

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)

2002

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 2002 calendar year, or tax year beginning 7/01/02, and ending 6/30/03

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

Please use IRS label or print or type
See Specific Instructions.

C Name of organization
ANGELA HOSPICE HOME CARE, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
14100 NEWBURGH ROAD

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 Cash Accrual 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.

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 ▶

H(c) Are all affiliates included? Yes No (If "No" att. 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 ▶

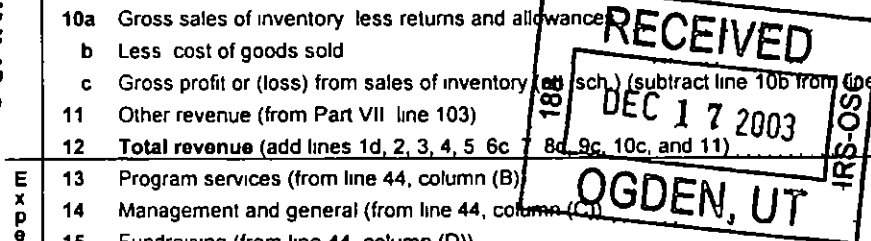
M Check if the organization is not required to attach Sch. B (Form 990 990-EZ or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **7,280,360**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

RECEIVED

EXPENSES



| | | | | | |
|------------|--|----------------|------------------|------------------|--|
| 1 | Contributions, gifts, grants and similar amounts received | | | | |
| a | Direct public support | 1a | 1,022,691 | | |
| b | Indirect public support | 1b | 168,210 | | |
| c | Government contributions (grants) | 1c | | | |
| d | Total (add lines 1a through 1c) (cash \$ 1,190,901 noncash \$) | 1d | | 1,190,901 | |
| 2 | Program service revenue including government fees and contracts (from Part VII line 93) | 2 | | 5,954,378 | |
| 3 | Membership dues and assessments | 3 | | | |
| 4 | Interest on savings and temporary cash investments | 4 | | 9,369 | |
| 5 | Dividends and interest from securities | 5 | | 4,254 | |
| 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 ▶ SEE STMT 1) | 7 | | 18,223 | |
| 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 | 714 | | |
| d | Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8c | -714 | | |
| d | | 8d | | -714 | |
| 9 | Special events and activities (attach schedule) | | | | |
| a | Gross revenue (not including \$ 330,880 of contributions reported on line 1a) | 9a | 89,533 | | |
| b | Less direct expenses other than fundraising expenses | 9b | | | |
| c | Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | 89,533 | |
| 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 sch.) (subtract line 10b from line 10a) | 10c | | | |
| 11 | Other revenue (from Part VII line 103) | 11 | | 13,702 | |
| 12 | Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | | 7,279,646 | |
| 13 | Program services (from line 44, column (B)) | 13 | | 5,371,389 | |
| 14 | Management and general (from line 44, column (C)) | 14 | | 1,907,993 | |
| 15 | Fundraising (from line 44, column (D)) | 15 | | 129,114 | |
| 16 | Payments to affiliates (attach schedule) | 16 | | | |
| 17 | Total expenses (add lines 16 and 44, column (A)) | 17 | | 7,408,496 | |
| 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | | -128,850 | |
| 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | | 6,481,830 | |
| 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 | | 6,352,980 | |

513

1

Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses

and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---------------|----------------------|----------------------------|-----------------|
| 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 3,944,521 | 3,044,532 | 899,989 | |
| 27 Pension plan contributions | 27 24,023 | 18,550 | 5,473 | |
| 28 Other employee benefits | 28 385,708 | 297,839 | 87,869 | |
| 29 Payroll taxes | 29 315,649 | 240,797 | 74,852 | |
| 30 Professional fundraising fees | 30 | | | |
| 31 Accounting fees | 31 38,715 | | 38,715 | |
| 32 Legal fees | 32 3,533 | | 3,533 | |
| 33 Supplies | 33 552,603 | 552,603 | | |
| 34 Telephone | 34 52,419 | 6,295 | 46,124 | |
| 35 Postage and shipping | 35 47,552 | 5,090 | 42,462 | |
| 36 Occupancy | 36 | | | |
| 37 Equipment rental and maintenance | 37 25,654 | | 25,654 | |
| 38 Printing and publications | 38 | | | |
| 39 Travel | 39 107,165 | 86,925 | 20,240 | |
| 40 Conferences, conventions, and meetings | 40 26,807 | 24,717 | 2,090 | |
| 41 Interest | 41 50,832 | 18,676 | 32,156 | |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 248,280 | 73,193 | 175,087 | |
| 43 Other expenses not covered above (itemize) a | 43a | | | |
| b SEE STATEMENT 3 | 43b 1,525,035 | 1,002,172 | 393,749 | 129,114 |
| 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 7,408,496 | 5,371,389 | 1,907,993 | 129,114 |

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 page 24 of the instructions)

| What is the organization's primary exempt purpose? | Program Service Expenses (Required for 501(c)(3) & (4) orgs. & 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> | 5,371,389 |
| <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)</p> <p>(Grants and allocations \$ _____)</p> | |
| <p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p> | 5,371,389 |

Part IV Balance Sheets (See page 24 of the instructions)

| Note | Where required attached schedules and amounts within the description column should be for end-of-year amounts only | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-----|--------------------|
| 45 | Cash - non-interest-bearing | 41,273 | 45 | 35,457 |
| 46 | Savings and temporary cash investments | 59,268 | 46 | 64,557 |
| 47a | Accounts receivable | 1,036,913 | | |
| b | Less allowance for doubtful accounts | 75,000 | 47c | 961,913 |
| 48a | Pledges receivable | | | |
| b | Less allowance for doubtful accounts | | 48c | |
| 49 | Grants receivable | 30,009 | 49 | 28,689 |
| 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 | 104,612 | 53 | 120,425 |
| 54 | Investments-securities SEE STMT 4 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV | 313,989 | 54 | 348,368 |
| 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 | 8,379,409 | | |
| b | Less accumulated depreciation (attach schedule) SEE STMT 5 | 1,680,685 | 57c | 6,698,724 |
| 58 | Other assets (describe SEE STMT 6) | 1,146 | 58 | 1,155 |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | 8,469,217 | 59 | 8,259,288 |
| 60 | Accounts payable and accrued expenses | 541,638 | 60 | 624,157 |
| 61 | Grants payable | | 61 | |
| 62 | Deferred revenue | | 62 | |
| 63 | Loans from officers directors trustees, and key employees (attach schedule) | | 63 | |
| 64a | Tax-exempt bond liabilities (attach schedule) | | 64a | |
| b | Mortgages and other notes payable (attach schedule) SEE WORKSHEET | 1,445,749 | 64b | 1,282,151 |
| 65 | Other liabilities (describe) | | 65 | |
| 66 | Total liabilities (add lines 60 through 65) | 1,987,387 | 66 | 1,906,308 |
| Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | |
| 67 | Unrestricted | 6,422,562 | 67 | 6,288,423 |
| 68 | Temporarily restricted | | 68 | |
| 69 | Permanently restricted | 59,268 | 69 | 64,557 |
| 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) | 6,481,830 | 73 | 6,352,980 |
| 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | 8,469,217 | 74 | 8,259,288 |

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.

DAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions)

| | | | |
|---|--|---|-----------|
| a | Total revenue, gains, & other support per audited financial statements | a | 7,275,071 |
| 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 7 | | |
| | \$ 714 | | |
| | Add amounts on lines (1) through (4) | b | 714 |
| c | Line a minus line b | c | 7,274,357 |
| 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 8 | | |
| | \$ 5,289 | | |
| | Add amounts on lines (1) and (2) | d | 5,289 |
| e | Total revenue per line 12, Form 990 (line c plus line d) | e | 7,279,646 |

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

| | | | |
|---|---|---|-----------|
| a | Total expenses and losses per audited financial statements | a | 7,409,210 |
| 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 9 | | |
| | \$ 714 | | |
| | Add amounts on lines (1) through (4) | b | 714 |
| c | Line a minus line b | c | 7,408,496 |
| 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 | 7,408,496 |

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

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) 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 page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)

| | | 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 | | 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 | | X |
| 78a | Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return? | | X |
| b | If "Yes" has it filed a tax return on Form 990-T for this year? | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | 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? | X | |
| b | If "Yes," enter the name of the organization SEE STATEMENT 10 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 | | |
| b | Did the organization file Form 1120-POL for this year? | | 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? | | 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) | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | 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 | |
| 85 | 501(c)(4), (5) or (6) organizations a Were substantially all dues nondeductible by members? | N/A | |
| 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 | |
| c | Dues assessments and similar amounts from members | | |
| d | Section 162(e) lobbying and political expenditures | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount in 85f? | N/A | |
| 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 | |
| 86 | 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 | | |
| b | Gross receipts, included on line 12, for public use of club facilities | | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | |
| 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 | | 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 | | 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, 2002 (See instructions) | 90b | 137 |
| 91 | The books are in care of SR. MARY GIOVANNI 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 page 31 of the instructions)

| Note | Enter gross amounts unless otherwise indicated | 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 | |
| 93 | Program service revenue | | | | | |
| a | NET PATIENT REVENUES | | | | | 5,954,378 |
| 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 | 9,369 | |
| 96 | Dividends and interest from securities | | | 14 | 4,254 | |
| 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 | | | 14 | 18,223 | |
| 100 | Gain or (loss) from sales of assets other than inventory | | | | | -714 |
| 101 | Net income or (loss) from special events | | | 1 | 89,533 | |
| 102 | Gross profit or (loss) from sales of inventory | | | | | |
| 103 | Other revenue a | | | | | |
| b | MISCELLANEOUS | | | 41 | 13,702 | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 104 | Subtotal (add columns (B), (D), and (E)) | | 0 | | 135,081 | 5,953,664 |
| 105 | Total (add line 104, columns (B), (D), and (E)) | | | | | 6,088,745 |

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 page 32 of the instructions)

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

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)

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

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

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

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 12/15/03

11 PRES/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

2002

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 | 134,808 | 6,182 | 0 |
| MICHELLE WILLINGHAM-TUBBS 2735 SCARSDALE, WINDSOR, ON | RN 40 | 77,745 | 4,284 | 0 |
| SHARON LEPLEY 149 N WILLIAMS LK, WHITE LK, MI | DIR FINANCE 40 | 63,517 | 6,395 | 0 |
| MARY BETH MONING 608 GLENWYTH RD, BRIGHTON, MI | CC ADMIN 40 | 56,750 | 5,192 | 0 |
| AGNES COLAROSSO 1600 TERRITORIAL, PLYMOUTH, MI | CARE CTR MGR 40 | 56,646 | 7,279 | 0 |
| Total number of other employees paid over \$50 000 ▶ | 7 | | | |

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) 2002

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 | | 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? | | X |
| b | Lending of money or other extension of credit? | | X |
| c | Furnishing of goods, services or facilities? | | X |
| d | Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? | | X |
| e | Transfer of any part of its income or assets? | | X |
| 3 | Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below) | | X |
| 4 | Do you have a section 403(b) annuity plan for your employees? | | 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 5 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 5 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) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
|--|-----------|-----------|-----------|-----------|------------|
| 15 Gifts grants and contributions received (Do not include unusual grants See line 28) | 923,947 | 1,360,856 | 956,047 | 948,107 | 4,188,957 |
| 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 | 5,959,092 | 5,072,852 | 4,231,221 | 3,582,675 | 18,845,840 |
| 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 | 8,651 | 10,634 | 4,876 | 332 | 24,493 |
| 19 Net 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 11 | 5,471 | 7,993 | 19,534 | 6,787 | 39,785 |
| 23 Total of lines 15 through 22 | 6,897,161 | 6,452,335 | 5,211,678 | 4,537,901 | 23,099,075 |
| 24 Line 23 minus line 17 | 938,069 | 1,379,483 | 980,457 | 955,226 | 4,253,235 |
| 25 Enter 1% of line 23 | 68,972 | 64,523 | 52,117 | 45,379 | |

| | | | |
|--|--|-------|-----------|
| 26 Organizations described on lines 10 or 11 | a Enter 2% of amount in column (e) line 24 | ▶ 26a | 85,065 |
| 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 1998 through 2001 exceeded the amount shown in line 26a Do not file this list with your return Enter the total of all these excess amounts | | ▶ 26b | |
| c Total support for section 509(a)(1) test Enter line 24, column (e) | | ▶ 26c | 4,253,235 |
| d Add Amounts from column (e) for lines | 18 <u>24,493</u> 19 _____ | ▶ 26d | 64,278 |
| | 22 <u>39,785</u> 26b _____ | ▶ 26e | 4,188,957 |
| e Public support (line 26c minus line 26d total) | | ▶ 26f | 98.4887% |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) | | | |

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

(2001) (2000) (1999) (1998)

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 descbed 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 descbed in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A

| | | | |
|---|----------------------------|-------|---|
| (2001) (2000) (1999) (1998) | | | |
| c Add Amounts from column (e) for lines | 15 _____ 16 _____ | ▶ 27c | |
| | 17 _____ 20 _____ 21 _____ | ▶ 27d | |
| d Add Line 27a total _____ and line 27b total _____ | | ▶ 27e | |
| e Public support (line 27c total minus line 27d total) | | ▶ 27f | |
| f Total support for section 509(a)(2) test Enter amount on line 23, column (e) | | ▶ 27g | % |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) | | ▶ 27h | % |
| 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 dunnng 1998 through 2001, 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? | 29 | | |
| 30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues and other written communications with the public dealing with student admissions, programs and scholarships? | 30 | | |
| 31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes " please describe, if "No," please explain (If you need more space, attach a separate statement) | 31 | | |
| 32 Does the organization maintain the following | | | |
| a Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b Records documenting that scholarships and other financial assistance are awarded on 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- | | |
| Not over \$500,000 | | |
| Over \$500,000 but not over \$1,000,000 | | |
| Over \$1,000,000 but not over \$1,500,000 | | |
| Over \$1,500,000 but not over \$17,000,000 | | |
| Over \$17,000,000 | | |
| The lobbying nontaxable amount is- | | |
| 20% of the amount on line 40 | | |
| \$100,000 plus 15% of the excess over \$500,000 | | |
| \$175,000 plus 10% of the excess over \$1,000,000 | 41 | |
| \$225,000 plus 5% of the excess over \$1,500,000 | | |
| \$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) 2002 | (b) 2001 | (c) 2000 | (d) 1999 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the 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

2002

For calendar year 2002, or tax year beginning

7/01/02, and ending

6/30/03

Name

Employer Identification Number

ANGELA HOSPICE HOME CARE, INC.

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) 185,159 | VARIOUS | 2/15/05 | \$5,834/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) | 1,349,103 | 1,180,454 |
| (2) | 96,646 | 101,697 |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| Totals | 1,445,749 | 1,282,151 |

Depreciation and Amortization

(Including Information on Listed Property)

2002

Department of the Treasury
Internal Revenue Service

▶ See separate instructions

▶ Attach to your tax return

Attachment Sequence No **67**

Name(s) shown on return **ANGELA HOSPICE HOME CARE, INC.**

Identifying number
38-2755767

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Tangible Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount See page 2 of the instructions for a higher limit for certain businesses | 1 | 24,000 |
| 2 | Total cost of section 179 property placed in service (see page 2 of the instructions) | 2 | |
| 3 | Threshold cost of 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 tax year Subtract line 4 from line 1 If zero or less enter -0- If married filing separately see pg 2 of the instr | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2001 Form 4562 | 10 | |
| 11 | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 | Section 179 expense deduction Add lines 9 and 10 but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2003 Add lines 9 and 10, less line 12 | 13 | |

Note Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

| | | | |
|----|--|----|---------|
| 14 | Special depreciation allowance for qualified prop (other than listed prop) placed in service during the tax year (see pg 3 of the instr) | 14 | |
| 15 | Property subject to section 168(f)(1) election (see page 4 of the instructions) | 15 | |
| 16 | Other depreciation (including ACRS) (see page 4 of the instructions) | 16 | 248,280 |

Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)

Section A

| | | | |
|----|---|----|--|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2002 | 17 | |
| 18 | If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B-Assets Placed in Service During 2002 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only-see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property | | | | | | |
| b 5-year property | | | | | | |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |

Section C-Assets Placed in Service During 2002 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|--------|----|-----|--|
| 20a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs | | S/L | |
| c 40-year | | | 40 yrs | MM | S/L | |

Part IV Summary (see page 6 of the instructions)

| | | | |
|----|---|----|---------|
| 21 | Listed property Enter amount from line 28 | 21 | |
| 22 | Total Add amounts from line 12 lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations-see instr | 22 | 248,280 |
| 23 | For assets shown above and placed in service during the current year enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions

Form 4562 (2002)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note For any vehicle for which you are using the standard mileage rate or deducting lease expense complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution See page 8 of the instructions for limits for passenger automobiles)

Table with columns for evidence of business use, depreciation basis, recovery period, depreciation deduction, and elected section 179 cost. Includes rows 25-29.

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor partner or other "more than 5% owner" or related person

If you provided vehicles to your employees first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table for Section B with columns for miles driven (30-33) and personal use questions (34-36) for six vehicles.

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

Table for Section C with questions 37-41 regarding employer policies and requirements.

Part VI Amortization

Table for Part VI with columns for description of costs, date amortization begins, amortizable amount, code section, amortization period, and amortization for this year. Includes rows 42-44.

Federal Statements**Statement 1 - Form 990, Part I, Line 7 - Other Investment Income**

| <u>Description</u> | <u>Amount</u> |
|-------------------------------|---------------|
| UNREALIZED GAIN ON SECURITIES | \$ 18,223 |
| TOTAL | \$ 18,223 |

Federal Statements

38-2755767

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

| Desc | How Rec'd | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Deprec | Gain/ -Loss |
|--------------------------------|-----------|-----------|---------------|-----------|------------|----------------|----------|-------------|
| RICHOH FAX MACHINE | PURCHASE | | 2/01/89 | 7/01/02 | \$ | 1,250 | \$ 1,250 | \$ |
| 8 CHAIRS | PURCHASE | | 9/01/89 | 7/01/02 | | 551 | 551 | |
| ISOLATION CART UNIT | PURCHASE | | 10/31/93 | 7/01/02 | | 686 | 686 | |
| 30X60 RECEPTION DESK | PURCHASE | | 10/31/93 | 7/01/02 | | 517 | 517 | |
| CHAMPION DISHWASHER | PURCHASE | | 10/31/93 | 7/01/02 | | 2,465 | 2,465 | |
| CHRISTMAS TREE | PURCHASE | | 12/01/93 | 7/01/02 | | 416 | 416 | |
| CHAIR (TAUPE) | PURCHASE | | 12/01/93 | 7/01/02 | | 148 | 148 | |
| 8 DINING CHAIRS | PURCHASE | | 12/01/93 | 7/01/02 | | 1,184 | 1,184 | |
| SOFA (PEACOCK) | PURCHASE | | 12/01/93 | 7/01/02 | | 502 | 502 | |
| LOVESEAT (PEACOCK) | PURCHASE | | 12/01/93 | 7/01/02 | | 445 | 445 | |
| 20" ZENITH TV'S | PURCHASE | | 1/26/94 | 7/01/02 | | 8,588 | 8,588 | |
| MANAGER MEDIUM BACK CHAIR | PURCHASE | | 1/01/94 | 7/01/02 | | 738 | 738 | |
| 2 TISBURY UPHOL LOUNGE CHAIRS | PURCHASE | | 1/01/94 | 7/01/02 | | 1,353 | 1,353 | |
| COCKTAIL TABLE | PURCHASE | | 1/01/94 | 7/01/02 | | 233 | 233 | |
| LAMP TABLE | PURCHASE | | 1/01/94 | 7/01/02 | | 233 | 233 | |
| 2 TV'S, 1 VCR | PURCHASE | | 1/17/95 | 7/01/02 | | 976 | 976 | |
| RICOH 2600L FAX | PURCHASE | | 3/31/95 | 10/17/02 | | 2,097 | 2,097 | |
| CARPET EXTRACTOR LESS TRADE IN | PURCHASE | | 10/31/97 | 7/01/02 | | 2,000 | 1,286 | -714 |

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other
 (continued)

| Desc | How Rec'd | Whom Sold | Date Acquired | Date Sold | Sale Price | Cost & Expense | Deprec | Gain/ -Loss |
|-------|-----------|-----------|---------------|-----------|------------|----------------|-----------|-------------|
| | | | | | | | | |
| TOTAL | | | | | \$ 0 | \$ 24,382 | \$ 23,668 | \$ -714 |

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

| Description | Total Expenses | Program Service | Mgt & General | Fund- Raising |
|---|---------------------|---------------------|-------------------|-------------------|
| | \$ | \$ | \$ | \$ |
| LIGHT UP A LIFE FUNDRAISING EXPENSES | 83,713 | | | 83,713 |
| GOLF OUTING FUNDRAISING EXPENSES | 37,323 | | | 37,323 |
| TREE OF LIFE FUNDRAISING EXPENSES | 7,483 | | | 7,483 |
| OTHER FUNDRAISING EXPENSES | 595 | | | 595 |
| EXPENSES | | | | |
| MEDICAL EQUIPMENT | 86,728 | 86,728 | | |
| PROGRAM EXPENSES | 59,456 | 34,232 | 25,224 | |
| NURSING HOMES AND HOSPITALS | 529,677 | 529,677 | | |
| CONTRACT SERVICES | 42,837 | 42,837 | | |
| LAUNDRY AND LINEN | 17,236 | 17,236 | | |
| DIETARY SUPPLIES | 36,653 | 36,653 | | |
| HOUSEKEEPING SUPPLIES | 16,574 | 16,574 | | |
| AMBULANCE | 19,739 | 19,739 | | |
| X-RAY COSTS | 9,574 | 9,574 | | |
| DUES, SUBSCRIPTIONS & LICENSE | 39,528 | 28,187 | 11,341 | |
| RECRUITMENT | 6,706 | 6,706 | | |
| MARKETING AND ADVERTISING | 34,837 | | 34,837 | |
| REPAIRS AND MAINTENANCE | 117,716 | 42,132 | 75,584 | |
| UTILITIES | 125,325 | 62,663 | 62,662 | |
| COMPUTER SUPPORT & EXPENSE | 45,881 | | 45,881 | |
| BANK CHARGES | 19,029 | | 19,029 | |
| INSURANCE-GENERAL | 54,025 | 40,519 | 13,506 | |
| PROMOTIONAL EXPENSES | 40,582 | | 40,582 | |
| MISCELLANEOUS EXPENSE | 22,077 | | 22,077 | |
| BAD DEBT EXPENSE | 18,157 | 18,157 | | |
| PALLIATIVE THERAPY | 8,994 | 8,994 | | |
| OFFICE EXPENSES | 44,590 | 1,564 | 43,026 | |
| TOTAL | <u>\$ 1,525,035</u> | <u>\$ 1,002,172</u> | <u>\$ 393,749</u> | <u>\$ 129,114</u> |

Federal Statements

Statement 4 - 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 | 141,906 | 166,877 | MARKET |
| CORPORATE BONDS CORPORATE BONDS | 172,083 | 181,491 | MARKET |
| | <u>313,989</u> | <u>348,368</u> | |

Statement 5 - 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 | \$ 832,252 | \$ 3,844,464 | \$ 928,364 |
| OFFICE FURNITURE & EQUIPMENT | 709,944 | 451,237 | 777,297 | 536,091 |
| BUILDING IMPROVEMENTS | 522,748 | 172,174 | 582,686 | 216,230 |
| ARCHITECT AND RELATED FEES | 230,462 | | 230,462 | |
| LAND | <u>2,944,500</u> | | <u>2,944,500</u> | |
| TOTAL | <u>\$ 8,252,118</u> | <u>\$ 1,455,663</u> | <u>\$ 8,379,409</u> | <u>\$ 1,680,685</u> |

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

| <u>Description</u> | <u>Beginning of Year</u> | <u>End of Year</u> |
|--------------------|------------------------------|------------------------|
| CSV LIFE INSURANCE | \$ 1,146 | \$ 1,155 |
| TOTAL | <u>\$ 1,146</u> | <u>\$ 1,155</u> |

Federal Statements**Statement 7 - Form 990, Part IV-A - Other Revenue Included in Financial Statements**

| <u>Description</u> | <u>Amount</u> |
|------------------------------|----------------------|
| LOSS ON FIXED ASSET DISPOSAL | \$ <u>714</u> |
| TOTAL | \$ <u><u>714</u></u> |

Statement 8 - Form 990, Part IV-A - Other Revenue Included on Return

| <u>Description</u> | <u>Amount</u> |
|-------------------------|------------------------|
| ENDOWMENT CONTRIBUTIONS | \$ <u>5,289</u> |
| TOTAL | \$ <u><u>5,289</u></u> |

Statement 9 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

| <u>Description</u> | <u>Amount</u> |
|------------------------------|----------------------|
| LOSS ON FIXED ASSET DISPOSAL | \$ <u>714</u> |
| TOTAL | \$ <u><u>714</u></u> |

Form 990, Part VI, Question 80 - Relation to other organizations

Name of related organization(s)

FELICIAN SISTERS OF LIVONIA
UNITED STATES CATHOLIC CONFERENCE

Statement 10 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

FELICIAN SISTERS OF LIVONIA
UNITED STATES CATHOLIC CONFERENCE

Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income

| <u>Description</u> | <u>2001</u> | <u>2000</u> | <u>1999</u> | <u>1998</u> |
|----------------------|-----------------|-----------------|------------------|-----------------|
| MISCELLANEOUS INCOME | \$ 5,471 | \$ 7,993 | \$ 19,534 | \$ 6,787 |
| TOTAL | <u>\$ 5,471</u> | <u>\$ 7,993</u> | <u>\$ 19,534</u> | <u>\$ 6,787</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 File by the due date for filing your return See instructions | Name of Exempt Organization ANGELA HOSPICE HOME CARE, INC. | Employer identification number 38-2755767 |
| | 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 2/17/04 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 7/01/02 and ending 6/30/03

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. Wilke Title ▶ **CPA** Date ▶ 11/18/03

For Paperwork Reduction Act Notice, see Instruction