

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2001

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2001 calendar year, or tax year beginning 7/01/01, and ending 6/30/02

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **ANGELA HOSPICE HOME CARE, INC.**
 Number and street (or P.O. box if mail is not delivered to street address): **14100 NEWBURGH ROAD**
 Room/suite:
 City or town, state or country, and ZIP + 4: **LIVONIA MI 48154-5010**

D Employer ID number: **38-2755767**
E Telephone number: **734-464-7810**
F Accounting method: Accrual Cash Other (specify)

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

G Web site: **WWW.ANGELAHOSPICE.ORG**

J Organization type (check only one): 501(c) (3) < (insert no) 4947(a)(1) or 527

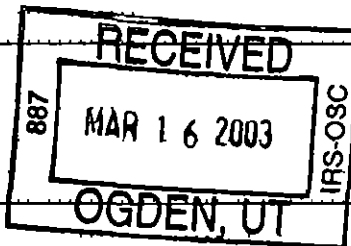
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: **7,434,792**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes" enter no. of affiliates: N/A Yes No
H(c) Are all affiliates included? N/A Yes No (If "No" attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN:
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	825,921		
b	Indirect public support	1b	98,026		
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ <u>923,947</u> noncash \$ _____)	1d	923,947		
2	Program service revenue including government fees and contracts (from Part VII line 93)	2	6,303,023		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	2,842		
5	Dividends and interest from securities	5	5,809		
6a	Gross rents	6a			
b	Less rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b	2,431		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-2,431		
			SEE STMT 1		
8d					-2,431
9	Special events and activities (attach schedule)				
a	Gross revenue (not including \$ <u>180,371</u> of contributions reported on line 1a)	9a	193,700		
b	Less direct expenses other than fundraising expenses	9b	104,349		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			89,351
10a	Gross sales of inventory less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII line 103)	11			5,471
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			7,328,012
13	Program services (from line 44, column (B))	13			4,458,588
14	Management and general (from line 44, column (C))	14			2,633,343
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17			7,091,931
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18			236,081
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19			6,245,749
20	Other changes in net assets or fund balances (attach explanation)	20			
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			6,481,830



FILMED APR 01 2003

5

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22			
23 Specific assistance to individuals	23			
24 Benefits paid to or for members	24			
25 Compensation of officers, directors, etc	25	60,000	60,000	
26 Other salaries and wages	26	3,780,235	2,583,867	1,196,368
27 Pension plan contributions	27	23,883	16,069	7,814
28 Other employee benefits	28	336,371	238,139	98,232
29 Payroll taxes	29	279,778	188,246	91,532
30 Professional fundraising fees	30			
31 Accounting fees	31	41,315		41,315
32 Legal fees	32	2,754		2,754
33 Supplies	33	601,674	569,186	32,488
34 Telephone	34	49,751	11,457	38,294
35 Postage and shipping	35	49,302	4,903	44,399
36 Occupancy	36			
37 Equipment rental and maintenance	37	18,402		18,402
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings	40	44,262	14,084	30,178
41 Interest	41	45,284		45,284
42 Depreciation, depletion, etc (att sch)	42	223,396		223,396
43 Other expenses not covered above (itemize) a	43a			
b SEE STATEMENT 2	43b	1,535,524	832,637	702,887
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22-43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	7,091,931	4,458,588	2,633,343

Joint Costs Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
<p>HOSPICE CARE</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p> <p>a TO PROVIDE SUPPORT SERVICES TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES, BOTH IN THEIR HOMES AND IN AN INPATIENT FACILITY.</p> <p>(Grants and allocations \$ _____)</p>	4,458,588
<p>b</p> <p>(Grants and allocations \$ _____)</p>	
<p>c</p> <p>(Grants and allocations \$ _____)</p>	
<p>d</p> <p>(Grants and allocations \$ _____)</p>	
<p>e Other program services (attach schedule) (Grants and allocations \$ _____)</p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	4,458,588

Part IV Balance Sheets (See Specific Instructions on page 24)

Note	Where required attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	365,066	45	41,273
46	Savings and temporary cash investments		46	
47a	Accounts receivable	1,257,915		
b	Less allowance for doubtful accounts	135,450	47c	1,122,465
48a	Pledges receivable			
b	Less allowance for doubtful accounts		48c	
49	Grants receivable	66,160	49	30,009
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	48,781	53	104,612
54	Investments-securities SEE STMT 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	169,605	54	313,989
55a	Investments-land buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment basis	8,252,118		
b	Less accumulated depreciation (attach schedule) SEE STMT 4	1,455,663	57c	6,796,455
58	Other assets (describe SEE STMT 5)	54,842	58	60,414
59	Total assets (add lines 45 through 58) (must equal line 74)	8,124,873	59	8,469,217
60	Accounts payable and accrued expenses	378,389	60	541,638
61	Grants payable		61	
62	Deferred revenue	42,947	62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	1,457,788	64b	1,445,749
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	1,879,124	66	1,987,387
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	6,192,144	67	6,422,562
68	Temporarily restricted		68	
69	Permanently restricted	53,605	69	59,268
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus or land, building, and equipment fund		71	
72	Retained earnings endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	6,245,749	73	6,481,830
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	8,124,873	74	8,469,217

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 26)

a	Total revenue, gains and other support per audited financial statements	a	7,429,129
b	Amounts included on line a but not on line 12, Form 990		
	(1) Net unrealized gains on investments \$		
	(2) Donated services and use of facilities \$		
	(3) Recoveries of prior year grants \$		
	(4) Other (specify)		
	SEE STMT 6		
	\$ 106,780		
	Add amounts on lines (1) through (4)	b	106,780
c	Line a minus line b	c	7,322,349
d	Amounts included on line 12 Form 990 but not on line a		
	(1) Investment expenses not included on line 6b Form 990 \$		
	(2) Other (specify)		
	SEE STMT 7		
	\$ 5,663		
	Add amounts on lines (1) and (2)	d	5,663
e	Total revenue per line 12 Form 990 (line c plus line d)	e	7,328,012

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	7,198,711
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify)		
	SEE STMT 8		
	\$ 106,780		
	Add amounts on lines (1) through (4)	b	106,780
c	Line a minus line b	c	7,091,931
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	7,091,931

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SISTER MARY RENETTA RUMPZ 36800 SCHOOLCRAFT LIVONIA, MI 48150	PROV MINISTR PART	0	0	0
SISTER MARY CYNTHIA ANN MACHLIK 36800 SCHOOLCRAFT LIVONIA, MI 48150	VICE-PRES PART	0	0	0
SISTER MARY ALFONSA VANOVERBERGHE 36800 SCHOOLCRAFT LIVONIA, MI 48150	TREASURER PART	0	0	0
SISTER MARY ALICE GRADOWSKI 36800 SCHOOLCRAFT LIVONIA, MI 48150	COUNCILR III PART	0	0	0
SISTER MARY JUANITA SZYMANSKI 36800 SCHOOLCRAFT LIVONIA, MI 48150	COUNCILOR IV PART	0	0	0
SISTER MARY GIOVANNI 36800 SCHOOLCRAFT LIVONIA, MI 48150	PRES/CEO FULL	60,000	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule-see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation dissolution termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies trustees officers, etc , to any other exempt or nonexempt organization?	80a	X
b	If "Yes " enter the name of the organization SEE STATEMENT 9 and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures See line 81 instr	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	Did the organization receive donated services or the use of materials equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes " you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A 84b	
85	501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members?	N/A 85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A 85b	
c	Dues assessments and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A 85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A 85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year did the organization own a 50% or greater interest in a taxable corporation or partnership or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes " complete Part IX	88	X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed MI		
b	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	90b	137
91	The books are in care of SHARON LEPLEY Located at LIVONIA, MI		
	Telephone no 734-464-7810 ZIP + 4 48150		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a NET PATIENT REVENUES					6,303,023
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	2,842	
96 Dividends and interest from securities			14	5,809	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-2,431
101 Net income or (loss) from special events			1	89,351	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b GIFT SHOP AND CAFETERIA			3	5,471	
c					
d					
e					
104 Subtotal (add columns (B), (D) and (E))			0	103,473	6,300,592
105 Total (add line 104, columns (B), (D) and (E))					6,404,065

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	NET INSURANCE PROCEEDS RECEIVED AS REIMBURSEMENT FOR THE CARE OF TERMINALLY ILL PATIENTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address and EIN of corporation, partnership or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 33)

- (a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization during the year pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Date 3/10/03
PRESIDENT/CEO

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

ANGELA HOSPICE HOME CARE, INC.

38-2755767

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
DR JAMES BOAL 9674 ANDOVER, BELLEVILLE, MI	MED DIRECTOR 40	125,471	10,590	0
SHARON LEPLEY 149 N WILLIAMS LK, WHITE LK, MI	DIR FINANCE 40	61,746	5,211	0
KAREN BOYD 21901 GARDNER, OAK PARK, MI	CLIN MGR 40	60,204	5,081	0
MARY BETH MONING 30045 MINGLEWOOD, FARM HLS, MI	ADMINISTRTR 40	56,151	4,739	0
AGNES COLAROSS I 1600 TERRITORIAL, PLYMOUTH, MI	CARE CTR MGR 40	55,312	4,668	0
Total number of other employees paid over \$50,000 ▶	3			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes " enter the total expenses paid or incurred in connection with the lobbying activities ▶ _____ (Must equal amount on line 38, Part VI-A or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes " must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year has the organization either directly or indirectly, engaged in any of the following acts with any substantial contributors trustees, directors officers creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 A Federal state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶**
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11 or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,360,856	956,047	948,107	1,001,026	4,266,036
16 Membership fees received					
17 Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	5,072,852	4,231,221	3,582,675	3,430,558	16,317,306
18 Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30 1975	10,634	4,876	332	15,917	31,759
19 Ivel income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge Do not incl the value of serv or fac generally furnished to the public without charge					
22 Other income Attach a schedule Do not include gain or (loss) from sale of cap assets STMT 10	7,993	19,534	6,787	2,477	36,791
23 Total of lines 15 through 22	6,452,335	5,211,678	4,537,901	4,449,978	20,651,892
24 Line 23 minus line 17	1,379,483	980,457	955,226	1,019,420	4,334,586
25 Enter 1% of line 23	64,523	52,117	45,379	44,500	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				86,692
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test Enter line 24, column (e)					4,334,586
d Add Amounts from column (e) for lines 18 31,759 19 22 36,791 26b					68,550
e Public support (line 26c minus line 26d total)					4,266,036
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					98.4185%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of and total amounts received in each year from, each "disqualified person" Do not file this list with your return Enter the sum of such amounts for each year N/A

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A

(2000)	(1999)	(1998)	(1997)
c Add Amounts from column (e) for lines 15 17	15 20	16 21	
d Add Line 27a total and line 27b total			
e Public support (line 27c total minus line 27d total)			
f Total support for section 509(a)(2) test Enter amount on line 23, column (e)			
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))			
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))			

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant and a brief description of the nature of the grant Do not file this list with your return Do not include these grants in line 15

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d		
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is- The lobbying nontaxable amount is-		
Not over \$500,000 20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 \$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below

See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr)

N/A

During the year, did the organization attempt to influence national state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies demonstrations seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

Mortgages and Other Notes Payable

Form
990/990-PF

2001

For calendar year 2001, or tax year beginning

7/01/01, and ending

6/30/02

Name

ANGELA HOSPICE HOME CARE, INC.

Employer Identification Number

38-2755767

FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) FELICIAN SISTERS, OSF OF LIVONIA	PARENT
(2) VARIOUS CAPITAL LEASES	NONE
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 2,000,000	6/01/94	6/30/16	\$12,000/MTH INC INT	3 000
(2) 128,663	VARIOUS	2/15/05	\$4,374/MTH INC INT	13.000
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) BUILDING	CONSTRUCT BUILDING
(2) EQUIPMENT	PURCHASE EQUIPMENT
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	1,450,967	1,349,103
(2)	6,821	96,646
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	1,457,788	1,445,749

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Whom Sold	Date Acquired	Date Sold	Sale Price	How Rec'd	Cost & Expense	Deprec	Gain/ -Loss
OFFICE FURNITURE				PURCHASE			
	1/01/91	6/30/02	\$		\$ 36,639	\$ 35,742	\$ -897
COMPUTER EQUIPMENT				PURCHASE			
	1/01/95	6/30/02			<u>36,541</u>	<u>35,007</u>	<u>-1,534</u>
TOTAL			\$	0	\$ <u>73,180</u>	\$ <u>70,749</u>	\$ <u>-2,431</u>

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund- Raising</u>
	\$	\$	\$	\$
EXPENSES				
AUTO AND MILEAGE	104,840	85,315	19,525	
MEDICAL EQUIPMENT	89,193	89,193		
PROGRAM EXPENSES	70,887	49,212	21,675	
NURSING HOMES AND HOSPITALS	408,568	408,568		
CONTRACT SERVICES	92,492	92,492		
LAUNDRY AND LINEN	19,064	19,064		
DIETARY SUPPLIES	39,978	39,978		
HOUSEKEEPING SUPPLIES	18,859	18,859		
AMBULANCE	14,231	14,231		
X-RAY COSTS	5,689	5,689		
DUES, SUBSCRIPTIONS & LICENSE	25,425	4,080	21,345	
RECRUITMENT	5,956	5,956		
MARKETING AND ADVERTISING	48,703		48,703	
REPAIRS AND MAINTENANCE	150,436		150,436	
UTILITIES	128,301		128,301	
COMPUTER SUPPORT & EXPENSE	78,021		78,021	
BANK CHARGES	17,524		17,524	
INSURANCE-GENERAL	37,620		37,620	
PROMOTIONAL EXPENSES	39,247		39,247	
MISCELLANEOUS EXPENSE	33,275		33,275	
BAD DEBT EXPENSE	66,415		66,415	
UNREALIZED LOSS-INVESTMENTS	40,800		40,800	
TOTAL	<u>\$ 1,535,524</u>	<u>\$ 832,637</u>	<u>\$ 702,887</u>	<u>\$ 0</u>

Federal Statements

Statement 3 - Form 990, Part IV, Line 54 - Investments in Securities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CORPORATE STOCK MARKETABLE SECURITIES	169,605	141,906	MARKET
CORPORATE BONDS CORPORATE BONDS		172,083	MARKET
	<u>169,605</u>	<u>313,989</u>	

Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
BUILDING	\$ 3,844,464	\$ 736,065	\$ 3,844,464	\$ 832,252
OFFICE FURNITURE & EQUIPMENT	637,940	483,518	709,944	451,237
BUILDING IMPROVEMENTS	507,573	127,731	522,748	172,174
ARCHITECT AND RELATED FEES			230,462	
LAND	<u>2,944,500</u>		<u>2,944,500</u>	
TOTAL	<u>\$ 7,934,477</u>	<u>\$ 1,347,314</u>	<u>\$ 8,252,118</u>	<u>\$ 1,455,663</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CSV LIFE INSURANCE	\$ 1,237	\$ 1,146
ASSETS LIMITED AS TO USE	<u>53,605</u>	<u>59,268</u>
TOTAL	<u>\$ 54,842</u>	<u>\$ 60,414</u>

Federal Statements

Statement 6 - Form 990, Part IV-A - Other Revenue Included in Financial Statements

Description	Amount
FUNDRAISING EXPENSES	\$ 104,349
LOSS ON FIXED ASSET DISPOSAL	2,431
TOTAL	<u>\$ 106,780</u>

Statement 7 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
ENDOWMENT CONTRIBUTIONS	\$ 5,663
TOTAL	<u>\$ 5,663</u>

Statement 8 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

Description	Amount
FUNDRAISING EXPENSES	\$ 104,349
LOSS ON FIXED ASSET DISPOSAL	2,431
TOTAL	<u>\$ 106,780</u>

Statement 9 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

FELICIAN SISTERS OF LIVONIA
UNITED STATES CATHOLIC CONFERENCE

Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2000</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>
MISCELLANEOUS INCOME	\$ <u>7,993</u>	\$ <u>19,534</u>	\$ <u>6,787</u>	\$ <u>2,477</u>
TOTAL	\$ <u><u>7,993</u></u>	\$ <u><u>19,534</u></u>	\$ <u><u>6,787</u></u>	\$ <u><u>2,477</u></u>

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization ANGELA HOSPICE HOME CARE, INC.	Employer identification number 38-2755767
File by the due date for filing your return. See instructions	Number street and room or suite no. If a P O box, see instructions 14100 NEWBURGH ROAD	
	City, town or post office state, and ZIP code. For a foreign address, see instructions LIVONIA MI 48154-5010	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

● 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 EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 2/17/03 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning 7/01/01 and ending 6/30/02

2 If this tax year is for less than 12 months check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature ▶ Paul A. Wilho Title ▶ CPA Date ▶ 11/15/02

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box



Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy

Table with 3 columns: Type or print, Name of Exempt Organization, Employer Identification number. Row 1: ANGELA HOSPICE HOME CARE, INC., 38-2755767. Row 2: 14100 NEWBURGH ROAD, For IRS use only. Row 3: LIVONIA MI 48154-5010

Check type of return to be filed (File a separate application for each return)

Form with checkboxes for various return types: Form 990, Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), Form 1041 A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069.

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 5/15/03. 5 For calendar year or other tax year beginning 7/01/01 and ending 6/30/02. 6 If this tax year is for less than 12 months, check reason: Initial return, Final return, Change in accounting period.

7 State in detail why you need the extension: INFORMATION FROM AUDITED FINANCIAL STATEMENTS NECESSARY TO COMPLETE RETURN IS NOT COMPLETE AND AVAILABLE AT THIS TIME.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due Subtract line 8b from line 8a. Include your payment with this form, or, if required deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System) See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete, and that I am authorized to prepare this form.

Signature: [Handwritten Signature] Title: CPA Date: 2/12/03

Notice to Applicant-To Be Completed by the IRS

Form with checkboxes for IRS notice: We have approved this application. We have not approved this application. However, we have granted a 10-day grace period. We have not approved this application. After considering the reasons stated in item 7 we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other.

By: _____ Date: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Table with 3 columns: Type or print, Name, Number and street, City or town, province or state, and country. Row 1: WILKIE & MILLER, CPAS, P.C., 10 W SQUARE LAKE RD SUITE 220, BLOOMFIELD HILLS MI 48302