

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

Department of the Treasury
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 7/01/05, and ending 6/30/06

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization ANGELA HOSPICE HOME CARE, INC.		D Employer identification no. 38-2755767
		Number and street (or P O box if mail is not delivered to street address) Room/suite 14100 NEWBURGH ROAD		E Telephone number 734-464-7810
		City or town, state or country, and ZIP + 4 LIVONIA MI 48154-5010		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

G Website: ▶ WWW.ANGELAHOSPICE.ORG

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

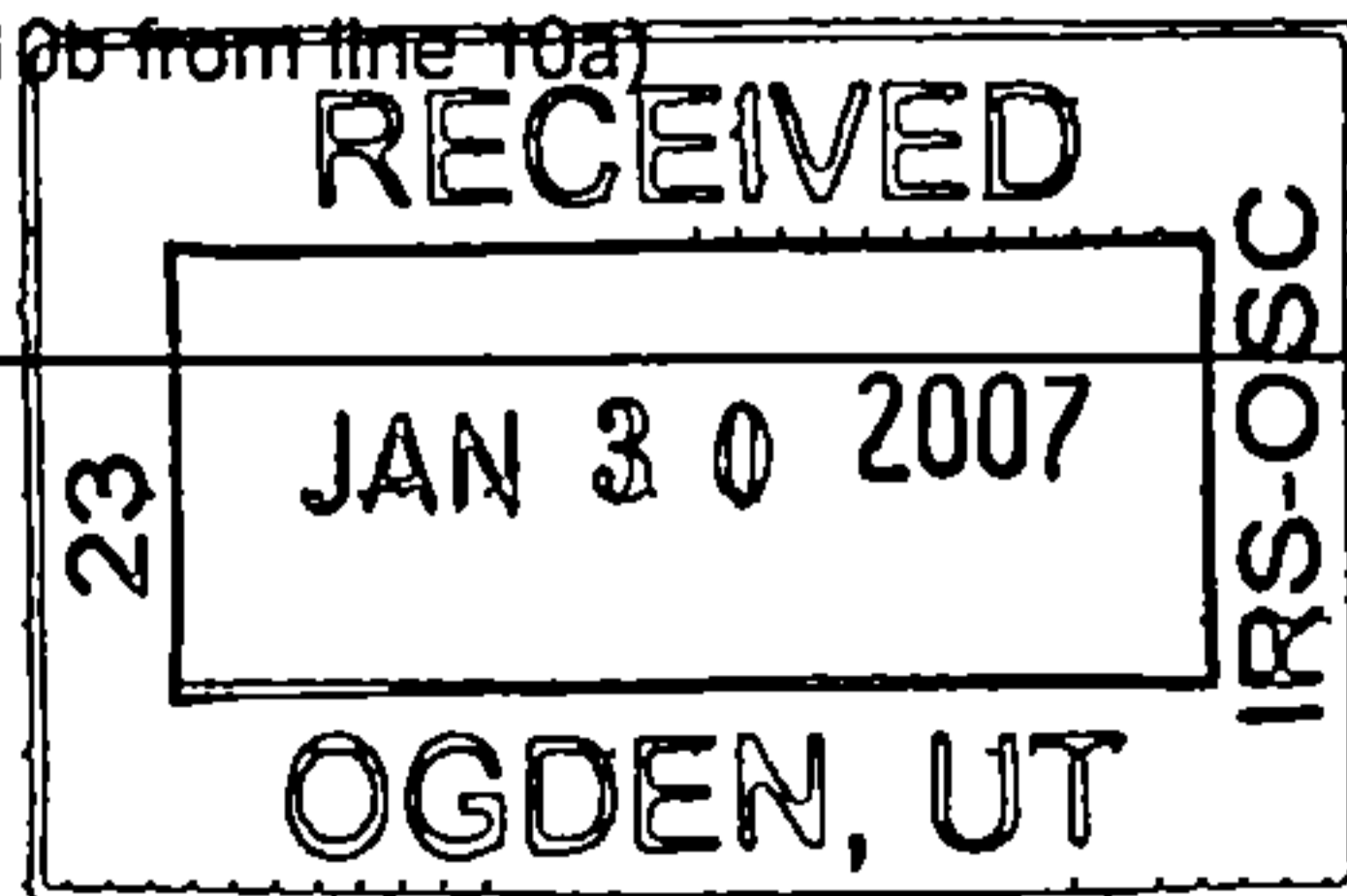
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 9,704,753

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 number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	1,199,021		
	b Indirect public support	1b	136,262		
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ <u>1,335,283</u> noncash \$ _____)	1d			1,335,283
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			8,270,362
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			30,527
	5 Dividends and interest from securities	5			4,491
	6a Gross rents	6a			
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7 Other investment income (describe ▶ _____)	7				
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b Less cost or other basis and sales expenses	8a	4,434	8b	6,870
	c Gain or (loss) (attach schedule)	8b	4,866	8c	-6,870
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	-432		-7,302
9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a Gross revenue (not including \$ <u>392,533</u> of contributions reported on line 1a)	9a		52,860		
b Less direct expenses other than fundraising expenses	9b				
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			52,860	
10a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11			6,796	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			9,693,017	
Expenses	13 Program services (from line 44, column (B))	13		8,163,291	
	14 Management and general (from line 44, column (C))	14		1,535,168	
	15 Fundraising (from line 44, column (D))	15		147,605	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17			9,846,064
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-153,047	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		7,352,955	
	20 Other changes in net assets or fund balances (attach explanation)	20		-6,409	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			7,193,499



SCANNED FEB 09 2007

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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	70,000	14,000	56,000	
26 Other salaries and wages	26	5,041,029	4,379,986	661,043	
27 Pension plan contributions	27	33,002	31,873	1,129	
28 Other employee benefits	28	642,197	551,194	91,003	
29 Payroll taxes	29	420,793	362,554	58,239	
30 Professional fundraising fees	30				
31 Accounting fees	31	64,655		64,655	
32 Legal fees	32	900		900	
33 Supplies	33	600,309	600,309		
34 Telephone	34	47,034	10,635	36,399	
35 Postage and shipping	35	48,364	7,763	40,601	
36 Occupancy	36				
37 Equipment rental and maintenance	37	14,800		14,800	
38 Printing and publications	38				
39 Travel	39	156,951	147,807	9,144	
40 Conferences, conventions, and meetings	40	62,954	33,228	29,726	
41 Interest	41	31,908	15,949	15,959	
42 Depreciation, depletion, etc (attach schedule)	42	224,748	116,409	108,339	
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 4	43a	2,386,420	1,891,584	347,231	147,605
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	9,846,064	8,163,291	1,535,168	147,605

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 the instructions.)

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.

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 \$) If this amount includes foreign grants, check here

8,163,291

b

(Grants and allocations \$) If this amount includes foreign grants, check here

c

(Grants and allocations \$) If this amount includes foreign grants, check here

d

(Grants and allocations \$) If this amount includes foreign grants, check here

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

8,163,291

Part IV Balance Sheets (See the instructions.)

				(A)		(B)	
				Beginning of year		End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash-non-interest-bearing		846,835	45	254,068	
	46	Savings and temporary cash investments		275,723	46	307,967	
	47a	47a	1,132,338				
	b	47b	90,000	594,642	47c	1,042,338	
	48a	48a					
	b	48b			48c		
	49	Grants receivable		30,000	49	30,000	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	51a					
	b	51b			51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		151,467	53	188,183	
	54	Investments-securities SEE STATEMENT 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		397,507	54	415,941	
	55a	55a					
	b	55b			55c		
56	Investments-other (attach schedule)			56			
57a	57a	8,790,689					
b	57b	2,208,949	6,484,874	57c	6,581,740		
58	Other assets (describe SEE STATEMENT 7)		2,370	58	3,205		
59	Total assets (must equal line 74) Add lines 45 through 58		8,783,418	59	8,823,442		
Liabilities	60	Accounts payable and accrued expenses		638,579	60	903,584	
	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		791,884	64b	726,359	
	65	Other liabilities (describe SEE STATEMENT 7)			65		
66	Total liabilities. Add lines 60 through 65		1,430,463	66	1,629,943		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		7,174,792	67	6,997,422	
	68	Temporarily restricted		111,112	68	127,929	
	69	Permanently restricted		67,051	69	68,148	
	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)		7,352,955	73	7,193,499		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73		8,783,418	74	8,823,442		

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	9,686,608
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1		-6,409
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	-6,409
c	Subtract line b from line a		c	9,693,017
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	9,693,017

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

a	Total expenses and losses per audited financial statements		a	9,846,064
b	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	9,846,064
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	9,846,064

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(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	70,000	4,880	0

Part VI Other Information (continued)

		Yes	No
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.)		
	82b		
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		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount 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		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
	87a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		X
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0 , section 4912 0 , section 4955 0		
b	501(c)(3) and 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 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, 2005 (See instructions.)	90b	133
91a	The books are in care of SR. MARY GIOVANNI 14100 NEWBURGH Located at LIVONIA, MI	Telephone no	734-464-7810
		ZIP + 4	48154
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the United States?		
	91b	Yes	No
			X
c	If "Yes," enter the name of the foreign country		
	91c		X
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 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					8,270,362
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	30,527	
96 Dividends and interest from securities			14	4,491	
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			14	-432	-6,870
101 Net income or (loss) from special events			1	52,860	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b MISCELLANEOUS			41	6,796	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		94,242	8,263,492
105 Total (add line 104, columns (B), (D), and (E))					8,357,734

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 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 AND PATIENT PROCEEDS RECEIVED AS REIMBURSEMENT FOR THE CARE OF TERMINALLY ILL PATIENTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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 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.

Please Sign Here

Signature of officer: *Sister Mary Giovanni* Date: *1/23/07*

Type or print name and title: **SISTER MARY GIOVANNI** **PRESIDENT**

Paid Preparer's Use Only

Preparer's signature: *Paul A. Wilkie* Date: *1/24/07* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **WILKIE & MILLER, CPAS, P.C.**
10 W. SQUARE LAKE RD., SUITE 220
BLOOMFIELD HILLS, MI 48302

Preparer's SSN or PTIN (See Gen Instr W): **P00082046**

EIN: **38-3012365**

Phone no: **248-335-0677**

**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization

ANGELA HOSPICE HOME CARE, INC.

Employer identification number

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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
DR JAMES BOAL 14100 NEWBURGH LIVONIA MI 48154	MEDICAL DIRECTOR 40	140,748	7,102	0
DR SAFWAN KAZMOUZ 14100 NEWBURGH LIVONIA MI 48154	PHYSICIAN 40	129,375	5,594	0
MARY BETH MONING 14100 NEWBURGH LIVONIA MI 48154	CC ADMINISTRATOR 40	72,685	6,769	0
MICHELLE WILLINGHAM-TUBBS 14100 NEWBURGH LIVONIA MI 48154	RN 40	66,871	6,712	0
WENDY WINKLER 14100 NEWBURGH LIVONIA MI 48154	HC CLIN MGR 40	63,333	5,977	0
Total number of other employees paid over \$50,000 ▶	16			

Part II-A 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 ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None " See page 2 of the instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2005

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 amounts on line 38, Part VI-A, or line i 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 expenses 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
b Do you have a section 403(b) annuity plan for your employees?		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a 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
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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). Check the box that describes the type of supporting organization ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,445,864	1,252,152	1,190,901	923,947	4,812,864	
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	6,905,436	6,761,024	6,139,297	5,959,092	25,764,849	
18 Gross income from interest, dividends, amounts received from payments 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	28,576	17,239	13,623	8,651	68,089	
19 Net income from unrelated business activities not included in line 18					0	
20 Tax revenues levied for the organization's benefit 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 9	3,517	3,276	13,702	5,471	25,966	
23 Total of lines 15 through 22	8,383,393	8,033,691	7,357,523	6,897,161	30,671,768	
24 Line 23 minus line 17	1,477,957	1,272,667	1,218,226	938,069	4,906,919	
25 Enter 1% of line 23	83,834	80,337	73,575	68,972		
26 Organizations described on lines 10 or 11:						
a Enter 2% of amount in column (e), line 24					26a 98,138	
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 2001 through 2004 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 4,906,919	
d Add Amounts from column (e) for lines	18 68,089	19	22 25,966	26b	26d 94,055	
e Public support (line 26c minus line 26d total)					26e 4,812,864	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.0832%	
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	(2004)	(2003)	(2002)	(2001)	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 11b, 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	(2004)	(2003)	(2002)	(2001)	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 from 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 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15						

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

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred)			
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines through c 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 through c h.)			

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

Name ANGELA HOSPICE HOME CARE, INC.	Employer Identification Number 38-2755767
---	---

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

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

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 2,000,000	6/01/94	6/30/16	\$13,000/MTH INC INT	3.000
(2) 149,772	VARIOUS	9/15/10	\$5,014/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)	770,268	610,534
(2)	21,616	115,825
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	791,884	726,359

Federal Statements

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

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
PUBLICLY TRADED SECURITIES					\$ 4,434	\$ 4,866	\$	\$ -432
TOTAL					\$ 4,434	\$ 4,866	0	\$ -432

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
VISION (HCIS) SOFTWARE (CAP LEASE)			5/31/01	12/31/05	\$	\$ 67,128	\$ 67,128	\$
CONCENTRATORS			8/31/97	12/31/05		2,235	2,235	
17 AUTO OVERBED TABLES			10/31/93	9/30/05		1,101	1,101	
16SYS LWH REFRIDGERATOR			10/31/93	9/30/05		464	464	
16SYS LWH REFRIGERATOR			10/31/93	9/30/05		464	464	
16SYS KWG REFRIGERATOR			10/31/93	9/30/05		464	464	
SUPPLY DEVICE CART			10/31/93	9/30/05		142	142	
SUPPLY DEVICE CART			10/31/93	9/30/05		142	142	
2 TASK STOOLS			10/31/93	9/30/05		483	483	
TASK STOOL			10/31/93	9/30/05		248	248	
TASK STOOL			10/31/93	9/30/05		247	247	
BUNN COFFEE MAKER			10/31/93	9/30/05		440	440	
LAMINATED UTILITY CABINET			10/31/93	9/30/05		2,205	2,205	

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
LAMINATED UPPER CABINET	PURCHASE			10/31/93	9/30/05	\$	770	\$	770
HINGED DOOR UTILITY CAB	PURCHASE			10/31/93	9/30/05		1,645	1,645	
LAMINATED UPPER CABINET	PURCHASE			10/31/93	9/30/05		920	920	
SPRAY RINSE UNIT	PURCHASE			10/31/93	9/30/05		155	155	
23 SHADES & 16 BLINDS	PURCHASE			12/01/93	9/30/05		3,887	3,887	
20 MID-BACK LA-Z-BOY CHAIRS	PURCHASE			12/01/93	9/30/05		4,214	4,214	
TIVOLI STRIPE FABRIC	PURCHASE			12/01/93	9/30/05		862	862	
17 HUNTINGTON BEDSIDE CABINETS	PURCHASE			12/01/93	9/30/05		3,051	3,051	
16 TV ARMOIRE	PURCHASE			12/01/93	9/30/05		12,912	12,912	
64 YDS ROCOCO BACKDROP FABRIC	PURCHASE			12/01/93	9/30/05		224	224	
14 YDS MILLVILLE II FABRIC	PURCHASE			12/01/93	9/30/05		63	63	
55 YDS MILLVILLE II FABRIC	PURCHASE			12/01/93	9/30/05		248	248	
34 YDS MULTI-DOT FABRIC	PURCHASE			12/01/93	9/30/05		395	395	
10 YDS CANAAN JEWEL FABRIC	PURCHASE			12/01/93	9/30/05		80	80	
57 YDS CROMWELL FABRIC	PURCHASE			12/01/93	9/30/05		462	462	
28 YDS SIENNA FABRIC	PURCHASE			12/01/93	9/30/05		456	456	
16 VALANCES	PURCHASE			1/01/94	9/30/05		1,140	1,140	
REUPHOL 2 CHAIRS	PURCHASE			1/01/94	9/30/05		136	136	

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
BLACK FRAM CHAIR W/BURGUNDY SEAT	PURCHASE			1/17/97	9/30/05	\$	111 \$	111 \$	
BLACK FRAM CHAIR W/BURGUNDY SEAT	PURCHASE			1/17/97	9/30/05		111	111	
BLACK CHAIR W/BURGUNDY SEAT	PURCHASE			1/17/97	9/30/05		111	111	
WHEEL CHAIRS (4)	PURCHASE			5/31/98	9/30/05		4,825	4,825	
MEDICAL RECORDS RACK	PURCHASE			5/31/98	9/30/05		2,250	2,221	-29
CAMCORDER	PURCHASE			1/01/97	9/30/05		1,248	1,248	
CAMERA	PURCHASE			10/31/97	9/30/05		500	500	
MAG6300AWW WASHER	PURCHASE			12/05/00	9/30/05		530	504	-26
CARPET EXTRACTOR LESS TRADE IN	PURCHASE			9/10/01	9/30/05		5,395	3,115	-2,280
8 HP DESKJET 540 PRINTERS	PURCHASE			6/30/95	12/31/05		2,251	2,251	
HP LC SERVER	PURCHASE			12/20/95	12/31/05		3,875	3,875	
HP DESKJET 600	PURCHASE			6/08/96	12/31/05		180	180	
HP DESKJET 600	PURCHASE			6/08/96	12/31/05		180	180	
PRINTSHOP SOFTWARE	PURCHASE			12/28/96	12/31/05		21	21	
DELL P133 NOTEBOOK	PURCHASE			1/19/97	12/31/05		3,863	3,863	
COMPUTER EXPANSION CABINET	PURCHASE			3/23/01	12/31/05		1,625	1,045	-580
ITC PAYROLL/HR SOFTWARE	PURCHASE			6/30/01	12/31/05		1,328	1,328	
MS MBL OFFICE XP DEVELOPER	PURCHASE			2/26/02	12/31/05		1,172	1,172	

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
CAP LEASE-PRINTER	PURCHASE		9/30/97	12/31/05	\$	444	\$ 311	\$ -133
CAP LEASE-PRINTER	PURCHASE		9/30/97	12/31/05		444	311	-133
CARPET REPAIR	PURCHASE		2/20/97	9/30/05		55	12	-43
CARPETING - OFFICE DEPOT	PURCHASE		10/31/97	9/30/05		29,075	29,075	
LABOR/REMOVE OLD CARPETING	PURCHASE		9/30/97	9/30/05		1,225	1,225	
TILE SURFACE	PURCHASE		9/30/98	9/30/05		1,497	1,497	
SUMP PUMP	PURCHASE		1/31/99	9/30/05		2,224	2,224	
FLOORING 15 PATIENT BATHROOMS	PURCHASE		5/11/01	9/30/05		8,310	5,144	-3,166
10 ROSE CHAIRS	PURCHASE		12/01/93	9/30/05		2,981	2,981	
DELL LAPTOP-SR GIOVANNI	PURCHASE		12/30/02	12/31/05		1,199	719	-480
TOTAL					\$ 0	\$ 184,413	\$ 177,543	\$ -6,870

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ -6,409
TOTAL	\$ <u>-6,409</u>

Federal Statements

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
LIGHT UP A LIFE FUNDRAISING EXPENSES	53,568			53,568
GOLF OUTING FUNDRAISING EXPENSES	25,438			25,438
TREE OF LIFE FUNDRAISING EXPENSES	7,323			7,323
MARY ANGELA RUN FUNDRAISING EXPENSES	6,905			6,905
OTHER FUNDRAISING EXPENSES	17,329			17,329
NEW YEAR GALA FUNDRAISING EXPENSES	37,042			37,042
EXPENSES				
MEDICAL EQUIPMENT	146,555	146,555		
PROGRAM EXPENSES	135,581	107,309	28,272	
NURSING HOMES/HOSPITAL COSTS	1,004,886	1,004,886		
CONTRACT SERVICES	29,350	29,350		
LAUNDRY AND LINEN	17,204	17,204		
DIETARY SUPPLIES	35,013	35,013		
HOUSEKEEPING SUPPLIES	27,693	27,693		
AMBULANCE COSTS	41,787	41,787		
X-RAY COSTS	25,131	25,131		
DUES, SUBSCRIPTIONS & LICENSE	80,266	60,939	19,327	
PALLIATIVE THERAPY	5,302	5,302		
MISCELLANEOUS	15,662	155	15,507	
OFFICE EXPENSES	34,447	3,072	31,375	
BAD DEBT EXPENSE	98,863	98,863		
REPAIRS AND MAINTENANCE	121,012	89,586	31,426	
UTILITIES	187,045	140,284	46,761	
INSURANCE	77,940	58,455	19,485	
ADVERTISING	14,497		14,497	
COMPUTER SUPPORT	68,986		68,986	
BANK CHARGES	12,592		12,592	
PROMOTIONAL EXPENSES	59,003		59,003	
TOTAL	<u>\$ 2,386,420</u>	<u>\$ 1,891,584</u>	<u>\$ 347,231</u>	<u>\$ 147,605</u>

Federal Statements

Statement 5 - Form 990, Part IV, Line 54 - Investments in Securities

Description	Beginning of Year	End of Year	Basis of Valuation
CORPORATE STOCK MARKETABLE SECURITIES	203,032	205,179	MARKET
CORPORATE BONDS CORPORATE BONDS	188,730	187,256	MARKET
MONEY MARKET FUND	5,745	23,506	MARKET
	<u>397,507</u>	<u>415,941</u>	

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
LAND	\$ 2,944,500	\$	\$ 2,944,500	\$
BUILDING	3,844,464	1,120,587	3,844,464	1,216,699
OFFICE FURNITURE & EQUIPMENT	915,680	737,105	924,402	679,319
BUILDING IMPROVEMENTS	603,961	304,050	739,312	312,931
CONSULTING AND RLTD FEES-EXPANSION	338,011		338,011	
TOTAL	<u>\$ 8,646,616</u>	<u>\$ 2,161,742</u>	<u>\$ 8,790,689</u>	<u>\$ 2,208,949</u>

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
CSV LIFE INSURANCE	\$ 2,370	\$ 3,205
TOTAL	<u>\$ 2,370</u>	<u>\$ 3,205</u>

Federal Statements

Statement 8 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

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

Federal Statements

Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

<u>Description</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>	<u>2001</u>
MISCELLANEOUS INCOME	\$ 3,517	\$ 3,276	\$ 13,702	\$ 5,471
TOTAL	<u>\$ 3,517</u>	<u>\$ 3,276</u>	<u>\$ 13,702</u>	<u>\$ 5,471</u>

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

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 the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
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 instr	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7	7	
8		8
9		9
10		10
11		11
12		12
13	▶ 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.) (See instructions.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	224,748

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	0
18	If you are electing 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 2005 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	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 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 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	224,748
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.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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)
- 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)

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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers) However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile

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 |

● The books are in the care of ▶ **SR. MARY GIOVANNI**

Telephone No ▶ **734-464-7810** FAX No ▶ **734-464-6930**

- 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-months for a **Form 990-T corporation**) extension of time until **2/15/07**, 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 **7/01/05**, and ending **6/30/06**

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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.