

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)

2003

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 2003 calendar year, or tax year beginning 7/01/03, and ending 6/30/04

Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: ANGELA HOSPICE HOME CARE, INC. D Employer ID number: 38-2755767 E Telephone number: 734-464-7810 F Accounting method: [X] 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).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? [] Yes [X] No

H(b) If "Yes," enter number 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 Group Exemption Number []

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

G Website: WWW.ANGELAHOSPICE.ORG

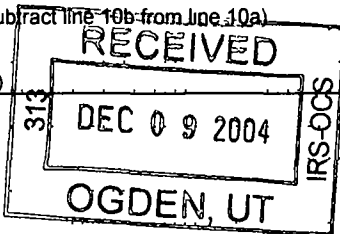
J Organization type (check only one) [X] 501(c) (3) (insert no) [] 4947(a)(1) or [] 527

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 8,008,676

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (1-12) and Expenses (13-17) sections. Total revenue: 8,008,676. Total expenses: 7,452,617. Net assets at end of year: 6,926,643.



SCANNED DEC 22 2004

Assets

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 page 22 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 \$ _____)				
23	Specific assistance to individuals				
24	Benefits paid to or for members				
25	Compensation of officers, directors, etc	60,000	12,000	48,000	
26	Other salaries and wages	3,729,317	3,327,981	401,336	
27	Pension plan contributions	27,935	23,953	3,982	
28	Other employee benefits	359,035	307,855	51,180	
29	Payroll taxes	314,946	273,334	41,612	
30	Professional fundraising fees				
31	Accounting fees	48,815		48,815	
32	Legal fees	27,887		27,887	
33	Supplies	552,226	552,226		
34	Telephone	48,249	8,280	39,969	
35	Postage and shipping	49,218	7,665	41,553	
36	Occupancy				
37	Equipment rental and maintenance	28,244		28,244	
38	Printing and publications				
39	Travel	102,001	94,590	7,411	
40	Conferences, conventions, and meetings	36,879	19,298	17,581	
41	Interest	42,701	25,307	17,394	
42	Depreciation, depletion, etc (attach schedule)	259,299	103,694	155,605	
43	Other expenses not covered above (itemize) a				
b	SEE STATEMENT 2	1,765,865	1,348,094	313,483	104,288
c					
d					
e					
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	7,452,617	6,104,277	1,244,052	104,288

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 25 of the instructions.)

What is the organization's primary exempt purpose?

HOSPICE CARE

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.)

Program Service Expenses
(Required for 501(c)(3) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	TO PROVIDE SUPPORT SERVICES TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES, BOTH IN THEIR HOMES AND IN AN INPATIENT FACILITY.	(Grants and allocations \$ _____)	6,104,277
b		(Grants and allocations \$ _____)	
c		(Grants and allocations \$ _____)	
d		(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		6,104,277

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A)		(B)	
		Beginning of year		End of year	
45	Cash-non-interest-bearing	35,457	45	754,224	45
46	Savings and temporary cash investments	64,557	46	53,358	46
47a	Accounts receivable	958,322			
b	Less allowance for doubtful accounts	100,000	47c	858,322	47c
48a	Pledges receivable				
b	Less allowance for doubtful accounts		48c		48c
49	Grants receivable	28,689	49	23,894	49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50		50
51a	Other notes and loans receivable (attach schedule)				
b	Less allowance for doubtful accounts		51c		51c
52	Inventories for sale or use		52		52
53	Prepaid expenses and deferred charges	120,425	53	122,474	53
54	Investments-securities SEE STMT 3 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	348,368	54	377,710	54
55a	Investments-land, buildings, and equipment basis				
b	Less accumulated depreciation (attach schedule)		55c		55c
56	Investments-other (attach schedule)		56		56
57a	Land, buildings, and equipment basis	8,470,543			
b	Less accumulated depreciation (attach schedule) SEE STMT 4	1,928,092	57c	6,542,451	57c
58	Other assets (describe SEE STMT 5)	1,155	58	1,845	58
59	Total assets (add lines 45 through 58) (must equal line 74)	8,259,288	59	8,734,278	59
60	Accounts payable and accrued expenses	624,157	60	741,836	60
61	Grants payable		61		61
62	Deferred revenue		62		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63		63
64a	Tax-exempt bond liabilities (attach schedule)		64a		64a
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET	1,282,151	64b	1,065,799	64b
65	Other liabilities (describe)		65		65
66	Total liabilities (add lines 60 through 65)	1,906,308	66	1,807,635	66
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted	6,288,423	67	6,860,534	67
68	Temporarily restricted		68		68
69	Permanently restricted	64,557	69	66,109	69
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		70
71	Paid-in or capital surplus, or land, building, and equipment fund		71		71
72	Retained earnings, endowment, accumulated income, or other funds		72		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)	6,352,980	73	6,926,643	73
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	8,259,288	74	8,734,278	74

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 page 27 of the instructions.)	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a 8,024,728</p> <p>b Amounts included on line a but not on line 12, Form 990</p> <p>(1) Net unrealized gains on investments \$ 17,604</p> <p>(2) Donated services and use of facilities \$</p> <p>(3) Recoveries of prior year grants \$</p> <p>(4) Other (specify)</p> <p>\$</p> <p>Add amounts on lines (1) through (4) ▶ b 17,604</p> <p>c Line a minus line b ▶ c 8,007,124</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify) SEE STMT 6</p> <p>\$ 1,552</p> <p>Add amounts on lines (1) and (2) ▶ d 1,552</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 8,008,676</p>	<p>a Total expenses and losses per audited financial statements ▶ a 7,452,617</p> <p>b Amounts included on line a but not on line 17, Form 990</p> <p>(1) Donated services and use of facilities \$</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$</p> <p>(3) Losses reported on line 20, Form 990 \$</p> <p>(4) Other (specify)</p> <p>\$</p> <p>Add amounts on lines (1) through (4) ▶ b</p> <p>c Line a minus line b ▶ c 7,452,617</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$</p> <p>(2) Other (specify)</p> <p>\$</p> <p>Add amounts on lines (1) and (2) ▶ d</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 7,452,617</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 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
SR MARY RENETTA RUMPZ 36800 SCHOOLCRAFT LIVONIA MI 48150	PROV MINISTE 2	0	0	0
SR MARY CYNTHIA ANN MACHLIK 36800 SCHOOLCRAFT LIVONIA MI 48150	VICE-PRES 2	0	0	0
SR MARY ALFONSA VANOVERBERGHE 36800 SCHOOLCRAFT LIVONIA MI 48150	TREASURER 2	0	0	0
SR MARY ALICE GRADOWSKI 36800 SCHOOLCRAFT LIVONIA MI 48150	COUNCILR III 2	0	0	0
SR MARY JUANITA SZYMANSKI 36800 SCHOOLCRAFT LIVONIA MI 48150	COUNCILR IV 2	0	0	0
SR MARY GIOVANNI 36800 SCHOOLCRAFT LIVONIA MI 48150	PRES/CEO 40	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 28 of the instructions

Part VI Other Information (See page 28 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 income 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 7 and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures See line 81 instructions		
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?		
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 on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 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		<u>0</u>
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		<u>0</u>
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, 2003 (See instructions)	90b	123
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	<input type="checkbox"/>

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

	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					6,682,433
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	12,714	
96 Dividends and interest from securities			14	4,525	
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					
101 Net income or (loss) from special events			1	53,576	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS			41	3,276	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		74,091	6,682,433
105 Total (add line 104, columns (B), (D), and (E))					6,756,524

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 34 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 34 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 34 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 (other than officer) is based on all information of which preparer has any knowledge

Date 12/7/04
PRESICEO

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

2003

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	MEDICAL DIRE 40	133,338	5,755	0
MARY BETH MONING 608 GLENWYTH RD	CC ADMINISTR 40	62,959	4,180	0
MICHELLE WILLINGHAM-TUBBS 37777 RIVERSIDE DR E	RN 40	61,845	6,373	0
AGNES COLAROSI 1600 N TERRITORIAL RD	CC CLIN MGR 40	58,001	6,723	0
WENDY WINKLER 30045 MINGLEWOOD	HC CLIN MGR 40	57,697	5,518	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 instructions. 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) 2003

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

	Yes	No
<p>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 amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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</p>		X
<p>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)</p>		
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 expiration if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
3a Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
3b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,190,901	923,947	1,360,856	956,047	4,431,751
16 Membership fees received					0
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	6,139,297	5,959,092	5,072,852	4,231,221	21,402,462
18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	13,623	8,651	10,634	4,876	37,784
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. STMT 8	13,702	5,471	7,993	19,534	46,700
23 Total of lines 15 through 22	7,357,523	6,897,161	6,452,335	5,211,678	25,918,697
24 Line 23 minus line 17	1,218,226	938,069	1,379,483	980,457	4,516,235
25 Enter 1% of line 23	73,575	68,972	64,523	52,117	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 90,325
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 1999 through 2002 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 4,516,235
d Add Amounts from column (e) for lines 18 <u>37,784</u> 19 _____ 22 <u>46,700</u> 26b _____					26d 84,484
e Public support (line 26c minus line 26d total)					26e 4,431,751
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.1293%
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	(2002)	(2001)	(2000)	(1999)	N/A
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	(2002)	(2001)	(2000)	(1999)	N/A
c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c
d Add Line 27a total _____ and line 27b total _____					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
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?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
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) 2003	(b) 2002	(c) 2001	(d) 2000	(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 instructions.) **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

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2003**

For calendar year 2003, or tax year beginning

7/01/03

, and ending

6/30/04

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	\$13,000/MTH INC INT	3.000
(2) 211,641	VARIOUS	2/15/05	\$6,740/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)	1,180,454	998,195
(2)	101,697	67,604
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	1,282,151	1,065,799

Depreciation and Amortization

(Including Information on Listed Property)

2003

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 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	100,000
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	400,000
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 page 2 of the instructions	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
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 2002 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 2004. 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	259,299

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 2003	17	0
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 <input type="checkbox"/>		

Section B-Assets Placed in Service During 2003 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 2003 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	259,299
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.

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 7 of the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No
(a) Type of prop (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see page 6 of the instructions)							25				
26 Property used more than 50% in a qualified business use (see page 6 of the instructions)											
		%									
		%									
27 Property used 50% or less in a qualified business use (see page 6 of the instructions)											
		%				S/L-					
		%				S/L-					
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28				
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								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

30 Total business/investment miles driven during the year (do not include commuting miles-see page 2 of the instructions)	(a)	(b)	(c)	(d)	(e)	(f)				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6				
31 Total commuting miles driven during the year										
32 Total other personal (noncommuting) miles driven										
33 Total miles driven during the year Add lines 30 through 32										
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

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)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See page 8 of the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See page 9 of the instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2003 tax year (see page 9 of the instructions)						
43 Amortization of costs that began before your 2003 tax year					43	0
44 Total. Add amounts in column (f) See page 9 of the instructions for where to report					44	

38-2755767

Federal Statements

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
4 DRAWER FILE CABINET	PURCHASE		7/01/89	6/01/04	\$	326 \$	326 \$	
1 30X42 GREY FILE	PURCHASE		9/01/89	6/01/04		228	228	
TASK CHAIR W/ARMS	PURCHASE		10/31/93	6/01/04		247	247	
2 GUEST CHAIRS W/ARMS	PURCHASE		10/31/93	6/01/04		177	177	
OPERATIONAL CHAIR W/ARMS	PURCHASE		10/31/93	6/01/04		230	230	
OPERATIONAL CHAIR W/ARMS	PURCHASE		10/31/93	6/01/04		230	230	
2 GUEST CHAIRS W/ARMS	PURCHASE		10/31/93	6/01/04		177	177	
4 OPERATIONAL CHAIRS W/ARMS	PURCHASE		10/31/93	6/01/04		893	893	
OPERATIONAL CHAIR	PURCHASE		10/31/93	6/01/04		223	223	
OPERATIONAL CHAIR W/ARMS	PURCHASE		10/31/93	6/01/04		243	243	
6 GUEST CHAIRS W/ARMS	PURCHASE		10/31/93	6/01/04		532	532	
2 OPERATIONAL CHAIRS	PURCHASE		10/31/93	6/01/04		468	468	
OPERATIONAL CHAIR	PURCHASE		10/31/93	6/01/04		230	230	
2 GUEST CHAIRS	PURCHASE		10/31/93	6/01/04		177	177	
3 TASK CHAIRS	PURCHASE		10/31/93	6/01/04		439	439	
GUEST CHAIR W/ARMS	PURCHASE		10/31/93	6/01/04		89	89	
3 TASK CHAIRS	PURCHASE		10/31/93	6/01/04		439	439	
5 DESKS #1433	PURCHASE		3/31/95	12/15/03		3,500	3,500	
3 DESK #L1431	PURCHASE		3/31/95	12/15/03		1,695	1,695	

Federal Statements

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
3 DESKS	PURCHASE		3/31/95	12/15/03	\$ 1,350	\$ 1,350	1,350	\$
TOTAL					\$ 0	\$ 11,893	11,893	\$ 0

Federal Statements

Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ <u>17,604</u>
TOTAL	\$ <u><u>17,604</u></u>

Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
LIGHT UP A LIFE FUNDRAISING EXPENSES	47,365			47,365
GOLF OUTING FUNDRAISING EXPENSES	23,364			23,364
TREE OF LIFE FUNDRAISING EXPENSES	29,407			29,407
MARY ANGELA RUN FUNDRAISING EXPENSES	3,901			3,901
OTHER FUNDRAISING EXPENSES	251			251
EXPENSES				
MEDICAL EQUIPMENT	93,690	93,690		
PROGRAM EXPENSES	46,382	23,461	22,921	
NURSING HOMES/HOSPITAL COSTS	765,794	765,794		
CONTRACT SERVICES	65,963	40,493	25,470	
LAUNDRY AND LINEN	17,587	17,587		
DIETARY SUPPLIES	32,098	32,098		
HOUSEKEEPING SUPPLIES	19,448	19,448		
AMBULANCE COSTS	18,500	18,500		
X-RAY COSTS	13,751	13,751		
DUES, SUBSCRIPTIONS & LICENSE	65,224	60,939	4,285	
PALLIATIVE THERAPY	3,291	3,291		
MISCELLANEOUS	30,526	2,280	28,246	
OFFICE EXPENSES	46,028	1,663	44,365	
ETHICS EXPENSES	2,022	2,022		
BAD DEBT EXPENSE	29,066	29,066		
REPAIRS AND MAINTENANCE	99,672	73,624	26,048	
UTILITIES	134,517	100,888	33,629	
INSURANCE	65,998	49,499	16,499	
ADVERTISING	22,772		22,772	
COMPUTER SUPPORT	44,825		44,825	
BANK CHARGES	13,132		13,132	
PROMOTIONAL EXPENSES	31,291		31,291	
TOTAL	<u>\$ 1,765,865</u>	<u>\$ 1,348,094</u>	<u>\$ 313,483</u>	<u>\$ 104,288</u>

Federal Statements

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

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK MARKETABLE SECURITIES	166,877	192,236	MARKET
CORPORATE BONDS CORPORATE BONDS MONEY MARKET FUND	181,491	134,472 51,002	MARKET MARKET
	<u>348,368</u>	<u>377,710</u>	

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BUILDING	\$ 3,844,464	\$ 928,364	\$ 3,844,464	\$ 1,024,476
OFFICE FURNITURE & EQUIPMENT	777,297	536,091	838,675	643,866
BUILDING IMPROVEMENTS	582,686	216,230	602,629	259,750
ARCHITECT AND RELATED FEES	230,462		240,275	
LAND	<u>2,944,500</u>		<u>2,944,500</u>	
TOTAL	<u>\$ 8,379,409</u>	<u>\$ 1,680,685</u>	<u>\$ 8,470,543</u>	<u>\$ 1,928,092</u>

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

Description	Beginning of Year	End of Year
CSV LIFE INSURANCE	\$ 1,155	\$ 1,845
TOTAL	<u>\$ 1,155</u>	<u>\$ 1,845</u>

Statement 6 - Form 990, Part IV-A - Other Revenue Included on Return

<u>Description</u>	<u>Amount</u>
ENDOWMENT CONTRIBUTIONS	\$ 1,552
TOTAL	\$ <u>1,552</u>

Statement 7 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

<u>Name of related organization(s)</u>	<u>Type</u>
FELICIAN SISTERS OF LIVONIA	EXEMPT
UNITED STATES CATHOLIC CONFERENCE	

Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
MISCELLANEOUS INCOME	\$ <u>13,702</u>	\$ <u>5,471</u>	\$ <u>7,993</u>	\$ <u>19,534</u>
TOTAL	\$ <u>13,702</u>	\$ <u>5,471</u>	\$ <u>7,993</u>	\$ <u>19,534</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.

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 2/15/05 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 7/01/03, and ending 6/30/04

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 ▶ [Signature] Title ▶ **CPA**

Date ▶ 11/10/04

For Paperwork Reduction Act Notice, see Instruction