widows and widowers will experience clinical depression and anxiety during the first year of bereavement; the risk drops to about 17% by the end of the first year and continues to decline thereafter". It was also found that, "31% of 71 patients admitted to a psychiatric unit for the elderly had recently been bereaved."

### **Statement of Need/Problem - Others**

According to web based research, there are many other hospices that serve the Fallbrook area, however, with Hospice of the Valleys being a non profit, we can serve those in the Fallbrook area, while never charging our patients and families, regardless of their ability to pay. We will never turn away hospice eligible patients based solely on their insurance benefits, lack of insurance, or underinsurance. Hospice of the Valleys is unique in the services we provide, which is over and above what is mandated by Medicare. We provide a plethora of services and care that give our patients comfort and compassion, in wherever it is they call home. Further, our services extend to patient families in forms of support/education groups, grief/bereavement care, twice annual memorials, hospice hearts, and resources.

### **Program/Services Description - Program Entry**

Hospice care should be considered when a patient has a life-limiting illness that is progressing despite standard treatments. Hospice care focuses on caring, not curing. Hospice of the Valleys utilizes an interdisciplinary team of healthcare professionals and trained volunteers that address symptom control, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Hospice is a unique type of care for those approaching the end of life. This concept of care focuses upon relieving pain, providing comfort, and increasing the quality of life of our patients. Hospice of the Valleys focuses on the treatment of the whole person – body, mind, and spirit. Patients and their families will receive the support of a competent team of hospice professionals who will work with them to meet their needs and honor their wishes. Patients/families have the right to choose their own hospice provider. In order to receive hospice care, a doctor and the hospice medical director must first certify that the patient is terminally ill and has 6 months or less to live. According to Medicare, once a patient has qualified for hospice care, they are free to choose any qualified agency offering hospice services. When a Fallbrook area patient is certified by their doctor that they are hospice eligible, a simple call to Hospice of the Valleys is all they will need to do; our admissions team will handle the rest.

Further, we will be spreading the word about our support/education groups through FRHD and elsewhere.

## **Program/Services Description - Program Activities**

The Fallbrook Community Support Program will provide compassionate hospice care to terminally ill patients and support to their families in the Fallbrook area. The Program pays for the direct cost of hospice care for senior citizens and the severely disabled. Direct hospice care includes, but is not limited to, personal visits by physicians, nurses, home health aides, social workers, and spiritual care advisors; the provision of durable medical equipment, medical supplies, medication delivery, and bereavement support services. Our services are extended to our patients and their families while the patient is living and up to at least 13 months after death. After the patient passes, caregivers receive bereavement support that includes phone calls and/ or personal visits by a bereavement counselor or chaplain, access to grief support groups, bereavement books and mailings, as well as memorial services of remembrance twice per year. Hospice of the Valleys does not believe in adding to the burden of patients or their families by asking for reimbursements or co-pays that are not covered by insurance. For example, Medicare does not cover a \$7.00 co-pay for each medication that each of our patients are prescribed; however, Hospice of the Valleys takes care of that cost and does not pass the co-pay on to our patients. During times when end of life is imminent, we do not want our patients and their families to incur yet another expense. Our goal is to ensure no one is turned away or provided with limited hospice care simply due to their inability to pay. Fallbrook Regional Health District funds will be used towards patient care and costs not covered by Medicare or other insurances. This includes, but is not limited to, provisions such as medication delivery services, incontinence supplies, overbed tables, medication copays, and mobile shower equipment, just to name a few. One recent email from one of our nurses regarding a patient who did not qualify for Medicare or hospice benefits through insurance wrote: "I just want to thank you guys for accepting our patient today for charity. I know this is what we do, but I AM SO THANKFUL that we do. I'm honored by the work we do, especially in these situations. This patient REALLY needed us. She and her husband were both crying, they were making me cry too. They said "You guys have been such a blessing and a breath of fresh air. You have done more for us in an hour than the hospital did in a week!" They thanked us for our kindness and quickness to get her admitted. We talked about wishing we could hug each other! It was really touching."

Our program will also include Caregiver and Bereavement Support Groups/Education Series with topics such as:

- Acknowledge caregiving responsibilities and readiness to be a caregiver
- Understanding of basic home health care management of both self and care-recipient
- Activities of Daily Living (ADLs)- Meal prep, bathing, sleep hygiene, driving/transportation challenges
- Self-Care/Burnout
- Behavior management/communication
- Communication with health care providers
- End of life planning/placement
- Physical and Psychological Self-Care of caregiver (or bereaved)

## **Program Goal #1**

Provide compassionate hospice care, free of charge, to terminally ill patients in the Fallbrook area. Further to provide support and education to caregivers of the terminally ill, as well as bereavement support to family members whom have lost a loved one.

Hospice of the Valleys' goal to provide our compassionate hospice care to 25 patients/clients. And an additional 25 clients that will benefit from our two (2) six-week caregiver support/education series (8-10 clients per session); and our two (2) six-week bereavement support groups (up to 5-8 clients per session). With the permission of Fallbrook Regional Health District, we hope to hold these groups in-person the the Wellness Center. Due to COVID, we have been unable to hold in-person support groups in 2020 and 2021, however, we are so excited to start holding in person groups and utilize the beautiful new Wellness Center to benefit Fallbrook area residents.

### Program Objectives - Goal #1

Our first objective to our goal is to pay for the direct cost of hospice care to 25 senior citizens and/or the severely disabled residents of Fallbrook. Direct hospice care includes, but is not limited to, personal visits by physicians, nurses, home health aides, social workers, and spiritual care advisors; the provision of durable medical equipment, medical supplies, and medication deliveries.

Our second objective is to conduct two- six week sessions of caregiver support/education series with 8-10 participants each session (16-20 participants in all). And two- six week sessions of bereavement support groups with 5-8 participants each session (10-16 participants in all).

### Program Outcomes/Measurables - Goal & Objectives #1

We are able to measure success with out non-Medicare covered expenses by showing patient days on service, patient prescriptions where Hospice of the Valleys covered the \$7 copays, as well as the number of Hospice Hearts each family requests and receives. We will give quarterly reports on patient numbers and the non-Medicare covered services that we provide. Below is a snapshot from calendar year 2021 that we will do the same breakdown and submission for fiscal year 2022-2023. Adding up the number of days patients were on our service in Fallbrook, in 2021 and that number is= 1,661 days. Additionally our uncovered services are as follows: For full-electric beds at \$0.90 daily rate x 1,661 = \$1,494.90. For incontinence supplies at \$0.77 daily rate x 1,661 = \$1,278.97. For over the bed tables at \$.86 daily rate x 1,661 = \$1,428.46 For an average of say 10 Hospice Hearts per patient/family (21) at \$6.00 each = \$1,260. For medication co-pays, there were 425 medications in all that went to our Fallbrook patients in 2021. 425 + \$7 = \$2,975. So, our unreimbursed expenses for the 22 patients/families in Fallbrook in 2021 was \$8,437.33. Additionally, although the amount is not easy to estimate as its spent as needed, we cover all costs for patients without insurance or if their insurance simply is not enough. Further, for the support/education groups we will be able to survey the participants after the program to understand how the program helped and get feedback on topics.

## Anticipated Acknowledgment

### Anticipated Acknowledgment

Social Media Postings

Print Materials to Service Recipients

Website Display

Other

### Anticipated Acknowledgment

- 1200+ circulation email newsletter

- Website (new and improved site went live on 2/14/22)
- Literature passed out at support groups
- Instagram and Facebook



## FRHD CHC GRANT BUDGET INSTRUCTIONS

This file has a number of pre-formatted pages. Those sections for auto calculations and set formats are shaded in grey and should not be altered. Please keep a copy of this document as it will be used as part of the grant reporting process

There are five tabs to this file:

- 1 Instructions
- 2 Program Budget Form
- 3 Revenue Sources
- 4 Budget Narrative
- 5 Budget Reporting Form

### 1 Instructions:

- > All Yellow sections are to be filled out by the applicant. Grey sections will auto calculate and should not be edited by the applicant. All pages are formatted to print portrait, on 1

### 2 Program Budget Form:

- > PROGRAM COST: This section should reflect the true and total costs of the program.

APPLYING ORGANIZATION: This is the applicant agency's investment in their program.

- > This is the value of the resources the agency will contribute to the program's cost. These may include funds from fundraising events, private donors, in-kind goods and services, and volunteer efforts.

- > OTHER FUNDERS: These are funds or resources provided from contracts, grants and partnerships that are used to support the program's operations.

- > REQUESTED FROM FRHD: This is the funding request you are putting forward to the District.

- > The line item names may not fully align with your budget. Please edit those items to align with your budget. Explain those items on your Budget Narrative Form as necessary.

#### A INDIRECT EXPENSES:

This section is for expenses that are part of indirect operations of the program, necessary which may not be part of the direct service provision expenses (Administration, facility expenses, general liability ins., etc.). Please refer back to the training materials for clarification of these expenses. The District will not consider funding more than 25% of these expenses

#### B PERSONNEL EXPENSES - PROGRAM SPECIFIC:

As stated, this section is for staffing expenses that are directly related to the provision of the services/program. Please list each position title separately, unless there are multiple of the same title then use (x3) as an indicator. For example, if funding salaries for four separate Drivers, you would indicate as, Driver (x4) and the expense amount would be the cost of all four Drivers. Please include a single line items for general staffing expenses such as personnel expenses (Payroll taxes, WC, etc). Benefits (health, retirement, etc) should be listed on a separate line.

C DIRECT PROGRAM EXPENSES:

This section is for supplies, items and or specific expenses related to the provision of the services/program. This may include phone, rent, prining, program related insurance (e.g., vehicle), trainings and cetifications.

**3 Revenue Sources**

Please list all sources of revenue the agency recieves by category. This Form has two > sections, one for Agency Funding and one for Project Funding. Please fill out both sides of the table. Amounts do not need to be exact; however, we ask for best estimates.

**4 Budget Narrative**

There are headers that align with the Budget Form. These items should be explained (narrative) if they are unusual or have a specific project impact. Explanations regarding > utliity expenses are generally understood, but expenses relating to trianing or for a specilayty insurance could be expressed here.

**5 Budget Reporting Form**

This form will be used for those grantees who are awarded contracts. This form would be > submitted with the quarterly Impact Report and should demonstrate that funds were allocated according to the submitted proposal budget.

**FRHD CHC GRANT BUDGET FORM**

|              |                               |               |                                    |
|--------------|-------------------------------|---------------|------------------------------------|
| Agency Name: | <b>Hospice of the Valleys</b> | PROGRAM NAME: | <b>Fallbrook Community Support</b> |
|--------------|-------------------------------|---------------|------------------------------------|

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

| 1) A                          | INDIRECT EXPENSES:                        | PROGRAM COST     | APPLYING ORGANIZATION | OTHER FUNDERS    | REQUESTED FROM FRHD |
|-------------------------------|---|------------------|-----------------------|------------------|---------------------|
| A1                            | Administrative Support                    | 57,844.80        |                       | 56,658.24        | 1,186.56            |
| A2                            | General Insurance (not program specific ) |                  |                       |                  |                     |
| A3                            | Accounting & audit expenses               |                  |                       |                  |                     |
| A4                            | Consultant/Contractor Fees                |                  |                       |                  |                     |
| A5                            | Physical Assets (Rent, Facility Costs)    |                  |                       |                  |                     |
| A6                            | Utilities                                 |                  |                       |                  |                     |
| A7                            | IT & Internet                             |                  |                       |                  |                     |
| A8                            | Marketing & Communications                |                  |                       |                  |                     |
| A9                            | Office Supplies                           |                  |                       |                  |                     |
| A10                           | Training & Education                      |                  |                       |                  |                     |
| A11                           | Other: specify                            |                  |                       |                  |                     |
| <b>TOTAL INDIRECT EXPENSE</b> |   | <b>57,844.80</b> | <b>-</b>              | <b>56,658.24</b> | <b>1,186.56</b>     |

| B                              | PERSONNEL EXPENSES - PROGRAM SPECIFIC | PROGRAM COST     | APPLYING ORGANIZATION | OTHER FUNDERS    | REQUESTED FROM FRHD |
|--------------------------------|---------------------------------------|------------------|-----------------------|------------------|---------------------|
| B1                             | Development Coordinator               | 1,170.00         |                       | -                | 1,170.00            |
| B2                             | Director of Development               | 1,762.56         |                       | -                | 1,762.56            |
| B3                             | Executive Medical Director            | 691.50           |                       | -                | 691.50              |
| B4                             | Bereavement Caregiver                 | 2,160.00         |                       | 864.00           | 1,296.00            |
| B5                             | Bereavement Staff                     | 3,325.00         |                       | 3,109.00         | 216.00              |
| B5                             | Bereavement Coordinator               | 2,150.00         |                       | 2,010.14         | 139.86              |
| B5                             | Social Worker                         | 2,550.00         |                       | 2,384.98         | 165.02              |
| B5                             | Development Coordinator               | 2,400.00         |                       | 2,244.00         | 156.00              |
| B5                             | Director of Development               | 3,275.00         |                       | 3,079.16         | 195.84              |
| B6                             | Volunteer Manager                     | 1,775.00         |                       | 1,659.80         | 115.20              |
| B7                             | Other: specify                        |                  |                       |                  |                     |
| <b>TOTAL PERSONNEL EXPENSE</b> |                                       | <b>21,259.06</b> | <b>-</b>              | <b>15,351.08</b> | <b>5,907.98</b>     |

| C                           | DIRECT PROGRAM EXPENSES | PROGRAM COST      | APPLYING ORGANIZATION | OTHER FUNDERS    | REQUESTED FROM FRHD |
|-----------------------------|-------------------------|-------------------|-----------------------|------------------|---------------------|
| C1                          | Supplies/Refreshments   | 1,765.00          |                       |                  | 1,765.00            |
| C2                          | Travel/Mileage          | 547.56            |                       |                  | 547.56              |
| C3                          | Medication              | 46,000.00         | 24,000.00             | 19,025.00        | 2,975.00            |
| C4                          | Full Electric Beds      | 23,000.00         | 11,500.00             | 10,005.10        | 1,494.90            |
| C5                          | Incontinence Supplies   | 20,000.00         | 9,000.00              | 9,721.03         | 1,278.97            |
| C6                          | Overbed Tables          | 22,000.00         | 11,000.00             | 9,571.54         | 1,428.46            |
| C7                          | Hospice Hearts          | 19,500.00         | 10,000.00             | 8,240.00         | 1,260.00            |
| C8                          |                         |                   |                       |                  |                     |
| C9                          |                         |                   |                       |                  |                     |
| C10                         |                         |                   |                       |                  |                     |
| C11                         |                         |                   |                       |                  |                     |
| C12                         |                         |                   |                       |                  |                     |
| C13                         |                         |                   |                       |                  |                     |
| C14                         |                         |                   |                       |                  |                     |
| C15                         |                         |                   |                       |                  |                     |
| <b>TOTAL OTHER EXPENSES</b> |                         | <b>132,812.56</b> | <b>65,500.00</b>      | <b>56,562.67</b> | <b>10,749.89</b>    |

| D | TOTAL ALL EXPENSES | PROGRAM COST         | % REQUESTED FROM FRHD |
|---|--------------------|----------------------|-----------------------|
|   |                    | <b>\$ 211,916.42</b> | <b>8%</b>             |

**2) FUNDING SOURCES**

| E                            | FUNDS FOR PROGRAM     |                      |
|------------------------------|-----------------------|----------------------|
| E1                           | APPLYING ORGANIZATION | X 65,500.00          |
| E2                           | OTHER FUNDERS         | Y 128,571.99         |
| E3                           | REQUESTED FROM FRHD   | Z 17,844.43          |
| <b>TOTAL FUNDING SOURCES</b> |                       | <b>\$ 211,916.42</b> |

NOTE: THIS AMOUNT SHOULD BE EQUAL TO YOUR PROJECT COST.

**3) % OF AGENCY BUDGET**

| F | CALCULATE % of Total Agency budget that this Program represents. | AGENCY BUDGET**        | PROGRAM COST         | % of AGENCY BUDGET |
|---|--|------------------------|----------------------|--------------------|
|   |  | <b>\$ 6,150,000.00</b> | <b>\$ 211,916.42</b> | <b>3%</b>          |

\*\* Agency budget is your agency's entire budget for the year. Fill in the amount.

|  |                                    |
|--|------------------------------------|
| <b>Agency Name:</b>                                    | <b>Hospice of the Valleys</b>      |
| <b>Program Name:</b>                                   | <b>Fallbrook Community Support</b> |
| <b>Total Organization Budget (Current Fiscal Year)</b> | <b>\$ 6,150,000.00</b>             |
| <b>Total Project Budget (Current Fiscal Year)</b>      | <b>\$ 211,916.42</b>               |

**Organization Sources of Revenue**  
*(Total Organization Budget)*

**Sources of Funding**  
*(This Project Request)*

| Source of funds            | \$ Amount             | Percent of Total | One-time funding? (Yes/No) | \$ Amount           | Percent of Total | One-time funding? (Yes/No) |
|----------------------------|-----------------------|------------------|----------------------------|---------------------|------------------|----------------------------|
| Federal                    | 5,200,000             | 90.43%           | No                         |                     | 0.00%            |                            |
| State                      | 100,000               | 1.74%            | No                         |                     | 0.00%            |                            |
| City/County*               | 27,271                | 0.47%            | Yes                        | 27,271              | 8.94%            | Yes                        |
| Other Govt.                |                       | 0.00%            |                            |                     | 0.00%            |                            |
| Proposed FRHD              | 17,844                | 0.31%            | Yes                        | 17,844              | 5.85%            | Yes                        |
| Fees for Service           |                       | 0.00%            |                            |                     | 0.00%            |                            |
| Grants (non-gov't)         |                       | 0.00%            |                            |                     | 0.00%            |                            |
| General Donations          | 145,500               | 2.53%            | Yes                        | 145,500             | 47.69%           | Yes                        |
| Other Internal             |                       |                  |                            |                     |                  |                            |
| Organizational Fundraising | 114,500               | 1.99%            | Yes                        | 114,500             | 37.53%           | Yes                        |
| Other (list):              |                       | 0.00%            |                            |                     | 0.00%            |                            |
| Commercial Insurance       | 145,000               | 2.52%            | No                         |                     | 0.00%            |                            |
|                            |                       | 0.00%            |                            |                     | 0.00%            |                            |
|                            |                       | 0.00%            |                            |                     | 0.00%            |                            |
|                            |                       | 0.00%            |                            |                     | 0.00%            |                            |
|                            |                       | 0.00%            |                            |                     | 0.00%            |                            |
| <b>Total</b>               | <b>\$5,750,115.43</b> | <b>100.00%</b>   |                            | <b>\$305,115.43</b> | <b>100%</b>      |                            |

\* City/County

If the organization currently receives funding from any Cities or Counties, please list the jurisdiction and contract amount below.

City of Menifee CDBG \$15,000; City of Temecula \$5,000; City of Temecula CDBG \$7,271



**FRHD CHC GRANT BUDGET REPORTING FORM**

Agency Name: **Hospice of the Valleys** PROGRAM NAME: **Fallbrook Community Support**

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

| 1) | A      | INDIRECT EXPENSES:                       | PROGRAM COST        | REQUESTED FROM FRHD | AMOUNT USED Q1 | AMOUNT USED Q2 | AMOUNT USED Q3 | AMOUNT USED Q4 |
|----|--------|--|---------------------|---------------------|----------------|----------------|----------------|----------------|
|    | A1     | Administrative Support                   | \$ 57,844.80        | \$ 1,186.56         |                |                |                |                |
|    | A2     | General Insurance (not program specific) | \$ -                | \$ -                |                |                |                |                |
|    | A3     | Accounting & audit expenses              | \$ -                | \$ -                |                |                |                |                |
|    | A4     | Consultant/Contractor Fees               | \$ -                | \$ -                |                |                |                |                |
|    | A5     | Physical Assets (Rent, Facility Costs)   | \$ -                | \$ -                |                |                |                |                |
|    | A6     | Utilities                                | \$ -                | \$ -                |                |                |                |                |
|    | A7     | IT & Internet                            | \$ -                | \$ -                |                |                |                |                |
|    | A8     | Marketing & Communications               | \$ -                | \$ -                |                |                |                |                |
|    | A9     | Office Supplies                          | \$ -                | \$ -                |                |                |                |                |
|    | A10    | Training & Education                     | \$ -                | \$ -                |                |                |                |                |
|    | A11    | Other: specify                           | \$ -                | \$ -                |                |                |                |                |
|    |        | <b>TOTAL INDIRECT EXPENSE</b>            | <b>\$57,844.80</b>  | <b>\$1,186.56</b>   | <b>\$0.00</b>  | <b>\$0.00</b>  | <b>\$0.00</b>  | <b>\$0.00</b>  |
|    | B      | PERSONNEL EXPENSES - PROGRAM SPECIFIC    | PROGRAM COST        | REQUESTED FROM FRHD | AMOUNT USED Q1 | AMOUNT USED Q2 | AMOUNT USED Q3 | AMOUNT USED Q4 |
|    | B1     | Development Coordinator                  | \$ 1,170.00         | \$ 1,170.00         |                |                |                |                |
|    | B2     | Director of Development                  | \$ 1,762.56         | \$ 1,762.56         |                |                |                |                |
|    | B3     | Executive Medical Director               | \$ 691.50           | \$ 691.50           |                |                |                |                |
|    | B4     | Bereavement Caregiver                    | \$ 2,160.00         | \$ 1,296.00         |                |                |                |                |
|    | B5     | Bereavement Staff                        | \$ 3,325.00         | \$ 216.00           |                |                |                |                |
|    | B5     | Bereavement Coordinator                  | \$ 2,150.00         | \$ 139.86           |                |                |                |                |
|    | B5     | Social Worker                            | \$ 2,550.00         | \$ 165.02           |                |                |                |                |
|    | B5     | Development Coordinator                  | \$ 2,400.00         | \$ 156.00           |                |                |                |                |
|    | B5     | Director of Development                  | \$ 3,275.00         | \$ 195.84           |                |                |                |                |
|    | B5     | Volunteer Manager                        | \$ 1,775.00         | \$ 115.20           |                |                |                |                |
|    | B7     | Other: specify                           | \$ -                | \$ -                |                |                |                |                |
|    |        | <b>TOTAL PERSONNEL EXPENSE</b>           | <b>\$21,259.06</b>  | <b>\$5,907.98</b>   | <b>\$0.00</b>  | <b>\$0.00</b>  | <b>\$0.00</b>  | <b>\$0.00</b>  |
|    | C      | DIRECT PROGRAM EXPENSES                  | PROGRAM COST        | REQUESTED FROM FRHD | AMOUNT USED Q1 | AMOUNT USED Q2 | AMOUNT USED Q3 | AMOUNT USED Q4 |
|    | C1     | Supplies/Refreshments                    | \$ 1,765.00         | \$ 1,765.00         |                |                |                |                |
|    | C2     | Travel/Mileage                           | \$ 547.56           | \$ 547.56           |                |                |                |                |
|    | C3     | Medication                               | \$ 46,000.00        | \$ 2,975.00         |                |                |                |                |
|    | C4     | Full Electric Beds                       | \$ 23,000.00        | \$ 1,494.90         |                |                |                |                |
|    | C5     | Incontinence Supplies                    | \$ 20,000.00        | \$ 1,278.97         |                |                |                |                |
|    | C6     | Overbed Tables                           | \$ 22,000.00        | \$ 1,428.46         |                |                |                |                |
|    | C7     | Hospice Hearts                           | \$ 19,500.00        | \$ 1,260.00         |                |                |                |                |
|    | C8     | 0  | \$ -                | \$ -                |                |                |                |                |
|    | C9     | 0  | \$ -                | \$ -                |                |                |                |                |
|    | C10    | 0  | \$ -                | \$ -                |                |                |                |                |
|    | C11    | 0  | \$ -                | \$ -                |                |                |                |                |
|    | C12    | 0  | \$ -                | \$ -                |                |                |                |                |
|    | C13    | 0  | \$ -                | \$ -                |                |                |                |                |
|    | C14    | 0  | \$ -                | \$ -                |                |                |                |                |
|    | C15    | 0  | \$ -                | \$ -                |                |                |                |                |
|    |        | <b>TOTAL OTHER EXPENSES</b>              | <b>\$132,812.56</b> | <b>\$10,749.89</b>  | <b>\$0.00</b>  | <b>\$0.00</b>  | <b>\$0.00</b>  | <b>\$0.00</b>  |
|    |        |  | <b>W</b>            | <b>Z</b>            |                |                |                |                |
| D  | TOTALS | PROGRAM COST                             | FRHD Funds Expended |                     |                |                |                |                |
|    |        | <b>\$211,916.42</b>                      | <b>\$0.00</b>       |                     |                |                |                |                |

| Name                               | Date     | Amount Requested | Awarded      | Declined | Pending |
|------------------------------------|----------|------------------|--------------|----------|---------|
| City of Menifee CDBG               | FY 22-23 | \$ 15,000.00     |              | -        | Yes     |
| City of Menifee CDBG               | FY 21-22 | \$ 10,000.00     | \$ 10,000.00 | -        |         |
| City of Murrieta CDBG              | FY 21-22 | \$ 10,000.00     | \$ 10,000.00 | -        |         |
| City of Temecula                   | FY 21-22 | \$ 5,000.00      | \$ 5,000.00  | -        | -       |
| City of Temecula CDBG              | FY 22-23 | \$ 8,000.00      | \$ 7,271.00  | -        | -       |
| San Manuel Band of Mission Indians | 2021     | \$ 5,000.00      | \$ 5,000.00  | -        | -       |
| San Manuel Band of Mission Indians | 2022     | \$ 5,000.00      |              |          | Yes     |

|  |
|--|
| Details  |
| Just for City of Menifee residents- whom qualify for CDBG  |
| Just for City of Menifee residents- whom qualify for CDBG  |
| Just for City of Murrieta residents- whom qualify for CDBG |
| Just for City of Temecula residents                        |
| Just for City of Temecula residents- whom qualify for CDBG |
| Bereavement Program  |
| Bereavement Program  |





Hospice of the Valleys

BOARD ROSTER  
Updated 1/11/2022

|  |  |
|--|--|
| <p><b>Mark Lobb – President</b><br/>Lobb &amp; Cliff, LLP<br/>1 Ridgeway Drive, Suite 205<br/>Temecula, CA 92590<br/>951-600-1007<br/>951-347-6998 cell<br/><a href="mailto:mlobb@lobbplewe.com">mlobb@lobbplewe.com</a></p>                   | <p><b>Anthony “Chris” Christopher – Vice President</b><br/>29926 Lamprey Street<br/>Menifee, CA 92586<br/>(951) 850-7092 cell<br/><a href="mailto:achris_2010@yahoo.com">achris_2010@yahoo.com</a></p>   |
| <p><b>Carlos “Tony” Caceres – Treasurer</b><br/>33358 Eastridge Place<br/>Temecula, CA 92592<br/>951-302-1525 home<br/>760-445-0744 cell<br/><a href="mailto:tonycaceres@live.com">tonycaceres@live.com</a></p>                                | <p><b>Catherine Pepe - Secretary</b><br/>Senior Development Officer<br/>LLUMC Murrieta<br/>28062 Baxter Rd<br/>Murrieta, CA. 92563<br/>Cell 951 295-4150<br/><a href="mailto:CDemuth@llu.edu">CDemuth@llu.edu</a></p>  |
| <p><b>Dr. John Byrne</b><br/>35800 Red Leaf Lane<br/>Murrieta, CA 92562<br/>909-229-8531 cell<br/>951-696-0491 home<br/><a href="mailto:jmbyrne0515@gmail.com">jmbyrne0515@gmail.com</a></p>   | <p><b>Rob Crisell</b><br/>33780 Linda Rosea Road,<br/>Temecula, CA 92592<br/>951-551-5338 Cell<br/><a href="mailto:robcrisell@yahoo.com">robcrisell@yahoo.com</a></p>  |
| <p><b>Dianna Juengst Hunt</b><br/>24977 Washington Avenue<br/>P.O. Box 1162 (for mailing only)<br/>MURRIETA, CA 92564<br/>951-296-1750 office<br/>951-347-7670 cell<br/><a href="mailto:juengstlaw@verizon.net">juengstlaw@verizon.net</a></p> | <p><b>Tate Parker</b><br/>Nothing Bundt Cakes, Owner<br/>31614 Sebastiani Circle<br/>Temecula, CA 92591<br/>951-676-5284 or 951-676-4499 work<br/>702-682-7028 cell<br/><a href="http://temecula@nothingbundtcakes.com">temecula@nothingbundtcakes.com</a></p> |
| <p><b>Gillian Larson</b><br/>41893 Niblick Rd,<br/>Temecula, CA 92591<br/><br/>781-962-8234 cell<br/><a href="mailto:gillian@realityrally.com">gillian@realityrally.com</a></p>  |  |

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

# 2020

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2020** calendar year, or tax year beginning , **2020**, and ending , **20**

|  |   |  |   |
|--|---|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b><br>HOSPICE OF THE VALLEYS SC, INC.<br>25240 HANCOCK AVE, STE 120<br>MURRIETA, CA 92562 | <b>D</b> Employer identification number<br>95-3846314  | <b>E</b> Telephone number<br>951-200-7800   |
| <b>F</b> Name and address of principal officer: <b>LYNETTE CVAR</b><br>Same As C Above   |   | <b>G</b> Gross receipts \$ <b>6,297,743.</b><br><b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>If "No," attach a list. See instructions</small> |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | <b>J</b> Website: ▶ <b>WWW.HOSPICEOFTHEVALLEYS.ORG</b>   |   |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L</b> Year of formation: <b>1983</b>  | <b>M</b> State of legal domicile: <b>CA</b> |

### Part I Summary

|            |   |            |                                  |                     |
|------------|---|------------|----------------------------------|---------------------|
| <b>1</b>   | Briefly describe the organization's mission or most significant activities: <u>We foster reverence for life, relief of suffering, and compassion in loss for the terminally ill residents and their families in the communities we serve.</u> |            |                                  |                     |
| <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |            |                                  |                     |
| <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) .....   | <b>3</b>   |                                  | 9                   |
| <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) .....   | <b>4</b>   |                                  | 9                   |
| <b>5</b>   | Total number of individuals employed in calendar year 2020 (Part V, line 2a) .....  | <b>5</b>   |                                  | 64                  |
| <b>6</b>   | Total number of volunteers (estimate if necessary) .....  | <b>6</b>   |                                  | 52                  |
| <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12 .....  | <b>7a</b>  |                                  | 0.                  |
| <b>7b</b>  | Net unrelated business taxable income from Form 990-T, Part I, line 11 .....  | <b>7b</b>  |                                  | 0.                  |
| <b>8</b>   | Contributions and grants (Part VIII, line 1h) .....   | <b>8</b>   | <b>Prior Year</b>                | <b>Current Year</b> |
| <b>9</b>   | Program service revenue (Part VIII, line 2g) .....  | <b>9</b>   | 66,351.                          | 531,200.            |
| <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....   | <b>10</b>  | 5,861,297.                       | 5,704,345.          |
| <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....  | <b>11</b>  | 14,323.                          | 16,311.             |
| <b>12</b>  | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....  | <b>12</b>  | 107,795.                         | 42,952.             |
| <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....  | <b>13</b>  | 6,049,766.                       | 6,294,808.          |
| <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) .....   | <b>14</b>  |                                  |                     |
| <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....   | <b>15</b>  | 3,857,048.                       | 4,306,846.          |
| <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e) .....   | <b>16a</b> |                                  |                     |
| <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>113,477.</u>   | <b>b</b>   |                                  |                     |
| <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....  | <b>17</b>  | 1,783,463.                       | 1,875,617.          |
| <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....   | <b>18</b>  | 5,640,511.                       | 6,182,463.          |
| <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12 .....  | <b>19</b>  | 409,255.                         | 112,345.            |
| <b>20</b>  | Total assets (Part X, line 16) .....  | <b>20</b>  | <b>Beginning of Current Year</b> | <b>End of Year</b>  |
| <b>21</b>  | Total liabilities (Part X, line 26) .....   | <b>21</b>  | 2,820,982.                       | 2,899,185.          |
| <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20 .....  | <b>22</b>  | 363,380.                         | 320,322.            |
| <b>22</b>  |   | <b>22</b>  | 2,457,602.                       | 2,578,863.          |

### Part II Signature Block

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.

|                               |   |  |                                |   |
|-------------------------------|---|--|--------------------------------|---|
| <b>Sign Here</b>              | Signature of officer<br><u>LYNETTE CVAR</u><br><small>Type or print name and title</small>                                    | Date<br><u>CAO/CFO</u>                             |                                |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><u>Paul J Kaymark, CPA</u>  | Preparer's signature<br><u>Paul J Kaymark, CPA</u> | Date<br>                       | Check <input type="checkbox"/> if self-employed <input type="checkbox"/> PTIN<br><u>P01873961</u> |
|                               | Firm's name<br>Firm's address<br><u>NIGRO &amp; NIGRO PC</u><br><u>25220 Hancock Ave Ste 400</u><br><u>MURRIETA, CA 92562</u> |  | Firm's EIN ▶ <u>30-0636241</u> | Phone no. <u>(951) 698-8783</u>   |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

We foster reverence for life, relief of suffering, and compassion in loss for the terminally ill residents and their families in the communities we serve.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

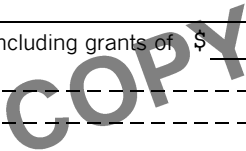
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,310,619. including grants of \$ ) (Revenue \$ 5,704,345.)

Since 1977, Hospice of the Valleys has been a community based nonprofit organization, dedicated to providing exceptional hospice care to the residents and their families in the communities of Southwest Riverside County and Fallbrook. The dedicated team of physicians, nurses, social workers, home health aides, chaplains, bereavement counselors, and volunteers, guided by providing compassion and excellence, strive to provide the best patient-centered end of life care for all, regardless of their inability to pay. Each year, Hospice of the Valleys provides hospice and bereavement support to approximately 400 patients and their families.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )



4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 5,310,619.

**Part IV Checklist of Required Schedules**

|   | Yes | No |
|---|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i> .....   | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?.....   | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i> .....  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i> .....   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i> .....   |     | X  |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i> .....  |     | X  |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i> .....  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i> .....   |     | X  |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i> .....            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i> .....   |     | X  |
| 11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i> .....   | X   |    |
| b Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i> .....  |     | X  |
| c Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i> .....  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i> .....   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i> .....   | X   |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i> .....  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI and XII.</i> .....  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> .....   |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i> .....  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?.....  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i> ..... |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i> .....   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i> .....   |     | X  |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I</i> See instructions.....  |     | X  |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i> .....   | X   |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i> .....   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H.</i> .....   |     | X  |
| b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?.....   |     |    |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i> .....  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|  | Yes | No |
|--|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>  |     | X  |
| <b>23</b> Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>   |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>  |     | X  |
| <b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |     |    |
| <b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |     |    |
| <b>24d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?   |     |    |
| <b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>   |     | X  |
| <b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>   |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II.</i>   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i> |     | X  |
| <b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):   |     |    |
| <b>28a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If 'Yes,' complete Schedule L, Part IV.</i>  |     | X  |
| <b>28b</b> A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV.</i>   |     | X  |
| <b>28c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If 'Yes,' complete Schedule L, Part IV.</i>   |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |     | X  |
| <b>35b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>   |     |    |
| <b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>  |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?<br><b>Note:</b> All Form 990 filers are required to complete Schedule O.  | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

|   | Yes | No |
|---|-----|----|
| <b>1 a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  |     |    |
| <b>1 b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   |     |    |
| <b>1 c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X   |    |

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|  |  | Yes | No |
|--|--|-----|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . . <b>2a</b> 64  |     |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>2b</b>   | X   |    |
| <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) |  |     |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . <b>3a</b>  |     | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O. . . . . <b>3b</b>   |     |    |
| <b>4a</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)? . . . . . <b>4a</b> |     | X  |
| <b>b</b>   | If 'Yes,' enter the name of the foreign country ▶<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . <b>5a</b>  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . <b>5b</b>   |     | X  |
| <b>c</b>   | If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . . <b>5c</b>   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . <b>6a</b>                                    |     | X  |
| <b>b</b>   | If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . <b>6b</b>  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . . <b>7a</b>  | X   |    |
| <b>b</b>   | If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . <b>7b</b>  | X   |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . . <b>7c</b>   |     | X  |
| <b>d</b>   | If 'Yes,' indicate the number of Forms 8282 filed during the year. . . . . <b>7d</b>   |     |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . . <b>7e</b>  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . <b>7f</b>   |     | X  |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . <b>7g</b>   |     |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . . <b>7h</b>   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . . <b>8</b>  |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? . . . . . <b>9a</b>   |     |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . . <b>9b</b>  |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12. . . . . <b>10a</b>   |     |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . . <b>10b</b>  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |     |    |
| <b>a</b>   | Gross income from members or shareholders. . . . . <b>11a</b>  |     |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . . <b>11b</b>  |     |    |
| <b>12a</b>   | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . . <b>12a</b>   |     |    |
| <b>b</b>   | If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . . . . <b>12b</b>  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>13a</b>  |     |    |
| <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.         |  |     |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . . <b>13b</b>  |     |    |
| <b>c</b>   | Enter the amount of reserves on hand . . . . . <b>13c</b>  |     |    |
| <b>14a</b>   | Did the organization receive any payments for indoor tanning services during the tax year? . . . . . <b>14a</b>  |     | X  |
| <b>b</b>   | If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O. . . . . <b>14b</b>  |     |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . <b>15</b>   |     | X  |
| If 'Yes,' see instructions and file Form 4720, Schedule N.   |  |     |    |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . <b>16</b>  |     | X  |
| If 'Yes,' complete Form 4720, Schedule O.  |  |     |    |

**Part VI Governance, Management, and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI.  X

**Section A. Governing Body and Management**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1 a</b> | Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 9<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>1 b</b> | Enter the number of voting members included on line 1a, above, who are independent. . . . . <b>1 b</b> 9   |     |    |
| <b>2</b>   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .  |     | X  |
| <b>3</b>   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .  |     | X  |
| <b>4</b>   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .   |     | X  |
| <b>5</b>   | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .   |     | X  |
| <b>6</b>   | Did the organization have members or stockholders? . . . . .   |     | X  |
| <b>7 a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .   |     | X  |
| <b>7 b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .  |     | X  |
| <b>8</b>   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8 a</b> | The governing body? . . . . .  | X   |    |
| <b>8 b</b> | Each committee with authority to act on behalf of the governing body? . . . . .  | X   |    |
| <b>9</b>   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. . . . .  |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|             |  | Yes | No |
|-------------|--|-----|----|
| <b>10 a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |     | X  |
| <b>10 b</b> | If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |     |    |
| <b>11 a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | X   |    |
| <b>11 b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O   |     |    |
| <b>12 a</b> | Did the organization have a written conflict of interest policy? If 'No,' go to line 13. . . . .   | X   |    |
| <b>12 b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | X   |    |
| <b>12 c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O. . . . .  | X   |    |
| <b>13</b>   | Did the organization have a written whistleblower policy? . . . . .  | X   |    |
| <b>14</b>   | Did the organization have a written document retention and destruction policy? . . . . .   | X   |    |
| <b>15</b>   | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>15 a</b> | The organization's CEO, Executive Director, or top management official. See Schedule O. . . . .  | X   |    |
| <b>15 b</b> | Other officers or key employees of the organization. See Schedule O. . . . .   | X   |    |
|             | If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).  |     |    |
| <b>16 a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |     | X  |
| <b>16 b</b> | If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ CA
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
 LYNETTE CVAR 25240 HANCOCK AVE, STE 120 MURRIETA CA 92562 951-200-7800

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) MARTA SARVER-MARTINEZ<br>ADMINISTRATOR/DIR OF NURSING | 40<br>0  |   |                       |         | X            |                              |        | 128,035.   | 0.  | 8,073.  |
| (2) LYNETTE CVAR<br>CAO/CFO                               | 40<br>0  |   |                       |         | X            |                              |        | 120,893.   | 0.  | 4,527.  |
| (3) TOM BLOOM<br>Director                                 | 2<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (4) CATHERINE PEPE<br>Director                            | 2<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (5) DIANNA JUENGST HUNT<br>DIRECTOR                       | 2<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (6) DR. JOHN BYRNE<br>President                           | 2<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (7) TATE PARKER-DONNER<br>DIRECTOR                        | 2<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) CARLOS CACERES<br>Vice President                      | 2<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (9) MARK LOBB<br>Treasurer                                | 2<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (10) ANTHONY CHRISTOPHER<br>Director                      | 2<br>0   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) CATHY OWENS<br>Secretary                             | 2<br>0   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (12)  |  |   |                       |         |              |                              |        |  |   |   |
| (13)  |  |   |                       |         |              |                              |        |  |   |   |
| (14)  |  |   |                       |         |              |                              |        |  |   |   |



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

| (A)<br>Name and title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
|                       |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee |  |   |   |
| (15) -----            |  |   |                       |         |              |                              |  |   |   |
| (16) -----            |  |   |                       |         |              |                              |  |   |   |
| (17) -----            |  |   |                       |         |              |                              |  |   |   |
| (18) -----            |  |   |                       |         |              |                              |  |   |   |
| (19) -----            |  |   |                       |         |              |                              |  |   |   |
| (20) -----            |  |   |                       |         |              |                              |  |   |   |
| (21) -----            |  |   |                       |         |              |                              |  |   |   |
| (22) -----            |  |   |                       |         |              |                              |  |   |   |
| (23) -----            |  |   |                       |         |              |                              |  |   |   |
| (24) -----            |  |   |                       |         |              |                              |  |   |   |
| (25) -----            |  |   |                       |         |              |                              |  |   |   |

COPY

|  |          |    |         |
|--|----------|----|---------|
| <b>1 b Subtotal</b> .....  | 248,928. | 0. | 12,600. |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... | 0.       | 0. | 0.      |
| <b>d Total (add lines 1b and 1c)</b> .....                           | 248,928. | 0. | 12,600. |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **2**

|   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes,' complete Schedule J for such individual.</i> ..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address                                     | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| LESLEE COCHRANE, MD, PROF CORP 25240 HANCOCK AVE, STE 120 MURRIETA,  | MEDICAL DIRECTOR               | 224,838.            |
| CROSSROADS MURRIETA BUILDING A, LLC 1320 COLUMBIA STREET, SUITE 300  | COMMERCIAL LEASING             | 151,127.            |
| HORIZON OXYGEN AND MEDICAL EQUIPMENT, INC 22911 SAVI RANCH PKWY YORB | MEDICAL SUPPLY                 | 210,964.            |
|  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **3**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |   | (A)<br>Total revenue                                  | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from tax<br>under sections<br>512-514 |            |
|--|---|---|--|---|--|------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>    | <b>1 a</b> Federated campaigns  | <b>1 a</b>  |  |   |  |            |
|  | <b>b</b> Membership dues  | <b>1 b</b>  |  |   |  |            |
|  | <b>c</b> Fundraising events   | <b>1 c</b>  |  |   |  |            |
|  | <b>d</b> Related organizations  | <b>1 d</b>  |  |   |  |            |
|  | <b>e</b> Government grants (contributions)  | <b>1 e</b> 376,465.                                   |  |   |  |            |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above                                       | <b>1 f</b> 154,735.                                   |  |   |  |            |
|  | <b>g</b> Noncash contributions included in lines 1a-1f  | <b>1 g</b>  |  |   |  |            |
|  | <b>h Total.</b> Add lines 1a-1f   |   | 531,200.   |   |  |            |
| <b>Program Service Revenue</b>                                       | <b>2 a</b> <u>PATIENT SERVICE REVENUE</u>   |   | Business Code                                      |   |  |            |
|  |   |   |  |   |  |            |
|  | <b>b</b> -----  |   |  |   |  |            |
|  | <b>c</b> -----  |   |  |   |  |            |
|  | <b>d</b> -----  |   |  |   |  |            |
|  | <b>e</b> -----  |   |  |   |  |            |
|  | <b>f</b> All other program service revenue  |   |  |   |  |            |
| <b>g Total.</b> Add lines 2a-2f                                      |   |   | 5,704,345.   |   | 5,704,345.   |            |
| <b>Miscellaneous Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |   |  | 16,311.                                 |  | 16,311.    |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds   |   |  |   |  |            |
|  | <b>5</b> Royalties  |   |  |   |  |            |
|  | <b>6 a</b> Gross rents  | (i) Real  | (ii) Personal                                      |   |  |            |
|  |   | <b>6 a</b>  |  |   |  |            |
|  |   | <b>6 b</b> Less: rental expenses                      | <b>6 b</b>   |   |  |            |
|  | <b>c</b> Rental income or (loss)  | <b>6 c</b>  |  |   |  |            |
|  | <b>d</b> Net rental income or (loss)  |   |  |   |  |            |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other   |   |  |            |
|  |   | <b>7 a</b>  |  |   |  |            |
|  |   | <b>b</b> Less: cost or other basis and sales expenses | <b>7 b</b>   |   |  |            |
|  | <b>c</b> Gain or (loss)   | <b>7 c</b>  |  |   |  |            |
|  | <b>d</b> Net gain or (loss)   |   |  |   |  |            |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 |   |  |   |  |            |
| <b>8 a</b>   |   | 45,887.   |  |   |  |            |
| <b>b</b> Less: direct expenses                                       |   | <b>8 b</b>  | 2,935.   |   |  |            |
| <b>c</b> Net income or (loss) from fundraising events                |   |   | 42,952.  |   | 42,952.  |            |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 |   |   |  |   |  |            |
|  | <b>9 a</b>  |   |  |   |  |            |
|  | <b>b</b> Less: direct expenses  | <b>9 b</b>  |  |   |  |            |
| <b>c</b> Net income or (loss) from gaming activities                 |   |   |  |   |  |            |
| <b>10 a</b> Gross sales of inventory, less returns and allowances    |   |   |  |   |  |            |
|  | <b>10 a</b>   |   |  |   |  |            |
|  | <b>b</b> Less: cost of goods sold   | <b>10 b</b>   |  |   |  |            |
| <b>c</b> Net income or (loss) from sales of inventory                |   |   |  |   |  |            |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b> -----   |   | Business Code                                      |   |  |            |
|  | <b>b</b> -----  |   |  |   |  |            |
|  | <b>c</b> -----  |   |  |   |  |            |
|  | <b>d</b> All other revenue  |   |  |   |  |            |
|  | <b>e Total.</b> Add lines 11a-11d   |   |  |   |  |            |
| <b>12 Total revenue.</b> See instructions                            |   |   | 6,294,808.   | 0.                                      | 0.   | 5,763,608. |

COPY

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                              |  |   |                                    |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22   |                              |  |   |                                    |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                              |  |   |                                    |
| 4 Benefits paid to or for members   |                              |  |   |                                    |
| 5 Compensation of current officers, directors, trustees, and key employees  | 248,928.                     | 213,374.                               | 30,385.                                       | 5,169.                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  | 0.                           | 0.                                     | 0.  | 0.                                 |
| 7 Other salaries and wages  | 3,327,684.                   | 2,878,638.                             | 383,938.                                      | 65,108.                            |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 72,110.                      | 62,375.                                | 8,293.  | 1,442.                             |
| 9 Other employee benefits   | 364,875.                     | 315,617.                               | 41,961.                                       | 7,297.                             |
| 10 Payroll taxes  | 293,249.                     | 253,660.                               | 33,724.                                       | 5,865.                             |
| 11 Fees for services (nonemployees):  |                              |  |   |                                    |
| a Management  |                              |  |   |                                    |
| b Legal   | 21,350.                      |  | 21,350.                                       |                                    |
| c Accounting  |                              |  |   |                                    |
| d Lobbying  |                              |  |   |                                    |
| e Professional fundraising services. See Part IV, line 17   |                              |  |   |                                    |
| f Investment management fees  |                              |  |   |                                    |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)  | 70,201.                      | 55,633.                                | 8,296.  | 6,272.                             |
| 12 Advertising and promotion  | 34,643.                      | 34,389.                                | 50.   | 204.                               |
| 13 Office expenses  |                              |  |   |                                    |
| 14 Information technology   | 132,067.                     | 51,959.                                | 79,594.                                       | 514.                               |
| 15 Royalties  |                              |  |   |                                    |
| 16 Occupancy  | 237,900.                     | 171,808.                               | 55,289.                                       | 10,803.                            |
| 17 Travel   |                              |  |   |                                    |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials   |                              |  |   |                                    |
| 19 Conferences, conventions, and meetings   |                              |  |   |                                    |
| 20 Interest   |                              |  |   |                                    |
| 21 Payments to affiliates   |                              |  |   |                                    |
| 22 Depreciation, depletion, and amortization  | 66,519.                      | 39,624.                                | 26,498.                                       | 397.                               |
| 23 Insurance  | 54,149.                      | 18,637.                                | 35,512.                                       |                                    |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                      |                              |  |   |                                    |
| a <u>PATIENT CARE EXPENSES</u>  | 1,146,857.                   | 1,146,857.                             |   |                                    |
| b <u>OTHER OPERATING EXPENSES</u>   | 71,033.                      | 34,187.                                | 29,677.                                       | 7,169.                             |
| c <u>Postage and Shipping</u>   | 23,385.                      | 17,903.                                | 2,361.  | 3,121.                             |
| d <u>TRAINING /CONTINUING EDUCATION</u>   | 17,513.                      | 15,958.                                | 1,439.  | 116.                               |
| e All other expenses  |                              |  |   |                                    |
| 25 Total functional expenses. Add lines 1 through 24e   | 6,182,463.                   | 5,310,619.                             | 758,367.                                      | 113,477.                           |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                              |  |   |                                    |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X.

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year  |
|---|--|--------------------------|------------|---------------------|
| <b>Assets</b>   | <b>1</b> Cash – non-interest-bearing .....   | 1,375,134.               | <b>1</b>   | 1,361,763.          |
|   | <b>2</b> Savings and temporary cash investments .....  | 152,786.                 | <b>2</b>   | 152,638.            |
|   | <b>3</b> Pledges and grants receivable, net .....  | 30,521.                  | <b>3</b>   | 31,588.             |
|   | <b>4</b> Accounts receivable, net .....  | 504,931.                 | <b>4</b>   | 551,270.            |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                     |
|   | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   | 44,341.             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 133,513.                 | <b>9</b>   | 140,283.            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 661,943.      |            |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 530,591.      | 164,440.   | <b>10c</b> 131,352. |
|   | <b>11</b> Investments – publicly traded securities .....   | 409,491.                 | <b>11</b>  | 434,858.            |
|   | <b>12</b> Investments – other securities. See Part IV, line 11 .....   |                          | <b>12</b>  |                     |
|   | <b>13</b> Investments – program-related. See Part IV, line 11 .....  |                          | <b>13</b>  |                     |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>  |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 50,166.                  | <b>15</b>  | 51,092.             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 2,820,982.   | <b>16</b>                | 2,899,185. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 68,701.                  | <b>17</b>  | 88,100.             |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>  |                     |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>  |                     |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>20</b>  |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>  |                     |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>  |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>23</b>  |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>  |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 294,679.                 | <b>25</b>  | 232,222.            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 363,380.                 | <b>26</b>  | 320,322.            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |            |                     |
|   | <b>27</b> Net assets without donor restrictions .....  | 2,457,602.               | <b>27</b>  | 2,578,863.          |
|   | <b>28</b> Net assets with donor restrictions .....   |                          | <b>28</b>  |                     |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |            |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>  |                     |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>  |                     |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>  |                     |
| <b>32</b> Total net assets or fund balances .....                         | 2,457,602.   | <b>32</b>                | 2,578,863. |                     |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 2,820,982.   | <b>33</b>                | 2,899,185. |                     |

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI.

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 6,294,808. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 6,182,463. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 112,345.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 2,457,602. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 14,766.    |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  | -5,850.    |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 2,578,863. |

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

|   |  | Yes | No |
|---|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____   |     |    |
| If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.   |  |     |    |
| <b>2a</b>   | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| <b>2b</b>   | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| <b>2c</b>   | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| <b>3a</b>   | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | X  |
| <b>3b</b>   | If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | Employer identification number<br><b>95-3846314</b> |
|--|---|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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 exempt 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).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
| (A)                                |          |   |   |    |   |   |
| (B)                                |          |   |   |    |   |   |
| (C)                                |          |   |   |    |   |   |
| (D)                                |          |   |   |    |   |   |
| (E)                                |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge.   |          |          |          |          |          |           |
| 4 <b>Total.</b> Add lines 1 through 3.   |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). |          |          |          |          |          |           |
| 6 <b>Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4.   |          |          |          |          |          |           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.   |          |          |          |          |          |           |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on.  |          |          |          |          |          |           |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |          |          |          |          |          |           |
| 11 <b>Total support.</b> Add lines 7 through 10.   |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc. (see instructions)   |          |          |          |          | 12       |           |
| 13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |   |
|--|----|---|
| 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).  | 14 | % |
| 15 Public support percentage from 2019 Schedule A, Part II, line 14.   | 15 | % |
| 16a <b>33-1/3% support test—2020.</b> If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>   |    |   |
| b <b>33-1/3% support test—2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>  |    |   |
| 17a <b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>      |    |   |
| b <b>10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/> |    |   |
| 18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>   |    |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016   | (b) 2017   | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .  | 125,979.   | 57,704.    | 117,226.   | 66,351.    | 154,735.   | 521,995.    |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . . | 5,290,155. | 5,631,040. | 5,554,621. | 5,861,297. | 5,704,345. | 28,041,458. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .   |            |            |            |            |            | 0.          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .  |            |            |            |            |            | 0.          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .  |            |            |            |            |            | 0.          |
| <b>6 Total.</b> Add lines 1 through 5. . . . .   | 5,416,134. | 5,688,744. | 5,671,847. | 5,927,648. | 5,859,080. | 28,563,453. |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons. . . . .  | 0.         | 0.         | 0.         | 0.         | 0.         | 0.          |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . . . .           | 0.         | 0.         | 0.         | 0.         | 0.         | 0.          |
| <b>c</b> Add lines 7a and 7b. . . . .  | 0.         | 0.         | 0.         | 0.         | 0.         | 0.          |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .   |            |            |            |            |            | 28,563,453. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016   | (b) 2017   | (c) 2018   | (d) 2019   | (e) 2020   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>9</b> Amounts from line 6. . . . .  | 5,416,134. | 5,688,744. | 5,671,847. | 5,927,648. | 5,859,080. | 28,563,453. |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. . . . .  | 11,366.    | 14,594.    | 18,183.    | 15,360.    | 15,320.    | 74,823.     |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .  |            |            |            |            |            | 0.          |
| <b>c</b> Add lines 10a and 10b. . . . .  | 11,366.    | 14,594.    | 18,183.    | 15,360.    | 15,320.    | 74,823.     |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .   |            |            |            |            |            | 0.          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI. . . . .   | 87,380.    | 104,142.   | 100,979.   | 107,795.   | 419,417.   | 819,713.    |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   | 5,514,880. | 5,807,480. | 5,791,009. | 6,050,803. | 6,293,817. | 29,457,989. |
| <b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/> |            |            |            |            |            |             |

**Section C. Computation of Public Support Percentage**

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)). . . . . | <b>15</b> | 96.96 % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15. . . . .                       | <b>16</b> | 98.09 % |

**Section D. Computation of Investment Income Percentage**

|  |           |        |
|--|-----------|--------|
| <b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)). . . . . | <b>17</b> | 0.25 % |
| <b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17. . . . .                         | <b>18</b> | 0.27 % |

**19a 33-1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**b 33-1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . . ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. . . . . ▶



**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If 'Yes,' answer lines 3b and 3c below.</i>   |     |    |
| <b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If 'Yes,' describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ('foreign supported organization')? <i>If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>   |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>  |     |    |
| <b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If 'Yes,' provide detail in Part VI.</i>   |     |    |
| <b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |

**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |  |
|---|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |  |
| <b>2</b> Activities Test. <b>Answer lines 2a and 2b below.</b>  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |  |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |  |
| <b>3</b> Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in <b>Part VI</b> .   |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.   |  |  |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A – Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3.   | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B – Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C – Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 of line 1.   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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Schedule A (Form 990 or 990-EZ) 2020

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D – Distributions</b> |  | <b>Current Year</b> |
|----------------------------------|--|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes  | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets  | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required – provide details in <b>Part VI</b> )   | <b>5</b>            |
| <b>6</b>                         | Other distributions (describe in <b>Part VI</b> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2020 from Section C, line 6   | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount   | <b>10</b>           |

| <b>Section E – Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess<br/>Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2020</b> | <b>(iii)<br/>Distributable<br/>Amount for 2020</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required – explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2020   |   |   |  |
| <b>a</b> From 2015 . . . . .   |   |   |  |
| <b>b</b> From 2016 . . . . .   |   |   |  |
| <b>c</b> From 2017 . . . . .   |   |   |  |
| <b>d</b> From 2018 . . . . .   |   |   |  |
| <b>e</b> From 2019 . . . . .   |   |   |  |
| <b>f Total</b> of lines 3a through 3e  |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2020 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |   |   |  |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2020 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |   |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2021.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2016 . . . . .  |   |   |  |
| <b>b</b> Excess from 2017 . . . . .  |   |   |  |
| <b>c</b> Excess from 2018 . . . . .  |   |   |  |
| <b>d</b> Excess from 2019 . . . . .  |   |   |  |
| <b>e</b> Excess from 2020 . . . . .  |   |   |  |

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Schedule A (Form 990 or 990-EZ) 2020

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Part III, Line 12 - Other Income**

| <u>Nature and Source</u> | <u>2020</u>        | <u>2019</u>        | <u>2018</u>        | <u>2017</u>        | <u>2016</u>       |
|--------------------------|--------------------|--------------------|--------------------|--------------------|-------------------|
| NET FUNDRAISING REVENUE  | \$ 42,952.         | \$ 107,795.        | \$ 100,979.        | \$ 104,142.        | \$ 87,380.        |
| HHS PROVIDER RELIEF      | 376,465.           |                    |                    |                    |                   |
| Total                    | <u>\$ 419,417.</u> | <u>\$ 107,795.</u> | <u>\$ 100,979.</u> | <u>\$ 104,142.</u> | <u>\$ 87,380.</u> |

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Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

HOSPICE OF THE VALLEYS SC, INC.

Employer identification number

95-3846314

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | Employer identification number<br><b>95-3846314</b> |
|--|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|--|-------------------------------|---|
| 1          | CITY OF MENIFEE<br>-----<br>29714 HAUN ROAD<br>-----<br>MENIFEE, CA 92586<br>-----                               | \$ 7,390.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | SAN MANUEL BAND OF MISSION INDIANS<br>-----<br>26569 COMMUNITY CENTER DR<br>-----<br>HIGHLAND, CA 92346<br>----- | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | US DEPARTMENT OF HEALTH/HUMAN SVCS<br>-----<br>5600 FISHERS LN<br>-----<br>ROCKVILLE, MD 20857<br>-----          | \$ 376,465.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | FALLBROOK REGIONAL HEALTH DISTRICT<br>-----<br>138 SOUTH BRANDON RD<br>-----<br>FALLBROOK, CA 92028<br>-----     | \$ 10,878.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| -----      | -----<br>-----<br>-----<br>-----   | \$ -----                      | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

COPY

|   |  |
|---|--|
| Name of organization<br>HOSPICE OF THE VALLEYS SC, INC. | Employer identification number<br>95-3846314 |
|---|--|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| -----               | N/A<br>-----<br>-----<br>-----            | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |

COPY



Name of organization: **HOSPICE OF THE VALLEYS SC, INC.** Employer identification number: **95-3846314**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           | N/A                 |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

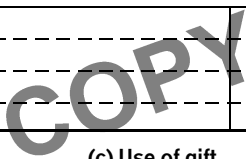
| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number

HOSPICE OF THE VALLEYS SC, INC.

95-3846314

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes...

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 2a-2d for conservation easement statistics.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

- 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1 c    |
| d Additions during the year     | 1 d    |
| e Distributions during the year | 1 e    |
| f Ending balance                | 1 f    |
- 2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V Endowment Funds.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance                    |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1 a Land   |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 7,835.                          | 7,835.                       | 0.             |
| d Equipment  |                                      | 620,466.                        | 492,018.                     | 128,448.       |
| e Other  |                                      | 33,642.                         | 30,738.                      | 2,904.         |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 131,352.       |

**Part VII Investments – Other Securities.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)        | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely held equity interests   |                |   |
| (3) Other   |                |   |
| (A) -----   |                |   |
| (B) -----   |                |   |
| (C) -----   |                |   |
| (D) -----   |                |   |
| (E) -----   |                |   |
| (F) -----   |                |   |
| (G) -----   |                |   |
| (H) -----   |                |   |
| (I) -----   |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 12.) |                |   |

**Part VIII Investments – Program Related.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| (10)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 13.) |                |   |

**Part IX Other Assets.**

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 15.) |                |

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) ACCRUED EXPENSES  | 81,547.        |
| (3) ACCRUED VACATION  | 150,674.       |
| (4) Rounding  | 1.             |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| (10)  |                |
| (11)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) | 232,222.       |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |                   |           |            |
|----------|--|-------------------|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       |                   | <b>1</b>  | 6,303,724. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |                   |           |            |
|          | <b>a</b> Net unrealized gains (losses) on investments  | <b>2a</b> 14,766. |           |            |
|          | <b>b</b> Donated services and use of facilities  | <b>2b</b>         |           |            |
|          | <b>c</b> Recoveries of prior year grants   | <b>2c</b>         |           |            |
|          | <b>d</b> Other (Describe in Part XIII.) See Part XIII  | <b>2d</b> -5,850. |           |            |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b>   |                   | <b>2e</b> | 8,916.     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   |                   | <b>3</b>  | 6,294,808. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |                   |           |            |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b                      | <b>4a</b>         |           |            |
|          | <b>b</b> Other (Describe in Part XIII.)  | <b>4b</b>         |           |            |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b>   |                   | <b>4c</b> |            |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) |                   | <b>5</b>  | 6,294,808. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |            |
|----------|---|-----------|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      |           | <b>1</b>  | 6,182,463. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |           |            |
|          | <b>a</b> Donated services and use of facilities   | <b>2a</b> |           |            |
|          | <b>b</b> Prior year adjustments   | <b>2b</b> |           |            |
|          | <b>c</b> Other losses   | <b>2c</b> |           |            |
|          | <b>d</b> Other (Describe in Part XIII.)   | <b>2d</b> |           |            |
|          | <b>e</b> Add lines <b>2a</b> through <b>2d</b>  |           | <b>2e</b> |            |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  |           | <b>3</b>  | 6,182,463. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |           |            |
|          | <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b                       | <b>4a</b> |           |            |
|          | <b>b</b> Other (Describe in Part XIII.)   | <b>4b</b> |           |            |
|          | <b>c</b> Add lines <b>4a</b> and <b>4b</b>  |           | <b>4c</b> |            |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) |           | <b>5</b>  | 6,182,463. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Schedule D, Part XI, Line 2d  
Other Revenue Included In F/S But Not Included On Form 990**

|                 |                   |
|-----------------|-------------------|
| INVESTMENT FEES | \$ -5,850.        |
| Total           | <u>\$ -5,850.</u> |

**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

HOSPICE OF THE VALLEYS SC, INC.

Employer identification number

95-3846314

**Part I Fundraising Activities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in column (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
| 1   |               |  |    |                                   |   |   |
| 2   |               |  |    |                                   |   |   |
| 3   |               |  |    |                                   |   |   |
| 4   |               |  |    |                                   |   |   |
| 5   |               |  |    |                                   |   |   |
| 6   |               |  |    |                                   |   |   |
| 7   |               |  |    |                                   |   |   |
| 8   |               |  |    |                                   |   |   |
| 9   |               |  |    |                                   |   |   |
| 10  |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    |                                   |   | 0.  |

COPY

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|                 |    | (a) Event #1   | (b) Event #2          | (c) Other events              | (d) Total events                    |         |
|-----------------|----|--|-----------------------|-------------------------------|-------------------------------------|---------|
|                 |    | <u>VIRTUAL SILENT</u><br>(event type)                        | _____<br>(event type) | <u>None</u><br>(total number) | (add column (a) through column (c)) |         |
| Revenue         | 1  | Gross receipts   | 36,316.               |                               | 36,316.                             |         |
|                 | 2  | Less: Contributions  |                       |                               |                                     |         |
|                 | 3  | Gross income (line 1 minus line 2)                           | 36,316.               |                               | 36,316.                             |         |
| Direct Expenses | 4  | Cash prizes  |                       |                               |                                     |         |
|                 | 5  | Noncash prizes   |                       |                               |                                     |         |
|                 | 6  | Rent/facility costs  |                       |                               |                                     |         |
|                 | 7  | Food and beverages   |                       |                               |                                     |         |
|                 | 8  | Entertainment  |                       |                               |                                     |         |
|                 | 9  | Other direct expenses  | 68.                   |                               | 68.                                 |         |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |                       |                               |                                     | 68.     |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |                       |                               |                                     | 36,248. |

**Part III Gaming.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

|                 |   | (a) Bingo  | (b) Pull tabs/instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming  |  |
|-----------------|---|--|---|---|---|--|
|                 |   | _____ %  | _____ %   | _____ %   | (add column (a) through column (c))                                 |  |
| Revenue         | 1 | Gross revenue  |   |   |   |  |
| Direct Expenses | 2 | Cash prizes  |   |   |   |  |
|                 | 3 | Noncash prizes   |   |   |   |  |
|                 | 4 | Rent/facility costs  |   |   |   |  |
|                 | 5 | Other direct expenses  |   |   |   |  |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)        |   |   |   |  |
|                 | 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) |   |   |   |  |

- 9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_
- a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No
- b If 'No,' explain: \_\_\_\_\_
- 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No
- b If 'Yes,' explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

|                               |      |   |
|-------------------------------|------|---|
| a The organization's facility | 13 a | % |
| b An outside facility         | 13 b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c If 'Yes,' enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ -----

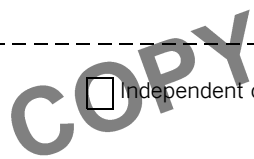
- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

HOSPICE OF THE VALLEYS SC, INC.

Employer identification number

95-3846314

**Form 990, Part VI, Line 11b - Form 990 Review Process**

THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

THE BOARD OF DIRECTORS SELF-REGULATES THE ORGANIZATION'S CONFLICT OF INTEREST  
POLICY.

**Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management**

THE COMPENSATION PACKAGE FOR THE EXECUTIVE DIRECTOR AND TOP MANAGEMENT IS REVIEWED  
BY THE BOARD OF DIRECTORS USING A HOSPICE INDUSTRY ANNUAL SALARY SURVEY.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS.

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE DISCLOSED UPON REQUEST.

COPY

# Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

## Automatic 6-Month Extension of Time.

 Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |   |                                      |
|--|---|--------------------------------------|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions. | Taxpayer identification number (TIN) |
|  | HOSPICE OF THE VALLEYS SC, INC.                               | 95-3846314                           |
|  | 25240 HANCOCK AVE, STE 120<br>MURRIETA, CA 92562              |                                      |

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

| Application Is For                          | Return Code | Application Is For                | Return Code |
|---|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                     | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                                 | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                      | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                                 | 04          | Form 5227                         | 10          |
| Form 990-T (section 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)         | 06          | Form 8870                         | 12          |

• The books are in the care of ▶ LYNETTE CVAR

Telephone No. ▶ 951-200-7800 Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box ..... ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box. .... ▶ . If it is for part of the group, check this box ... ▶  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/15, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 2020 or
- ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |               |    |
|--|---------------|----|
| <b>3 a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions .....                                  | <b>3 a</b> \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit ..... | <b>3 b</b> \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions .....              | <b>3 c</b> \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

California Exempt Organization Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)
Corporation/Organization name: HOSPICE OF THE VALLEYS SC, INC.
California corporation number: 1131444
FEIN: 95-3846314
Street address: 25240 HANCOCK AVE, STE 120
City: MURRIETA, State: CA, Zip code: 92562

A First return, B Amended return, C IRC Section 4947(a)(1) trust, D Final information return, E Check accounting method, F Federal return filed, G Is this a group filing, H Is this organization in a group exemption, I Did the organization have any changes to its guidelines, J If exempt under R&TC Section 23701d, K Is the organization exempt under R&TC Section 23701g, L Is the organization a limited liability company, M Did the organization file Form 100 or Form 109, N Is the organization under audit, O Is federal Form 1023/1024 pending.

Part I Complete Part I unless not required to file this form. See General Information B and C.

Table with 2 columns: Description and Amount. Rows include Receipts and Revenues (lines 1-8) and Expenses (lines 9-10). Total gross income is 6,297,743.

Table with 2 columns: Description and Amount. Rows include Filing Fee (lines 11-15) and Balance due (line 16). Total balance due is 0.

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.

Paid Preparer's Use Only: Preparer's signature: PAUL J KAYMARK, CPA; Firm's name: NIGRO & NIGRO PC; Address: 25220 HANCOCK AVE STE 400, MURRIETA, CA 92562.

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts – complete Part II or furnish substitute information.**

|                                    |   |  |   |            |            |
|------------------------------------|---|--|---|------------|------------|
| <b>Receipts from Other Sources</b> | 1   | Gross sales or receipts from all business activities. See instructions.  | ● | 1          |            |
|                                    | 2   | Interest   | ● | 2          |            |
|                                    | 3   | Dividends  | ● | 3          |            |
|                                    | 4   | Gross rents  | ● | 4          |            |
|                                    | 5   | Gross royalties  | ● | 5          |            |
|                                    | 6   | Gross amount received from sale of assets (See Instructions)   | ● | 6          |            |
|                                    | 7   | Other income. Attach schedule. <b>SEE STATEMENT 1</b>  | ● | 7          | 5,766,543. |
| 8                                  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1. |  | 8 | 5,766,543. |            |
| <b>Expenses and Disbursements</b>  | 9   | Contributions, gifts, grants, and similar amounts paid. Attach schedule.                                       | ● | 9          |            |
|                                    | 10  | Disbursements to or for members.   | ● | 10         |            |
|                                    | 11  | Compensation of officers, directors, and trustees. Attach schedule.  | ● | 11         | 248,928.   |
|                                    | 12  | Other salaries and wages.  | ● | 12         | 3,327,684. |
|                                    | 13  | Interest   | ● | 13         |            |
|                                    | 14  | Taxes  | ● | 14         | 293,249.   |
|                                    | 15  | Rents  | ● | 15         | 237,900.   |
|                                    | 16  | Depreciation and depletion (See instructions)  | ● | 16         | 66,519.    |
|                                    | 17  | Other expenses and disbursements. Attach schedule. <b>SEE STATEMENT 2</b>                                      | ● | 17         | 2,011,118. |
|                                    | 18  | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9. |   | 18         | 6,185,398. |

| <b>Schedule L Balance Sheet</b>  |  | <b>Beginning of taxable year</b> |            | <b>End of taxable year</b> |            |
|----------------------------------|--|----------------------------------|------------|----------------------------|------------|
|                                  |  | <b>(a)</b>                       | <b>(b)</b> | <b>(c)</b>                 | <b>(d)</b> |
| <b>Assets</b>                    |  |                                  |            |                            |            |
| 1                                | Cash   |                                  | 1,527,920. |                            | 1,514,401. |
| 2                                | Net accounts receivable                            |                                  | 535,452.   |                            | 582,858.   |
| 3                                | Net notes receivable                               |                                  |            |                            |            |
| 4                                | Inventories  |                                  |            |                            | 44,341.    |
| 5                                | Federal and state government obligations           |                                  |            |                            |            |
| 6                                | Investments in other bonds                         |                                  |            |                            |            |
| 7                                | Investments in stock <b>STMT 3</b>                 |                                  | 409,491.   |                            | 434,858.   |
| 8                                | Mortgage loans                                     |                                  |            |                            |            |
| 9                                | Other investments. Attach schedule.                |                                  | 50,166.    |                            | 51,092.    |
| 10a                              | Depreciable assets                                 | 628,512.                         |            | 661,943.                   |            |
| b                                | Less accumulated depreciation                      | 464,072.                         | 164,440.   | 530,591.                   | 131,352.   |
| 11                               | Land   |                                  |            |                            |            |
| 12                               | Other assets. Attach schedule. <b>STM 4</b>        |                                  | 133,513.   |                            | 140,283.   |
| 13                               | <b>Total assets</b>                                |                                  | 2,820,982. |                            | 2,899,185. |
| <b>Liabilities and net worth</b> |  |                                  |            |                            |            |
| 14                               | Accounts payable                                   |                                  | 68,701.    |                            | 88,100.    |
| 15                               | Contributions, gifts, or grants payable            |                                  |            |                            |            |
| 16                               | Bonds and notes payable                            |                                  |            |                            |            |
| 17                               | Mortgages payable                                  |                                  |            |                            |            |
| 18                               | Other liabilities. Attach schedule. <b>STM 5</b>   |                                  | 294,679.   |                            | 232,222.   |
| 19                               | Capital stock or principal fund                    |                                  | 2,457,602. |                            | 2,578,863. |
| 20                               | Paid-in or capital surplus. Attach reconciliation. |                                  |            |                            |            |
| 21                               | Retained earnings or income fund                   |                                  |            |                            |            |
| 22                               | <b>Total liabilities and net worth</b>             |                                  | 2,820,982. |                            | 2,899,185. |

| <b>Schedule M-1 Reconciliation of income per books with income per return</b>                         |   |   |          |
|---|---|---|----------|
| Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000 |   |   |          |
| 1   | Net income per books  | ● | 121,261. |
| 2   | Federal income tax  | ● |          |
| 3   | Excess of capital losses over capital gains   | ● |          |
| 4   | Income not recorded on books this year. Attach schedule.  | ● |          |
| 5   | Expenses recorded on books this year not deducted in this return. Attach schedule <b>SEE ST 6</b> | ● | 5,850.   |
| 6   | <b>Total.</b> Add line 1 through line 5.  | ● | 127,111. |
| 7   | Income recorded on books this year not included in this return. Attach schedule <b>SEE ST 7</b>   | ● | 14,766.  |
| 8   | Deductions in this return not charged against book income this year. Attach schedule.             | ● |          |
| 9   | <b>Total.</b> Add line 7 and line 8   | ● | 14,766.  |
| 10  | <b>Net income per return.</b> Subtract line 9 from line 6.  | ● | 112,345. |

Schedule B

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

Department of the Treasury Internal Revenue Service

California Copy Schedule of Contributors

OMB No. 1545-0047

2020

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

HOSPICE OF THE VALLEYS SC, INC.

Employer identification number

95-3846314

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

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Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year. \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|   |  |
|---|--|
| Name of organization<br>HOSPICE OF THE VALLEYS SC, INC. | Employer identification number<br>95-3846314 |
|---|--|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total<br>contributions | (d)<br>Type of contribution   |
|------------|---|-------------------------------|---|
| 1          | CITY OF MENIFEE<br>29714 HAUN ROAD<br>MENIFEE, CA 92586                               | \$ 7,390.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | SAN MANUEL BAND OF MISSION INDIANS<br>26569 COMMUNITY CENTER DR<br>HIGHLAND, CA 92346 | \$ 5,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | US DEPARTMENT OF HEALTH/HUMAN SVCS<br>5600 FISHERS LN<br>ROCKVILLE, MD 20857          | \$ 376,465.                   | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | FALLBROOK REGIONAL HEALTH DISTRICT<br>138 SOUTH BRANDON RD<br>FALLBROOK, CA 92028     | \$ 10,878.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |   | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |   | \$                            | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

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|   |  |
|---|--|
| Name of organization<br>HOSPICE OF THE VALLEYS SC, INC. | Employer identification number<br>95-3846314 |
|---|--|

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
|---------------------|---|---|-------------------|
| -----               | N/A<br>-----<br>-----<br>-----            | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |
| -----               | -----<br>-----<br>-----                   | \$-----                                   | -----             |

COPY

Name of organization: **HOSPICE OF THE VALLEYS SC, INC.** Employer identification number: **95-3846314**

**Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

| (a)<br>No. from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           | N/A                 |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

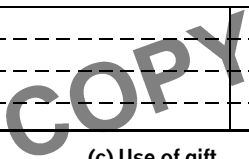
| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |

| (a)<br>No. from<br>Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---------------------|-----------------|-------------------------------------|
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |
|                           |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |
|   |  |
|   |  |





**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |                              |                  |
|---|------------------------------|------------------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>                     | \$200,000        |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>                     |                  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>                     |                  |
| 6   |                              |                  |
| (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>                     |                  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>                     |                  |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b>                    |                  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b>                    |                  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b>                    |                  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| FILING CABINET   | 4/07/2003                      | 625.                    | 625.   | S/L                     | 7                |                                |  |
| DESK FOR OFFICE  | 7/22/2003                      | 593.                    | 593.   | S/L                     | 7                |                                |  |
| DESK FOR OFFICE  | 7/22/2003                      | 593.                    | 593.   | S/L                     | 7                |                                |  |
| DESK FOR HR ADM  | 1/27/2004                      | 592.                    | 592.   | S/L                     | 7                |                                |  |
| FIREPROOF FILIN  | 9/08/2004                      | 3,100.                  | 3,100.   | S/L                     | 7                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      | 60,737.                                |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| HR DESK  | 7/05/2004                      | 250.                    | 250.   | S/L                     | 5                |                                |  |
| ACCOUNTING DESK  | 3/01/2007                      | 632.                    | 632.   | S/L                     | 7                |                                |  |
| DESK CHAIRS - N  | 6/19/2007                      | 603.                    | 603.   | S/L                     | 7                |                                |  |
| DESK CHAIRS - V  | 6/19/2007                      | 181.                    | 181.   | S/L                     | 7                |                                |  |
| CORNER COMPUTER  | 2/13/2008                      | 1,148.                  | 1,148.   | S/L                     | 7                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| CLOSET FACTORY   | 5/16/2008                      | 5,805.                  | 5,805.   | S/L                     | 7                |                                |  |
| QUIET ROOM FURN  | 6/09/2010                      | 1,233.                  | 1,233.   | S/L                     | 7                |                                |  |
| QUIET ROOM BOOK  | 6/10/2010                      | 139.                    | 139.   | S/L                     | 7                |                                |  |
| LOBBY CHAIRS   | 6/15/2010                      | 763.                    | 764.   | S/L                     | 7                |                                |  |
| PHYSICIAN DESK   | 11/10/2010                     | 555.                    | 555.   | S/L                     | 7                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |  |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|--|
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |  |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |  |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |  |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| PHYSICIAN BOOKC  | 11/11/2010                     | 71.                     | 71.  | S/L                     | 7                |                                |  |
| PHYSICIAN BOOKC  | 11/18/2010                     | 397.                    | 397.   | S/L                     | 7                |                                |  |
| FR DIRECTOR OFF  | 1/02/2011                      | 587.                    | 587.   | S/L                     | 7                |                                |  |
| FR DIRECTOR 2 C  | 1/02/2011                      | 254.                    | 254.   | S/L                     | 7                |                                |  |
| MEDICAL RECORDS  | 4/11/2011                      | 756.                    | 756.   | S/L                     | 7                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |                              |                  |
|---|------------------------------|------------------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>                     | \$200,000        |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>                     |                  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>                     |                  |
| <b>6</b>  |                              |                  |
| (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>                     |                  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>                     |                  |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b>                    |                  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b>                    |                  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b>                    |                  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| OFFICE FURNITUR  | 11/01/2011                     | 2,000.                  | 1,905.   | S/L                     | 7                |                                |  |
| AMERICAN LOCKER  | 2/29/2012                      | 3,006.                  | 3,006.   | S/L                     | 7                |                                |  |
| SIT BETTER KEYB  | 10/12/2012                     | 3,420.                  | 3,284.   | S/L                     | 7                |                                |  |
| PICKFORD REALTY  | 9/15/2014                      | 500.                    | 377.   | S/L                     | 7                | 71.                            |  |
| STACKING CHAIRS  | 10/23/2014                     | 665.                    | 493.   | S/L                     | 7                | 95.                            |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| STAND WORK STAT  | 2/23/2016                      | 596.                    | 328.   | S/L                     | 7                | 85.                            |  |
| STAND WORKSTATI  | 2/23/2016                      | 596.                    | 328.   | S/L                     | 7                | 85.                            |  |
| STAND WORKSTATI  | 3/02/2016                      | 1,061.                  | 582.   | S/L                     | 7                | 152.                           |  |
| STAND WORKSTATI  | 3/17/2016                      | 531.                    | 288.   | S/L                     | 7                | 76.                            |  |
| MONUMENT SIGN  | 4/03/2008                      | 1,799.                  | 1,799.   | S/L                     | 5                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| SECURITY PAD -   | 8/24/2010                      | 3,536.                  | 3,536.   | S/L                     | 3                |                                |  |
| SECURITY PAD -   | 3/02/2010                      | 2,500.                  | 2,500.   | S/L                     | 3                |                                |  |
| MISYS SOFTWARE   | 10/31/2002                     | 3,031.                  | 3,031.   | S/L                     | 7                |                                |  |
| MISYS SOFTWARE   | 2/05/2003                      | 27,725.                 | 27,725.  | S/L                     | 5                |                                |  |
| DELL SERVER RAC  | 8/09/2007                      | 4,450.                  | 4,450.   | S/L                     | 5                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| VIEWSONIC 17" M  | 12/01/2010                     | 103.                    | 103.   | S/L                     | 3                |                                |  |
| VIEWSONIC 20" M  | 10/01/2010                     | 416.                    | 416.   | S/L                     | 3                |                                |  |
| PORTABLE PRINTE  | 12/01/2010                     | 342.                    | 342.   | S/L                     | 3                |                                |  |
| PHYSICIAN PORTA  | 12/01/2010                     | 9,965.                  | 9,965.   | S/L                     | 5                |                                |  |
| ALLSCRIPTS SYST  | 11/01/2010                     | 2,518.                  | 2,518.   | S/L                     | 5                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |



**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |                              |                  |
|---|------------------------------|------------------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>                     | \$200,000        |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>                     |                  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>                     |                  |
| <b>6</b>  |                              |                  |
| (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>                     |                  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>                     |                  |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b>                    |                  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b>                    |                  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b>                    |                  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| ALLSCRIPTS LICE  | 11/01/2010                     | 105,224.                | 105,224.   | S/L                     | 5                |                                |  |
| ALLSCRIPTS TRAI  | 11/01/2010                     | 65,149.                 | 65,149.  | S/L                     | 5                |                                |  |
| ALLSCRIPTS LAPT  | 11/01/2010                     | 9,916.                  | 9,916.   | S/L                     | 3                |                                |  |
| HP 24 PORT 10/1  | 2/17/2011                      | 2,420.                  | 2,420.   | S/L                     | 3                |                                |  |
| HP 24 PORT 10/1  | 4/04/2011                      | 575.                    | 575.   | S/L                     | 3                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |    |           |
|---|----|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | 1  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | 2  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | 3  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | 4  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | 5  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |    |           |
|   |    |           |
|   |    |           |
|   |    |           |
| 7 Listed property (elected IRC Section 179 cost).....   | 7  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | 8  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | 9  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | 10 |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | 12 |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | 13 |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| HP 24 PORT 10/1  | 4/04/2011                      | 582.                    | 582.   | S/L                     | 3                |                                |  |
| ALLSCRIPTS IMPL  | 3/28/2011                      | 10,059.                 | 10,059.  | S/L                     | 5                |                                |  |
| ALLSCRIPTS LICE  | 1/01/2011                      | 829.                    | 829.   | S/L                     | 5                |                                |  |
| ALLSCRIPTS USER  | 4/01/2011                      | 3,933.                  | 3,933.   | S/L                     | 5                |                                |  |
| TURBO MEETING  | 1/12/2012                      | 1,935.                  | 1,935.   | S/L                     | 3                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | 15                             |  |

**Part III Summary**

|   |    |  |
|---|----|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | 16 |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | 17 |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |  |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|--|
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | 20                             |  |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | 21                             |  |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | 22                             |  |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| MEDICAL BILLER   | 1/30/2012                      | 917.                    | 917.   | S/L                     | 3                |                                |  |
| 24 PORT 4 SLOT   | 2/09/2012                      | 593.                    | 593.   | S/L                     | 3                |                                |  |
| CORPORATE FAX  | 6/12/2012                      | 1,439.                  | 1,439.   | S/L                     | 3                |                                |  |
| VIRTUAL SERVER   | 11/03/2012                     | 15,764.                 | 15,764.  | S/L                     | 5                |                                |  |
| ENCRYPTION   | 10/01/2013                     | 13,755.                 | 13,755.  | S/L                     | 3                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| HP PROLIANT PRO  | 2/19/2014                      | 3,115.                  | 3,115.   | S/L                     | 5                |                                |  |
| VM SERVER INSTA  | 2/04/2014                      | 1,401.                  | 1,401.   | S/L                     | 5                |                                |  |
| STEBBINS WEB   | 9/22/2014                      | 815.                    | 779.   | S/L                     | 5                |                                |  |
| STEBBINS WEB   | 9/22/2014                      | 2,140.                  | 2,044.   | S/L                     | 5                |                                |  |
| NSA 250M SONICW  | 12/01/2014                     | 3,024.                  | 3,024.   | S/L                     | 3                |                                |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| HP LASERJET PRO  | 9/29/2014                      | 723.                    | 723.   | S/L                     | 3                |                                |  |
| FUJITSU LITHIUM  | 11/24/2014                     | 966.                    | 966.   | S/L                     | 3                |                                |  |
| HP LASERJET PRO  | 12/02/2014                     | 682.                    | 682.   | S/L                     | 3                |                                |  |
| ERGONOMIC WORKS  | 1/16/2015                      | 599.                    | 599.   | S/L                     | 5                |                                |  |
| ERGONOMIC WORKS  | 1/16/2015                      | 599.                    | 595.   | S/L                     | 5                | 4.                             |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| ERGONOMIC WORKS  | 10/19/2015                     | 566.                    | 475.   | S/L                     | 5                | 57.                            |  |
| HP SERVER 1040   | 10/21/2015                     | 24,840.                 | 20,838.  | S/L                     | 5                | 2,484.                         |  |
| SECURITY PAD   | 8/28/2015                      | 2,549.                  | 2,255.   | S/L                     | 5                | 255.                           |  |
| PORTABLE COOLIN  | 9/08/2016                      | 685.                    | 671.   | S/L                     | 3                |                                |  |
| SURVEILLANCE   | 8/01/2016                      | 155.                    | 106.   | S/L                     | 5                | 31.                            |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| SURVEILLANCE -   | 8/10/2016                      | 300.                    | 204.   | S/L                     | 5                | 60.                            |  |
| SURVEILLANCE -   | 8/10/2016                      | 1,619.                  | 1,099.   | S/L                     | 5                | 324.                           |  |
| SURFACE - LYNTT  | 2/09/2016                      | 745.                    | 632.   | S/L                     | 3                |                                |  |
| SURFACE RIPTIDE  | 2/26/2016                      | 608.                    | 509.   | S/L                     | 3                |                                |  |
| FUJITSU LAPTOP   | 5/23/2016                      | 1,994.                  | 1,438.   | S/L                     | 5                | 399.                           |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |    |           |
|---|----|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | 1  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | 2  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | 3  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | 4  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | 5  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |    |           |
|   |    |           |
|   |    |           |
|   |    |           |
|   |    |           |
| 7 Listed property (elected IRC Section 179 cost).....   | 7  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | 8  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | 9  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | 10 |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | 12 |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | 13 |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| FUJITSU LAPTOP   | 8/11/2016                      | 1,366.                  | 925.   | S/L                     | 5                | 273.                           |  |
| LENOVA SERVER  | 8/11/2016                      | 4,883.                  | 3,311.   | S/L                     | 5                | 977.                           |  |
| LENOVA SERVER  | 8/11/2016                      | 1,785.                  | 1,210.   | S/L                     | 5                | 357.                           |  |
| NEW FUJITSU LAP  | 8/28/2016                      | 12,000.                 | 8,020.   | S/L                     | 5                | 2,400.                         |  |
| NEW FUJITSU LAP  | 10/10/2016                     | 72,255.                 | 44,589.  | S/L                     | 5                | 14,451.                        |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | 15                             |  |

**Part III Summary**

|   |    |  |
|---|----|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | 16 |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | 17 |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | 20                             |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | 21                             |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | 22                             |



**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| HP DESKTOP   | 9/08/2016                      | 658.                    | 437.   | S/L                     | 5                | 132.                           |  |
| HP DESKTOP   | 9/08/2016                      | 658.                    | 438.   | S/L                     | 5                | 132.                           |  |
| COMPUTER GENERA  | 6/08/2017                      | 666.                    | 341.   | S/L                     | 5                | 133.                           |  |
| HP DESKTOP & MO  | 2/24/2017                      | 846.                    | 805.   | S/L                     | 3                | 41.                            |  |
| HP MONITOR   | 2/24/2017                      | 156.                    | 148.   | S/L                     | 3                | 8.                             |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| NETSMART HOMECA  | 4/01/2017                      | 6,250.                  | 3,438.   | S/L                     | 5                | 1,250.                         |  |
| NETSMART PROF L  | 4/01/2017                      | 2,200.                  | 1,210.   | S/L                     | 5                | 440.                           |  |
| SOLID STATE DRI  | 4/12/2017                      | 819.                    | 742.   | S/L                     | 3                | 77.                            |  |
| HP DESKTOP/MONI  | 4/13/2017                      | 846.                    | 766.   | S/L                     | 3                | 80.                            |  |
| FUJITSU LAPTOPS  | 5/31/2017                      | 3,631.                  | 1,876.   | S/L                     | 5                | 726.                           |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |    |           |
|---|----|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | 1  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | 2  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | 3  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | 4  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | 5  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |    |           |
|   |    |           |
|   |    |           |
|   |    |           |
| 7 Listed property (elected IRC Section 179 cost).....   | 7  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | 8  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | 9  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | 10 |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | 11 |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | 12 |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | 13 |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| HP DESKTOP - KR  | 6/08/2017                      | 795.                    | 679.   | S/L                     | 3                | 116.                           |  |
| HP DESKTOP - DE  | 6/08/2017                      | 795.                    | 679.   | S/L                     | 3                | 116.                           |  |
| IMPLEMENT BERE A   | 6/08/2017                      | 1,425.                  | 731.   | S/L                     | 5                | 285.                           |  |
| IMPLEMENT HHA A  | 6/26/2017                      | 2,850.                  | 1,433.   | S/L                     | 5                | 570.                           |  |
| TECHSOUP MICROS  | 7/11/2017                      | 2,334.                  | 1,154.   | S/L                     | 5                | 467.                           |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | 15                             |  |

**Part III Summary**

|   |    |  |
|---|----|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | 16 |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | 17 |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | 18 |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |  |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|--|
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | 20                             |  |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | 21                             |  |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | 22                             |  |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| <b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost                      |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| APC RACK AND BA  | 10/05/2017                     | 4,971.                  | 2,225.   | S/L                     | 5                | 994.                           |  |
| HP DESKTOP   | 10/11/2017                     | 900.                    | 667.   | S/L                     | 3                | 150.                           |  |
| APC SMART UPS 7  | 11/13/2017                     | 2,243.                  | 958.   | S/L                     | 5                | 449.                           |  |
| STAND UP DESK  | 3/15/2018                      | 615.                    | 221.   | S/L                     | 5                | 123.                           |  |
| CANON DR G1100   | 1/08/2018                      | 5,383.                  | 2,133.   | S/L                     | 5                | 1,077.                         |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  | <b>20</b>                      |                         |  |                              |                          |                                |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   | <b>21</b>                      |                         |  |                              |                          |                                |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... | <b>22</b>                      |                         |  |                              |                          |                                |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| SOTI IPHONES   | 9/01/2018                      | 4,940.                  | 1,317.   | S/L                     | 5                | 988.                           |  |
| EXT. TAPE DRIVE  | 2/20/2018                      | 6,739.                  | 2,471.   | S/L                     | 5                | 1,348.                         |  |
| SONICWALL SOHO   | 2/21/2018                      | 566.                    | 207.   | S/L                     | 5                | 113.                           |  |
| INSTALL UPS/RUN  | 2/26/2018                      | 1,425.                  | 523.   | S/L                     | 5                | 285.                           |  |
| HP BUSINESS DES  | 4/17/2018                      | 957.                    | 532.   | S/L                     | 3                | 319.                           |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  | <b>20</b>                      |                         |  |                              |                          |                                |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   | <b>21</b>                      |                         |  |                              |                          |                                |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... | <b>22</b>                      |                         |  |                              |                          |                                |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |                              |                  |
|---|------------------------------|------------------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>                     | \$200,000        |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>                     |                  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>                     |                  |
| <b>6</b>  |                              |                  |
| (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>                     |                  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>                     |                  |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b>                    |                  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b>                    |                  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b>                    |                  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| HP BUSINESS DES  | 8/09/2018                      | 931.                    | 413.   | S/L                     | 3                | 310.                           |  |
| ASUS COMPUTER/W  | 9/05/2018                      | 322.                    | 143.   | S/L                     | 3                | 107.                           |  |
| CANON PRINTER &  | 10/15/2018                     | 808.                    | 196.   | S/L                     | 5                | 162.                           |  |
| IPHONES & ACCES  | 9/01/2018                      | 4,680.                  | 3,521.   | S/L                     | 2                | 1,159.                         |  |
| KIT, COAGCHECK   | 10/16/2019                     | 858.                    | 29.  | S/L                     | 5                | 172.                           |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| 21 HP DESKTOPS   | 5/21/2019                      | 20,905.                 | 2,439.   | S/L                     | 5                | 4,181.                         |  |
| 48 FUJITSU UPGR  | 3/08/2019                      | 14,400.                 | 2,400.   | S/L                     | 5                | 2,880.                         |  |
| SERVER REPLACEM  | 3/08/2019                      | 20,537.                 | 3,423.   | S/L                     | 5                | 4,107.                         |  |
| SERVER SETUP   | 3/08/2019                      | 14,250.                 | 2,375.   | S/L                     | 5                | 2,850.                         |  |
| TECH SOUP SOFTW  | 3/12/2019                      | 1,262.                  | 351.   | S/L                     | 3                | 421.                           |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| TECH SOUP SOFTW  | 4/05/2019                      | 210.                    | 53.  | S/L                     | 3                | 70.                            |  |
| ESI PHONE SYSTE  | 6/25/2019                      | 20,343.                 | 664.   | S/L                     | 7                | 2,906.                         |  |
| BATTERY PACKS  | 7/02/2019                      | 9,906.                  | 708.   | S/L                     | 7                | 1,415.                         |  |
| PROJECTOR  | 7/31/2019                      | 793.                    | 5.   | S/L                     | 73               | 11.                            |  |
| ADMIN COMPUTER   | 9/11/2019                      | 227.                    | 15.  | S/L                     | 5                | 45.                            |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |



**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |           |           |
|---|-----------|-----------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>  | \$25,000  |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>  |           |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>  | \$200,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>  |           |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>  |           |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost                             |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
|   |           |           |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>  |           |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>  |           |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>  |           |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b> |           |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b> |           |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b> |           |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b> |           |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| COMPUTERS  | 10/23/2019                     | 1,260.                  | 42.  | S/L                     | 5                | 252.                           |  |
| DESKTOP COMPUTE  | 10/10/2010                     | 2,011.                  | 2,010.   | S/L                     | 5                |                                |  |
| HP ELITEBOOK   | 2/26/2020                      | 1,754.                  |  | 200DB                   | 5                | 351.                           |  |
| LAPTOP   | 3/05/2020                      | 1,899.                  |  | 200DB                   | 5                | 380.                           |  |
| STANDING DESK  | 3/12/2020                      | 457.                    |  | 200DB                   | 7                | 65.                            |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |  |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|--|
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
|   |                                |                         |  |                              |                          |                                |  |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |  |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |  |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |  |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|------------------------------|------------------|-------------------------------|------------------------------|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....  | <b>3</b>                     | \$200,000        |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....   | <b>4</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....  | <b>5</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:45%;">6 (a) Description of property</th> <th style="width:20%;">(b) Cost (business use only)</th> <th style="width:35%;">(c) Elected cost</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> |                              |                  | 6 (a) Description of property | (b) Cost (business use only) | (c) Elected cost |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                              |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....   | <b>8</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....  | <b>9</b>                     |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 Carryover of disallowed deduction from prior taxable years.....  | <b>10</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5.....   | <b>11</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....   | <b>13</b>                    |                  |                               |                              |                  |  |  |  |  |  |  |  |  |  |  |  |  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| HP ELITEBOOK (5)   | 3/18/2020                      | 9,850.                  |  | 200DB                   | 5                | 1,970.                         |  |
| CANON PRINTER  | 4/06/2020                      | 774.                    |  | 200DB                   | 5                | 155.                           |  |
| STANDING DESK  | 4/09/2020                      | 457.                    |  | 200DB                   | 7                | 65.                            |  |
| BROTHER PRINTER  | 4/27/2020                      | 487.                    |  | 200DB                   | 5                | 97.                            |  |
| HP ELITEBOOK (6)   | 6/15/2020                      | 13,194.                 |  | 200DB                   | 5                | 2,639.                         |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

**2020 Corporation Depreciation and Amortization**

**3885**

Attach to Form 100 or Form 100W. **FORM 199**

|  |   |
|--|---|
| Corporation name<br><b>HOSPICE OF THE VALLEYS SC, INC.</b> | California corporation number<br><b>1131444</b> |
|--|---|

**Part I Election To Expense Certain Property Under IRC Section 179**

|   |                              |                  |
|---|------------------------------|------------------|
| 1 Maximum deduction under IRC Section 179 for California.....   | <b>1</b>                     | \$25,000         |
| 2 Total cost of IRC Section 179 property placed in service.....   | <b>2</b>                     |                  |
| 3 Threshold cost of IRC Section 179 property before reduction in limitation.....                        | <b>3</b>                     | \$200,000        |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-.....                 | <b>4</b>                     |                  |
| 5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-.....      | <b>5</b>                     |                  |
| <b>6</b>  |                              |                  |
| (a) Description of property   | (b) Cost (business use only) | (c) Elected cost |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
|   |                              |                  |
| 7 Listed property (elected IRC Section 179 cost).....   | <b>7</b>                     |                  |
| 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7.....     | <b>8</b>                     |                  |
| 9 Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8.....                                | <b>9</b>                     |                  |
| 10 Carryover of disallowed deduction from prior taxable years.....                                      | <b>10</b>                    |                  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5..... | <b>11</b>                    |                  |
| 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11.....   | <b>12</b>                    |                  |
| 13 Carryover of disallowed deduction to 2021. Add line 9 and line 10, less line 12.....                 | <b>13</b>                    |                  |

**Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356**

| 14 (a) Description of property   | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Depreciation allowed or allowable in earlier years | (e) Depreciation method | (f) Life or rate | (g) Depreciation for this year | (h) Additional first year depreciation |
|--|--------------------------------|-------------------------|--|-------------------------|------------------|--------------------------------|--|
| PRINTERS (3)   | 6/24/2020                      | 2,323.                  |  | 200DB                   | 5                | 465.                           |  |
| VERIZON CELL PH  | 6/25/2020                      | 687.                    |  | 200DB                   | 5                | 137.                           |  |
| PRINTER  | 7/08/2020                      | 774.                    |  | 200DB                   | 5                | 155.                           |  |
| PRINTER  | 8/10/2020                      | 774.                    |  | 200DB                   | 5                | 155.                           |  |
| 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)..... |                                |                         |  |                         |                  | <b>15</b>                      |  |

**Part III Summary**

|   |           |  |
|---|-----------|--|
| 16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g).....   | <b>16</b> |  |
| 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22.....   | <b>17</b> |  |
| 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)..... | <b>18</b> |  |

**Part IV Amortization**

| 19 (a) Description of property  | (b) Date acquired (mm/dd/yyyy) | (c) Cost or other basis | (d) Amortization allowed or allowable in earlier years | (e) R&TC Section (see instr) | (f) Period or percentage | (g) Amortization for this year |
|---|--------------------------------|-------------------------|--|------------------------------|--------------------------|--------------------------------|
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
|   |                                |                         |  |                              |                          |                                |
| 20 Total. Add the amounts in column (g).....  |                                |                         |  |                              |                          | <b>20</b>                      |
| 21 Total amortization claimed for federal purposes from federal Form 4562, line 44.....   |                                |                         |  |                              |                          | <b>21</b>                      |
| 22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12..... |                                |                         |  |                              |                          | <b>22</b>                      |

## HOSPICE OF THE VALLEYS SC, INC.

95-3846314

**Statement 1**  
**Form 199, Part II, Line 7**  
**Other Income**

|                                 |       |                      |
|---------------------------------|-------|----------------------|
| Income from Special Events..... | \$    | 45,887.              |
| Other Investment Income.....    |       | 16,311.              |
| Program Service Revenue.....    |       | 5,704,345.           |
|                                 | Total | <u>\$ 5,766,543.</u> |

**Statement 2**  
**Form 199, Part II, Line 17**  
**Other Expenses**

|                                     |       |                      |
|-------------------------------------|-------|----------------------|
| Advertising and Promotion.....      | \$    | 34,643.              |
| Information Technology.....         |       | 132,067.             |
| Insurance.....                      |       | 54,149.              |
| Legal Fees.....                     |       | 21,350.              |
| Other Employee Benefit.....         |       | 364,875.             |
| Other fees.....                     |       | 70,201.              |
| OTHER OPERATING EXPENSES.....       |       | 71,033.              |
| PATIENT CARE EXPENSES.....          |       | 1,146,857.           |
| Pension Plan Contributions.....     |       | 72,110.              |
| Postage and Shipping.....           |       | 23,385.              |
| Special Event Expenses.....         |       | 2,935.               |
| TRAINING /CONTINUING EDUCATION..... |       | 17,513.              |
|                                     | Total | <u>\$ 2,011,118.</u> |

**Statement 3**  
**Form 199, Schedule L, Line 7**  
**Investments in Stocks**

|               |       |                    |
|---------------|-------|--------------------|
| RABOBANK..... | \$    | 434,858.           |
|               | Total | <u>\$ 434,858.</u> |

**Statement 4**  
**Form 199, Schedule L, Line 12**  
**Other Assets**

|  |       |                    |
|--|-------|--------------------|
| Prepaid Expenses and Deferred Charges..... |       | 140,283.           |
|  | Total | <u>\$ 140,283.</u> |

**Statement 5**  
**Form 199, Schedule L, Line 18**  
**Other Liabilities**

|                       |       |                    |
|-----------------------|-------|--------------------|
| ACCRUED EXPENSES..... |       | 81,547.            |
| ACCRUED VACATION..... |       | 150,674.           |
| Rounding.....         |       | 1.                 |
|                       | Total | <u>\$ 232,222.</u> |

**Statement 6**  
**Form 199, Schedule M-1, Line 5**  
**Expenses Recorded on Books Not Deducted on Return**

|                      |    |               |
|----------------------|----|---------------|
| INVESTMENT FEES..... | \$ | 5,850.        |
| Total                | \$ | <u>5,850.</u> |

**Statement 7**  
**Form 199, Schedule M-1, Line 7**  
**Income Recorded on Books Not on Return**

|                                      |    |                |
|--------------------------------------|----|----------------|
| NET UNREALIZED INVESTMENT GAINS..... | \$ | 14,766.        |
| Total                                | \$ | <u>14,766.</u> |

COPY



MAIL TO:  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470  
(916) 210-6400

## ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

**Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-306, 309, 311, and 312**

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
(916) 210-6400

WEBSITE ADDRESS:  
[www.ag.ca.gov/charities/](http://www.ag.ca.gov/charities/)

|   |  |
|---|--|
| <p><b>HOSPICE OF THE VALLEYS SC, INC.</b><br/>Name of Organization</p> <p>List all DBAs and names the organization uses or has used<br/><b>25240 HANCOCK AVE, STE 120</b><br/>Address (Number and Street)</p> <p><b>MURRIETA, CA 92562</b><br/>City or Town, State and ZIP Code</p> <p><b>951-200-7800</b>      <b>LCVAR@HOVSC.ORG</b><br/>Telephone Number      E-mail Address</p> | <p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>51798</u></p> <p>Corporation or Organization No. <u>1131444</u></p> <p>Federal Employer ID No. <u>95-3846314</u></p> |
|---|--|

**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)  
Make Check Payable to Department of Justice**

| Gross Annual Revenue           | Fee  | Gross Annual Revenue              | Fee  | Gross Annual Revenue                  | Fee   |
|--------------------------------|------|-----------------------------------|------|---------------------------------------|-------|
| Less than \$25,000             | 0    | Between \$100,001 and \$250,000   | \$50 | Between \$1,000,001 and \$10 million  | \$150 |
| Between \$25,000 and \$100,000 | \$25 | Between \$250,001 and \$1 million | \$75 | Between \$10,000,001 and \$50 million | \$225 |
|                                |      |                                   |      | Greater than \$50 million             | \$300 |

**PART A – ACTIVITIES**

For your most recent full accounting period (beginning 1/01/20 ending 12/31/20) list:

Gross Annual Revenue \$ 6,294,808.    Noncash Contributions \$ 0.    Total Assets \$ 2,899,185.

Program Expenses \$ 5,310,619.    Total Expenses \$ 6,185,398.

**PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

|   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| 1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 During this reporting period, were any organization funds used to pay any penalty, fine or judgment?  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 During this reporting period, did the organization receive any governmental funding?<br><span style="float: right;">SEE STATEMENT 1</span>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 6 During this reporting period, did the organization hold a raffle for charitable purposes?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 Does the organization conduct a vehicle donation program?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?<br><span style="float: right;">SEE STATEMENT 2</span>   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 9 At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

**LYNETTE CVAR**
**CAO/CFO**  
 Signature of Authorized Agent      Printed Name      Title      Date

HOSPICE OF THE VALLEYS SC, INC.

95-3846314

**Statement 1**  
**Form RRF-1, Part B, Line 5**  
**Government Agency That Provided Funding**

CITY OF MENIFEE  
29714 HAUN ROAD  
MURRIETA, CA 92586

US HHS - CARES Act of 2020  
5055 RUFFIN ROAD  
SAN DIEGO, CA 92123

FALLBROOK REGIONAL HEALTH DISTRICT  
138 SOUTH BRANDON RD  
FALLBROOK, CA 92028

**Statement 2**  
**Form RRF-1, Part B, Line 8**  
**Audited Financial Statements**

AUDITED FINANCIAL STATEMENTS PREPARED BY INDEPENDENT CPA.

COPY

California Deductions (Form 199)  
Compensation of officers, directors and trustees [O]

|                            |       |                           |
|----------------------------|-------|---------------------------|
| MARTA SARVER-MARTINEZ..... | \$    | 128,035.                  |
| LYNETTE CVAR.....          |       | <u>120,893.</u>           |
|                            | Total | <u><u>\$ 248,928.</u></u> |

COPY



**HOSPICE OF THE VALLEYS SC, INC.  
(A California Not-for-Profit Organization)**

**FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT**

**For the Year Ended  
December 31, 2020  
(With Comparative Amounts as of December 31, 2019)**

DRAFT

**HOSPICE OF THE VALLEYS SC, INC.**

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*December 31, 2020*

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**FINANCIAL SECTION**

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DRAFT

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***Financial Section***

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## INDEPENDENT AUDITORS' REPORT

Board of Directors  
Hospice of the Valleys SC, Inc.  
Murrieta, California

### **Report on the Financial Statements**

We have audited the accompanying financial statements of Hospice of the Valleys SC, Inc. (a California nonprofit organization) which comprise the statement of financial position as of December 31, 2020 and 2019, and the related statements of activities, functional expenses, and cash flows for the year then ended, and the related notes to the financial statements.

### **Management's Responsibility for the Financial Statements**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### **Auditors' Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Hospice of the Valleys SC, Inc. as of December 31, 2020, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

**Report on Summarized Comparative Information**

We have previously audited Hospice of the Valleys SC, Inc.'s 2019 financial statements, and we expressed an unmodified opinion on those audited financial statements in our report dated September 17, 2020. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2019, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Murrieta, California  
July 31, 2021

DRAFT

**HOSPICE OF THE VALLEYS SC, INC.***Statement of Financial Position**December 31, 2020**(With Comparative Information as of December 31, 2019)*

|   | <u>2020</u>                | <u>2019</u>                |
|---|----------------------------|----------------------------|
| <b>ASSETS</b>                             |                            |                            |
| Current assets:                           |                            |                            |
| Cash and cash equivalents                 | \$ 1,514,401               | \$ 1,527,920               |
| Investments (Note 3)                      | 485,950                    | 459,657                    |
| Patient accounts receivable, net (Note 4) | 551,270                    | 504,931                    |
| Grants and other receivables              | 31,588                     | 30,521                     |
| Inventory                                 | 44,341                     | -                          |
| Prepays and deposits (Note 5)             | 140,283                    | 133,513                    |
| Total current assets                      | <u>2,767,833</u>           | <u>2,656,542</u>           |
| Property and equipment (Note 6):          |                            |                            |
| Depreciable assets                        | 661,942                    | 628,512                    |
| Accumulated depreciation                  | <u>(530,591)</u>           | <u>(464,072)</u>           |
| Property and equipment, net               | <u>131,351</u>             | <u>164,440</u>             |
| <b>Total assets</b>                       | <u><u>\$ 2,899,184</u></u> | <u><u>\$ 2,820,982</u></u> |
| <b>LIABILITIES AND NET ASSETS</b>         |                            |                            |
| <b>Liabilities</b>                        |                            |                            |
| Current liabilities:                      |                            |                            |
| Accounts payable                          | \$ 88,100                  | \$ 68,701                  |
| Accrued expenses                          | <u>81,547</u>              | <u>176,455</u>             |
| Total current liabilities                 | 169,647                    | 245,156                    |
| Long-term liabilities:                    |                            |                            |
| Accrued vacation payable                  | <u>150,674</u>             | <u>118,224</u>             |
| <b>Total liabilities</b>                  | 320,321                    | 363,380                    |
| <b>Net Assets</b>                         |                            |                            |
| Without donor restrictions                | <u>2,578,863</u>           | <u>2,457,602</u>           |
| <b>Total liabilities and net assets</b>   | <u><u>\$ 2,899,184</u></u> | <u><u>\$ 2,820,982</u></u> |

**HOSPICE OF THE VALLEYS SC, INC.***Statement of Activities**For the Year Ended December 31, 2020**(With Comparative Information for the Year Ended December 31, 2019)*

|   | <b>Without Donor Restrictions</b> |                     |
|---|-----------------------------------|---------------------|
|   | <b>2020</b>                       | <b>2019</b>         |
| <b>REVENUES AND OTHER SUPPORT</b>           |                                   |                     |
| Patient service revenue - net (Note 7)      | \$ 5,704,345                      | \$ 5,861,297        |
| Contributions and memorials/bequests        | 73,126                            | 56,029              |
| Fundraising events, net (Note 9)            | 42,952                            | 107,795             |
| Grants (Note 8)                             | 458,074                           | 10,322              |
| Total revenues and other support            | <u>6,278,497</u>                  | <u>6,035,443</u>    |
| <b>EXPENSES</b>                             |                                   |                     |
| Program Services:                           |                                   |                     |
| Patient services                            | 5,310,619                         | 4,838,997           |
| Supporting Services:                        |                                   |                     |
| Management and general                      | 758,367                           | 666,102             |
| Fundraising and development                 | 113,477                           | 135,412             |
| Total expenses                              | <u>6,182,463</u>                  | <u>5,640,511</u>    |
| <b>Change in net assets from operations</b> | <u>96,034</u>                     | <u>394,932</u>      |
| <b>OTHER GAINS/(LOSSES)</b>                 |                                   |                     |
| Investment earnings (Note 3)                | 25,227                            | 37,807              |
| Loss on disposal of equipment (Note 7)      | -                                 | (1,037)             |
| Total other gains/(losses)                  | <u>25,227</u>                     | <u>36,770</u>       |
| <b>Change in net assets</b>                 | 121,261                           | 431,702             |
| <b>NET ASSETS</b>                           |                                   |                     |
| Beginning of the Year                       | <u>2,457,602</u>                  | <u>2,025,900</u>    |
| End of the Year                             | <u>\$ 2,578,863</u>               | <u>\$ 2,457,602</u> |

**HOSPICE OF THE VALLEYS SC, INC.***Statement of Cash Flows**For the Year Ended December 31, 2020**(With Comparative Information for the Year Ended December 31, 2019)*

|   | <u>2020</u>         | <u>2019</u>         |
|---|---------------------|---------------------|
| <b>CASH FLOWS FROM OPERATING ACTIVITIES</b>   |                     |                     |
| <b>Change in net assets</b>   | \$ 96,034           | \$ 394,932          |
| <b>Adjustments to reconcile increase in net assets to net cash provided by operating:</b> |                     |                     |
| Depreciation expense  | 66,519              | 53,958              |
| Unrealized gain (loss) on investments (net fees)  | 25,227              | 37,295              |
| (Increase) decrease in operating assets:  |                     |                     |
| Patient accounts receivable, net  | (46,339)            | (1,405)             |
| Grants and contributions receivable   | (1,067)             | 27,389              |
| Inventory   | (44,341)            |                     |
| Prepays and deposits  | (6,770)             | (31,467)            |
| Increase (decrease) in operating liabilities:   |                     |                     |
| Accounts payable  | 19,399              | (31,593)            |
| Accrued expenses and vacation payable   | (62,458)            | 38,444              |
| <b>Net cash provided by operating activities</b>  | <u>46,204</u>       | <u>487,553</u>      |
| <b>CASH FLOWS FROM INVESTING ACTIVITIES</b>   |                     |                     |
| Purchases of investments  | (26,293)            | (81,828)            |
| Purchases of equipment  | (33,430)            | (104,951)           |
| <b>Net cash used in investing activities</b>  | <u>(59,723)</u>     | <u>(186,779)</u>    |
| <b>Net increase(decrease) in cash and cash equivalents</b>                                | (13,519)            | 300,774             |
| <b>CASH AND CASH EQUIVALENTS:</b>   |                     |                     |
| Beginning of year   | <u>1,527,920</u>    | <u>1,227,146</u>    |
| End of year   | <u>\$ 1,514,401</u> | <u>\$ 1,527,920</u> |



**HOSPICE OF THE VALLEYS SC, INC.***Statement of Functional Expenses**For the Year Ended December 31, 2020**(With Comparative Information for the Year Ended December 31, 2019)*

|                                   | Program Services    |                            | Supporting Services         |                     | 2020                | 2019 |
|-----------------------------------|---------------------|----------------------------|-----------------------------|---------------------|---------------------|------|
|                                   | Patient Services    | General and Administrative | Fundraising and Development | Total Expenses      | Total Expenses      |      |
| <b>EXPENSES</b>                   |                     |                            |                             |                     |                     |      |
| Patient care expenses             | \$ 1,146,857        | \$ -                       | \$ -                        | \$ 1,146,857        | \$ 1,128,996        |      |
| Payroll and related expenses      | 3,723,664           | 498,301                    | 84,881                      | 4,306,846           | 3,894,712           |      |
| Facility and related expenses     | 171,808             | 55,289                     | 10,803                      | 237,900             | 153,545             |      |
| Computer maintenance and service  | 51,959              | 79,594                     | 514                         | 132,067             | 115,461             |      |
| Legal and professional            | 55,633              | 29,646                     | 6,272                       | 91,551              | 36,925              |      |
| Depreciation expense              | 39,624              | 26,498                     | 397                         | 66,519              | 53,958              |      |
| Insurance                         | 18,637              | 35,512                     | -                           | 54,149              | 52,762              |      |
| Postage and printing              | 17,903              | 2,361                      | 3,121                       | 23,385              | 13,442              |      |
| Training and continuing education | 15,958              | 1,439                      | 116                         | 17,513              | 15,416              |      |
| Other operating expenses          | 34,187              | 29,677                     | 7,169                       | 71,033              | 175,294             |      |
| Advertising and marketing         | 34,389              | 50                         | 204                         | 34,643              | -                   |      |
| <b>Total expense</b>              | <b>\$ 5,310,619</b> | <b>\$ 758,367</b>          | <b>\$ 113,477</b>           | <b>\$ 6,182,463</b> | <b>\$ 5,640,511</b> |      |

## **HOSPICE OF THE VALLEYS SC, INC.**

### *Notes to Financial Statements*

*December 31, 2020*

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#### **NOTE 1 – NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

##### **A. Nature of Activities**

Hospice of the Valleys SC (Organization) is a nonprofit provider of hospice services in Southwest Riverside County and Fallbrook, California. The Organization provides a coordinated, comprehensive program including physical, social, emotional, spiritual, and bereavement support to terminally ill patients and their families. Hospice of the Valleys SC was formed in 1982.

Approximately 87 percent of the Organization's revenue is obtained through Medicare cost-reimbursement contracts.

##### **B. Basis of Presentation and Accounting**

The financial statements of the Organization have been prepared on the accrual basis in accordance with accounting principles generally accepted in the United States of America. The financial statements are presented in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958 dated August 2016, and the provisions of the American Institute of Certified Public Accountants (AICPA) "Audit and Accounting Guide for Not-for-Profit Organizations" (the "Guide"). ASC 958-205 was effective January 1, 2018 and addresses general-purpose external financial statements appropriate for not-for-profit organizations.

Under the provisions of the ASC 958-205, net assets and revenues, and gains and losses are classified based on the existence or absence of donor-imposed restrictions. Accordingly, the net assets of the Organization and changes therein are classified as follows:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. The Organization's board may designate assets without restrictions for specific operational purposes from time to time.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors, and grantors. Some donor restrictions are temporary in nature; those restrictions will be met either by the actions of the not-for-profit organization to satisfy a particular purpose restriction, or by the passage of time. Some donor restrictions are perpetual (or permanent) in nature, whereby the donor has stipulated the funds be maintained in perpetuity, whereby the corpus of the donation must remain unspent.

##### **C. Revenue Recognition**

Net patient revenue is reported at the estimated net realizable amounts from third-party payors for services rendered to patients. A substantial portion of the Organization's revenue is derived from patient charges under the Federal Medicare program from which it receives a daily rate for hospice services provided to Medicare patients. The Organization also derives a portion of its revenue from patient charges under the California Medi-Cal program and has signed contracts with health maintenance organizations and insurance companies to provide services. Revenue is recognized at the end of the month that services are provided.

The Organization has also adopted FASB ASC 958-605. The "Contributions Received" subsections of that standard provides guidance for contributions of cash and other assets received, including promises to give. Contributions, including sponsorships, are recognized as revenue at the earlier of the period promised or earned and received. Contributions received with the presence of donor-imposed restrictions are reported in the Statement of Activities in the column 'with donor restrictions,' subject to time, purpose or other conditionality. Once restrictions have been satisfied, amounts are reclassified to 'without donor restrictions.'

## HOSPICE OF THE VALLEYS SC, INC.

### Notes to Financial Statements

December 31, 2020

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#### NOTE 1 – NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

##### C. Revenue Recognition (continued)

If donor-imposed restrictions are satisfied within the same accounting period as revenue is earned, the Organization's policy is to present the amounts as without donor restrictions. Grants are recognized during the period the contract is entered and related services have been performed. Events revenues is recognized upon completed services performed.

##### D. Contributed Services

During the year ended December 31, 2020, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded. In addition, many individuals volunteer their time and perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services. In 2020, due to the global pandemic (COVID-19), the volunteer staff of the Organization was significantly reduced.

##### E. Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

##### F. Fair Value Measurements

In accordance with fair value measurements, the Organization categorizes its assets and liabilities measured at fair value into a three-level hierarchy based on the priority of the inputs to the valuation technique used to determine fair value. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). If the inputs used in the determination of the fair value measurement fall within different levels of the hierarchy, the categorization is based on the lowest level input that is significant to the fair value measurement.

Financial assets and liabilities recorded on the statement of financial position are categorized based on the inputs to the valuation techniques as follows:

*Level 1* – Inputs that reflect unadjusted quoted prices in active markets for identical investments, such as stocks, corporate and government bonds. The Organization has the ability to access the holding and quoted prices as of the measurement date.

*Level 2* – Inputs, other than quoted prices, that are observable for the asset or liability either directly or indirectly, including inputs from markets that are not considered to be active.

*Level 3* – Inputs that are unobservable. Unobservable inputs reflect the Organization's own assumptions about the factors market participants would use in pricing an investment, and is based on the best information available in the circumstances.

##### G. Cash and Cash Equivalents

Cash consists of funds held in various financial institutions. The Organization considers certificates of deposit with a maturity date of 90 days or longer to be investments. Also, the Organization considers positions held within equities, fixed income, and other marketable securities to be investments.

## **HOSPICE OF THE VALLEYS SC, INC.**

### *Notes to Financial Statements*

*December 31, 2020*

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#### **NOTE 1 – NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

##### **H. Custodial Credit Risk**

Cash balances are insured up to \$250,000 by the Federal Depository Insurance Corporation (FDIC). From time to time total cash and cash equivalents deposited with third party financial institutions by the Organization may exceed amounts not covered by the FDIC. As of December 31, 2020, there was \$1,067,440 in cash and cash equivalents held in excess of the FDIC limit.

##### **I. Investments**

Investments are stated at fair value at the Statement of Financial Position date as required by FASB. Net realized and unrealized gains/losses on investments are presented on the Statement of Activities, with respect to any donor restrictions, as investment return. Investment return is presented net of related internal and external fees. The average cost method is used to determine the basis for computing realized gains/losses.

##### **J. Accounts Receivable**

Accounts receivable are presented net of the allowance for doubtful accounts. The Organization provides an allowance for doubtful collections based upon a review of outstanding receivables, historical collections information, and existing economic conditions. Collection efforts are pursued on all valid receivables until appeals are exhausted or the account is deemed uncollectible. At that point, the account is written off.

##### **K. Promises to Give**

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. Donor-restricted contributions are reported as increases in net assets with donor restrictions depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions.

##### **L. Prepaid Expenses**

Certain payments to vendors reflect costs applicable to future accounting periods and are recorded as prepaid expenses.

##### **M. Property and Equipment**

It is the Organization's policy to capitalize property and equipment over \$500. Purchased property and equipment are reported at historical cost or estimated historical cost. Contributed assets are recorded as contributions at their estimated fair value as of the date received. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose or time of use. Additions, improvements, and other capital outlays that significantly extend the useful life of an asset are capitalized. Other costs incurred for repairs and maintenance are expensed as incurred.

Property and equipment are depreciated using the straight-line method of depreciation over the estimated useful life of the related assets of three to seven years.

##### **N. Accrued Vacation Payable**

The Organization offers paid vacation to employees based on length of employment and position type. The balance at the end of the period is estimated by a multiple of each employee's respective accrued hours of vacation and his or her rate of pay at the period end date, including statutory benefits. This is reported as a long-term liability.

## HOSPICE OF THE VALLEYS SC, INC.

### Notes to Financial Statements

December 31, 2020

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#### NOTE 1 – NATURE OF ACTIVITIES AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

##### O. Income Taxes

The Organization is a non-profit public-benefit corporation and has been recognized as tax-exempt pursuant to Section 501(c)(3) of the Internal Revenue Code and Section 23701d of the California Revenue and Taxation Code. Accordingly, no provision has been made for income taxes. Management has evaluated its tax positions and the certainty as to whether those positions will be sustained in the event of an audit by taxing authorities at the federal and state levels.

The primary tax positions evaluated are related to the Organization's continued qualification as a tax-exempt organization and whether there are unrelated business income activities conducted that would be taxable. Management has determined that all income tax positions are more likely than not of being sustained upon potential audit or examination; therefore, no disclosures of uncertain income tax positions are required. The Organization files informational returns in the U.S. federal jurisdiction and the state of California.

##### P. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function, as shown in the Statement of Functional Expenses. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. Such allocations are determined by management on an equitable basis.

The expenses that are allocated include the following:

| <u>Expense</u>                      | <u>Method of Allocation</u>        |
|-------------------------------------|------------------------------------|
| Grants                              | Time and effort                    |
| Salaries and benefits               | Time and effort                    |
| Occupancy / rent / facility-related | Facilities square footage          |
| Insurance                           | Policy type and nature of coverage |
| Supplies                            | Time and effort                    |
| Depreciation                        | Department use                     |
| Amortization                        | Department use                     |

#### NOTE 2 – LIQUIDITY AND AVAILABLE RESOURCES

The Organization's financial assets available within one year of the statement of financial position date for general expenditure are as follows:

| <u>Description</u>                                | <u>Amount</u>       |
|---|---------------------|
| Cash and cash equivalents                         | \$ 1,514,401        |
| Investments                                       | 485,950             |
| Patient accounts receivable, net                  | 551,270             |
| Grants and other receivables                      | 31,588              |
| Inventory   | 44,341              |
| Prepays and deposits                              | 140,283             |
| <b>Financial assets available within one year</b> | <b>\$ 2,767,833</b> |

## HOSPICE OF THE VALLEYS SC, INC.

### Notes to Financial Statements

December 31, 2020

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#### NOTE 2 – LIQUIDITY AND AVAILABLE RESOURCES (continued)

The Organization’s policy for liquidity management requires that it structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Cash in excess of daily requirements is invested in short-term investments.

#### NOTE 3 – INVESTMENTS

The fair values, related measurement input techniques and related maturities of the major types of investments held by the Organization at December 31, 2020, were as follows:

| Assets                   | Fair Value Input | Maturity (years)  |                  | Total             |
|--------------------------|------------------|-------------------|------------------|-------------------|
|                          |                  | Less than One     | One to Five      |                   |
| Fixed income securities  | Level 1          | \$ 324,922        | \$ -             | \$ 324,922        |
| Equities                 | Level 1          | 109,936           | -                | 109,936           |
| Certificates-of-deposit  | Level 1          | -                 | 51,092           | 51,092            |
| <b>Total investments</b> |                  | <b>\$ 434,858</b> | <b>\$ 51,092</b> | <b>\$ 485,950</b> |

The components of investment return, net of related expense, were as follows at December 31, 2020:

| Description   | Amount           |
|---|------------------|
| Dividend income                                     | \$ 14,354        |
| Interest income                                     | 966              |
| Realized gains/(losses) on investments              | 991              |
| Unrealized gains/(losses) on investments            | 14,766           |
| Total investment income/(loss)                      | 31,077           |
| Less: related fees                                  | (5,850)          |
| <b>Total investment return, net of related fees</b> | <b>\$ 25,227</b> |

#### NOTE 4 – PATIENT ACCOUNTS RECEIVABLE

Accounts receivable was comprised of the following amounts by major source and type at December 31, 2020:

| Description                             | Amount            |
|---|-------------------|
| Patient accounts receivable             | \$ 560,852        |
| Less: allowance for doubtful accounts   | (9,582)           |
| <b>Patient accounts receivable, net</b> | <b>\$ 551,270</b> |

**HOSPICE OF THE VALLEYS SC, INC.***Notes to Financial Statements**December 31, 2020*

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**NOTE 5 – PREPAIDS AND DEPOSITS**

Prepays and deposits were comprised of the following at December 31, 2020:

| <u>Description</u>                 | <u>Amount</u>     |
|------------------------------------|-------------------|
| Prepaid - other                    | \$ 101,413        |
| Prepaid insurance                  | 26,626            |
| Deposits                           | 12,244            |
| <b>Total prepaids and deposits</b> | <b>\$ 140,283</b> |

**NOTE 6 – PROPERTY AND EQUIPMENT**

Property and equipment as of December 31, 2020 consisted of the following:

| <u>Description</u>                                    | <u>Balance</u><br><u>January 1, 2020</u> | <u>Additions</u>   | <u>Retirements</u> | <u>Balance</u><br><u>Dec. 31, 2020</u> |
|---|--|--------------------|--------------------|--|
| <b>Property and equipment being depreciated:</b>      |  |                    |                    |  |
| Computer equipment                                    | \$ 587,950                               | \$ 32,516          | \$ -               | \$ 620,466                             |
| Furniture and fixtures                                | 32,728                                   | 914                | -                  | 33,642                                 |
| Leasehold improvements                                | 7,834                                    | -                  | -                  | 7,834                                  |
| <b>Total property and equipment being depreciated</b> | <b>628,512</b>                           | <b>33,430</b>      | <b>-</b>           | <b>661,942</b>                         |
| <b>Accumulated depreciation:</b>                      |  |                    |                    |  |
| Computer equipment                                    | (426,316)                                | (65,702)           | -                  | (492,018)                              |
| Furniture and fixtures                                | (29,921)                                 | (817)              | -                  | (30,738)                               |
| Leasehold improvements                                | (7,835)                                  | -                  | -                  | (7,835)                                |
| <b>Total accumulated depreciation</b>                 | <b>(464,072)</b>                         | <b>(66,519)</b>    | <b>-</b>           | <b>(530,591)</b>                       |
| <b>Total property and equipment, net</b>              | <b>\$ 164,440</b>                        | <b>\$ (33,089)</b> | <b>\$ -</b>        | <b>\$ 131,351</b>                      |

Depreciation expense of \$66,519 is allocated to the program services and supporting services based on percentage time of use dedicated to each function.

**NOTE 7 – PATIENT SERVICE REVENUE**

Patient service revenue consisted of the following at December 31, 2020:

| <u>Description</u>                         | <u>Amount</u>       |
|--|---------------------|
| Gross patient revenue                      | \$ 5,794,313        |
| Less: contractual allowance                | (89,968)            |
| <b>Total patient service revenue - net</b> | <b>\$ 5,704,345</b> |

## HOSPICE OF THE VALLEYS SC, INC.

### Notes to Financial Statements

December 31, 2020

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#### NOTE 8 - GRANT REVENUE

On April 17, 2020, the Organization received funds from the Provider Relief Fund (Fund). The Fund supports healthcare providers in the battle against the COVID-19 pandemic. Through the Coronavirus Aid, Relief, and Economic Security (CARES) Act, the federal government allocated \$178 billion in payments to be distributed through the Fund. All recipients of Fund payments are required to comply with the reporting requirements described in the Terms and Conditions and specified in future directions issued by the Health and Human Services (HHS) Secretary. HHS will require recipients to submit future reports relating to the recipient's use of Fund money. The Organization received an automatic allocation of \$376,465 from the Fund to be used for healthcare related expenses or lost revenue due to COVID-19. The full amount was recognized as grant revenue on the statement of activities for the year ended December 31, 2020.

#### NOTE 9 - FUNDRAISING EVENTS

During the year ended December 31, 2020, the Organization conducted the following fundraising events:

| Events                               | 2020             |                   |                  |
|--------------------------------------|------------------|-------------------|------------------|
|                                      | Revenues         | Direct Expenses   | Events, Net      |
| Butterfly memorial                   | \$ 4,810         | \$ (1,254)        | \$ 3,556         |
| Virtual silent auction               | 36,316           | (68)              | 36,248           |
| Other events                         | 4,761            | (1,613)           | 3,148            |
| <b>Total fundraising events, net</b> | <b>\$ 45,887</b> | <b>\$ (2,935)</b> | <b>\$ 42,952</b> |

#### NOTE 10 - PENSION COSTS

The Organization has a defined contribution 401(k) profit-sharing plan which covers substantially all employees meeting certain requirements for age and length of employment. Participants may, subject to prescribed limits, contribute to the plan. The Organization's contributions to the plan are discretionary and totaled \$72,110 for the year ended December 31, 2020.

#### NOTE 11 - OPERATING LEASES

The Organization entered a noncancelable lease for administrative office space effective July 1, 2020 to June 30, 2025. The lease calls for a deposit of \$12,244. Monthly payments are \$13,953, with annual increases of 3% beginning July 1, 2021. During 2020, lease expense was \$163,661.



**HOSPICE OF THE VALLEYS SC, INC.**

*Notes to Financial Statements*

*December 31, 2020*

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**NOTE 11 – OPERATING LEASES (continued)**

Future payments under this lease for the years ending December 31 are:

| <u>Year</u> | <u>Amount</u>     |
|-------------|-------------------|
| 2021        | \$ 169,944        |
| 2022        | 175,038           |
| 2023        | 180,294           |
| 2024        | 185,706           |
| 2025        | 94,224            |
| Total       | <u>\$ 805,206</u> |

**NOTE 12 – CURRENT AND SUBSEQUENT EVENTS**

Events subsequent to December 31, 2020 have been evaluated through July 31, 2021, the date at which the Organization's audited financial statements were available to be issued. No events requiring disclosures have occurred through this date.

**Global Pandemic**

At the end of the first quarter of calendar year 2020, the United States and global economy suffered a major decline due to the impact of the COVID-19 virus. This economic decline may affect the Organization's operations and investment earnings for the calendar year 2020 and beyond. However, the potential impact to the Organization is unknown at this time.